


Contract #: 162-S1511
Index Code: 419500

CONTRACT ROUTING SHEET

Date Prepared: 8/20/14

Need Date: 8/29/14

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health
Dept. Contact: Sharon Keoppel
Phone #: Ext. 4811
Department
Head Signature: 

CONTRACTOR:

Name: LocumTenens.com
Address: 2655 Northwinds Parkway
Alpharetta, GA 30009
Phone: 770/642-5684

Don Ashton, M.P.A., Director

CONTRACTING DEPARTMENT: HHSA/Mental Health

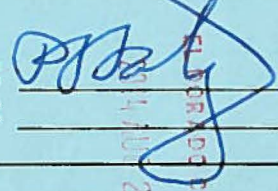
Service Requested: Provision of temporary Medical Practitioners

Contract Term: Execution-8/31/17 Contract/Grant Value: 600,000

Compliance with Human Resources requirements? N/A Yes No:

Compliance verified by: Human Resources

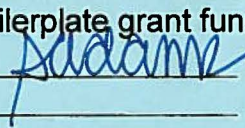
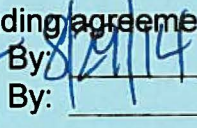
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 8/28/14 By: 
Approved: Disapproved: Date: By:

FLORIDA COUNTY COUNSEL
14 AUG 23 PM 4:03

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:

14 AUG 29 AM 9:00
HHS DEPT.


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 Sharon Keoppel x-4811 with questions or for contract packet pick-up. Thank you!

CFO Review _____ Date _____

 Assistant Director-Admin/Finance Date: 8/28/14

