

Internal Contract No: 687-PHD1107  
Purchasing Contract No: 558-M0811  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: <sup>11/2/10</sup> ~~October 18, 2010~~

Need Date: 11-16-10

## 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*  
Neda West, Director

## CONTRACTOR:

Name: Alpine County Admin Office *X*  
Address: P.O. Box 387  
Markleeville, CA 96120  
Phone:

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: One yr extension of MOU for ambulance coverage in Alpine Co  
Contract Term: 1/1/08 - 12/31/11 Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Other

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

Approved: \_\_\_\_\_ Disapproved:  Date: 11/10/10 By: *Josh Beck*  
Approved:  Disapproved: \_\_\_\_\_ Date: 12/3/10 By: *Josh Beck*

*See email of same date to Neda West*  
12/1/10 - Resubmit  recommended changes. K. Jay

12/3/10 Please note if this goes to Board after December 10  
you will need to reuse their signature

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/8/10 By: *MS*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

1/21/11 Resubmit  Alpine request revisions. *Dissapproved per journal*

3/7/11 Resubmit  Alpine revision to user manual only. *approved 3/9/11 Josh Beck*

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

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

*R. Michael W. Tordella*  
Program Manager / date 10-3-11  
EL DORADO COUNTY COUNSEL

*[Signature]*  
Finance / date 10/29/10 - 03001