

**MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
NON-ROUTINE BUILDING MAINTENANCE, FIXED ASSET, AND
BUILDING ALTERATIONS PROJECT REQUEST**

Building Name	Health Services	Date Submitted	4/11/18
Building Address	1120 S. Dora Street Ukiah, CA 95482	Building Number	56
		Requested Completion	ASAP
Budget Code	4013	IT Coordination Needed	
Person requesting services	Ruth Lincoln	Phone	472-2709
HHSA Facilities Project Mgr.	Debra Reed	Phone	272-9272

Scope of work – What is needed, proposed location(s), sizes/brands, other details. Attach a detailed diagram and or floor plan with your narrative, if applicable.



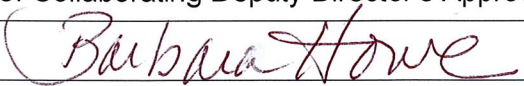
Six freestanding electric sit/stand workstations with wall hung storage and a total of four freestanding file cabinets; wall hung storage with shelves and bins; 3 action office hoteling stations, wall hung; nine wit task chairs, fully adjustable; conference room table, 42" D X 144" W with 12 caper stacking chairs, no arms. See attached floorplan.

Installation provided in price quote.

Justification – Required for all Non-Routine Maintenance or Alterations Requests

Public Health Nursing, room 133 was recently modified to accommodate an increase in staffing. In addition to sit-stand work stations, the specifications (attached) include hoteling work spaces with cubicle walls, overhead storage and pedestal file cabinets. We are also requesting to purchase a conference table and chairs and a SMART board for trainings and case management in the same space.

Project Authorization

1. Supervisor Recommendation	Date	4. HHSA Facilities Project Manager <\$3,000	Date
	4/12/18		
2. Deputy Director's Concept Approval	Date	5. CFO / Fiscal Manager \$3,000+	Date
	4/12/18		
3. Collaborating Deputy Director's Approval	Date	6. HHSA Facilities Manager \$5,000+	Date
	4/16/2018		

Tracking/Routing

Authorization submitted to HHSA Facilities Project Manager	Date
Routed to County Facilities & Fleet for estimate	
County Facilities Cost Estimate & Payment Authorization received	
Cost Estimate & Payment Authorization routed to _____ for signature to proceed	
Signed Payment Authorization submitted to County Facilities Manager to schedule work	
Copy of signed Payment Authorization submitted to Fiscal	
Comments:	