

Local Needs Request Form

One form must be completed for each Local Needs request

<u>Date:</u>	May 13, 2021
<u>District:</u>	District of Arizona-Probation
<u>Person Requesting Local Need:</u>	Lindsay Riess, Contracts Administrator
<u>Project Code Name(s) and Number:</u>	2010 Individual, Substance Use 2011 Assessment, Substance Use 2022 Manualized Cognitive Behavioral Group 2030 Family, Substance Use 2090 Readiness Group, Substance Abuse Flagstaff Catchment
<u>Requested Change to SOW:</u>	
The Vendor shall have a bilingual (Navajo/English) counselor available.	

Approved with no Changes

Disapproved

Signature of OPPS Staff Member/Designee

Date

Signature of OPPS Staff Member/Designee

Date