CONTRACT ROUTING SHEET

| Date Prepared: | 10/2/08 | Need Date | e: <u>10/16/08</u> |
|------------------------|--|--|--------------------------------|
| PROCESSING DEPARTMENT: | | CONTRACTOR: | |
| Department: | CAO Procurement & | Name: | Computer Works, Inc. |
| ŧ | Contracts | | |
| Dept. Contact: | Bonnie Rich | Address: | 20 Corporate Woods Blod. |
| Phone #: | X5940 | | Albany, NY 12211 |
| Department | | Phone: | 800-692-7787 |
| Head Signature: | Donniede Nica. | | |
| | TONGO TRACE | | |
| | · · · · · · · · · · · · · · · · · · · | | 3: 42 |
| | DEPARTMENT: Mental Health | | 5 5 |
| | ed: Client tracking software main | | |
| Contract Term: _ | | Contract Value: | |
| | Human Resources requirements? | Yes: | N/A No: |
| Compliance verifi | ed by: | | N 5 |
| COUNTY COUNS | SEL: (Must approve all contracts a | | ä |
| Approved: | Disapproved: | Doto: / 4 | WAS BU GARLE |
| Approved: | Disapproved: | Date: // | 14-08 By: Alfon |
| | Disapproved: | Date | 16-08 By Colory |
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| | new prior. | | |
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| PLEASE FORWAR | D TØ RISK MANAGEMENT. THANKS! | ************************************** | |
| | MENT: (All contracts and MOU's e | except boilerplat | te grant funding abreements |
| Approved: | Disapproved: | Date: 10/1 | 7/AS By Carlotte |
| Approved: | Disapproved: | Date: | By: |
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| OTHER ADDROV | VAL: (Specify department(s) parti | cinatina or dira | othy afforted by this asstract |
| | FAL. (Opeciny department(s) parti | cipating or direc | ony anected by this contract). |
| Departments: | Dioconomical | Doto | D |
| Approved: | Disapproved: | Date: | By: |
| Approved: | Disapproved: | Date: | By: |
| ž | | | |
| <u> </u> | | | |