# CONTRACT ROUTING SHEET 



## Need Date: ASAP

CONTRACTOR:
Name: Summitview Child and Family Services, Inc.
Address: 670 Placerville Dr Suite 2
Placerville, CA 95667
Phone:

CONTRACTING DEPARTMENT: HHSA/Mental Health Division
Service Requested: Specialty Mental Health for minors
Contract Term: $11 / 1 / 2015-6 / 30 / 2018$
Compliance with Human Resources requirements?
Contract/Grant Value: $\qquad$
Compliance verified by: ** in process **
COUNTY COUNSEL: (Must approve all contracts a
Approved: $X$
Approved:
Disapproved: $\qquad$ Date: $9 / 9 / 15$


By :


$\qquad$ Disapproved: Date: N/A Yes -$-$| Nom |
| :---: |
| n |

$\qquad$
PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:
Approved: $\qquad$ Disapproved: $\qquad$ Date:
Date:




#### Abstract

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department. Departments:


| Approved: | Disapproved: | Date: | By | - |
| :---: | :---: | :---: | :---: | :---: |
| Approved: | Disapproved: | Date: | By | $\square$ |



