


# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: ~~06-25-2019~~ 07-01-2019

Need Date: 07-12-2019

**PROCESSING DEPARTMENT:**

Department: Health & Human Services  
Dept. Contact: Zhana Mc Cullough  
Phone: 7154  
Department Head Signature:   
Don Semon, Director

**CONTRACTOR:**

Name: North Tahoe Fire Protection  
Address: P. O. Box 5879  
Tahoe City, CA 96145  
Phone: \_\_\_\_\_  
Org Code: 5450

Auditor/Controller Notified

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Review of Amendment 2 – ambulance services and transport in CSA 3.

Contract Term: 07/01/2016 – 06/30/2019 current Contract Value: \$300,000/year (estimated)  
07/01/2016 – 06/30/2020 new

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/3/19 By: K. Markham  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Contingent upon making noted changes*  
*Corrected*  
*08-02-2019*  
*gm*

EL DORADO COUNTY COUNSEL  
2019 JUL -1 PM 2:05

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes  No: \_\_\_\_\_  
Compliance verified by:  7/17/19

**RISK MANAGEMENT:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved: \_\_\_\_\_ Date: 7/17/19 By: MEP  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please submit NTFPD proof of self insurance to Risk mgmt*

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

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

**PLEASE EMAIL [HHSA-CONTRACTS@EDCGOV.US](mailto:HHSA-CONTRACTS@EDCGOV.US) FOR PICK-UP... THANKS!**