



**Contract Number**

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>William L. Gilbert</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>National Disaster Medical System</u>
<b>Contractor Representative</b>	<u>Sherman Patterson, Area</u>
	<u>Emergency Manager</u>
<b>Telephone Number</b>	<u>(562) 826-5875</u>
<b>Contract Term</b>	
<b>Original Contract Amount</b>	<u>Billable Emergency Services</u>
	<u>(Varies)</u>
<b>Amendment Amount</b>	
<b>Total Contract Amount</b>	
<b>Cost Center</b>	<u>9186104200</u>

**Briefly describe the general nature of the contract:** Memorandum of Agreement for Definitive Medical Care with the National Disaster Medical System for the provision of health services to victims of a public health emergency for a period not to exceed five years effective upon execution.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►  
Scott Runyan, County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►

Date \_\_\_\_\_

Reviewed/Approved by Department

►  
William L. Gilbert, Director

Date \_\_\_\_\_