Purchasing Contract No: Index Code:

030-S1511

419100

CONTRACT ROUTING SHEET

Date Prepared:	4/17/14	Need Date	e: <u>5/15/14</u>
PROCESSING DI	EPARTMENT:	CONTRAC	CTOR:
Department:	HHSA / Mental Health	Name:	SLT Family Resource Center
Dept. Contact:	Sharon Keoppel	Address:	
Phone #:	X 4811		South Lake Tahoe, CA 96150
Department	S -0	Phone:	530-542-0740
Head Signature:	DCO		
	Don Ashton, M.P.A., Director		
CONTRACTING I	DEPARTMENT: Health and Hu	ıman Services A	Agency - MHD
	d: MHSA-PEI Health Disparitie		
Contract Term: 7			ontract Value: \$405,384
Compliance with I	Human Resources requirements?	Yes	x No:
Compliance verific	ed by: Feasibility Analysis attac	hed	
COUNTY COLINS	SEL: (Must approve all contracts	and MOU's)	
Approved: X	Disapproved:	Date: 5/5/1	4 By PHAach
Approved:	Disapproved:	Date:	By:
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	IENT: (All contracts and MOU's		
Approved:	Disapproved:	Date: 5/7	
Approved:	Disapproved:	Date:	By: / N VX
-		-	
			- 1
OTUED ADDROV	(A) (O) (F)		
	AL: (Specify department(s) part	icipating or dire	ctly affected by this contract).
Departments:	Disapproved:	Date:	Dvg. Co. 19
Approved:	Disapproved:	Date:	By: Signature By
Approved.	bisappioved.	Date.	Бу
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, New Joanny	4 2314 KUNLER 4/22/14	ANIMIL	16 JEW 51
PM Review/Date	Contracts Supe Review/Date	CFO Review	
			Finance Review/Date

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