THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO COUNTY

Contract Number

SAP Number

Department of Public Health

Department Contract Representative	Karla Rosales
Telephone Number	(909) 531-1795
Contractor	California Department of Health Care Services
Contractor Representative	
Telephone Number	
Contract Term	7/1/2023 through 6/30/2024
Original Contract Amount	$1,525,628
Amendment Amount	$0
Total Contract Amount	$1,525,628
Cost Center	9300321000

Briefly describe the general nature of the contract:

Accept allocation (Letter No. 23-01) from the California Department of Health Care Services for the Child Health and Disability Prevention program, in the amount of $1,525,628, for the period of July 1, 2023 through June 30, 2024.

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Adam Ebright, Deputy County Counsel		Joshua Dugas, Director
Date	Date	Date