

ate Prepared:	2/6/08	Need Date:	2/13/08
ROCESSING D		CONTRACT	ror:
	CAO/Proc. & Contracts	Name: S	SLT Family Resource Center
epartment:		Address: 3	501 Spruce Ave, Suite B
ept. Contact:	5833	·	South Lake Tahoe, CA 96150
110110	5633	Phone: 5	30-542-0740
epartment	8 4-Q	Contact:	Delicia Spees 👡 🖔 🧎
lead Signature:	O Possio U Dish	•	98 °R 🕺
	Sonnie H. Rich		Delicia Spees 2008 FEB
CONTRACTING	DEPARTMENT: Mental Hea	L11.1	8 0
Service Request	ed: MHSA Latino Engagemen	nt Program – S⊾i	
Same of Torms	Evnirge 6/30/08	Willeliginetic Acid	
Compliance with	Human Resources requiremen	nts? Yes: _	NE: 8
Compliance verif	fied by:		<u>; </u>
			5 EX
COUNTY COUN	ISEL: (Must approve all contra	CTS and MOU'S)	was By When
Approved:	Disapproved:	Date	By:
Approved:	Disapproved:	Date:	
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PLEASE FORWA	RD TO RISK MANAGEMENT. THAN	IKS! Lilo ovoont hoilemist	e grant funding agreen
RISK MANAGE	RD TO RISK MANAGEMENT. THAN MENT: (All contracts and MOI	Date: 2/8	/08 By:
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:		တ ဝိုက္
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	OVAL (Specify department(s)	participating or dire	ctly affected by this contract).
OTHER APPR	OVAL: (Specify department(s)	participating or dire	
Departments:		participating or dire	By:
OTHER APPR Departments: Approved: Approved:	OVAL: (Specify department(s) Disapproved: Disapproved:		