


Internal Contract No: 227-169-M-E2011
Purchasing Contract No: 045-S1211
Index Code: 419200

CONTRACT ROUTING SHEET

Date Prepared: ~~May 5, 2011~~ June 2, 2011 Need Date: June 16, 2011

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: 7/1/11 to 6/30/12 Contract Value: \$134,468
Compliance with Human Resources requirements? Yes No:
Compliance verified by: Chris Little


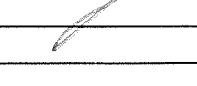
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 6/17/11 By: 
Approved: Disapproved: _____ Date: 7/26/11 By: _____

See Confidential memo.
Changes made as requested. Assume Certificate of Insurance acceptable to K-576.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

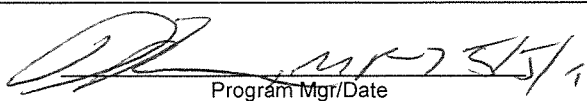
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

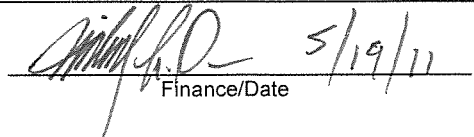
Approved: Disapproved: _____ Date: 6/20/11 By: 
Approved: Disapproved: _____ Date: 7/26/11 By: 

Approved pending receipt of two documents

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 5/19/11