



**Contract Number**

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**SAP Number**

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## Department of Public Health

<b>Department Contract Representative</b>	Karla Rosales
<b>Telephone Number</b>	(909) 531-1795
<b>Contractor</b>	California Department of Health Care Services
<b>Contractor Representative</b>	
<b>Telephone Number</b>	
<b>Contract Term</b>	7/1/2022 through 6/30/2023
<b>Original Contract Amount</b>	\$1,525,628
<b>Amendment Amount</b>	\$0
<b>Total Contract Amount</b>	\$1,525,628
<b>Cost Center</b>	9300321000

**Briefly describe the general nature of the contract:**

Accept allocation (Letter No. 22-03) from the California Department of Health Care Services for Child Health and Disability Prevention program, in the amount of \$1,525,628, for the period of July 1, 2022 through June 30, 2023.

**FOR COUNTY USE ONLY**

Approved as to Legal Form  ▶ _____ Adam Ebright, Deputy County Counsel  Date _____	Reviewed for Contract Compliance  ▶ _____  Date _____	Reviewed/Approved by Department  ▶ _____ Joshua Dugas, Director  Date _____
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