

Agreement # \_\_\_\_\_

Legistar # \_\_\_\_\_

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 06/29/2020

Need Date: \_\_\_\_\_

## PROCESSING DEPARTMENT:

Department: CAO-EMS/EP  
Dept. Contact: Michelle Patterson  
Phone: 530-621-6505  
Department Head Signature: Michelle Patterson

Digitally signed by Michelle Patterson  
DN: cn=Michelle Patterson, o=Chief Administrative  
Office, ou=Emergency Medical Services Agency,  
email=Michelle.Patterson@edgov.us, c=US  
Date: 2020.06.30 10:27:14 -0700

## CONTRACTOR:

Name: Medic Ambulance  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 1210140  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

CONTRACTING DEPARTMENT: Emergency Medical Services Agency

Service Requested: Private Ambulance Company Permit Agreement -Medic Ambulance

Description: Medic Ambulance submitted an application to provide IFT and CCT services to El Dorado County

Contract Term: 3 years Contract Value: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 06/30/2020 By: Kathleen  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Kathleen  
Date: 2020.06.30 12:03:17  
-0700

Approval conditioned on adding the noted information. See note on agreement.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!