

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 03/16/2023

Need Date: 03/23/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Kristen Gurrola
Digitally signed by Kristen Gurrola
Date: 2023.03.16 10:46:57 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Permanente Medical Group, Inc.
Address: 1438 Webster St. #400
Oakland, CA 94612
Phone: _____
Org Code: 5210111
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Housing and Homelessness Services Programs

Service Requested: Legal review of Grant pass through agreement

Description: Housing Homeless Incentive Program pass through funds from Kaiser Permanente

Contract Term: Upon execution - 12/31/23 Contract Value: \$31,893

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

Approved: Disapproved: Date: 04/10/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.04.10 08:16:05 -07'00'
Approved: Disapproved: Date: _____ By: _____

* 4/5/23 Draft approved

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: 04/10/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.04.10 15:46:58 -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: _____