

CONTRACT ROUTING SHEET

Date Prepared: 4/17/13

Need Date: 4/30/13

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: [Signature]
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Summitview Child & Family Svcs, Inc.
Address: 768 Pleasant Valley Road, #304
Diamond Springs, CA 95619
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency, Mental Health Division

Service Requested: Specialty MH services for minors - residential
Contract Term: 7/1/12 through 12/31/14 6/30/15 (E) Contract/Grant Value: \$1,540,500 (E)
Compliance with Human Resources requirements? N/A Yes X No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 4/18/13 By: [Signature]
Approved: X Disapproved: _____ Date: 7/5/13 By: [Signature]

Resubmit to Counsel 7/5/13 (E)

EL DORADO COUNTY COUNSEL
APR 18 AM 11:02

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: X Disapproved: _____ Date: 4/21/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MGMT DEPT
APR 18 PM 4:21

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

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.

Departments:

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

EL DORADO COUNTY COUNSEL
2013 JUN -5 PM 4:4

[Signature] 4/10/13 [Signature] 4/17/13 [Signature] 4/10/13
PM Review/Date CFO Review/Date Contracts Supe Review/Date Contracts Mgr. Review/Date