

CONTRACT ROUTING SHEET

Date Prepared: ~~8/18/15~~ 9/11/15

Need Date: ~~9/18/15~~ 10/11/15

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly
Phone #: 621-6636
Department: _____
Head Signature: [Signature] 9/11/15

CONTRACTOR:

Name: EDC Fire Protection District
Address: _____
Phone: _____

EL DORADO COUNTY COUNSEL
2015 SEP 11 AM 9:50

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Medical support of Fire Tactical Medics for SWAT callouts
Contract Term: When signed - 2 years Contract Value: \$27.08p/hr./\$40.62 OT
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: [Signature] Disapproved: _____ Date: 9/28/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

scope of practice agreement - check w EMS Medical Director following with medical functions description includes acquiring and maintaining medical history etc. of each SWAT team member. Do SWAT members voluntarily consent or is this requirement? Recommend written consent be obtained and protocols be reviewed for RISK and medical Director and scope of practice. 10/11/15 J.D.

③ *Recommend RISK consider setting minimum standards for insurance.*

Do you have a not to exceed amount on cost of training? Done 11/2/15 J.D.

TC to T. Donnelly.

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

Approved: [Signature] Disapproved: _____ Date: 9/28/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Self Insurance

15 SEP 28 PM 08

Noted. ok with form

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

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