



Contract Number

SAP Number

Department of Public Health

Department Contract Representative	<u>Samantha Padilla</u>
Telephone Number	<u>(909) 677-3929</u>
Contractor	<u></u>
Contractor Representative	<u></u>
Telephone Number	<u></u>
Contract Term	<u></u>
Original Contract Amount	<u>Non-Financial</u>
Amendment Amount	<u>\$0</u>
Total Contract Amount	<u>\$0</u>
Cost Center	<u>N/A</u>
Grant Number (if applicable)	<u>N/A</u>

Briefly describe the general nature of the contract:

Approve non-financial Injectable Syphilis Treatment Delivery Agreement Template for the Department of Public Health to provide delivery of the injectable syphilis treatment to requesting medical providers, effective upon execution by both parties to remain in effect for one year from the signature date.

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Kristina Robb, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►
Joshua Dugas, Public Health Director

Date _____