

CONTRACT ROUTING SHEET

Date Prepared: 12/29/11

Need Date: 1/27/12

PROCESSING DEPARTMENT:

Department: Sheriff's OES

Dept. Contact: Tania Donnelly

Phone #: 621-6636

Department: _____

Head Signature: *John J. [Signature]*

CONTRACTOR:

Name: El Dorado County Emerg. Svcs Authority (Ambulance JPA)

Address: 480 Locust Road
Diamond Springs, CA 95619

Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: FY 2009/2010 Homeland Security Grant Reimbursement Agreement

Contract Term: 8/30/11-6/30/2012 Contract Value: \$87,000

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

Approved: *Just to form* Disapproved: _____ Date: *1/24/12* By: *[Signature]*

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

① With understanding that EDCESA and Homeland Security Grant Approval Authority have complied with all Grant Assurances and Requirements See Attachments A & B.
② Dept will change date from pg 2 in first paragraph of Article II from June 30, 2012 to April 30, 2012 since Article III provides that some grant funds must be used by April 30 2012 for the FY2009 grant. EDCESA funds that are being used ~~will be~~ ~~changed~~ along with funds from FY2010. Dept informs me TD that funds are being used from both Fiscal years

EL DORADO COUNTY COUNSEL
2012 JAN 11

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

Approved: *✓* Disapproved: _____ Date: *1/26/12* By: *Kiev*

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

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

Departments: _____

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

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