Index Code:

Contract #: 074-S1511 A1 531160, 531301

CONTRACT ROUTING SHEET

Date Prepared:	7/14/15 7/24/15 Prountel	Need Dat	e: <u>8/7/15</u>	
PROCESSING DE	PARTMENT:	CONTRA	CTOR:	
Department:	HHSA/CSD	Name:	Harmony Informatio	n Systems, Inc.
Dept. Contact:	Jennifer Anderson	Address:	11700 Plaza Ame Suite 1001	rica Drive,
Phone #:	X6901		Reston, VA 20190	
Department		Phone:	703-674-5100	
Head Signature:	DICE			
	Don Ashton, M.P.A., Director			
CONTRACTING I	DEPARTMENT: HHSA/Commu	nity Services D	Division	
	d: Proprietary Software for Com			
Contract Term: U			t/Grant Value: \$	45 GF5
	Human Resources requirements?	N/A	Yes	No:
Compliance verifie	•		***************************************	2 6
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N 2	EL: (Must approve all contracts		11-	15 3
	Disapproved:		9(15 By: (1)	TOWN /
Approved:	Disapproved:	Date:	By:	
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RISK MANAGEM Approved: Approved: To fix five	PLEASE FORWARD TO RISK MENT: (All contracts and MOU's e Disapproved: Disapproved: Requirements	xcept boilerpla		reements)
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				£22
NOTE: Any contract electronic information related, especially the Counsel. This also ap Departments: In	AL: (Specify department(s) particular that involves the development, installation, the acquisition of software or computes that involve computers and telecomplies to any other contract that requires formation Technologies	on, implementation ter related items, imunications, mus approval from an	n, storing, retrieving, tra or any other service/it st be approved by IT b other department.	ansfer, or sending of tem that may be IT
	Disapproved:	Date:	By:	***
Approved:	Disapproved:	Date:	By:	<u>Ulanda</u>
***************************************				part of the second of the seco
Please conta	ct Jennifer Anderson x6901 with ques	stions or for con	tract packet pick-up.	Thank you!
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CFO Review/Date			Deputy D:	irector-Admin/Finance
Rev. 12/2000 (GS-GVP)	P114/15 # 1/20/19	P8/21	14-1351	2A 1 of 2

CONTRACT ROUTING SHEET

2 of 2

Date Prepared:	7/14/15	Need Date:					
PROCESSING DI	EPARTMENT:	CONTRACTOR:					
Department:	HHSA/CSD	Name:					
Dept. Contact:		Address:	11700 Plaza Ameri				
			Suite 1001				
Phone #:	X6901		Reston, VA 20190				
Department		Phone:	703-674-5100				
Head Signature:	Don Ashton, M.P.A., Director						
CONTRACTING I	DEPARTMENT: HHSA/Commur	nity Services I	Division				
Service Requested: Proprietary Software for Community Services Programs							
Contract Term: _L	Jpon execution -	Contract/Grant Value: _\$					
Compliance with I Compliance verific	Jpon execution - Human Resources requirements? ed by:		Yes	No:			
COLINTY COLING							
Approved:	EEL: (Must approve all contracts a Disapproved: Disapproved:	Date:	Bv [.]				
Approved:	Disapproved:	Date:	Bv:	Bv.			
	PLEASE FORWARD TO RISK M	ANAGEMENT.	THANK YOU!				
	ENT: (All contracts and MOU's ex	cept boilerpla					
	Disapproved:	Date:	By:				
Approved:	Disapproved:	Date:	By:				
NOTE: Any contract electronic information related, especially the	YAL: (Specify department(s) partice that involves the development, installation, the acquisition of software or compute ose that involve computers and telecomments that requires the computers are that requires the computer of the comput	n, implementation er related items munications, mu	on, storing, retrieving, tran , or any other service/ite st be approved by IT be	sfer, or sending o m that may be I			
	pplies to any other contract that requires and an arministric formation Technologies	approvai irom ar	iother department.	/			
Approved:		Date: 7/5)7/15 By: M	actions			
Approved:		Date:	By: //	4444			
Please conta	ct Jennifer Anderson x6901 with ques	tions or for con	tract packet pick-up. T	hank you!			
CFO Review/Date			Deputy Dire	ector-Admin/Finance			