

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/18/2020

Need Date: 05/30/2020

**PROCESSING DEPARTMENT:**

Department: Chief Administrative Office  
Dept. Contact: Hillary Crawford  
Phone: 6741  
Department Head Signature: [Signature]

**CONTRACTOR:**

Name: Wittman Enterprises, LLC  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 1210150  
Project String (if applicable): \_\_\_\_\_

*Hillary Crawford*

**CONTRACTING DEPARTMENT:** Chief Administrative Officer - EMS

Service Requested: Ambulance Billing Services

Description: To add language and a payment percentage for accounts prior to 12/31/19 that will be transferred to current vendor

Contract Term: 5 years Contract Value: N/A - based on % collected

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

Approved:  Disapproved:  Date: 6/1/2020 By: K. Markham  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

*As to Form only. The proposed rate is blank.  
See minor typo. Please correct*

EDC COUNTY COUNSEL  
2020 MAY 20 11:29

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

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: [Signature] 6/2/2020 Lauren Montalvo

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

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

NOT APPLICABLE. AMENDMENT ONLY, INSURANCES FROM ORIGINAL AMENDMENT EXECUTED IN DECEMBER 2020 STILL CURRENT.

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

Departments: NOT APPLICABLE.  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE EMAIL SIGNED DOCUMENT TO: hillary.crawford@edcgov.us

THANK YOU!

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 05/18/2020

Need Date: 05/30/2020

### PROCESSING DEPARTMENT:

Department: Chief Administrative Office  
Dept. Contact: Hillary Crawford  
Phone: 6741  
Department  
Head Signature: *[Signature]*

### CONTRACTOR:

Name: Wittman Enterprises, LLC  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 1210150  
Project String  
(if applicable): \_\_\_\_\_

*Crawford*

### CONTRACTING DEPARTMENT: Chief Administrative Officer - EMS

Service Requested: Ambulance Billing Services  
Description: To add language and a payment percentage for accounts prior to 12/31/19 that will be transferred to current vendor  
Contract Term: 5 years Contract Value: N/A - based on % collected

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

Approved:  Disapproved:  Date: 6/1/2020 By: K. Markham  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

*As to Form only. The proposed rate is blank.*

*See minor typo. Please correct*

EDCG COUNTY COUNSEL  
2020 MAY 29 AM 11:20

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: 2 Jun 2020 By: *[Signature]*  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

NOT APPLICABLE. AMENDMENT ONLY, INSURANCES FROM ORIGINAL AMENDMENT EXECUTED IN DECEMBER 2020 STILL CURRENT.

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

Departments: NOT APPLICABLE.  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE EMAIL SIGNED DOCUMENT TO: hillary.crawford@edcgov.us

THANK YOU!