

Contract Name:

Emergency Air Ambulance Advanced Life Support Services

Contract # 653-PHD0707

Budget Code: none

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health
 Dept. Contact: Dan Buffalo
 Phone #: 621-6226
 Department Head Date: July 20, 2007
 Signature: [Signature]

CONTRACTOR:

Name: California Shock/Trauma Air Rescue
 Address: 4933 Bailey Loop
McClellan, CA 95652
 Phone: (916) 921-4000

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes No X
 Compliance verified by: N/A, no fiscal provisions

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

Approved: Disapproved: Date: 8/16/07 By: [Signature]
 Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2007 AUG -1 PM 4:07

ASSIGNMENT

8-1-07
 DEPT INDEX NO. 40810
 BY: [Signature]

See comments on attached copy of agreement on pages 1, 2, 4, 5, 6, 7, 8, 9, 10, 12, 13, + 15. Substantive comments are required corrections. Please call if you have any questions or concerns about required changes.

Dove 8/22/07

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

Approved: Disapproved: Date: 8/20/07 By: [Signature]
 Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
07 AUG 17 AM 8:03

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

DEPARTMENT:

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