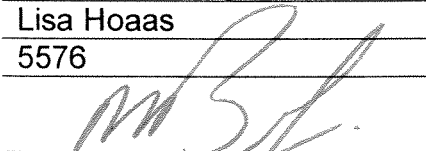


CONTRACT ROUTING SHEET

Date Prepared: 1/8/10

Need Date: 1/20/10

PROCESSING DEPARTMENT:

Department: HR/Risk Management
Dept. Contact: Lisa Hoas
Phone #: 5576
Department
Head Signature: 

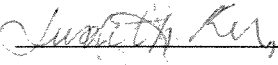
CONTRACTOR:

Name: Gregory B. Bragg & Associates
Address: PO Box 619058
Roseville, CA 95661
Phone: (916) 783-0100

CONTRACTING DEPARTMENT: HR/Risk Management


Service Requested: Review of Workers' Compensation Administration Contract Amendment
Contract Term: 3 years Contract Value: \$1,522,200
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: ra

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

Approved: Disapproved: _____ Date: 1/14/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/8/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____