

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/01/2020

Need Date: 04/20/2020

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
Date: 2020.04.07 16:38:23 -07'00'
Yvonne Kollings, CFO

CONTRACTOR:

Name: Summitview Child & Family Svcs
Address: 670 Placerville Dr., Suite 2
Placerville, CA 95667
Phone: _____
Org Code: 5310
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency - Behavioral Health Division

Service Requested: Adult Residential Treatment Services in a licensed ARF

Description: Adult Residential Treatment Services in a licensed ARF

Contract Term: 05/13/20 - 06/30/20 (extend to 06/30/21 requested) Contract Value: \$4,390,324 (current) \$5,102,048 (new)

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

Approved: Disapproved: Date: 4/14/2020 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2020.04.16 12:45:14 -07'00'
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2020.04.20 16:07:49 -07'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 20 Apr 2020 By: SCHROEDER.ROBE
Digitally signed by SCHROEDER.ROBE
RT.R.1188050227
Date: 2020.04.20 11:47:59 -07'00'
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: _____

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