

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/25/18 *10/26/18*

Need Date: 10/26/18 *11/2/18*

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Lisa Konyecsni

Phone: 6901

Department

Head Signature: *[Signature]*
10/26/18

CONTRACTOR:

Name: Sierra Child & Family

Address: 4250 Fowler Lane, Suite 104

Diamond Springs, CA 95619

Phone: _____

Org Code: 5310,5320

CONTRACTING DEPARTMENT: HHSA

Service Requested: Specialty Mental Health Services for Children and Young Adults

Contract Term: 1/1/19 - 6/30/21 Contract Value: \$4,610,172

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

Approved: x Disapproved: _____ Date: 10/30/18 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

- See comments on my your memo.

EL DORADO COUNTY COUNSEL
2018 OCT 26 PM 3:04

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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