



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative	<u>Rebecca Lombard</u>
Telephone Number	<u>909-383-3978</u>
Contractor	<u>City of Redlands</u>
Contractor Representative	<u>Commander Stephen Crane</u>
Telephone Number	<u>909-557-6200</u>
Contract Term	<u>January 1, 2024 through December 31, 2028</u>
Original Contract Amount	_____
Amendment Amount	_____
Total Contract Amount	_____
Cost Center	_____

Briefly describe the general nature of the contract:

This non-financial Memorandum of Understanding (MOU) serves to identify areas of agreement and responsibility between San Bernardino County Department of Behavioral Health (DBH) and the above-named Contractor/Agency regarding utilization of office space within the Agency by DBH Triage, Engagement, and Support Teams (TEST) to provide community crisis triage services for Agency referred clients for the contract period of January 1, 2024 through December 31, 2028.

FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>▶ _____</p> <p>Dawn Martin, Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>▶ _____</p> <p>Natalie Kessee, Contracts Manager</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>▶ _____</p> <p>Georgina Yoshioka, Director</p> <p>Date _____</p>
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