

Internal Contract No: 144-MHD0409  
Purchasing Contract No: 030-S1011  
Index Code: 416150

# CONTRACT ROUTING SHEET

Date Prepared: September 4, 2009

Need Date: 9/18/09

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept – MH Div.  
Dept. Contact: Thomas Michaelson  
Phone #: 6203  
Department  
Head Signature: *Neda West* 9/4/09  
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 SLT - Resubmission due to changes in scope, terms, etc.  
Contract Term: 7/1/09 to 6/30/10 Contract Value: \$136,900.00  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: Chris Little

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

Approved:  Disapproved: \_\_\_\_\_ Date: 9-8-09 By: *W. Brown*  
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: 9/8/09 By: *[Signature]*  
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: \_\_\_\_\_

09 SEP - 4 PM 3:00  
RECEIVED  
HUMAN RESOURCES DEPT