



**Contract Number**

**SAP Number**

N/A

## Department of Public Health

<b>Department Contract Representative</b>	Rebecca Saucedo
<b>Telephone Number</b>	(909) 725-5426
<b>Contractor</b>	Inland Empire Health Plan
<b>Contractor Representative</b>	IEHP–Jane Cheng
<b>Telephone Number</b>	(909)727-5411
<b>Contract Term</b>	05/20/25 – 06/30/26
<b>Original Contract Amount</b>	\$300,000
<b>Amendment Amount</b>	N/A
<b>Total Contract Amount</b>	\$300,000
<b>Cost Center</b>	9300291000
<b>Grant Number (if applicable)</b>	N/A

**Briefly describe the general nature of the contract:** Approve and accept Funding Agreement for the following Medi-Cal Managed Care Plan, for Inland Empire Health Plan in the amount of \$300,000, for the period of May 20, 2025 through June 30, 2026.

### FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director of Public Health

Date