Purchasing Contract No: Index Code:

063-S1311 419100

## **CONTRACT ROUTING SHEET**

Date Prepared:	6/14/12	Need Date	: <u>le/</u>	28/12
PROCESSING DEPARTMENT: CONTRACTOR:				
Department:	HHSA / Mental Health	Name: SLT Family Resource Cntr		
Dept. Contact:	Kathy Lang	Address:	3501 Spruce A	
Phone #:	X6362	=	South Lake Tal	
Department	10.00	Phone:		
Head Signature:	and Mass			
	Daniel Nielson, M.P.A., Direc	tor		
CONTRACTING DEPARTMENT: Health and Human Services Agency – MHD				
Service Requested: MHSA-PEI Health Disparities Program for Latino Community				
Contract Term: 7/1/12 - 6/30/13 Contract Value: \$114,230				
Compliance with Human Resources requirements?  Yes  x  No:				
Compliance verified by: Feasibility Analysis attached				
CF 12				
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: / / By:				
Approved: Disapproved: Date: 6/18/19 By:				
Approved. Of Disapproved.				
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	7/	l $l$	Done	6/21/12 R
			ANAESTA I	<del></del>
	Committee Commit			- 10 - 42 30 -
RISK MANAGEM	ENT: (All contracts and MOU	's except boilerplate	e grant funding	agreements)
Approved:	Disapproved:	Date: ( )	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	M
Approved:	Disapproved:	Date:	By:	an I
			RISK	MANAGER
				DO COUNTY
				21117
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				<b>P</b> 20 (2)
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).				
Departments:	VHO	articipating or an oc		A R
Approved:	Disapproved:	Date: 6/2/	/12 By:	1/1/
Approved:	Disapproved:	Date:	By:	079
$\varphi \times \omega = 0$				
SICH 47/12 Contracts Review/date	Contracts Mgr Review	V/date		