

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/08/2024

Need Date: 04/12/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Netsmart Technologies

Dept. Contact: Brian Michaelson

Address: 11100 Nall Avenue

Phone: X 6922

Overland Par, Kansas 66211

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2024.04.08 12:42:07 -07'00'

Phone: _____

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5310

Project # _____
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- BH

Service Requested: contract review

Description: software as a service

Contract Term: 6/1/24-5/31/29 Contract Value: \$ 1,676,458.85

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

Approved: Disapproved: Date: 04/12/2024 By: Nicole Wright Digitally signed by Nicole Wright
Date: 2024.04.12 14:09:34 -07'00'

Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!