



**Contract Number**

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**SAP Number**

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## Department of Public Health

<b>Department Contract Representative</b>	<u>Samantha Padilla</u>
<b>Telephone Number</b>	<u>(909) 677-3929</u>
<b>Contractor</b>	<u>Inland Empire Health Plan</u>
<b>Contractor Representative</b>	<u>IEHP–Jane Cheng</u>
<b>Telephone Number</b>	<u>(909)727-5411</u>
<b>Contract Term</b>	<u>May 20, 2025 through November 1, 2026</u>
<b>Original Contract Amount</b>	<u>\$300,000</u>
<b>Amendment Amount</b>	<u>0</u>
<b>Total Contract Amount</b>	<u>\$300,000</u>
<b>Cost Center</b>	<u>9300291000</u>
<b>Grant Number (if applicable)</b>	<u>N/A</u>

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

Approve Amendment No. 1 to Funding Agreement with the Inland Empire Health Plan, a Medi-Cal Managed Care Plan (Agreement No. 25-413), extending the term by four months, for a total agreement period of May 20, 2025 through November 1, 2026, with no change to the amount of \$300,000.

**FOR COUNTY USE ONLY**

Approved as to Legal Form  ▶ _____ Adam Ebright, Deputy County Counsel  Date _____	Reviewed for Contract Compliance  ▶ _____  Date _____	Reviewed/Approved by Department  ▶ _____ Janki Patel, Acting Director  Date _____
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