

Internal Contract No: 227-169-M-E2011, Amendment I

Purchasing Contract No: 045-S1211

Index Code: 419200

CONTRACT ROUTING SHEET

Date Prepared: 9-22-11

Need Date: Please rush

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: _____ By: _____

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: _____ By: _____

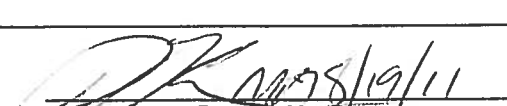
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: _____

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

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


Program Mgr/Date

 8/22/11
Finance/Date