

# CONTRACT ROUTING SHEET

Date Prepared: 12/11/17

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office  
Dept. Contact: Sarah Todoroff  
Phone #: 530-621-5657  
Department: J. D. V. - 12/11/17  
Head Signature: [Signature]

**CONTRACTOR:**

Name: EDC Fire Protection District  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff's Office

Service Requested: Medical Support of Fire Tactical Medics for SWAT call-outs  
Contract Term: 09/23/17-09/22/19 Contract Value: \$40,000  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/8/17 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2017 DEC 11 PM 4:38

~~return to sarah @ 50~~  
PLEASE FORWARD TO RISK MANAGEMENT. THANKS! OK TO GO TO RISK

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1-10 R By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

SELF-insurance, attached:

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

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