



**Contract Number**

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**SAP Number**

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## Department of Behavioral Health

<b>Department Contract Representative Telephone Number</b>	Desiree Alfaro <hr/> (909) 388-8092 <hr/>
<b>Contractor</b>	Housing Authority of the County of San Bernardino <hr/>
<b>Contractor Representative Telephone Number</b>	Mayra Small <hr/> (909) 890-5306 <hr/>
<b>Contract Term</b>	September 1, 2025 through August 31, 2030 <hr/>
<b>Original Contract Amount</b>	N/A <hr/>
<b>Amendment Amount</b>	N/A <hr/>
<b>Total Contract Amount</b>	N/A <hr/>
<b>Cost Center</b>	N/A <hr/>
<b>Grant Number (if applicable)</b>	N/A <hr/>

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

Memorandum of Understanding with Housing Authority of the County of San Bernardino and the Department of Behavioral Health with the Mainstream Voucher Program, to provide housing subsidies and in-kind support services for the period September 1, 2025, through August 31, 2030.

**FOR COUNTY USE ONLY**

Approved as to Legal Form  ▶ _____ Dawn Martin, County Counsel  Date _____	Reviewed for Contract Compliance  ▶ _____ Michael Shin, Administrative Manager  Date _____	Reviewed/Approved by Department  ▶ _____ Georgina Yoshioka, Director  Date _____
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