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	CONTRACT	ROUTING	SHE			
Date Prepared:	9/2/15	Need Date	: ASA	Р		
PROCESSING D	EPARTMENT:	CONTRAC	TOR:			
Department:	HHSA/Mental Health	Name:	Summitview Child and Family Services, Inc.			
Dept. Contact:	Laura K. Walny	Address:	670 Place			
Phone #: Department Head Signature:	Ext. 7118 Alexis Low Don Ashton, M.P.A., Director	Phone:	Placerville	, CA 956	67	
Service Request Contract Term: Compliance with	DEPARTMENT: HHSA/Me ed: Specialty Mental Health 11/1/2015 – 6/30/2018 Human Resources requireme ied by:* in process **	Contract	Grant Valu Yes	ie: _\$2,3	Notion -	
COUNTY COUN Approved: Approved:	SEL: (Must approve all contr Disapproved: Disapproved:		<u></u>	By: <u>Р</u> Ву:	12 av	COUNTY COUNSEL
RISK MANAGER Approved: Approved:	PLEASE FORWARD TO PLEASE FORWARD TO PLEASE FORWARD TO PLEASE FORWARD TO PLEASE AND MO				eements	)
<b>NOTE:</b> Any contract electronic information related, especially the Counsel. This also Departments: Approved:	VAL: (Specify department(s) of that involves the development, ins on, the acquisition of software or o hose that involve computers and te applies to any other contract that re Disapproved:	stallation, implementation computer related items, elecommunications, mus quires approval from and Date:	, storing, retr or any other t be approve	ieving, tra service/it d by IT be nent. By:	nsfer, or s em that m	ending of ay be IT
Approved:	Disapproved:	Date:		Ву:		
					summer Sime	
Please con CFO Review	ntact (Laura K. Walny x7118) with	questions or for contra	Diatestinggpontanes	6	/2/15 Date	
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