



Contract Number

SAP Number

N/A

Department of Public Health

Department Contract Representative	Rebecca Saucedo
Telephone Number	(909) 725-5426
Contractor	Molina Healthcare
Contractor Representative	Molina-Carolina Wroblewski
Telephone Number	(714)309-8567
Contract Term	05/20/25 – 06/30/26
Original Contract Amount	\$150,000
Amendment Amount	N/A
Total Contract Amount	\$150,000
Cost Center	9300291000
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract: Approve and accept Funding Agreements for the following Medi-Cal Managed Care Plans, for Molina Healthcare in the amount of \$150,000, 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 _____