



**Contract Number**

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**SAP Number**

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## Department of Public Health

**Department Contract Representative Telephone Number** Dominic Correra  
(909) 665-2647

<b>Contractor</b>	<u>California Department of Public Health, Office of Refugee Health</u>
<b>Contractor Representative Telephone Number</b>	<u>Christine Murto</u> <u>(916) 552-8264</u>
<b>Contract Term</b>	<u>10/1/2024 through 9/30/2025</u>
<b>Original Contract Amount</b>	<u>Fee-for-service reimbursement</u>
<b>Amendment Amount</b>	<u> </u>
<b>Total Contract Amount</b>	<u>Fee-for-service reimbursement</u>
<b>Cost Center</b>	<u>9300081000</u>
<b>Grant Number (if applicable)</b>	<u>800237</u>

**Briefly describe the general nature of the contract:**  
 Accept and approve Award and Agreement (Award No. 24-36-90899-00) from the California Department of Public Health, for the Refugee Health Assessment Program, to provide health assessments for newly arrived refugees and other eligible entrants in San Bernardino and Riverside Counties, for reimbursement of \$106 per comprehensive health assessment and \$53,486 in administrative costs, retroactively for the period of October 1, 2024, through September 30, 2025.

**FOR COUNTY USE ONLY**

Approved as to Legal Form  _____ Daniel Pasek, County Counsel  Date _____	Reviewed for Contract Compliance  _____  Date _____	Reviewed/Approved by Department  _____ Joshua Dugas, Director  Date _____
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