

Contract #: 024-S1311, A2
Index Code: 404131

CONTRACT ROUTING SHEET

1/6/14
Date Prepared: November 18, 2013

Need Date: 1/20/14

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: [Signature]
Don Ashton, M.P.A., Interim Director

CONTRACTOR:

Name: Tahoe Youth & Family Services
Address: 1021 Fremont Street
South Lake Tahoe, CA 96150
Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency - Mental Health Division
Service Requested: Amendment 2 to AOD Counseling Agmt
Contract Term: 7/1/12 - 60/30/14 extending to 6/30/15 Contract/Grant Value: \$274,654
Compliance with Human Resources requirements? N/A Yes x No
Compliance verified by: Feasibility Analysis attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: Date: 1/14/14 By: [Signature]
Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: X Disapproved: Date: 1/16/13 By: [Signature]
Approved: Disapproved: Date: By:

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department. Departments:

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

[Signature] 1/20/13 Contracts Supe Review/Date
[Signature] 1/22/13 Program Mgr. Review/Date
[Signature] 1/20/13 Contracts Mgr. Review/Date
[Signature] 1/20/13 CFO Review/Date