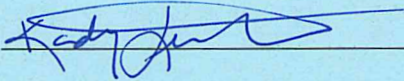


# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 12/31/19

Need Date: 1/8/20

### PROCESSING DEPARTMENT:

Department: Chief Administrative Office  
Dept. Contact: Kristen Germond  
Phone: \_\_\_\_\_  
Department \_\_\_\_\_  
Head Signature: 


### CONTRACTOR:

Name: Prime Actuarial Consulting, LLC dba Bickmore Actuarial  
Address: 180 Promenade Circle, Suite 300 Sacramento, CA 95834  
Phone: \_\_\_\_\_  
Org Code: 0910000, 0920000  
Project String (if applicable): \_\_\_\_\_

### CONTRACTING DEPARTMENT: Risk Management

Service Requested: Review and Approve  
Description: As-needed Actuarial Studies, Program Assessments, and recommendations  
Contract Term: Fourteen (14) Months Contract Value: \$6,250

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1-3-20 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

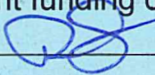
Approved as to form - subject to Board's approval of retroactive date.

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

### HR APPROVAL:

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

### RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved: \_\_\_\_\_ Date: 6/2/2020 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: \_\_\_\_\_

PLEASE EMAIL FOR PICK-UP [cao-contracts-newrequests@edcgov.us](mailto:cao-contracts-newrequests@edcgov.us)