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Page 1 of	- 1

Contract #: 201-5|7||
Index Code: 402131

	CONTRACT	ROUTING	SHEET
Date Prepared:	8/18/16 9/15/16 - Peauses	Need Date:	-9/29/14 11/4/16
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	PEPARTMENT: HHSA/PHD Jennifer Anderson X6901  Patricia Charles-Heathers, Director	Address: 1	FOR: Patagonia Health 15100 Weston Parkway, #204 Cary, NC 27513 019-439-1251
Service Requeste Contract Term:	DEPARTMENT: HHSA/Poed: Subscription software suppon execution – 5 years Human Resources requiremed by:	ervices for electronic n Contract/G	Grant Value: <u>105,65</u> 0- <i>∯315,47</i> 6
Approved: Approved:	SEL: (Must approve all cont  Disapproved:   Disapproved:	racts and MOU's) Date: 역/20/ Date: [0/27/	By: 97 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			EP 15 1
RISK MANAGEM Approved:	PLEASE FORWARD TO IENT: (All contracts and MC Disapproved: Disapproved:	RISK MANAGEMENT. TH DU's except boilerplate Date: 10-31 Date:	ANK YOU!
NOTE: Any contract electronic information related, especially the	n, the acquisition of software or o	stallation, implementation, s computer related items, or elecommunications, must b	toring, retrieving, transfer, or sending of any other service/item that may be if the approved by IT before submission t
Approved:	Disapproved: Disapproved:	Date: Date:	By: By:
Please contaction of the CFO Review Rev. 12/2000 (GS-GVP)	et (Jennifer Anderson x6901) with a glatte 9/12/11  (V 8/19/11/12/11	6	ct packet pick-up. Thank you!

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Contract #:

Index Code: 402131

## **CONTRACT ROUTING SHEET**

Date Prepared:	8/18/16	Need Dat	te:	
PROCESSING D		CONTRA		
Department:			Patagonia Health	
Dept. Contact:	Jennifer Anderson	Address:	15100 Weston Pa	rkway, #204
Phone #:	X6901		Cary, NC 27513	
Department		Phone:	919-439-1251	
Head Signature:				
	Patricia Charles-Heathers, Ph.D Director	·,		
	DEPARTMENT: HHSA/Public H			
	ed: Subscription software service	es for electronic	medical record sys	stems
Contract Term: _!	Upon execution – 5 years	Contrac	t/Grant Value: <u>105</u>	,650
Compliance with l	Human Resources requirements? ed by:		_ Yes <u>x</u>	No:
COUNTY COUNS	SEL: (Must approve all contracts	and MOU's)		
	Disapproved:	Date:	Ву:	
	Disapproved:	Date:	By:	
RISK MANAGEM Approved: Approved:	PLEASE FORWARD TO RISK MENT: (All contracts and MOU's each Disapproved:  Disapproved:	xcept boilerpla	te grant funding agr	reements)
Approved:  Approved:  OTHER APPROV NOTE: Any contract electronic information related, especially the Counsel. This also approved the counsel.	ENT: (All contracts and MOU's e Disapproved:	Date: Date:  Date:  cipating or director, implementation ter related items, munications, mus	te grant funding agr By: By: By: Ctly affected by this or any other service/it to be approved by IT be	contract). nsfer, or sending of
Approved: Approved: OTHER APPROV NOTE: Any contract electronic information related, especially the Counsel. This also ap Departments:	ENT: (All contracts and MOU's e Disapproved: Disapproved:  AL: (Specify department(s) partice that involves the development, installation, the acquisition of software or compute that involve computers and telecompose that involve contract that requires IT – Information Technologies	cipating or director, implementation ter related items, improval from another terms.	te grant funding agr By: By: Ctly affected by this n, storing, retrieving, tra or any other service/it t be approved by IT be other department.	contract). nsfer, or sending of
Approved:  Approved:  OTHER APPROV NOTE: Any contract electronic information related, especially the Counsel. This also appeartments:  Approved:	ENT: (All contracts and MOU's e Disapproved: Disapproved: Disapproved:  AL: (Specify department(s) partice that involves the development, installation, the acquisition of software or compute that involve computers and telecomorphies to any other contract that requires IT – Information Technologies Disapproved:	cipating or director, implementation ter related items, munications, mus approval from and Date: \$\frac{\sqrt{2}}{2}\$	te grant funding agr By: By: By: Ctly affected by this n, storing, retrieving, tra or any other service/it t be approved by IT be other department. By: By:	contract). nsfer, or sending of
Approved: Approved: OTHER APPROV NOTE: Any contract electronic information related, especially the Counsel. This also ap Departments:	ENT: (All contracts and MOU's e Disapproved: Disapproved:  AL: (Specify department(s) partice that involves the development, installation, the acquisition of software or compute that involve computers and telecompose that involve contract that requires IT – Information Technologies	cipating or director, implementation ter related items, improval from another terms.	te grant funding agr By: By: Ctly affected by this n, storing, retrieving, tra or any other service/it t be approved by IT be other department.	contract). nsfer, or sending of
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Approved: Approved:  OTHER APPROV NOTE: Any contract electronic information related, especially the Counsel. This also appeartments: Approved: Approved:	ENT: (All contracts and MOU's e Disapproved: Disapproved: Disapproved:  AL: (Specify department(s) partice that involves the development, installation, the acquisition of software or compute use that involve computers and telecomplies to any other contract that requires IT – Information Technologies Disapproved: Disapproved: Disapproved:	cipating or director, implementation approval from another:  Date: 8/22 Date: Date: stions or for con	ctly affected by this n, storing, retrieving, tra or any other service/it be approved by IT be other department.	contract).  nsfer, or sending of em that may be IT efore submission to the submissio