

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



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative	<u>Rebecca Lombard</u>
Telephone Number	<u>909-383-3978</u>
Contractor	_____
Contractor Representative	_____
Telephone Number	_____
Contract Term	<u>January 1, 2024 – December 31, 2028</u>
Original Contract Amount	<u>\$89,730,320 Aggregate</u>
Amendment Amount	_____
Total Contract Amount	<u>\$89,730,320 Aggregate</u>
Cost Center	_____

Briefly describe the general nature of the contract:

Approval of the standard agreement template for Substance Use Disorder and Recovery Services Withdrawal Management and Residential Treatment Services, in an aggregate amount not to exceed \$89,730,320, for the 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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