

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/1/18 11/2/18

Need Date: 11/2/18 11/8/18

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Lisa Konyecsni

Phone: 6901

Department Head Signature: [Signature] 11/2/18

CONTRACTOR:

Name: Summitview Child & Family

Address: Placerville, CA 95667

670 Placerville Dr., Ste 2

Phone: _____

Org Code: 5310 & 5320

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Specialty Mental Health Services for Minors

Contract Term: 1/1/19 - 6/30/21 Contract Value: \$ 2,928,677.00

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

Approved: Disapproved: Date: 11/6/18 By: [Signature]

Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 NOV - 2 PM 3:14

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x6901 FOR PICK-UP... THANKS!