

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/12/2021

Need Date: 04/30/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHS

Name: Summitview Child & Family

Dept. Contact: Lisa Konyecsni

Address: 670 Placerville Dr., Ste 2

Phone: 295-6901

Placerville, CA 95667

Department Head Signature: Nita Wracker
MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.04.12 11:04:07 -07'00'

Phone: _____

Nita Wracker, MPA CPA
Agency Chief Fiscal Officer

Org Code: 5310 -5320

Project #
(if applicable): N/A

Funding Source: Medi-Cal, Realignment, MHSA

CONTRACTING DEPARTMENT: HHS - Behavioral Health

Service Requested: Review of specialty mental health services renewal agreement

Description: Specialty mental health services renewal agreement - Short Term Residential Treatment Program

Contract Term: 07/01/21 - 06/30/24 Contract Value: \$ 2,807,777.00

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

Approved: Disapproved: Date: 04/13/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.04.13 13:24:28
-07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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