


CONTRACT ROUTING SHEET

Date Prepared: 12/18/2013

Need Date: Please rush

PROCESSING DEPARTMENT:

Department: HHS/Mental Health/ Public Health
Dept. Contact: Sharon Keoppel
Phone #: 4811
Department
Head Signature: 
Don Ashton, Interim Director

CONTRACTOR:

Name: Connections Communication Services, Inc.
Address: 1770 Post St, #243
San Francisco, CA 94115-3219
Phone: 800-901-5830

CONTRACTING DEPARTMENT: Health and Human Services Agency


Service Requested: Telephone exchange services for EDC HHS/Mental Health & Public Health Divisions.

Contract Term: Three years 2/1/14-1/31/17 Contract/Grant Value: \$60,000

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

Compliance verified by: Feasibility Analysis attached.

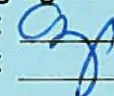
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 1/14/14 By: 
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT.
14 JAN 15 AM 11:43
COLORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!


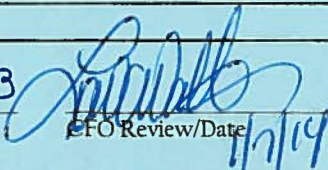
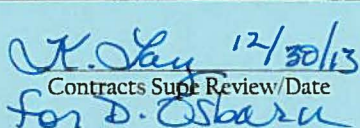
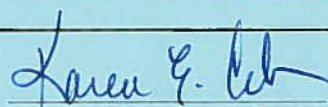
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 1/16/14 By: 
Approved: Disapproved: Date: By:

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

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

 12/31/13 PM Review/Date
 CFO Review/Date 1/17/14
 K. Day 12/30/13 Contracts Supt Review/Date for D. Ashton
 Karen E. Leh Contracts Mgr. Review/Date
14-0206 A 1 of 1/16/14