

# CONTRACT ROUTING SHEET

Date Prepared: 8/2/12

Need Date: 8/16/12

**PROCESSING DEPARTMENT:**

Department: HHSA / Mental Health

Dept. Contact: Kathy Lang

Phone #: X7147

Department Head Signature: *Daniel Nielson*  
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**

Name: Summitview Child & Family Services, Inc.

Address: 768 Pleasant Valley Rd, #304  
Diamond Springs, CA 95619

Phone: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT.  
AUG 11 11:50

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - MHD

Service Requested: Residential services for minors with serious emotional problems

Contract Term: 7/1/12 through 6/30/13

Contract Value: \$405,000

Compliance with Human Resources requirements? Yes x No: \_\_\_\_\_

Compliance verified by: Feasibility Analysis attached

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: X Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2012 AUG - 2 3:37

Please incorporate proposed revisions  
one copy

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/1/12 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGER**  
**EL DORADO COUNTY**

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*[Signature]* 7.31.12  
Contracts Review/date

*[Signature]* 8/1/12  
Contracts Mgr Review/date  
**D. Stack**