



Contract Number _____

SAP Number _____

Community Revitalization

Department Contract Representative	_____ Marcus Dillard
Telephone Number	_____ 909-501-0644
 Contractor	 CA-609 San Bernardino City and County Continuum of Care
Contractor Representative	_____ Jessica Alexander
Telephone Number	_____ 951-232-0827
Contract Term	_____ May 7, 2024 through December 31, 2028
Original Contract Amount	_____ \$0
Total Contract Amount	_____ \$0
Cost Center	_____ n/a

Briefly describe the general nature of the contract: *This MOU designates the San Bernardino County Office of Homeless Services as the Continuum of Care's HMIS Administrative Entity. As the HMIS Administrative Entity, OHS is responsible for managing HMIS on behalf of the CoC.*

FOR COUNTY USE ONLY

Approved as to Legal Form



Suzanne Bryant, Deputy County Counsel

Date _____

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department



Marcus Dillard, Chief of Homeless Services

Date _____