

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☒ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 11/7/25Need Date: 11/21/25**PROCESSING DEPARTMENT**Department: District AttorneyOrg Code: 2200000Dept Contact: Justene ClineFunding Source: California Department of InsurancePhone: 530-621-5640PL String: 22WC-C40SERSUPDept. Signature: Kerri Williams-Horn Digitally signed by Kerri Williams-Horn
Date: 2025.11.07 15:47:26 -08'00'Legistar #: TBDTitle: Agency Chief Fiscal Officer**CONTRACT INFORMATION**

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Resolution - 25.26 WC (not-executed)NUMBER (If Assigned): TBD**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**Review California Department of Insurance Workers' Compensation Insurance Fraud FY 25/26
proof of authority resolution for grant period 7/1/25-6/30/26, in the award amount of \$555,122.**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 11/13/25
Approved ☐ Disapproved ☐ Date: _____

By: Roger A. Runkle Digitally signed by Roger A. Runkle
Date: 2025.11.13 14:24:11 -08'00'
By: _____

COMMENTS**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

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

COMMENTS _____