



**Contract Number**

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**SAP Number**

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## Department of Public Health

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|---|---|
| <b>Department Contract Representative</b> | <u>Monica Rivera</u>  |
| <b>Telephone Number</b>                   | <u>(909) 361-0211</u>   |
| <b>Contractor</b>                         | <u>California Department of Health<br/>Care Services (DHCS)</u> |
| <b>Contractor Representative</b>          | <u>Jin Chong</u>  |
| <b>Telephone Number</b>                   | <u>(916) 730-7087</u>   |
| <b>Contract Term</b>                      | <u>July 1, 2024 – June 30, 2025</u>                             |
| <b>Original Contract Amount</b>           | <u>\$13,337,610</u>   |
| <b>Amendment Amount</b>                   | <u></u>   |
| <b>Total Contract Amount</b>              | <u>\$13,337,610</u>   |
| <b>Cost Center</b>                        | <u>9330231000</u>   |
| <b>Grant Number (if applicable)</b>       | <u>800214</u>   |

**Briefly describe the general nature of the contract:**

*Accept allocation from the California Department of Health Care Services for the 2024-25 Integrated Systems of Care Division Plan, in the amount of \$13,337,610, for the period of July 1, 2024 through June 30, 2025*

**FOR COUNTY USE ONLY**

|                                   |                                  |                                 |
|-----------------------------------|----------------------------------|---------------------------------|
| Approved as to Legal Form         | Reviewed for Contract Compliance | Reviewed/Approved by Department |
| ▶<br>Daniel Pasek, County Counsel | ▶<br>_____                       | ▶<br>Joshua Dugas, Director     |
| Date _____                        | Date _____                       | Date _____                      |