

Internal Contract No: 088-111-P-E2011  
 Purchasing Contract No: \_\_\_\_\_  
 Index Code: 408120

# CONTRACT ROUTING SHEET

*Re-submit 10/20/11*

Date Prepared: 10-11-11

Need Date: 10-12-11

**PROCESSING DEPARTMENT:**

Department: Health Svcs - Public Health  
 Dept. Contact: Kathy Lang x 6362  
 2<sup>nd</sup> Contact: Tom Michaelson  
 Department Head Signature: *[Signature]*  
Daniel Nielson, MPA Acting 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: Ambulance Services

Contract Term: 10/1/11 - 9/30/16

Contract Value: \$179,000.00 est FY 2011-12

Compliance with Human Resources requirements? Yes  No

Compliance verified by: Other \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/20/11 By: *[Signature]*  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COURSE  
2011 OCT 20 AM 9:09

*Log back out & return to Dept - North Tahoe has requested changes*

EL DORADO COUNTY COURSE  
2011 OCT 11 PM 2:18

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

*No workers comp coverage. Auto liability coverage needs to be confirmed that Umbrella policy extends to auto liability. Need new insurance certificate effective 11/2/11. Also, need additional insured endorsement page for GE @ Umbrella policy.*

RECEIVED  
HUMAN RESOURCES DEPT.  
1 OCT 20 AM 11:28

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

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

*[Signature]* 10-7-2011  
 Program Manager Date

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