## SUPPLEMENTAL APPROVAL FORM FOR ITEMS OVER \$25,000 (If over \$100,000- Board of Supervisors Approval needed)

Depar	tment: EHSD	Date: <u>11/12/2014</u>	Ŀ	
Autho	rized Requestor: Address:	Michael Roark 300 Ellinwood Way	200 May 200 Contract 200 May 2	-3005 Dehsd.cccounty.us
Authorized Requestor Signature: Signed by Devid Eisenlohe.				
1.	P.O. Requisition No	o: Click here to enter text.	,	
2.	Item. Development Servers			
3.	☐ Single Item	Multiple Like Items	☐ Integrated \$	System
4.	How does this purchase meet the Departments operational needs? This enables EHSD to consolidate and replace our aged servers into servers using Virtualization technologies, thereby simplifying our infrastructure, reducing on-going support costs and associated resource requirements. This project is a joint effort between DoIT and EHSD.			
5.	Estimated cost: \$1	107,921.52		
6.	Funding Source: 45% State, 45% Federal, 10% County Funds			
7.		Officer Approval (Needed for re, Services, and Software		nputer hardware, services, software) use guidelines. Date:
0		tor Approval		
0.	County Administra	) my Jana		Date: 11/13/14
9.	Please return approval to Authorized Requestor as noted at top.			