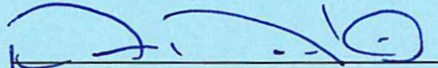


# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: January 2, 2019

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Probation  
Dept. Contact: Rena Russell  
Phone: 530.621.6519  
Department Head Signature: 

**CONTRACTOR:**

Name: Tahoe Youth & Family Services  
Address: 1021 Fremont Ave  
South Lake Tahoe, CA 96150  
Phone: 530.541.2445  
Org Code: 2510100

**CONTRACTING DEPARTMENT:** Probation

Service Requested: Counseling services and support to the Probation Department Juvenile Detention Facility in South Lake Tahoe AMDT III – Addition of Scope of services to allow for out of custody youth counseling; Compensation section increase of \$60,391.95

Contract Term: 07/01/2016-06/30/2019 Contract Value: \$379,391.95 400,141.95  
(increase to original contract of \$60,391.95)

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

Approved: X Disapproved: \_\_\_\_\_ Date: 1/3/19 By: PSA  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

1/22/19 - Reid Verbal approval from P. Shantz ok to proceed with an increase to the NTE to \$400,141.95. - R. Russell

ENDORSE COUNTY COUNSEL  
2019 JAN - 3 PM 3:45

**COUNSEL -- PLEASE FORWARD TO HR/RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes: ✓ No: \_\_\_\_\_  
Compliance verified by: Maly 1/10/19

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/7/19 By: CSM  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_