

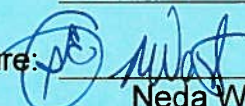
Internal Contract No: 346-S0711  
Purchasing Contract No: \_\_\_\_\_  
Index Code: 408120

# CONTRACT ROUTING SHEET

Date Prepared: <sup>6/1/11</sup> May 27, 2011

Need Date: 6/15/11

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Tom Michaelson  
Department  
Head Signature:  Neda West, Director

## CONTRACTOR:

Name: North Tahoe Fire Protection District  
Address: 300 North Lake Blvd  
Tahoe City, CA 96145  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: ALS Services in CSA 3 Tahoe West Shore  
Contract Term: 7/1/06 - 8/31/11 Contract Value: Est \$25,833 for 2 mos  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Feasibility Analysis Attached

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

Approved: Cond. + Disapproved: \_\_\_\_\_ Date: 6/8/11 By: J. S. [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please make changes to Rental and to compensation as marked. Thanks!*  
*Done 6/9/11*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/9/11 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

[Signature] 5-27-2011  
Program Manager Date

\_\_\_\_\_  
Finance Date