

Contract #: 456-S1411
Index Code: 419400

CONTRACT ROUTING SHEET

Date Prepared: 4/24/14

Need Date: 4/25/14

PROCESSING DEPARTMENT:

Department: HHS/Mental Health
Dept. Contact: Sharon Keoppel
Phone #: X 4811
Department
Head Signature: _____

CONTRACTOR:

Name: Summitview Child & Family Services
Address: 768 Pleasant Valley Rd, #304
Diamond Springs, CA 95619
Phone: 530-621-9800

Don Ashton, M.P.A., Director

CONTRACTING DEPARTMENT: HHS/Mental Health Division

Service Requested: Adult residential MH treatment
Contract Term: Upon signature - 6/30/19 Contract/Grant Value: To be determined
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: Feasibility Analysis attached

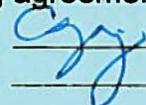
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 4/24/14 By: 
Approved: Disapproved: Date: _____ By: _____
Contract amounts to be resolved before BOS. 

EL DORADO COUNTY COUNSEL
2014 APR 24 PM 12:00

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: 4/24/14 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: _____

Contracts Supe Review/Date

Program Mgr. Review/Date

Contracts Mgr. Review/Date

CFO Review/Date