

CONTRACT ROUTING SHEET

Date Prepared: 08-10-2012

Need Date: ASAP, Please

PROCESSING DEPARTMENT:

Department: HHSA / Public Health
Dept. Contact: Zhana McCullough
Phone #: X7154
Department
Head Signature: *[Signature]*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: CALSTAR
Address: 4933 Bailey Loop
McClellan, CA 95652
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency - PHD

Service Requested: Air Ambulance Transportation Svcs
Contract Term: 10/30/07 - 2/28/13 Contract Value: \$0
Compliance with Human Resources requirements? Yes x No: _____
Compliance verified by: Not applicable.

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: X Disapproved: _____ Date: 8/15/12 By: *[Signature]*

Recommend proposed revisions

*08-16-2012
Completed revisions
ZM*

EL DORADO COUNTY COUNSEL
2012 AUG 14 PM 4:59

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

Approved: J Disapproved: ✓ Date: 8-16-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: 8-22-12 By: _____

*Need Additional Insured Engagement and Guidance
of Medical Malpractice Insurance*

RISK MANAGER
EL DORADO COUNTY

RECEIVED
HUMAN RESOURCES DEPT.
2 AUG 16 PM 2:00

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

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

8/13/12
Contracts Review/date

8/14/12
Contracts Mgr Review/date

10:3 PM 22 AUG 12
RECEIVED
HUMAN RESOURCES DEPT.