

# NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 8/30/19

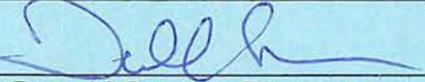
Need Date: 9/10/19

**PROCESSING DEPARTMENT:**

Department: HHSA

Dept. Contact: Lisa Konyecsni

Phone: Ext. 6901

Department Head Signature: 

Donald Semon, Director

**CONTRACTOR:**

Name: Unite Us

Address: 65 North Moore St.

New York, NY 10013

Phone: \_\_\_\_\_

Org Code: 5320

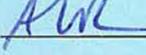
Auditor/Controller Notified  N/A - Under \$100k

**CONTRACTING DEPARTMENT:** HHSA - Behavioral Health Division

Service Requested: HIPAA BAA Software Access

Contract Term: Upon execution-termination Contract Value: No value

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

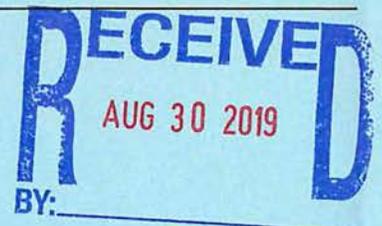
Approved:  Disapproved: \_\_\_\_\_ Date: 9/3/19 By: 

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

See revisions in red ink.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW



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