Contract #:	036-S1810
Index Code:	403310

CONTRACT ROUTING SHEET

Date Prepared:	03-22-2017-03-27	-2017 Need	Date: _C	9-07-201	7
PROCESSING DI Department: Dept. Contact:	EPARTMENT: HHSA/CS Zhana Mc Cullough	CON Name	TRACTOR: e: Sacrame	nto Metropolitan l	Fire Dist.
Phone #: Department	7154	Addr		rmstrong Ave., ento, CA 95655	
•	Patricia Charles-Heathers,	Phon Ph.D., Director	**************************************		
Service Requeste Contract Term: _0	DEPARTMENT: HHSA/C d: Payment of a percentage between the State and th Tránsportation Program. 7/01/2017 – 06/30/2020 Human Resources requirem	ommunity Service of administrative e County for the Co	expenses for be Ground Emerger htract/Grant Va		Estmot
COUNTY COUNS Approved:	EL: (Must approve all cont Disapproved: Disapproved:	Date:	s) 129/17	By: <i>K. Ma</i>	ik kam
4/26/17 W	arting for rispons	from Brus	ua-		
> Condition	ral - approved		arl man	4 45	
RISK MANAGEMI Approved: Approved:	EMT: (All contracts and MC Disapproved: Disapproved:	- Co mplet OU's except boils	ed. 3 m erplate grant fu	nding agreemer By:// By:	nts)
NOTE: Any contract sending of electronic that may be IT related before submission to department.	AL: (Specify department(s) that involves the development, information, the acquisition of sd, especially those that involve counsel. This also applies to a	installation, impler oftware or comput computers and tele	mentation, storing er related items, ecommunications	g, retrieving, trans or any other servi s, must be approve	fer, or ce/item ed by IT
Departments: Approved:	Disapproved:	Date:		By:	
Approved:	Disapproved:	Date:		Ву:	1 = 5 1 = 5
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CFO Review	3/20/17 Date (D 3/23/19	Deputy Dire	ctor, Administration		Date
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