

CONTRACT ~~AMENDMENT~~ ROUTING SHEET

Date Prepared: 05/29/2024

Need Date: 06/04/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Courtney Jenkins
Phone: x7154
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.05.29 16:17:10 -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 String
(if applicable):

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Extension of Extended Letter of Agreement - HPSJ

Contract Term: ~~1/1/24 - 12/31/24~~ 7/1/24 - 12/31/24 Contract Value: \$0 - MediCal Reimbursement

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

Approved: Disapproved: Date: 06/04/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.06.04 14:48:24 -07'00'
Approved: Disapproved: Date: By:

with edits noted in email.

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: 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 SIGNED DOCUMENT TO:

THANK YOU!