

Contract #: 179-S1611  
Index Code: 418720

# CONTRACT ROUTING SHEET

Date Prepared: 9/3/15

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: HHS/Mental Health

**CONTRACTOR:**

Name: Summitview Child and Family Services, Inc.

Dept. Contact: Laura K. Walny

Address: 670 Placerville Dr Suite 2

Phone #: Ext. 7118

Placerville, CA 95667

Department

Phone:

Head Signature:   
Don Ashton, M.P.A., Director

**CONTRACTING DEPARTMENT:** HHS/Mental Health Division

Service Requested: Specialty Mental Health for minors

Contract Term: 11/1/2015 - 6/30/2018 Contract/Grant Value: \$612,000

Compliance with Human Resources requirements? N/A Yes No

Compliance verified by: \*\* in process \*\*

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

Approved:  Disapproved:  Date: 9/1/15 By: P. S. S. S.

Approved:  Disapproved:  Date:  By:

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved:  Date: 9/14/15 By: 

Approved:  Disapproved:  Date:  By:

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

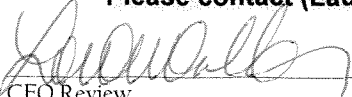
**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

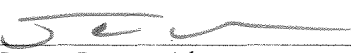
Departments: \_\_\_\_\_

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

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

Please contact (Laura K. Walny x7118) with questions or for contract packet pick-up. Thank you!

 9/8/15  
CFO Review Date

 9/4/15  
Deputy Director-Admin Date