



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative

Joshua Randles

Telephone Number

(909) 383-3978

Contractor

Community Hospital of San
Bernardino

Contractor Representative

June Collison

Telephone Number

(909) 475-4630

Contract Term

N/A

Original Contract Amount

\$123,200

Amendment Amount

N/A

Total Contract Amount

\$123,200

Cost Center

Grant Number (if applicable)

Briefly describe the general nature of the contract:

Contract with Community Hospital of San Bernardino for Fee-for-Service for Acute Psychiatric Inpatient Hospital Service providers, for services rendered during 2024-25, through June 30, 2025, in the amount of \$123,200.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►
Michael Shin, Administrative Manager

Date _____

Reviewed/Approved by Department

►
Georgina Yoshioka, Director

Date _____