

Resubmit - 8/23 **RUSH!**

Agreement #: 264-S1411-AMD III

### CONTRACT ROUTING SHEET

Date Prepared: July 25, 2017

Need Date: August 1, 2018

**PROCESSING DEPARTMENT:**

Department: Procurement & Contracts

Dept. Contact: Linda Silacci-Smith

Phone: x5417

Department: \_\_\_\_\_

Head Signature: [Signature] 7/25/17

**CONTRACTOR:**

Name: York Risk Services Group, Inc.

Address: One Upper Pond Road,

Building F, 4th Floor

Parsippany, NY 07054

Phone: (866) 391-9675

**CONTRACTING DEPARTMENT:** Risk Management

Service Requested: Workers Comp Claim Administration – Revise Trust Fund Language, Add 1 Year to Contract Term, and Increase Comp

Contract Term: 5 Years Contract Value: \$ 1,407,129.64 (No Change)

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: N/A

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/26/17 By: JDS

Approved:  Disapproved: \_\_\_\_\_ Date: 8/23/17 By: JDS

With changes as noted.

7/28/17 - changes incorporated - jfo

EL DORADO COUNTY COUNSEL  
2017 JUL 25 PM 3:28

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 7/28/17 By: [Signature]

Approved:  Disapproved: \_\_\_\_\_ Date: 8-23-17 By: [Signature]

EL DORADO COUNTY COUNSEL  
2017 AUG 23 AM 11:04

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

Departments: \_\_\_\_\_

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

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