

# CONTRACT ROUTING SHEET

Date Prepared: 3/30/12

Need Date: 4/13/12

**PROCESSING DEPARTMENT:**

Department: Health & Human Services  
Dept. Contact: Amy Higdon

**CONTRACTOR:**

Name: Ski Air Incorporated  
Address: 5528 Merchant Circle (Mail: P.O. Box 1054, El Dorado, CA 95623)  
Placerville, CA 95667  
Phone: 530 626-4010

Phone #: x4836  
Department  
Head Signature: *Daniel Nielson*  
Daniel Nielson, Director

**CONTRACTING DEPARTMENT:** Health & Human Services -CSD

Service Requested: Provide heating ventilation and air conditioning systems for participants in the Low Income Home Energy Assistance Program (LIHEAP) on an "as requested" basis.

Contract Term: 7/1/12 to 6/30/15 Contract Value: \$60,318.00  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: Mike Stella - 3/29/12

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4-5-12 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 4-5-12 By: *[Signature]*  
Approved:  Disapproved: \_\_\_\_\_ Date: 4-16-12 By: *[Signature]*

11/3/12 Please see updated certificate of insurance. see attached

**RISK MANAGER**  
**EL DORADO COUNTY**

EL DORADO COUNTY  
RISK MANAGEMENT

Please call Amy Higdon at x4836 to pick up. Thanks.

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

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