PROCESSING DEPARTMENT:Department:HHSADept. Contact:Brian MichaelsonPhone:X6922DepartmentAlisha BrydenHead Signature:Digitally si Droto	CONTRACTOR: Name: Sierra Child & Family Services Address: It by Alisha Phone:	
Department Alisha Bryden	h by Alisha Phone:	
	12 08:14:33	
Alisha Bryden Administrative Analyst Superv	or Org Code: <u>5310</u> Project String (if applicable):	
CONTRACTING DEPARTMENT: HH Service Requested: Legal Review of amend	ent	
Description: Specialty Mental Health Service Contract Term: 7/1/23-12/31/24	agreement Contract Value: 3,255,000	
COUNTY COUNSEL: (must approve Approved: Disapproved Approved: Disapproved		by Daniel 7 11:00:54-08'00'
COUNSEL PLEASE FOR HR APPROVAL: Compliance with Human Resources re Compliance verified by: Sera Salmany]
RISK MANAGEMENT APPROVAL: (Approved: / Disapproved Approved: Disapproved	I contracts & MOU's except boilerplate grant funding cor Date: 11/08/2023 By: Michael Andersen Busic Harder for the set of the set o	
OTHER APPROVAL: (Specify depart Departments:	ent(s) participating or directly affected by this contract).	
Approved: Disapproved Approved: Disapproved	Date: By: Date: By:	

Date Prepared:	10/30/2023	Need Date:	11/15/2023		
PROCESSING D	EPARTMENT:	CONTRACT	OR:		
Department:	HHSA	Name:	STANFORD YOUTH SOLUTIONS		
Dept. Contact:	Brian Michaelson	Address:	8912 Volunteer Lane		
Phone:	X 6922	_	Sacramento, CA 95826		
Department Head Signature:	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.10.31 12:39:21 -07'00'	Phone:			
	Alisha Bryden	Org Code:	5310		
	Administrative Analyst Supervisor	Project String (if applicable):			
CONTRACTING	DEPARTMENT: HHSA				
•	ed: Amendment Review				
· · · · · · · · · · · · · · · · · · ·	IHS Agreement Amendment to 7944				
Contract Term: E	xecution through 12/31/24	Contract Value	\$2,015,004		
COUNTY COUNS Approved: Approved:	SEL: (must approve all contra ✓ Disapproved: Disapproved:	acts and MOU's) Date: <u>11/07/20</u> Date:	23 By: Vandekoolwyk Vandekoolwyk Bwei 2023.11.07 10.38.1308007 By:		
HR APPROVAL: Compliance with	DUNSEL PLEASE FORWARD TO Human Resources requiremened by: Sera Salmanyan	nts? Yes:	AGEMENT THANKS!		
RISK MANAGEN	IENT APPROVAL: (all contra	acts & MOU's exce	ot boilerplate grant funding contracts)		
Approved:	✓ Disapproved: Disapproved:	Date: 11/08/20	23 By: Michael Andersen Digitaly dynet by Michael A		
Departments:	/AL: (Specify department(s) p	Date:	By:		
Approved:	Disapproved:	Date:	By:		
	· · · · · · · · · · · · · · · · · · ·				

