



**Contract Number**

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**SAP Number**

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## Children and Family Services

<b>Department Contract Representative</b>	Amanda Figueroa
<b>Telephone Number</b>	(909) 386-8146
<b>Contractor</b>	California Department of Social Services, Community Care Licensing Division
<b>Contractor Representative</b>	Natasha Y. Dunlap, Licensing Program Manager
<b>Telephone Number</b>	(951) 290-9741
<b>Contract Term</b>	Upon execution for three years
<b>Original Contract Amount</b>	Non-financial
<b>Amendment Amount</b>	
<b>Total Contract Amount</b>	Non-financial
<b>Cost Center</b>	
<b>Grant Number (if applicable)</b>	

**Briefly describe the general nature of the contract:**

Provisional License Agreement with the California Department of Social Services (State) for the San Bernardino County Transitional Shelter Care Facility to Operate as a Licensed Short-Term Residential Care Program effective upon execution by the State for three years.

**FOR COUNTY USE ONLY**

Approved as to Legal Form  ▶ Daniella V. Hernandez, County Counsel  Date _____	Reviewed for Contract Compliance  ▶ Patty Steven, HS Contracts Manager  Date _____	Reviewed/Approved by Department  ▶ Jeany Zepeda, Director  Date _____
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