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Date Prepared:	11/1/18 11/2/18	Need Date:	11/2/18 11 8/18
PROCESSING DEPARTMENT:		CONTRACTOR:	
Department:	Health and Human Services Agency	Name: Address:	Tahoe Youth & Family
Dept. Contact:	Lisa Konyecsni		South Lake Tahoe, CA 96150
Phone:	6901		1021 Fremont Ave.
Department Head Signature:	Colourles 1/2/18	Phone:	5310 & 5320
		Org Code:	
		man Services Ager	
	ed: Specialty Mental Health Services for N		
Contract Term: 1/1/19 - 6/30/21		Contract Value: \$115,596.00	
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			20 8 20 C

## **NEW AGREEMENT** <u>~!!</u>

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW** 

PLEASE CALL x<sub>6901</sub> FOR PICK-UP...THANKS!

Agreement # \_\_\_\_\_