REVIEW AND AP	PROVAL REQUESTED FOR:	
Contract	Amendment Resolut	cion Ordinance Policy 🗸 Other
County Counsel		
REVIEW ROUTING SHEET		
Date Prepared:	10/17/25	Need Date: 10/31/25
PROCESSING DEPARTMENT		
•	HHSA	Org Code: 5400000
•	<u>Kiera Garcia</u> K6923	Funding Source: N/A
Phone: 2	Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.10.13 10:50:56-07'00'	PL String: N/A
	Admin. Analyst Supervisor	Legistar #: <u>25-1751</u>
CONTRACT INFO	RMATION	
CONTRACT #: 9907 C		CONTRACT AMENDMENT #: n/a
Contracting Department: HHSA		
Contractor/Vendor Name: Health Plan of San Joaquin/Mountain Valley Health Plan		
Contract Term: 1/1/26-12/31/26 Contract Value: \$0.00		
Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.		
ORDINANCE/RESOLUTION/POLICY INFORMATION		
TITLE / SUBJECT:		
NUMBER (If Assigned):		
DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL Extended Letter of Agreement		
COUNTY COUNSI	 :L	
Approved Approved COMMENTS with edits as not	Disapproved Date: 10/2 Disapproved Date:	
CONTRACT AMENDMENT ONLY		
HR APPROVAL Compliance with Human Resources requirements? Yes: No: Compliance verified by:		
RISK APPROVAL		
Approve	· ·	By:
Approved Disapproved Date: By: COMMENTS		