

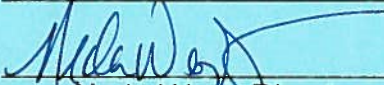
Internal Contract No: A6, 689-PHD1207  
Purchasing Contract No: 753-S0911  
Index Code: 408110

# CONTRACT ROUTING SHEET

Date Prepared: 8-5-11

Need Date: 8-12-11

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Tom Michaelson  
Department  
Head Signature:   
Neda West, Director

## CONTRACTOR:

Name: CAL TAHOE  
Address: 300 North Tahoe Blvd  
Tahoe City, CA 96145  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Ambulance services in CSA 3  
Contract Term: 9/1/01 - 10/31/11 Contract Value: Est \$172,500/mo  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Feasibility Analysis Attached

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

Approved: Condyl Disapproved: \_\_\_\_\_ Date: 8-10-11 By: Juan Beck  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please see revisions to recital attached  
of make change Revised 8/12/11 K. Lang*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!


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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/12/11 By: KKen  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*When County receives insurance certificates for workers' compensation  
and professional liability coverage. See email attached.*

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

 8/4/11  
Program Manager Date

\_\_\_\_\_  
Finance Date