

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 2/19/25Need Date: 3/25/25**PROCESSING DEPARTMENT**

Department: CAO - EMS Division
Dept Contact: Sue Hennike
Phone: 530-621-5577
Dept. Signature: Sue Hennike Digitally signed by Sue Hennike
Date: 2025.02.26 11:54:00 -08'00'
Title: Asst Chief Admin Officer

Org Code: 1210120
Funding Source: County Service Area 7
PL String: N/A
Legistar #: 25-0375

CONTRACT INFORMATION

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Resolution to Update CSA 7 Ambulance Fee Schedule

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Resolution to adopt ambulance rate schedule for County Service Area No. 7 for ambulance services. The Resolution updates the description and definition for Critical Care/Specialty Care Transports to include care provided by specially trained paramedics. Rates remain the same.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 3/12/25 By: Kathleen A. Markham Digitally signed by Kathleen A. Markham
Date: 2025.03.12 14:00:55 -07'00'
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS CONDITIONALLY APPROVED. Dates need to be corrected and the Exhibit marked as Exhibit A.

CONTRACT AMENDMENT ONLY**HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

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

COMMENTS _____