



**Contract Number**

**SAP Number**

## Department of Public Health

**Department Contract Representative** Karla Rosales  
**Telephone Number** (909) 531-1795

**Contractor** Essential Access Health  
**Contractor Representative** Nomsa Khalfani  
**Telephone Number** \_\_\_\_\_  
**Contract Term** April 1, 2025 through March 31, 2026  
**Original Contract Amount** \$120,000  
**Amendment Amount** \_\_\_\_\_  
**Total Contract Amount** \$120,000  
**Cost Center** 9300081000

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

Approve the 2025-26 Title X Family Planning Services Program Grant Agreement (Subrecipient Agreement No. 454-5320-70209-25-26), including non-standard terms, from Essential Access Health, for the provision of women's health services, family planning programs and preventive health care, in the amount of \$120,000, for the period of April 1, 2025 through March 31, 2026.

#### FOR COUNTY USE ONLY

Approved as to Legal Form

► \_\_\_\_\_  
 Daniel Pasek, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

► \_\_\_\_\_

Date \_\_\_\_\_