



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 _____