

Internal Contract No: 133-MHD0309  
Purchasing Contract No: 680-S0911  
Index Code: 413210

# CONTRACT ROUTING SHEET

Date Prepared: March 25, 2009

Need Date: 4/8/09

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department

Head Signature: *Neda West*  
Neda West, Director

**CONTRACTOR:**

Name: Summitview Child Treatment Center, Inc.

Address: 768 Pleasant Valley Road, Suite 304

Diamond Springs, CA 95619

Phone: 530-621-9800

**CONTRACTING DEPARTMENT:** Health Services Department – Mental Health Division

Service Requested: Outpatient mental health services for minors

Contract Term: 7/1/09 to 6/30/10 Contract Value: ~~\$750,000.00~~ \$800,000.00

Compliance with Human Resources requirements? Yes  No

Compliance verified by: Chris Little Revised to \$550,000 6/22/0

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

Approved:  Disapproved:  Date: 5-8-09 By: *W. J. ...*

Approved:  Disapproved:  Date:  By:

RECEIVED  
HUMAN RESOURCES DEPT  
MAY - 5 PM 4: 52  
COUNTY COUNSEL  
MAY 4 PM 12: 57

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:  Date: 5/6/09 By: *C. Costello*

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: \_\_\_\_\_

*W. J. ... 3/25/09* *Matt ... 4/28/09* *4/28/09* 09-0668.A.1