Purchasing Contract No: A2 to 465-S1211 Index Code: 419100

CONTRACT ROUTING SHEET

| Date Prepared: | 9/18/12 | _ Need Date: | 10/2/19 | 2 |
|---|--|---|--|---------|
| PROCESSING DI Department: | EPARTMENT: HHSA / Mental Health | CONTRACTO Name: Ne | R: tsmart Technologi | es Inc |
| Dept. Contact: | Kathy Lang | | 00 Sunrise Highwa | |
| Phone #: Department Head Signature: | Daniel Nielson, M.P.A., Direct | Phone: | eat River, NY 1173 | 9 |
| CONTRACTING I Service Requeste | DEPARTMENT: Health and d: Adding electronic signatu | Human Services Ager | ncy – MHD | |
| Contract Term: _p Compliance with h | | Contra | act Value: \$665,6 x No: | 603 |
| Approved: | Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: | Date: 9/24/ Date: | ant funding agree By: By: By: RISK MANAGI DORADO COL | ER |
| OTHER APPROV Departments: Approved: Approved: | AL: (Specify department(s) p Disapproved: Disapproved: | | | |
| | | | | PH 3: 4 |
| Allo leta 9/10/ Contracts Review/date | Contracts Mgr Review | 06 9/14/12 v/date | | DEPT. |