



**Contract Number**

\_\_\_\_\_

**SAP Number**

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## Department of Behavioral Health

<b>Department Contract Representative</b>	Paul Lindenberg
<b>Telephone Number</b>	909-386-8264
<b>Contractor</b>	_____
<b>Contractor Representative</b>	_____
<b>Telephone Number</b>	_____
<b>Contract Term</b>	November 16, 2021 - December 31, 2026
<b>Original Contract Aggregate Amount</b>	\$50,000
<b>Amendment Amount</b>	_____
<b>Total Contract Aggregate Amount</b>	\$50,000
<b>Cost Center</b>	_____

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

Approval of the single case agreement template for Substance Use Disorder treatment services, in a total aggregate amount of \$50,000 (\$10,000 annually), for the period of November 16, 2021 through December 31, 2026. This will allow DBH to utilize a single case agreement template for treatment services on a single case-by-case basis in remote locations of San Bernardino County and transition of care requests.

**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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