

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/27/2022

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO-EMS
Dept. Contact: Sue Hennike
Phone: 5577
Department Head Signature: Sue Hennike Digitally signed by Sue Hennike
Date: 2022.06.15 09:55:56
-07'00'

CONTRACTOR:

Name: EDC Emergency Services Authority
Address: 480 Locust Road
Diamond Springs, CA 95619
Phone: _____
Org Code: 1210120
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: CAO EMS

Service Requested: Review contract amendment for ambulance transport services
Description: Extend term and increase compensation
Contract Term: 7 years Contract Value: 91678212

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

Approved: Disapproved: Date: 06/15/2022 By: Kathleen Markham Digitally signed by Kathleen
Markham
Date: 2022.06.15 10:39:36 -07'00'
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

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

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

PLEASE EMAIL SIGNED DOCUMENT TO: