



Contract Number

SAP Number
N/A

Department of Behavioral Health

Department Contract Representative	Tammi Phillips
Telephone Number	909-388-0860
Contractor	California Mental Health Services Authority
Contractor Representative	Amie Miller
Telephone Number	916-859-4818
Contract Term	Full execution date through July 31, 2024
Original Contract Amount	\$589,360
Amendment Amount	
Total Contract Amount	\$589,360
Cost Center	9203512200

Briefly describe the general nature of the contract:

Participation Agreement (CalMHSA Agreement No. 744-WET-2021-SBR) with California Mental Health Services Authority (CalMHSA), to allow for their receipt of the San Bernardino County match for the Southern California Regional Partnership (SCRIP), in the amount of \$589,360, effective upon execution by both parties through July 31, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form _____ Dawn Martin, Deputy County Counsel Date _____	Reviewed for Contract Compliance _____ Natalie Kessee, Contracts Manager Date _____	Reviewed/Approved by Department _____ Veronica Kelley, Director Date _____
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