

Contract #: Resolution
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: 12/21/12

Need Date: 1/7/13

PROCESSING DEPARTMENT:

Department: HSA/Public Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Resolution
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency/PHD

Service Requested: Ambulance application/permit fee resolution
Contract Term: _____ Contract/Grant Value: \$0
Compliance with Human Resources requirements? Yes _____ No: _____
Compliance verified by: N/A

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

Approved: ✓ Disapproved: _____ Date: 1/2/13 By: *Juan Bick*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
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RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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

Risk Management Review not required

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

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT.

Departments: _____

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

Al Sharn 12/7/12
Contracts Review/date

Cynthia Kjellin 12/11/12
Contracts Mgr Review/date