

Internal Contract No: 227-169-M-E2010  
Purchasing Contract No: 061-S1111,  
Amend II  
Index Code: 419200

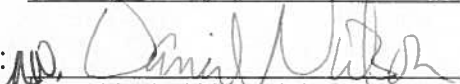
# CONTRACT ROUTING SHEET

Date Prepared: 9-22-11

Need Date: Please rush

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.  
Dept. Contact: Thomas Michaelson  
Phone #: 6203

Department Head Signature:   
Neda West, Director

## CONTRACTOR:

Name: SLT Family Resource Center  
Address: 3501 Spruce Avenue, Suite B  
South Lake Tahoe, CA 96150  
Phone: 530-542-0740

## CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: MHSA Latino program in South Lake Tahoe

Contract Term: 7/1/10 to 6/30/11 Contract Value: \$149,409

Compliance with Human Resources requirements? Yes  No:

Compliance verified by: Chris Little

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

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

  
Program Mgr/Date

  
Finance/Date