

09/19/08
B. K.

RUSH!!! RUSH!

Assigned to EP ^{AK}
Contract #072-S0911 ^{Kaup}

CONTRACT ROUTING SHEET

Date Prepared: ~~5/7/08~~ 9/30/08

Need Date: ~~5/21/08~~ 10/3/08

PROCESSING DEPARTMENT:

Department: ~~Mental Health~~ Purchasing
Dept. Contact: ~~Tom Michaelson~~ Bonnie H. Rich
Phone #: ~~Ext 6299~~ 5940
Department
Head Signature: John Bachman

CONTRACTOR:

Name: Summitview Child Treatment
Address: 768 Pleasant Valley Rd, St 304
Diamond Springs, CA 95619
Phone: 530-621-9800, ext 22

CONTRACTING DEPARTMENT: Mental Health

Service Requested: Specialty mental health services for minors
Contract Term: ~~2 years~~ 1 yr Contract Value: 1,000,000 \$2,000,000.00
Compliance with Human Resources requirements? Yes: XX No:
Compliance verified by: Michaelson

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

Approved: Disapproved: Date: 9-30-08 By: [Signature]
Approved: Disapproved: Date: By:

* We should obtain verification that contractor's
execution director has authority to execute
contracts on behalf of contractor

ASSIGNMENT	
DATE	05/12/2008
ATTORNEY	ED KAUP
DEPT/INDEX NO	413100
BY:	[Signature]

2008 SEP 30 11:25 AM
EL DORADO COUNTY COUNSEL
2008 SEP 30 11:25 AM
EL DORADO COUNTY COUNSEL
2008 SEP 30 11:25 AM
EL DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 10/2/08 By: [Signature]
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:

Registrar 08-0956 8/22/08 BOS mtg
9/16/08 9/23 or 9/30