

Contract #: 555-S1311
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 4/15/13

Need Date: 4-25-13-ASAP *htw*

PROCESSING DEPARTMENT:

Department: HHSA/SSD
Dept. Contact: Heather Longo
Phone #: X7373

CONTRACTOR:

Name: Tahoe Turning Point
Address: 2494 Lake Tahoe Blvd, SLT, CA 96150
Mailing: PO BOX 17509 SLT, CA 96151
Phone: 530-541-4594

Department Head Signature: *[Signature]*
Janet Walker-Conroy, Interim Director

CONTRACTING DEPARTMENT: HHSA/Social Services Division
Service Requested: Therapeutic Counseling and Substance Abuse Services
Contract Term: 5/28/13-5/27/16 Contract/Grant Value: \$325,000.00
Compliance with Human Resources requirements? N/A Yes No
Compliance verified by: Mike Strella

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: Date: 4/19/13 By: *[Signature]*
Approved: Disapproved: Date: By:

E-MAIL FOR ADD COUNSEL COUNSEL APR 18 11:01 AM

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: Date: 4/22/13 By: *[Signature]*
Approved: Disapproved: Date: By:
called & had cents & endorsements e-mailed

APR 22 PM 2:02

Please contact Heather Longo x7373 for pick-up. Thank you.

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] PM Review/Date 4/15/13
[Signature] CFO Review/Date 4/16/13
[Signature] Contracts Supe Review/Date 4/17/13
Contracts Mgr. Review/Date _____