

CONTRACT ROUTING SHEET

Date Prepared: 9-18-2012

Need Date: ASAP, Please

PROCESSING DEPARTMENT:

Department: HHSA - Public Health
Dept. Contact: Zhana Mc Cullough 7154
Phone #: 6215
Department Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: CAL TAHOE
Address: 1901 Airport Road
PO Box 8917
South Lake Tahoe, CA 96158
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency – Public Health

Service Requested: Amend compensation for long-distance patient transports
Contract Term: 9/1/11 - 8/31/16 Contract Value: \$9,990,000.00
Compliance with Human Resources requirements? Yes x No: _____
Compliance verified by: Other

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

Approved: *Cond 4* Disapproved: _____ Date: 9/26/12 By: *Jessie Beck*
Approved: _____ Disapproved: _____ Date: _____ By: _____

*See change as mailed to audit
mausia*
*changes made
10-01-2012
Bm*

EL DORADO COUNTY
COUNTY COUNSEL
2012 SEP 18 PM 3:33

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

Approved: *✓* Disapproved: _____ Date: 10-1-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGER
EL DORADO COUNTY

EL DORADO COUNTY
ADMINISTRATIVE DEPT.
12 SEP 28 PM 4:18

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

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

AD Wilson 9/4/12
Contracts Review/date

R Webb 9/17/12
Contracts Mgr Review/date

12 SEP 27 PM 5:07

EL DORADO COUNTY