

**BUSINESS CONTRACTS OFFICE  
REQUEST FORM**

*Please complete all fields; incomplete information may cause delays.  
Consult the BCO Request Guide for more information and examples.*

**Department Information**

**Department:** School of Public Health, Health Initiative of the Americas  
**Contact Name:** Veronica Garcia **Mail Code:** 7360

**Phone:** 510-643-1291 **Fax:** 510-642-7861 **E-Mail:** [veronicg@berkeley.edu](mailto:veronicg@berkeley.edu)

**Outside Party Information**

**Full Legal Name:\*** Ministry of Foreign Affairs of Guatemala, through the General Consulate of Guatemala, Los Angeles

**Contact Name and Address:** Pablo García, General Consul, General Consulate of Guatemala in Los Angeles, 3540 Wilshire Blvd, Suite 100, Los Angeles CA, 90010

**Phone:** 213-365-9251 **Fax:** 213-365-9245 **Email:** [pgarcia@minex.gob.gt](mailto:pgarcia@minex.gob.gt)

**Project Information:**

**Departmental Project Name:** Binational Health Week/Ventanilla de Salud

**Purpose:** To combine efforts aimed to meet the health needs of migrant workers and their families, particularly through Binational Health Week (BHW) and the program Ventanillas de Salud (health stations). With the support of the Consular network of Guatemala, BHW and Ventanillas de Salud will be able to offer health information and appropriate referrals for the available services to the migrant population in the United States.

**History:** HIA has worked for the past 8 years with several Latin American countries to help Latinos in the USA receive health information. Through collaborations with the Consular Networks of these countries, the BHW project and Ventanillas de Salud have been able to reach hundreds of individuals in the nation.

**Problems Encountered or Anticipated, if any:\*** N/A

**Date Work is to Begin:** October 2009

**Potential Liability and/or Perceived Risks:** N/A

**Other Information, Concerns or Questions:**

**Revenue Amount:** \$5,000

**Payment Amount:**

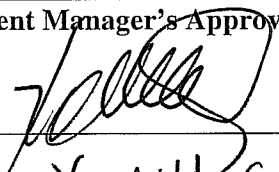
\*For more information and examples, consult your BCO Request Guide

**Detailed Statement of Work\***

*Please submit a detailed statement of work, either as a separate document or as part of a draft agreement.*

**Services Requested of BCO\***

**PLEASE SUBMIT A DRAFT AGREEMENT WITH THIS REQUEST FORM\***

<b>Department Manager's Approval</b> <i>(Must be approved at MSO level or higher)</i>	
	
Print Name:	Xochitl Castañeda
Title:	Director
Date:	7/29/09

Please e-mail documents to your BCO Specialist or Contract Coordinator (for forwarding to BCO) as follows:

- Signed Request Form in PDF format
- Draft agreement and other supporting documents in MS Word format
- If you are unable to send a document electronically, you may fax it to 510-642-8604

BCO information, including current forms and BCO Specialist contact information, may be found at <http://businessservices.berkeley.edu/contracts/policy>.