

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☒ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 5/2/25Need Date: 5/21/25**PROCESSING DEPARTMENT**

Department: CAO - Fiscal
Dept Contact: Serena Lemmons
Phone: x5804
Dept. Signature: Sue Hennike
Title: Asst Chief Admin Officer

Org Code: 1230100
Funding Source: EMS
PL String: N/A
Legistar #: 25-0621

CONTRACT INFORMATION

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Review Resolution authorizing the EMS Division to execute agreements using the Application for ALS Non-transport Unit or ALS Assessment Unit Permit/Agreement.

Permit/Agreement application was approved by Counsel on 12/3/24.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 7/17/25 By: Kathleen A. Markham
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS Conditional approval. Please make the minor edits noted on the draft reso.

CONTRACT AMENDMENT ONLY**HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

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

COMMENTS _____