

Agreement # n/a

Legistar # n/a

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/06/2023

Need Date: 04/13/2023

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Courtney Jenkins

Phone: x7154

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola
Date: 2023.04.06 10:39:01 -07'00'

Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Health Plan of San Joaquin

Address: 7751 South Manthey Court

French Camp, CA 95231

Phone: _____

Org Code: 5400

Project #
(if applicable): _____

Funding Source: n/a

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Letter of Intent, Health Plan of San Joaquin - Medical Services Agreement

Contract Term: n/a Contract Value: _____

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

Approved: Disapproved: Date: 04/07/2023 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2023.04.07 08:16:52 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW