Contract #:

Requested ● / 8 419500

16-0418 A 1 of 1

Index Code:

## **CONTRACT ROUTING SHEET**

Date Prepared:	3/9/16	Need Date	<b>3/18/16</b>
PROCESSING D	EPARTMENT:	CONTRAC	CTOR:
Department:	HHSA/Mental Health	Name:	Tahoe Youth and Family Services
Dept. Contact:	Laura K. Walny	Address:	1021 Freemont Street
Phone #:	X 7118		South Lake Tahoe, CA 06150
Department	Λ	Phone:	,
Head Signature:	Don Ashton, M.P.A., Directo	_	
CONTRACTING	DEPARTMENT: HHSA/Me	ental Health	
Service Requeste	ed: MHSA Primary Intervent of current agreement)	tion Program for elen	mentary school children (renewal
Contract Term: .	July 1, 2016 – June 30, 2019	Contract/	/Grant Value: \$264,000
Compliance with I	Human Resources requireme	ents? N/A	Yes No:
Compliance verific	ed by: In process HRA	pproved 3/10/16	HW
COUNTY COUNS	SEL: (Must approve all contr	•	
Approved: X	Disapproved:	Date: 🌖 🕹	his By: Delate
Approved:	Disapproved:	Date:	Ву:
			MAR 1 5 2016
		, W. S. J.	El Darada Coenty Cayo
			1:35an
RISK MANAGEM	PLEASE FORWARD TO F		regrant funding agreements)
Approved:	Disapproved:	Date: 3-2	3-/6 By:
Approved:	Disapproved:	Date:	By:
	•••		
OTHER APPROV	AL: (Specify department(s)	participating or direc	ctly affected by this contract).
NOTE: Any contract	that involves the development, ins	stallation, implementation	n, storing, retrieving, transfer, or sending
			or any other service/item that may be to be approved by IT before submission
	pplies to any other contract that re		
Departments:	•		•
Approved:	Disapproved:	Date:	By:By:
Approved:	Disapproved:	Date:	By:
Please cont	act (Laura K. Walny x 7118) with	questions or for contr	act packet pick-up. Thank you!
XX1101110	3/10/11	managananananananananananananananananana	3/10/16
CFO Review	Date	Deputy Director, Ac	3/10/16 Iministration and Contracts Date

Rev. 12/2000 (GS-GVP)