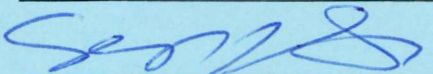


CONTRACT ROUTING SHEET

Date Prepared: 4/23/20

Need Date: BOS date 5/5/20

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Sue Hennike
Phone #: 5577
Department Authorization: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: Review T&Cs of CARES Act funding for ambulance transport services. Funding must be accepted and T&Cs must be agreed to within 30 days of receipt of funds, which occurred April 10, 2020. This will be set for consideration by the BOS on May 5, 2020

Contract Term: N/A Funding Amount: \$168,000

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL:

Approved: Disapproved: _____ Date: 4/24/2020 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please see attached notes

EDC COUNTY COUNSEL
2020 APR 23 PM1:25