

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/31/2019

Need Date: **ASAP** BOS item 19-0910, 08/13/19

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Darci Prall

Phone: 642-7373

Department: _____

Head Signature: See original
Donald Semon, Director

CONTRACTOR:

Name: County of Alpine

Address: P. O. Box 387

Markleeville, CA 96120

Phone: _____

Org Code: 5450

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: HHSA/Public Health Division

Service Requested: Ambulance Services

Contract Term: 09/01/2019 – 08/31/2022 Contract Value: Revenue varies – Fee for service

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

Approved: ✓ Disapproved: _____ Date: 8/2/2019 By: K. Markham

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

**Original submission (Draft 06.14.19) disapproved

This draft includes edits made by CC, Risk Management and CAO Analyst _____

See edits on pg. 2
08/05/19 incorporated into document ✓ DP

EL DORADO COUNTY COUNSEL
2019 JUL 31 PM 4:19

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW