

Contract #: 278-S0110, A4
Index Code: 408110

CONTRACT ROUTING SHEET

Date Prepared: 05-02-2014

Need Date: _____

PROCESSING DEPARTMENT:

Department: HSA/Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: _____
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: Medical Priority Consultants
Address: dba Priority Dispatch
110 S. Regent Street, Suite 500
Salt Lake City, UT 84111
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Licenses and software/technical assistance for EMS dispatch
Contract Term: 11/08/2000 – until terminated Contract/Grant Value: \$14,596
Compliance with Human Resources requirements? N/A Yes X No:
Compliance verified by: HR approved on 04-28-2014.

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: _____

Please contact _____ for pick-up. Thank you!

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: 5/6/14 By: Kelley Webb
Approved: _____ Disapproved: _____ Date: _____ By: _____

Contracts Supe Review/Date _____ Program Mgr, Review/Date _____ Contracts Mgr. Review/Date _____ CFO Review/Date _____

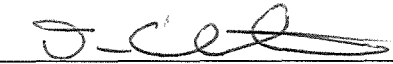
Contract #: 278-S0110, A4
Index Code: 408110

CONTRACT ROUTING SHEET

Date Prepared: ~~05-02-2014~~ 07.24-2014

Need Date: 08-07-2014

PROCESSING DEPARTMENT:

Department: HSA/Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department Head Signature: 
Don Ashton, M.P.A., Director


CONTRACTOR:

Name: Medical Priority Consultants
Address: dba Priority Dispatch
110 S. Regent Street, Suite 500
Salt Lake City, UT 84111
Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Licenses and software/technical assistance for EMS dispatch
Contract Term: 11/08/2000 - until terminated Contract/Grant Value: \$14,596
Compliance with Human Resources requirements? N/A Yes X No
Compliance verified by: HR approved on 04-28-2014.

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


Approved: X Disapproved: Date: 8/5/14 By: 
Approved: Disapproved: Date: By:

*NOTE: This needs to be routed to IT since its licenses/software identifies problems, it shd be re-routed to counsel

Agreement was routed to and approved by I.T. prior to sending to Counsel. See attached CRS 2 of 2 which was made a part of this packet. 37m

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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


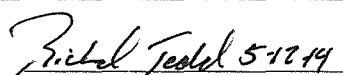
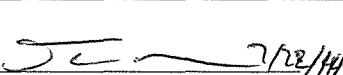

Approved: ✓ Disapproved: Date: 8/5/14 By: 
Approved: Disapproved: Date: By:

Please contact _____ for pick-up. Thank you!

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

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

 7/15/14 Contracts Supe Review/Date
 5/12/14 Program Mgr, Review/Date
 7/12/14 Contracts Mgr. Review/Date
 CFO Review/Date 7/17/14