

Contract #: 063-S1311, A1  
Index Code: 419500

# CONTRACT ROUTING SHEET

Date Prepared: 8/20/13

Need Date: 9/13/13

### PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department  
Head Signature: [Signature]

### CONTRACTOR:

Name: SLT Family Resource Center  
Address: 3501 Spruce Avenue, Suite B  
South Lake Tahoe, Ca 96150  
Phone: \_\_\_\_\_

Don Ashton, M.P.A., Interim Director

### CONTRACTING DEPARTMENT: Health & Human Services Agency – MHD

Service Requested: Health Disparities Program for Latino Community  
Contract Term: 7/1/12 – 6/30/14 Contract/Grant Value: \$248,698  
Compliance with Human Resources requirements? N/A  Yes  No   
Compliance verified by: Feasibility Analysis attached

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

Approved: [Signature] Disapproved:  Date: 8/29/13 By: [Signature]  
Approved: [Signature] Disapproved:  Date: 9/3/13 By: [Signature]

Condition → Article III Only Rate for Fiscal Year 2013/2014  
cannot be paid for services rendered prior to execution of  
amendment. CA const. tit. in Article XI, §10.  
Amendment must make clear new rate only covers svcs  
rendered after effective date of amendment

Resubmit 8/30/13 @

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

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

Approved:  Disapproved:  Date: 8/29/13 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

**NOTE:** All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.

Departments: \_\_\_\_\_

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

[Signature] 8/19/13 [Signature] 8/20/13 [Signature] 8/15/13 \_\_\_\_\_  
PM Review/Date CFO Review/Date Contracts Supe Review/Date Contracts Mgr. Review/Date