

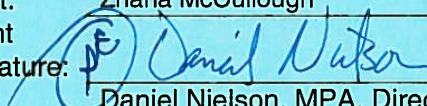
Internal Contract No: A2, 834-PHD0409  
Purchasing Contract No: 776-S0910  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: 12/14/11

Need Date: 12/28/11

**PROCESSING DEPARTMENT:**

Department: Health Human Svcs (PH)  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Zhana McCullough  
Department  
Head Signature:   
Daniel Nielson, MPA, Director

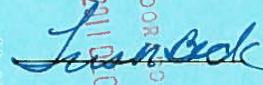
**CONTRACTOR:**

Name: Public Safety Associates d.b.a. The  
Polaris Group  
Address: 273 North Dogwood Trail  
Southern Shores, NC 27949  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Department

Service Requested: As needed consulting services re EMS Agency and ambulance services.  
Contract Term: 11/20/09 - 6/30/12 Contract Value: \$120,000.00  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Feasibility Analysis Attached

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/16/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
*LEANNE COOK COUNTY COUNSEL 211 DEC 14 PM 2:01*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

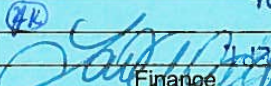
**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Obtained additional insured attachment indicating on the insurance certificate is insufficient (see 13-08 b for specific language). Done 12/28/11 @

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

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

 11-28-2011  
Program Manager Date

 12/14/11  
Finance Date  
*RECEIVED HUMAN RESOURCES 12/14/11 4:24 PM*