



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>National Disaster Medical System</u>
Contractor Representative	<u>Sherman Patterson, Area</u>
	<u>Emergency Manager</u>
Telephone Number	<u>(562) 826-5875</u>
Contract Term	
Original Contract Amount	<u>Billable Emergency Services</u>
	<u>(Varies)</u>
Amendment Amount	
Total Contract Amount	
Cost Center	<u>9186104200</u>

Briefly describe the general nature of the contract: Memorandum of Agreement for Definitive Medical Care with the National Disaster Medical System for the provision of health services to victims of a public health emergency for a period not to exceed five years effective upon execution.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Scott Runyan, County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
William L. Gilbert, Director

Date _____