

Contract #: 4252 A2
Org Code: 5410

CONTRACT AMENDMENT ROUTING SHEET

Resubmit
Date Prepared: ~~01-13-2020~~ 01-21-2020 *02-26-2020*

Need Date: ~~01-31-2020~~ *03-06-2020*

PROCESSING DEPARTMENT:

Department: Health and Human Services
Agency
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department Head Signature: *[Signature]*
Donald Semon, Director

CONTRACTOR:

Name: QS Technologies, now owned and operated as Netsmart Tech.
Address: 4950 College Blvd.
Overland Park, KS 66211
Phone:

EDC COUNTY COUNSEL
2020 FEB 26 PM1:05

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Assignment of Agreement

Contract Term: 06/10/2003 – 06/30/2020
(Was a perpetual term)

Contract/Grant Value: \$232,680 (Original)
\$ 9,468 (A1)
\$ 35,631.83 (A2)
\$277,779.83 (New total)

Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: *[Signature]* Lauren Montalvo 2/4/2020

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

Approved: Disapproved: Date: 1/28/2020 By: *[Signature]*
Approved: Disapproved: Date: 2/27/2020 By: *[Signature]*

EDC COUNTY COUNSEL
2020 JAN 21 PM1:37

PLEASE FORWARD TO RISK MANAGEMENT AND HUMAN RESOURCES. THANK YOU!

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

Approved: Disapproved: Date: 3 Feb 2020 By: *[Signature]*
Approved: Disapproved: Date: _____ By: _____

AM 10:39 HR/RM JAN 29 '20

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

CFO Review: _____ / _____ Date Deputy Director, Administration and Contracts: _____ / _____ Date
A/P or A/R Mgr Approval: _____ / _____ Date Contracts ASO Approval: _____ / _____ Date

Please contact hhsa-contracts@edcgov.us for contract pickup.