

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



Contract Number

25-1060

SAP Number

N/A

Department of Public Health

Department Contract Representative	Samantha Padilla
Telephone Number	(909) 677-3929
Contractor	Santa Claus, Inc
Contractor Representative	Karen DiCarlo
Telephone Number	(909) 885-0090
Contract Term	January 1, 2026 through December 31, 2030
Original Contract Amount	Non-Financial
Amendment Amount	\$0
Total Contract Amount	\$0
Cost Center	N/A
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract:

Approve non-financial Memorandum of Understanding with Santa Claus, Inc., to receive donated items for eligible families participating in the Black Infant Health program, with a value not to exceed \$10,000 per year, for a four-year period from January 1, 2026 through December 31, 2030.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 12/05/2025

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director

Date 12/05/2025

SANTA CLAUS, INC.
MEMORANDUM OF UNDERSTANDING (MOU)
JANUARY 1, 2026 TO DECEMBER 31, 2030

Name of Nonprofit Entity:

The nonprofit entity named in this MOU agrees that it will comply with the Santa Claus, Inc. recipient Memorandum of Understanding guidelines below:

- No donations from SCI shall be sold, bartered, traded, or taken for personal use 13 (initial)
- Pick up of the product will be on a scheduled date and time. 13 (initial)
- Feedback in the form of social media, letters, testimonies, pictures, and available data reflecting how the donations are distributed are REQUIRED. 13 initial)
- **A YEAR END REPORT IS REQUIRED BY THE END OF EACH YEAR.**

***Failure to comply may end in termination of your nonprofit organization's MOU agreement.**

1. Number of bags, pallets, gaylords, or boxes received is required.
2. Promotional materials and story-telling products (photos and impact stories) resulting from distributions are required two times each year.
3. Impact Story submission requires the following elements:
 - A short 1-2 sentence synopsis of the events or other distributions
 - Report of the number of children or families served
 - Two to three quotes from recipients of the product demonstrating the impact made by the donated items.
 - At least 3 photos from the event(s) or distribution(s)
 - Demographics served

****I understand that Santa Claus, Inc. "Service and Handling Fees" may apply to large items, full pallets, and toys. 13 (initial)**

****I am interested in participating in the Amazon Gaylord Program and agree to pay an Administrative Fee of \$175 per gaylord due at pickup. 13 (initial)**

Signature of Representative

(909) 601-2152

Cell Phone #

Joe Baca, Jr. Vice Chair, Board of Supervisors

Dawn Rowe, Chair, Board of Supervisors

Printed Name of Representative

FAS.DPH@dph.sbcounty.gov

E-mail

*****501(C)(3) IRS Tax exempt letter must be downloaded with this application.**

**SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD.**

LYNN A. MONELEY
Clerk of the Board of Supervisors
of San Bernardino County
By *[Signature]* Deputy