# CONTRACT ROUTING SHEET 

Date Prepared: 3/27/17 TO Counsel 4/3/17 PROCESSING DEPARTMENT:
Department: HHSA/Behavioral Health
Dept. Contact:
Phone \#:
Department Head Signature:
$\frac{\frac{\text { Heather Longo }}{\text { x7373 }}}{\text { They Lost Con. }}$

Patricia Charles-Heathers, PhD.,
Director

Need Date: $4 / 12 / 17$ the
CONTRACTOR:
Name:
Address: 1021 Fremont Avenue South Lake Tahoe, CA 96150
530/541-2445

CONTRACTING DEPARTMENT: HHSA/Behavioral Health
Service Requested: Substance Abuse Treatment Services
Contract Term: 7/1/17-6/30/20
Contract/Grant Value: $\$ 108,000.00$
Compliance with Human Resources requirements? N/A - Yes $x$ No:
Compliance verified by: HR-Misty Garcia 3/29/17 tm
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved:
 Disapproved: $\qquad$ Date:
Date:


OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments:



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