

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/07/2022

Need Date: 05/02/2022

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA

Name: Summitview Child & Family Svcs

Dept. Contact: Lisa Konyecsni

Address: 640 Placerville Dr., Ste 2

Phone: 295-6901

Placerville, CA 95667

Department Head Signature: Kimberly McAdams, Acting CFO
Digitally signed by Kimberly McAdams, Acting CFO
Date: 2022.04.12 07:35:19 -07'00'

Phone: _____

Kimberly McAdams
Acting Agency Chief Fiscal Officer

Org Code: 5310150

Project # _____

(if applicable): N/A

Funding Source: MHSA

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Review of new agreement

Description: Student Outreach and Engagement Centers, and Mental Health Supports at Middle Schools - Student Wellness Centers

Contract Term: 07/01/2022- 06/30/2023

Contract Value: \$ 150,000.00

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

Approved:

Disapproved:

Date: 05/24/2022

By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.05.24 13:09:33 -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 hlsa-contracts@edcgov.us Thank you!