REVIEW AND APPROVAL REQUESTED FOR:

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

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 5/18/26 Need Date: 6/26/26

PROCESSING DEPARTMENT

Department: Central Fiscal for EMS
Dept Contact: Jeremy Apodaca / John B
Phone: x 5838 / x 6722
Dept. Signature: Jeremy Apodaca Digitally signed by Jeremy Apodaca Date: 2026.05.18 14:13:23 -07'00'
Title: Agency CFO

Org Code: 1210100
Funding Source: CSA # (ambulance fees, special t
PL String: N/A
Legistar #: TBD

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: Resolution to waive repayment of Gen Fund Contrib
NUMBER (If Assigned):_____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Resolution to waive repayment of Gen Fund Contributions for ambulance services.

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 7/13/26 By: Nicole C. Wright Digitally signed by Nicole C. Wright Date: 2026.07.13 13:40:35 -07'00'
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS

with comments as noted in email.

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