

# RUSH!

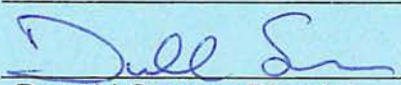
Agreement #862 (456-S1411)\_, Amendment #1

## CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: <sup>29</sup> 4/25/19

Need Date: <sup>6</sup> 5/1/19

### PROCESSING DEPARTMENT:

Department: HHSA  
Dept. Contact: Lisa Konyecsni  
Phone: 6901  
Department  
Head Signature:   
Donald Semon, Director

### CONTRACTOR:


Name: Summitview Child & Family  
Address: 670 Placerville Dr. Ste 2  
Placerville, CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5310

Auditor/Controller Notified <sup>4-29-19</sup>  N/A – Under \$100k

### CONTRACTING DEPARTMENT: HHSA – Behavioral Health Division

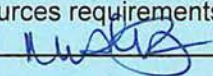
Service Requested: MHSA – Adult Residential Facility  
Contract Term: 5/16/14 – 6/30/20 Contract Value: \$4,390,324

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


Approved: X Disapproved: \_\_\_\_\_ Date: 4/30/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2019 APR 29 PM 11:21

### HR APPROVAL:

Compliance with Human Resources requirements? Yes  No: \_\_\_\_\_  
Compliance verified by:  5/1/19

### RISK MANAGEMENT: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: X Disapproved: \_\_\_\_\_ Date: 4/30/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!