

Agreement # n/a

Legistar # n/a

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/12/2023

Need Date: 10/19/2023

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Courtney Jenkins

Phone: x7154

Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.10.16 09:52:13 -07'00'

Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Health Plan of San Joaquin

Address: 7751 South Manthey Road

French Camp, CA 95231

Phone: (209) 469-8337

Org Code: 5420

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Extended Letter of Agreement - Health Plan of San Joaquin

Contract Term: 1/1/24 - 6/30/24 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 10/16/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.10.16 13:33:17 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW