ADMINISTRATIVE REVIEW FORM Request for Council Action See Reverse for Instructions

Log No.		

I. DIRECTORS AND / OR COMMISS						
Approval to accept the secon	nnendation	a of and en	Sei mb u	contract with		
5 of wave Levelog ment Inc (SDI) Emergency Medical services performe	as the belling by LFUCG-D	visson of Fire a	tions survi	ce provider for		
Budgetary Implications:YesN				_LawRisk Mgmt		
If 'Yes', provide the following information. Prepare	e and attach a Budget	Amendment if necess	ary.			
Fully Budgeted Pa	rtially Budgeted _	Not Budgeted				
ACCOUNT NUMBER		THIS FY IMPACT ANNUAL IMPACT				
1101 -202601 -0001	-71202	\$\$				
PROJECT	ACTIVITY _	BUDGET REFERENCE				
Illian (88)~	1-14-11					
Director's Signature Da	te	Commissioner's	Signature	Date		
II. RECEIVED AND LOGGED FOR CHI	EF ADMINISTR	ATIVE OFFICER				
				7		
		Received By		Date		
III. ADMINISTRATIVE SERVICES REV	/IEW					
Review By In	itials / Date	Approve	Disapprove	Comments		
Department of Law						
Division of Budgeting						
Schedule No B-102 No	Acct.	No	-	•		
Project Ac	tivity	Budget Reference				
Fiscal Year Annual Imp	act \$	Current Balance \$				
Division of Human Resources			-			
Division of Community Development						
Division of Purchasing		-				
IV. POST REVIEW ACTION TAKEN						
Forward to CAO	Hold	Retur	n to Commission	er or Director		
V. CAO'S REVIEW						
	n Disan	orove 1	fold and Reenter	(Date)		
				1		
	7	CAO		Date		
VI. COW Work Session Recommend	ation					
		Danaha n	- I-f	.i.		
To Remain on DocketReceive as Information Only Request Add'l Info fromTo Council						
Request Add'l Info from		10 Council _		Committee		
Other:		Council Administra		Date		