

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/09/2021

Need Date: 02/25/2021

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Consie Mote  
Phone: 642-7118  
Department: Nita Wracker  
Head Signature: MBA CPA  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.02.09 17:16:17  
-08'00'  
Nita Wracker, CFO

**CONTRACTOR:**

Name: Summitview Child & Family Svcs  
Address: 670 Placerville Dr., Suite 2  
Placerville, CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5310  
Project String  
(if applicable): 53MHSA2100-5362127FSP-50500-WS

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - Behavioral Health Division

Service Requested: Adult Residential Treatment Services in a licensed ARF

Description: Amendment to Adult Residential Treatment Services in a licensed ARF- extending same service for 1 year.

Contract Term: 05/13/14- 06/30/21 (extend to 06/30/22 requested) Contract Value: \$5,102,048(current) \$ 5,811,827(new)

**COUNTY COUNSEL:** (must approve all contracts and MOU's)

Approved:  Disapproved:  Date: 03/04/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.03.04 17:43:19 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: Lauren Montalvo  
Digitally signed by Lauren Montalvo  
Date: 2021.03.05 14:47:42 -08'00'

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

Approved:  Disapproved:  Date: 03/05/2021 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2021.03.05 11:06:07 -08'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**