

Contract #: 209-51711
 Index Code: 402131

CONTRACT ROUTING SHEET

Date Prepared: 8/18/16 ^{10/25/16 Resubmitted} 9/15/16 - Counsel

Need Date: 9/29/16 11/4/16

PROCESSING DEPARTMENT:

Department: HHS/PHD
 Dept. Contact: Jennifer Anderson
 Phone #: X6901
 Department
 Head Signature: Patricia Charles-Heathers
 Patricia Charles-Heathers, Ph. D.,
 Director

CONTRACTOR:

Name: Patagonia Health
 Address: 15100 Weston Parkway, #204
Cary, NC 27513
 Phone: 919-439-1251

CONTRACTING DEPARTMENT: HHS/Public Health Division

Service Requested: Subscription software services for electronic medical record systems
 Contract Term: Upon execution - 5 years Contract/Grant Value: 105,650 \$315,475
 Compliance with Human Resources requirements? N/A Yes x No:
 Compliance verified by:

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

Approved: X Disapproved: X Date: 9/20/16 By: [Signature]
 Approved: X Disapproved: Date: 10/27/16 By: [Signature]

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

Approved: Disapproved: Date: 10-31-16 By: [Signature]
 Approved: Disapproved: Date: By:

AMS: 14 HR/RM OCT 28 '16

NOTHING FOR RISK

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

Please contact (Jennifer Anderson x6901) with questions or for contract packet pick-up. Thank you!

CFO Review: [Signature] 9/14/16 9/12/16
 Deputy Director, Administration and Contracts: [Signature] 9/12/16
 Date

Contract #: _____
 Index Code: 402131

CONTRACT ROUTING SHEET

Date Prepared: 8/18/16

Need Date: _____

PROCESSING DEPARTMENT:

Department: HHSA/PHD
 Dept. Contact: Jennifer Anderson
 Phone #: X6901
 Department _____
 Head Signature: _____

CONTRACTOR:

Name: Patagonia Health
 Address: 15100 Weston Parkway, #204
Cary, NC 27513
 Phone: 919-439-1251

Patricia Charles-Heathers, Ph.D.,
Director

CONTRACTING DEPARTMENT: HHSA/Public Health Division

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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Departments: IT – Information Technologies

Approved: ✓ Disapproved: _____ Date: 8/22/16 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact (Jennifer Anderson x6901) with questions or for contract packet pick-up. Thank you!

CFO Review

Date

Deputy Director, Administration and Contracts

Date