



Contract Number _____

SAP Number _____

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>City of San Bernardino</u>
Contractor Representative	<u>Nicolette Wilson</u>
Telephone Number	<u>(909) 384-5414</u>
Contract Term	<u>March 12, 2024 through March 11, 2027</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u>N/A</u>

Briefly describe the general nature of the contract: A non-financial Memorandum of Understanding with the City of San Bernardino to receive volunteers from the Retired and Senior Volunteer Program, for the period of March 12, 2024 through March 11, 2027.

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Charles, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► _____
William L. Gilbert, Director

Date _____