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



Contract Number

SAP Number N/A

Department of Public Health

Department Contract Representative Rebecca Saucedo **Telephone Number** (909) 725-5426 Contractor Kaiser Permanente **Contractor Representative** KP-Gretchen Shanofsky **Telephone Number** (424)205-4795 Contract Term 05/20/25 - 06/30/26**Original Contract Amount** \$215,000 **Amendment Amount** N/A **Total Contract Amount** \$215,000 **Cost Center** 9300291000 **Grant Number (if applicable)** N/A

Briefly describe the general nature of the contract: Approve and accept Funding Agreement for the following Medi-Cal Managed Care Plans, for Kaiser Permanente in the amount of \$215,000, for the period of May 20, 2025 through June 30, 2026.

FOR COUNTY USE ONLY Approved as to Legal Form Reviewed for Contract Compliance Reviewed/Approved by Department ▶ ★ Joshua Dugas, Director of Public Health Date Date