		Contract #: 337 AMD II (169-S1611)
	CONTRACT ROUTING SHEET	
Date Prepared:		Need Date: 6/11/18
PROCESSING I Department: Dept. Contact: Phone #: Department Head Signature:	DEPARTMENT: Health & Human Svcs Agency Kathy Lang X 7147 X 7147 Patricia Charles-Heathers,	CONTRACTOR: Name: Summitview Child & Family Services Address: 670 Placerville Dr., Ste. 2 Placerville, CA 95667 Phone: (530) 644-2412
Service Request Contract Term:	DEPARTMENT: Health and ed: "As Requested" SMHS for Cl Extended term 7/1/18 - 12/31/18 Human Resources requirem fied by:	nildren and Youth Contract/Grant Value:
COUNTY COUN Approved:	SEL: (Must approve all cont Disapproved: Disapproved:	racts and MOU's) Date: Date: By: By: By: Date: By: By: By: By: By: By: By: By: By: By
RISK MANAGEN Approved: Approved:		RISK MANAGEMENT. THANK YOU!
NOTE: Any contract electronic information related, especially the	t that involves the development, inson, the acquisition of software or onose that involve computers and to	participating or directly affected by this contract). stallation, implementation, storing, retrieving, transfer, or sending of computer related items, or any other service/item that may be l' elecommunications, must be approved by IT before submission to requires approval from another department. Date: By: Date: By:
Please contact	Kathy Lang x7147	with questions or for contract packet pick-up. Thank you! Deputy Director, Administration and Contracts Date
A/P or A/R Mgr Approval:	Cinitian Calalita	Contracts ASO Approval:

Rev. 12/2000 (GS-GVP)

18-0664 A 1 of 1