

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 04/12/2021

**Need Date:** 04/30/2021

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HSA

Name: Summitview Child & Family

Dept. Contact: Lisa Konyecsni

Address: 670 Placerville Dr., Ste 2

Phone: 295-6901

Placerville, CA 95667

Department Head Signature: Nita Wracker

Phone: \_\_\_\_\_

MBA CPA

Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.04.12 11:04:42 -07'00'

Org Code: 5310,5320

Nita Wracker, MPA CPA

Project # \_\_\_\_\_

Agency Chief Fiscal Officer

(if applicable): N/A

Funding Source: Medi-Cal, Realignment, MHSA

**CONTRACTING DEPARTMENT:** HSA - Behavioral Health

Service Requested: Review of specialty mental health services renewal agreement

Description: Specialty mental health services renewal agreement

Contract Term: 07/01/21 - 06/30/24 Contract Value: \$ 3,291,339.00

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

Approved:  Disapproved:  Date: 04/13/2021 By: Paula Frantz

Digitally signed by Paula Frantz  
Date: 2021.04.13 15:41:16  
-07'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**