

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 05/19/2023

Need Date: 06/19/2023

**PROCESSING DEPARTMENT:**

Department: Health and Human Services Agency  
Dept. Contact: Lisa Konyecsni  
Phone: ext. 6901  
Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.05.31 16:38:52 -07'00'  
Kristen Gurrola  
Program Manager

**CONTRACTOR:**

Name: Health Net/CA Health & Wellness Plan  
Address: 1740 Creekside Oaks Dr.  
Sacramento, CA 95667  
Phone: \_\_\_\_\_  
Org Code: 5210115  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Community Services

Service Requested: Legal Review  
Description: Funding-In Agreement - Housing and Homlessness Incentive Program  
Contract Term: Upon execution - 12/31/23 Contract Value: \$220,397

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

Approved:  Disapproved:  Date: 06/06/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.06.06 10:11:17 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\* Version updated 6/6/23 approved.

**HR APPROVAL: N/A**

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: 06/07/2023 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2023.06.07 15:44:55 -07'00'  
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: \_\_\_\_\_