Date Prepared:	11/01/2023	Need Date:	11/17/2023		
PROCESSING D Department:	EPARTMENT: HHSA	CONTRACT Name:	OR: Summitview Child & Family Services		
Dept. Contact:	Brian Michaelson	Address:	670 Placerville Dr., Suite 2		
Phone:	x 6922		Placerville, CA 95667		
Department Head Signature:	Alisha Bryden -07'00'	Phone:			
	Alisha Bryden Administrative Analyst Supervisor	Org Code: Project Strin (if applicable	•		
CONTRACTING	DEPARTMENT: HHSA				
•	ed: Legal Services Review				
· · · · · ·	/IHS Agreement				
Contract Term: 7	/1/23-12/31/24	Contract Value	\$2,092,500		
COUNTY COUNS Approved: Approved:	SEL: (must approve all contrac ✓ Disapproved: Disapproved:	cts and MOU's) Date: <u>11/07/20</u> Date:	223 By: Daniel Urandekoolwyk Uradekoolwyk Deer 2023.11.07 10:53.07-08000 By:		
HR APPROVAL: Compliance with	DUNSEL PLEASE FORWARD TO Human Resources requiremen ed by: Sera Salmanyan	ts? Yes:	AGEMENT THANKS!		
			pt boilerplate grant funding contracts)		
Approved:	Disapproved:	Date:	By: Michael Andersen Bus: Date: 2023 By: Michael Andersen Bus: 2023 Hold to the 4-29 with the field with the fi		
OTHER APPRON Departments: Approved:	/AL: (Specify department(s) p Disapproved: Disapproved:	articipating or dire Date: Date:	ctly affected by this contract).		

	11/01/2023	_ Need Date:	
PROCESSING D Department: Dept. Contact: Phone: Department Head Signature:	EPARTMENT: HHSA Brian Michaelson x 6922 Alisha Bryden Alisha Bryden Alisha Bryden Administrative Analyst Supervisor	CONTRAC Name: Address: Phone: Org Code: Project Strir	Summitview Child & Family Services 670 Placerville Dr., Suite 2 Placerville, CA 95667 5310 g
•	ed: Legal Services Review	(if applicable	
-	SEL: (must approve all contra ✓ Disapproved: Disapproved:		Leffercon Dictably sound by Jeffercon
HR APPROVAL: Compliance with	OUNSEL PLEASE FORWARD To Human Resources requirement ied by: Sera Salmanyan	nts? Yes:	
HR APPROVAL: Compliance with Compliance verif	Human Resources requirement ied by: <u>Sera Salmanyan</u> IENT APPROVAL: (all con <u>tra</u>	nts? Yes: Pig acts & MOU's exce	tally signed by Sera Salmanyan

Date Prepared:	11/09/2023	Need Date:	11/09/2023			
PROCESSING D	EPARTMENT:	CONTRACT	FOR:			
Department:	Health and Human Services Agency	Name:	New Morning Youth and Family			
Dept. Contact:	Alisha Bryden	Address:	765 Green Va	765 Green Valley Road,		
Phone:	X 7317		Placerville, California 95667			
Department Head Signature:	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.11.09 12:12:54 -08'00'	Phone:				
	Alisha Bryden	Org Code:	5320			
	Administrative Analyst Supervisor	Project Strin (if applicable	•			
CONTRACTING	DEPARTMENT:					
	d: Amendment Review for Specialty Me	ntal Health Services (SM	IHS) youth servi	ices		
Description: An	nendment I to Contract 7928 for SMHS you	th services				
Contract Term: J	uly 1, 2023, through December 31, 2024.	Contract Value	\$ 775,008			
	SEL: (must approve all contrac	te and MOLI's)				
Approved:	SEL: (must approve all contrac	Date: 11/09/20	123	By: Jefferson Billingsley	Digitally signed by Jefferson Billingslay	
Approved:	Disapproved:	Date:	JZ5	By: Billingsley	Date: 2023.11.09 15:48:29 -06'00'	
		Date		_ Dy		
RUSH Request due to la	unch in Legistar 11/9/23					
HR APPROVAL: Compliance with	DUNSEL PLEASE FORWARD TO Human Resources requirement ed by: Sera Salmanyan Digitally signed Date: 2023.11.30	ts? Yes:		- THANKS! No:		
	IENT APPROVAL: (all contrac ☑ Disapproved:				ng contracts)	
Approved:	Disapproved:	Date: <u>11/30/2</u> Date:	025	_ By:		
				_ Uy		
OTHER APPRON Departments: Approved:	/AL: (Specify department(s) pa Disapproved: Disapproved:	articipating or dire Date: Date:	ectly affecte	d by this cont _ By: _ By:	ract).	
PLEASE EMAIL	SIGNED DOCUMENT TO:					