Date Prepared:	04/01/2020	_ Need Date:	04/20/2020
PROCESSING D	DEPARTMENT:	CONTRACT	TOR:
Department:	Health and Human Services Agency	Name:	Summitview Child & Family Svcs
Dept. Contact:	Lisa Konyecsni 295-6901	Address:	670 Placerville Dr., Suite 2
Phone:			Placerville, CA 95667
Department Head Signature:	Yvonne Kollings Date: 2020.04.07 16:38:23 -0700'	Phone:	
	Yvonne Kollings, CFO	Org Code:	5310
		Project Strin	ng
		(if applicable	e):
CONTRACTING	DEPARTMENT: Health and Hum	nan Services Agency - Be	haviaral Haalth Division
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			navioral Fidulati Bivioloti
Service Request	ed: Adult Residential Treatment Service	s in a licensed ARF	Tarioral Floating Division
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Service Requestor Description: A	ed: Adult Residential Treatment Service dult Residential Treatment Services in a lic	s in a licensed ARF ensed ARF	\$4,390,324 (current) \$5,102,048 (new)
Service Requeston	ed: Adult Residential Treatment Service dult Residential Treatment Services in a lic	s in a licensed ARF ensed ARF ed) Contract Value	
Service Request Description: <u>A</u> Contract Term: <u>C</u>	ed: Adult Residential Treatment Service dult Residential Treatment Services in a lic 05/13/20 - 06/30/20 (extend to 06/30/21 request	s in a licensed ARF ensed ARF ed) Contract Value	\$4,390,324 (current) \$5,102,048 (new)
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Service Requested Description: A Contract Term: COUNTY COU	Adult Residential Treatment Service dult Residential Treatment Services in a licustrial Treatment Services in a licustria	s in a licensed ARF ensed ARF led) Contract Value acts and MOU's) Date: 4/14/20/2 Date: DHR AND RISK MAN acts? Yes: Digital Contract Value Provided to the contract Value Contract Va	By: Paula Frantz Dignally signed by Lauren Montalvo at 2020.04.20 16:07:49 -07:00° Pt boilerplate grant funding contract
Service Requested Description: A Contract Term: COUNTY COU	Adult Residential Treatment Service dult Residential Treatment Services in a licustrial Treatment Services in a licustria	s in a licensed ARF ensed ARF [ed] Contract Value acts and MOU's) Date: 4/14/202 Date: DHR AND RISK MAN This? Yes: Digital parts	By: Paula Frantz Deputy signed by Paula Frantz By: By: Paula Frantz Deputy signed by Paula Frantz By: By: No:

Date:

Date:

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

Disapproved:

Disapproved:

Departments: Approved:

Approved:

By:

By: