

Internal Contract No: 029-162-P-R2011
Purchasing Contract No:
Index Code: 409210

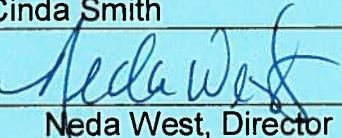
CONTRACT ROUTING SHEET

4/22/11 Re-submit 9/1/11

Date Prepared: March 14, 2011

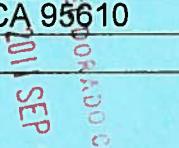
Need Date: 5/6/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Cinda Smith
Department Head Signature: 
Neda West, Director

CONTRACTOR:

Name: City of South Lake Tahoe
Address: 1901 Airport Blvd
South Lake Tahoe, CA 95610

Phone: 

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: An Svcs activities provided to City of SLT

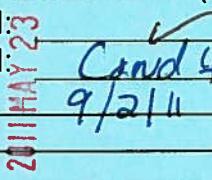
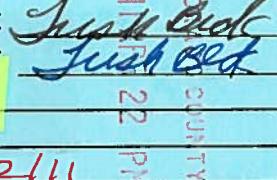
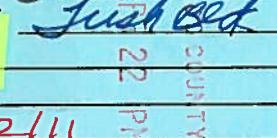
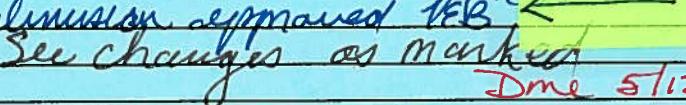
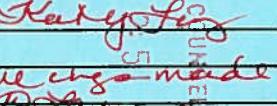
Contract Term: 7/1/11 - 6/30/14

Contract Value: Varies based on svcs provided

Compliance with Human Resources requirements? Yes No

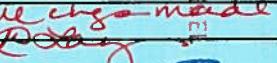
Compliance verified by: N/A - Incoming Funding

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

Approved:  Disapproved: _____ Date: 5/6/11 By: 
Approved:  Disapproved: _____ Date: 5/26/11 By: 
9/2/11 Resolution approved 1EB 
See changes as marked Date 5/12/11 By: 

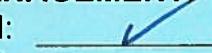
Resubmitted 5/23/11.

See changes as marked

5/26/11  are changes made.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

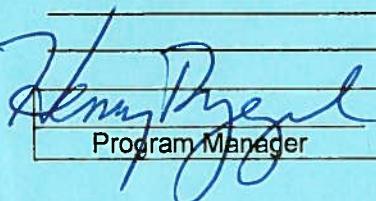
Approved:  Disapproved: _____ Date: 5/19/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

n/a - Incoming funding

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

Departments: _____

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


Program Manager

3-30-11

Date


Finance

3/31/11

Date