



Contract Number

SAP Number

Children and Family Services

Department Contract Representative	Amanda Figueroa
Telephone Number	(909) 386-8146
Contractor	California Department of Social Services, Community Care Licensing Division
Contractor Representative	Natasha Y. Dunlap, Licensing Program Manager
Telephone Number	(951) 290-9741
Contract Term	Upon execution for three years
Original Contract Amount	Non-financial
Amendment Amount	
Total Contract Amount	Non-financial
Cost Center	
Grant Number (if applicable)	

Briefly describe the general nature of the contract:

Provisional License Agreement with the California Department of Social Services (State) for the San Bernardino County Transitional Shelter Care Facility to Operate as a Licensed Short-Term Residential Care Program effective upon execution by the State for three years.

FOR COUNTY USE ONLY

Approved as to Legal Form _____ Daniella V. Hernandez, County Counsel Date _____	Reviewed for Contract Compliance _____ Patty Steven, HS Contracts Manager Date _____	Reviewed/Approved by Department _____ Jeany Zepeda, Director Date _____
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