



**Contract Number**

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**SAP Number**

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## Department of Public Health

|                                           |                                        |
|-------------------------------------------|----------------------------------------|
| <b>Department Contract Representative</b> | Jennifer Mulhall-Daudel                |
| <b>Telephone Number</b>                   | 909-387-9149                           |
|                                           |                                        |
| <b>Contractor</b>                         | California Department of Public Health |
| <b>Contractor Representative</b>          | Stacey Volcey                          |
| <b>Telephone Number</b>                   | 916-650-6881                           |
| <b>Contract Term</b>                      | Upon execution for three years         |
| <b>Original Contract Amount</b>           | Non-Financial                          |
| <b>Amendment Amount</b>                   | \$0                                    |
| <b>Total Contract Amount</b>              | \$0                                    |
| <b>Cost Center</b>                        | N/A                                    |
| <b>Grant Number (if applicable)</b>       |                                        |

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

Non-financial Data Use and Disclosure Agreement with the California Department of Public Health, Division of Communicable Disease Control for use of the California Reportable Disease Information Exchange (CalREDIE) System by San Bernardino County, effective for three years from execution of the agreement.

**FOR COUNTY USE ONLY**

|                                                                                                   |                                                                   |                                                                                            |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Approved as to Legal Form<br><br>▶ _____<br>Adam Ebright, Deputy County Counsel<br><br>Date _____ | Reviewed for Contract Compliance<br><br>▶ _____<br><br>Date _____ | Reviewed/Approved by Department<br><br>▶ _____<br>Joshua Dugas, Director<br><br>Date _____ |
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