

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 2/19/25Need Date: 3/13/25**PROCESSING DEPARTMENT**

Department: CAO - EMS Division
Dept Contact: Sue Hennike
Phone: 530-621-5577
Dept. Signature: Sue Hennike
Title: Asst Chief Admin Officer

Org Code: 1210100
Funding Source: County Service Area 3
PL String: N/A
Legistar #: 25-0375

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 INFORMATIONTITLE / SUBJECT: Resolution to Update CSA 3 Ambulance Fee Schedule

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Resolution to adopt ambulance rate schedule for County Service Area No. 3 for ambulance services. The Resolution updates the description and definition for Critical Care/Specialty Care Transports to include care provided by specially trained paramedics. Rates remain the same.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 3/12/25 By: Kathleen A. Markham
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS CONDITIONALLY APPROVED. Dates need to be corrected and exhibit marked as Exhibit A

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 _____