

**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

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Outside Party Information

Full Legal Name:* Ministry of Foreign Affairs of Peru, through the Consulate General of Peru, San Francisco

Contact Name and Address: Consul Nicolás Roncagliolo, Consul General, General Consulate of Peru, San Francisco, Ministry of Foreign Affairs of Peru, 870 Market St. Suite 1067 San Francisco Ca. 94102

Phone: 415-362-5647 **Fax:** 415-362-7136 **E-Mail:** nroncagliolo@hotmail.com

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 Peru, 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:

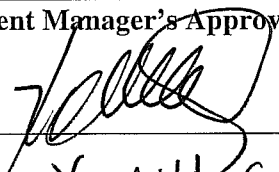
*For more information and examples, consult your BCO Request Guide

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*

Department Manager's Approval <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>.