REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☑ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 10/17/25 Need Date: 10/31/25

PROCESSING DEPARTMENT

Department: HHSA
Dept Contact: Kiera Garcia
Phone: x6923
Dept. Signature: Alisha Bryden Digitally signed by Alisha Bryden Date: 2025.10.13 10:50:56 -07'00'
Title: Admin. Analyst Supervisor

Org Code: 5400000
Funding Source: N/A
PL String: N/A
Legistar #: 25-1751

CONTRACT INFORMATION

CONTRACT #: 9907 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 COUNSEL

Approved ☑ Disapproved ☐ Date: 10/23/25 By: Nicole C. Wright Digitally signed by Nicole C. Wright Date: 2025.10.23 17:09:45 -07'00'
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS
with edits as noted in email.

CONTRACT AMENDMENT ONLY

HR APPROVAL
Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by: _____

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: _____ By: _____
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS