Date Prepared: $\frac{c}{c} / 18 / 1 z$
PROCESSING DEPARTMENT:
Department:
HHSA / Mental Health
Dept. Contact: Kathy Lang

| Phone \#: |
| :--- |
| Department |
| Head Signature: | X7147

Need Date: $\quad 10 / 2 / 12$
CONTRACTOR:
Name: Netsmart Technologies, Inc.
Address: 3500 Sunrise Highway, Suite D122
Great River, NY 11739
Phone:


CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD
Service Requested: Adding electronic signature software

Contract Term: perpetual
Compliance with Human Resources requirements?
Yes
Contract Value:
\$665,603
Compliance verified by: Feasibility Analysis attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved: $\qquad$ Disapproved: Disapproved: $\qquad$ Date: Date:

By: $\qquad$


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


OTHER APPROVAL: (Specify departments) participating or directly affected by this contract). Departments:
Approved:
Approved:
—

Disapproved: ___ Date:
By:
$\qquad$ Disapproved: Date: By:
$\frac{\text { Lynda Welsh }}{\text { Contracts Mgr Review/date }} 9 / 14 / 12$

