

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



Contract Number




SAP Number

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>Andrew Goldfrach</u>
<b>Telephone Number</b>	<u>909-580-6150</u>
<b>Contractor</b>	<u>American College of Radiology</u>
<b>Contractor Representative</b>	<u>Maria Ferrera</u>
<b>Telephone Number</b>	<u>703-648-8912</u>
<b>Contract Term</b>	<u>May 19, 2026 through May 18, 2031</u>
<b>Original Contract Amount</b>	<u>NTE \$100,000</u>
<b>Amendment Amount</b>	
<b>Total Contract Amount</b>	<u>NTE \$100,000</u>
<b>Cost Center</b>	
<b>Grant Number (if applicable)</b>	

**Briefly describe the general nature of the contract:** Practice Site Accreditation Survey Agreement Template, with the American College of Radiology for the quality survey and accreditation of medical imaging equipment at Arrowhead Regional Medical Center and its Family Health Centers, in an amount not to exceed \$100,000, for a period of May 19, 2026 through May 18, 2031.

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
 <u>Daniella V. Hernandez, Deputy County Counsel</u>	 _____	 <u>Andrew Goldfrach, ARMC Chief Executive Officer</u>
Date _____	Date _____	Date _____