

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

CONTRACT ROUTING SHEET

Date Prepared: August 6, 2010

Need Date: 10-6-10

PROCESSING DEPARTMENT:

Department: Health Svcs - Mental Health

Dept. Contact: Tom Michaelson x6203

2nd Contact: Kathy Lang

Department: _____

Head Signature: *Neda West*

Neda West
Neda West, Director

CONTRACTOR:

Name: South Lake Tahoe 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: Feasibility Analysis Attached

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

Approved: Disapproved: _____ Date: 9-28-10 By: *[Signature]*

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: 9/29/10 By: *[Signature]*

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

EL DORADO COUNTY
COUNSEL
2810 SEP 27 AM 4:28:43

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

Departments: _____

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

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

[Signature] 8/11/10
Program Manager / date

[Signature] 8/31/10
Finance / date