

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

Contract Number

SAP Number



Department of Public Health

Department Contract Representative	<u>Rebecca Saucedo</u>
Telephone Number	<u>(909) 725-5426</u>

Contractor	<u>Molina Healthcare of California, Inc.</u>
Contractor Representative	<u>Kennisha Gray</u>
Telephone Number	<u>(562) 456-4404</u>
Contract Term	<u>9/1/2024 through 8/30/2029</u>
Original Contract Amount	<u>\$0</u>
Amendment Amount	<u>\$0</u>
Total Contract Amount	<u>\$0</u>
Cost Center	<u>N/A</u>
Grant Number (if applicable)	<u>N/A</u>

Briefly describe the general nature of the contract: Approve non-financial Memorandum of Understanding with Molina Healthcare of California, Inc. for Medi-Cal services, for the contract period of September 1, 2024 through August 31, 2029.

FOR COUNTY USE ONLY

<p>Approved as to Legal Form</p> <p>▶ _____</p> <p>Adam Ebright, Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>▶ _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>▶ _____</p> <p>Joshua Dugas, Director of Public Health</p> <p>Date _____</p>
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