

Contract #: 412-S1410
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: 1/3/14

Need Date: Please rush

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health/ Public Health
Dept. Contact: Sharon Keoppel
Phone #: 4811
Department
Head Signature: *[Signature]*
Don Ashton, Interim Director

CONTRACTOR:

Name: Connections Communication Services, Inc.
Address: 1770 Post St, #243
San Francisco, CA 94115-3219
Phone: 800-901-5830

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Telephone exchange services for EDC HHSA CPS/APS/PG
Contract Term: Three years 2/1/14-1/31/17 Contract/Grant Value: \$60,000
Compliance with Human Resources requirements? N/A Yes X No
Compliance verified by: Feasibility Analysis attached.

2014 JAN -8 AM 8:34
DORADO COUNTY COUNSEL

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

Approved: Disapproved: _____ Date: 1/14/14 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT.
14 JAN 15 AM 11:43

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 1/16/14 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signatures]
PM Review/Date: 1/6/14
CFO Review/Date: 1/7/14
Contracts Supt Review/Date: 1/3/14
Contracts Mgr. Review/Date: *[Signature]*
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