

Contract #: 526-F1011  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: 2/24/14

Need Date: 2/26/14

**PROCESSING DEPARTMENT:**  
Department: HHSA/Public Health  
Dept. Contact: Kathryn Lang  
  
Phone #: X7147  
Department  
Head Signature: \_\_\_\_\_  
Don Ashton, M.P.A., Director

**CONTRACTOR:**  
Name: Dept of Health Care Services  
Address: Safety Net Financing, GEMT Program  
PO Box 997436, MS 4504  
Phone: Sacramento, CA 95899-7436

**CONTRACTING DEPARTMENT:** HHSA/Public Health  
Service Requested: Federal M/Cal Reimb for Ground Emergency Transportation  
Contract Term: 1/30/10 - ? Contract/Grant Value: Varies  
Compliance with Human Resources requirements? N/A x Yes \_\_\_\_\_ No \_\_\_\_\_  
Compliance verified by: N/A -- Revenue Agreement

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/28/2014 By: K. Markham  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
  
**EL DORADO COUNTY COUNSEL**  
2014 FEB 24 AM 10:15

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Revenue Agmt - Risk Mgmt Review  
not required. [Signature]

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).  
**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.  
Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Contracts Supe Review/Date \_\_\_\_\_ Program Mgr. Review/Date \_\_\_\_\_ Contracts Mgr. Review/Date \_\_\_\_\_ CFO Review/Date [Signature] 2/24/14