

FOR OFFICIAL USE ONLY

**INLAND COUNTIES
EMERGENCY MEDICAL
AGENCY

F A S

CONTRACT TRANSMITTAL**

<input checked="" type="checkbox"/> New	FAS Vendor Code		Dept.	Contract Number	
<input type="checkbox"/> Change			SC	A	
<input type="checkbox"/> Cancel					
ePro Vendor Number				ePro Contract Number	
INLAND COUNTIES EMERGENCY MEDICAL AGENCY			Dept. ICM	Orgn. ICM	Contractor's License No.
Contract Representative Denice Wicker-Stiles			Telephone (909)388 -5831		Total Contract Amount \$611,,216
Contract Type <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:					
If not encumbered or revenue contract type, provide reason:					
Commodity Code		Contract Start Date 07/01/2013	Contract End Date 06/30/16	Original Amount \$	Amendment Amount
Fund SMI	Dept. ICM	Organization ICM	Appr.	Obj/Rev Source 8955	GRC/PROJ/JOB No. Amount \$611,216
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Project Name CON with State Emergency Medical Service Authority For Data Collection			Estimated Payment Total by Fiscal Year		
	FY	Amount	I/D	FY	Amount I/D
	2013-14	\$250,228	___	___	\$ ___
	2014-15	\$180,494	___	___	\$ ___
	2015-16	\$180,494	___	___	\$ ___

CONTRACTOR State of California, Emergency Medical Services Authority

Federal ID No. or Social Security No. _____

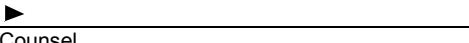
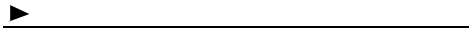
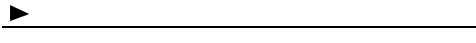
Contractor's Representative Annie Luyen, Contract Manager

Address 10901 Gold Center Dr Ste 400 Rancho Cordova, CA 95670-6073 Phone (916) 431 - 3694

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is a contract in the amount of \$611,216 with the State of California, Emergency Medical Services Authority to provide data collection and maintenance of statewide Emergency Medical Services and trauma data during the period of July 1, 2013 to June 30, 2016.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Presented to Board for Signature
 Counsel	 Date _____	 Date _____

Auditor-Controller/Treasurer/Tax Collector Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By