

Contract #: 514-S1710
Index Code: 419800

CONTRACT ROUTING SHEET *pg 1 of 2*

RESUBMIT: 5/31/17
Date Prepared: 5/24/17 5/19/17

Need Date: 6/2/17

PROCESSING DEPARTMENT:
Department: HHS/Administration
Dept. Contact: Shannon Vanskike
Phone #: X 7352
Department Head Signature: *[Signature]* 5/18/17
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:
Name: Dimension Reports
Address: 237 Rochelle Court
Roseville, CA 95661
Phone: 916-524-8080

CONTRACTING DEPARTMENT: HHS/Administration
Service Requested: Review and Approval to Proceed with Reporting assistance
Contract Term: Three years from Execution
Contract/Grant Value: \$70,000
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: M. Garcia 4/18/17

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: Date: 5/24/17 By: *[Signature]*
Approved: Disapproved: Date: By:

ADD COUNTY COUNSEL
2017 MAY 22 PM 4: 0

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: Date: 5-30-17 By: *[Signature]*
Approved: Disapproved: Date: 6-5-17 By: *[Signature]*
DEFICIENCIES NOTED IN EBIX.

* CLEARED ID EBIX 6/7/17 82V

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: _____

Please contact (Shannon Vanskike, ext 7352) with questions or for contract packet pick-up. Thank you!

[Signature] 5/18/17
Chief Fiscal Officer Date

[Signature] 5/19/17
Deputy Director, Administration and Contracts Date

[Signature] 5/18/17

Contract #: 514-S1710
Index Code: 419800

CONTRACT ROUTING SHEET *pg 2 of 2*

Date Prepared: 5/21/17 5/19/17

Need Date: 6/2/17

PROCESSING DEPARTMENT:

Department: HHSA/Administration
Dept. Contact: Shannon Vanskike
Phone #: X 7352
Department
Head Signature: _____
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:

Name: Dimension Reports
Address: 237 Rochelle Court
Roseville, CA 95661
Phone: 916-524-8080

CONTRACTING DEPARTMENT: HHSA/Administration

Service Requested: Review and Approval to Proceed with Reporting assistance
Contract Term: Three years from Execution Contract/Grant Value: \$70,000
Compliance with Human Resources requirements? N/A _____ Yes x No: _____
Compliance verified by: M. Garcia 4/18/17

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

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

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

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

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: INFORMATION TECHNOLOGIES
Approved: ✓ Disapproved: _____ Date: 5/24/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact (Shannon Vanskike, ext 7352) with questions or for contract packet pick-up. Thank you!

Chief Fiscal Officer _____ Date _____

Deputy Director, Administration and Contracts _____ Date _____