

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/09/2021

Need Date: 02/25/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 642-7118
Department: Nita Wracker
Head Signature: MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.02.09 17:16:17
-08'00'
Nita Wracker, CFO

CONTRACTOR:

Name: Summitview Child & Family Svcs
Address: 670 Placerville Dr., Suite 2
Placerville, CA 95667
Phone: _____
Org Code: 5310
Project String
(if applicable): 53MHSA2100-5362127FSP-50500-WS

CONTRACTING DEPARTMENT: Health and Human Services Agency - Behavioral Health Division

Service Requested: Adult Residential Treatment Services in a licensed ARF

Description: Amendment to Adult Residential Treatment Services in a licensed ARF- extending same service for 1 year.

Contract Term: 05/13/14- 06/30/21 (extend to 06/30/22 requested) Contract Value: \$5,102,048(current) \$ 5,811,827(new)

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

Approved: Disapproved: Date: 03/04/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.03.04 17:43:19 -08'00'
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2021.03.05 14:47:42 -08'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 03/05/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.03.05 11:06:07 -08'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!