Contract #: 090-S1411 Amendment I

Need Date: Board Date - 1/14/14

CONTRACT ROUTING SHEET

PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Child Support Services Ginger Harms 7238 Laura D. Roth	CONTRA Name: Address: Phone:	Columbia Ultima	e, Suite 100
Contract Term: Compliance with	DEPARTMENT: Child Supported: Review & approval of cont Perpetual Human Resources requiremented by: Mike Strella	ract amendment t Contract Value	o add Victim Rest	Remis County Counted State of Counted St
Approved: Approved: The purpose of the	Disapproved: is Amendment is to add the Vic cost for the additional module h	Date: Date: Date: ctim Restitution Monowever; the annual	odule to the softw al support cost is	
Please call Ginge	r Harms, (ext. 7238) to pick up	when approval by	CC complete. T	nank you.
	TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved:		te grant funding a By: _ By: _	greements)
Previously approved by Risk and IT.				
	AL: (Specify department(s) pa	articipating or dire	ctly affected by th	s contract).
Departments: Approved: Approved:	Disapproved: Disapproved:	Date: Date:	By: _ By: _	

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Date Prepared: 12/9/2013