

Contract #: 021-M1710
Index Code: 403310

CONTRACT ROUTING SHEET

Resubmit: 07-19-2016
Date Prepared: 06-07-2016 06-15-2016

Need Date: 08-02-2016
06-29-2016

Resubmit: 07-25-2016
PROCESSING DEPARTMENT:

Department: HHSA/PH
Dept. Contact: Zhana Mc Cullough
Phone #: X7154
Department Head Signature: *Alexis Law*

CONTRACTOR:
Name: County of Alpine
Address: P. O. Box 387
Markleeville, CA 96120
Phone:

Don Ashton, M.P.A., Director

CONTRACTING DEPARTMENT: HHSA/^{Community}Public Health Division

Service Requested: Ambulance Services

Contract Term: Upon final signature - 08/31/2021

Contract/Grant Value: Varies - fee for service

Compliance with Human Resources requirements? N/A Yes No:

Compliance verified by: Revenue - fee for service.

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

Approved: _____ Disapproved: Date: 7/8/16 By: *K. Markham*
Approved: _____ Disapproved: Date: 7/21/16 By: *K. Markham*

Approved 7/27/16 K. Markham

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 7-28-16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

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

[Signature] CFO Review Date: 6/15/16

[Signature] Deputy Director, Administration and Contracts Date: 6/9/16

*Ⓟ 6/9/16
yok 6/9/16*