

# CONTRACT ROUTING SHEET

Date Prepared: 5/17/16

Need Date: 5/31/15

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office  
Dept. Contact: Kelley Golden  
Phone #: 530-621-5657  
Department  
Head Signature: *[Signature]* 5/17/16

**CONTRACTOR:**

Name: EDC Fire Protection District  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff's Office

Service Requested: Medical Support of Fire Tactical Medics for SWAT call-outs  
Contract Term: 09/23/15-09/22/17 Contract Value: \$40,000.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A  
Compliance verified by: \_\_\_\_\_

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

Approved: *as per form* Disapproved: \_\_\_\_\_ Date: 5/19/16 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
20 6 MAY 17 PM 2: 15

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5-24-16 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Self Insurance

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

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