

Agreement # 8339

Legistar # 24-0258

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 01/24/2024

Need Date: 02/20/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Brian Michaelson
Phone: x6922
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.02.05 16:38:31 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Summitview Child & Family Services, Inc
Address: 670 Placerville Drive, Suite 2
Placerville, California 95667
Phone: _____
Org Code: 5330
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Behavioral Health

Service Requested: Contract review

Description: Funding out Agreement for Opioid Settlement Funds

Contract Term: execution-6/30/25 Contract Value: \$ 199,848.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 02/22/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.02.22 14:06:43 -08'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!