

Contract #: 332 AMD I (167-S1611)
Index Code: 5320

CONTRACT ROUTING SHEET

Date Prepared: 6/8/18

Need Date: 6/11/18

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Kathy Lang
Phone #: X 7147
Department
Head Signature: *Patricia Charles-Heathers*
Patricia Charles-Heathers, Ph.D., M.P.A., Director

CONTRACTOR:

Name: Tahoe Youth & Family Services
Address: 1201 Fremont Ave.
South Lake Tahoe, CA 96150
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: "As Requested" SMHS for Children and Youth
Contract Term: Extended term 7/1/18 - 12/31/18 Contract/Grant Value: _____
Compliance with Human Resources requirements? N/A _____ Yes _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 6/8/18 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

See note re Agent for Service of Process

EL DORADO COUNTY COUNSEL
2018 JUN - 8 PM 2:00

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 6/11/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) 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: _____

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

Please contact Kathy Lang x7147 with questions or for contract packet pick-up. Thank you!

Chief Fiscal Officer: *[Signature]* Date: 6/8/18

Deputy Director, Administration and Contracts: _____ Date: _____

A/P or A/R Mgr Approval: *[Signature]* Date: 6/8/18

Contracts ASO Approval: *[Signature]* Date: 6/8/18

The Regent
For Service
of Process
and Returns
does not match
Secretary of State
Records.
see attached.



State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FR84722

FILED

In the office of the Secretary of State
of the State of California

OCT-25 2017

1. CORPORATE NAME

TAHOE YOUTH AND FAMILY SERVICES

2. CALIFORNIA CORPORATE NUMBER

C0636452

This Space for Filing Use Only

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
1021 FREMONT AVE, SOUTH LAKE TAHOE, CA 96150			

4. MAILING ADDRESS OF THE CORPORATION	CITY	STATE	ZIP CODE
DEBRA L. HIGGINSON 1021 FREMONT AVE., SOUTH LAKE TAHOE, CA 96150			

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
PAM WHEELER	P.O. BOX 5640, SOUTH LAKE TAHOE, CA 96151			

6. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
PAT FREGA	1021 FREMONT AVE, SOUTH LAKE TAHOE, CA 96150			

7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
PAM WHEELER	P.O. BOX 5640, SOUTH LAKE TAHOE, CA 96151			

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS (Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.)
VIRGINIA BERRY

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
1021 FREMONT AVE., SOUTH LAKE TAHOE, CA 96150			

Common Interest Developments

10. Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

10/25/2017

DEBRA LEA HIGGINSON

COMPTRROLLER

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE