

Agreement # N/A - Amendment # N/A Legistar # _____

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 08/09/2021

Need Date: 08/23/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kathryn Deffebach
Phone: x7147
Department
Head Signature: _____
Nita Wracker, CFO

CONTRACTOR:

Name: Ordinance to support moving to Medi-Cal Managed
Address: provider Health Plan of San Joaquin
Phone: _____
Org Code: _____
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Please review, add appropriate information and any formatting needed.

Description: Need by date - 8/23/21 to make 9/21/21 Board date

Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: Date: 08/14/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.08.14 13:26:25 -0700

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 FOR PICK-UP hhsa-contracts@edcgov.us Thank you!