

**NEW YORK STATE DEPARTMENT OF CIVIL SERVICE**

**and**

**U.S BANK NATIONAL ASSOCIATION**

**AGREEMENT NO. C000640**

**AMENDMENT NO. 2**

This Amendment #2 ("Amendment #2") to Agreement C000640 ("Agreement") is entered into by the New York State Department of Civil Service ("Department") and U.S. Bank National Association ("Contractor"). The foregoing are collectively referred to as the "Parties".

**WITNESSETH**

WHEREAS, in 2015 the Department issued a competitive solicitation to obtain the services of a qualified financial institution to perform specified project services;

WHEREAS, the contract was awarded to Contractor;

WHEREAS, C000640 provided for an implementation period and a term of five (5) years;

WHEREAS, the Parties agreed to certain amendments to C000640 in a letter agreement dated July 6, 2016;

WHEREAS, C000640 expires on September 11, 2021 and the Department has a continued need for such services;

WHEREAS, the Department submitted a request to the Office of the State Comptroller (OSC) for a single source exemption for an extension to continue the contract with Contractor for the necessary banking services for the New York State Health Insurance Program (NYSHIP) until June 30, 2023 which was approved by OSC by letter dated July 19, 2021; and

WHEREAS, Contractor is willing to continue performing such services.

NOW THEREFORE, in consideration of the mutual covenants and considerations contained herein, the Parties agree as follows:

1. The Parties agree to extend the contractual terms and conditions for an additional period until June 30, 2023, unless terminated in accordance with the provisions of the Agreement.
2. The Parties agree that the pricing set forth in Exhibit D, Banking Services Fee Schedule, shall continue through June 30, 2023.
3. Except as herein modified, all other terms and conditions of C000640 remain the same and in full force and effect.

Contract Number: C000640

IN WITNESS WHEREOF, the Parties hereto have hereunto signed this Amendment #2 on the day and year appearing opposite their respective signatures.

Agency Certification: "In addition to the acceptance of this Amendment #2, I also certify that original copies of this signature page will be attached to all exact copies of this Agreement."

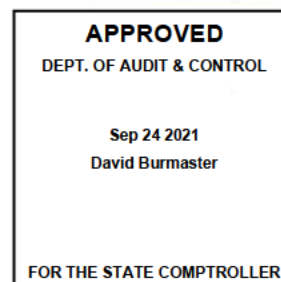
Contractor Certification: By signing I certify my express authority to sign on behalf of myself, my company, or other entity and full knowledge and acceptance of this Amendment #2. By signing, I affirm my understanding of and agreement to comply with the Department's procedures relative to the Procurement Lobbying Law as required by State Finance Law §139-j and §139-k.

**NEW YORK STATE  
DEPARTMENT OF CIVIL SERVICE**

Name: Rebecca A. Corso  
Title: Acting Commissioner  
By: [Redacted]  
Date: 9/14/21

**U.S. BANK NATIONAL ASSOCIATION**

Name: Jeffrey C. Heckman  
Title: Senior Vice President & Relationship Manager  
By: [Redacted]  
Date: 8/5/2021



**CORPORATION ACKNOWLEDGMENT**

STATE OF } N.Y.

Sworn Statement:

COUNTY OF } Westchester

On the 4 day of August in the year 2021, before me personally appeared Jeffrey Heckman, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he maintains an office at Town of Andover County of Westchester, State of N.Y.; and further that: he is the Senior Vice President of U.S. Bank National Association, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

Contract Number: C000640

Notary Public

Date: August 24, 2021

LIM KIM A.

Notary Public, State of New York

No. 01L16144154

Qualified in Westchester County

Commission Expires Apr. 24, 2022

Approved as to form: \_\_\_\_\_ Approved: \_\_\_\_\_

Letitia James

ATTORNEY GENERAL

By: \_\_\_\_\_

Date: \_\_\_\_\_

Thomas P. DiNapoli

STATE COMPTROLLER

By: \_\_\_\_\_

Date: \_\_\_\_\_