

# CONTRACT ROUTING SHEET

Date Prepared: November 8, 2007

Need Date: 11/28/07

**PROCESSING DEPARTMENT:**

Department: Public Health  
Dept. Contact: Dan Buffalo  
Phone #: 621-6226  
Department  
Head Signature: [Signature]  
Gale Erbe-Hamlin

**CONTRACTOR:**

Name: County of Alpine  
Address: P.O. Box 387  
Mariposa, CA 95128  
Phone: (530) 694-2267

EL DORADO COUNTY COURSE  
11/9 PM 4:46  
[Signature]

**CONTRACTING DEPARTMENT:** Public Health

Service Requested: Ambulance services provided by El Dorado County  
Contract Term: 1 Year Contract Value: undefined  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: X  
Compliance verified by: N/A

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 11/19/07 By: Judy B. Lane  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Approval conditional on making necessary changes of corrections as noted on pages 2, 3, 4 & 5.  
Please call me if you have any questions.  
\* Note: Alpine County not responsible for paying any costs of services as drafted.*

*\* Note: verify County contract of ambulance contracts*

**PLEASE FORWARD TO RISK MANAGEMENT. THANKS!**

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 11/29/07 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

contains terms of service in Alpine County + that contract policy is consistent with this requirement.

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

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