



Contract Number _____

SAP Number _____

Department of Public Health

Department Contract Representative	<u>Ken Johnston</u>
Telephone Number	<u>(909) 387-6304</u>
 Contractor	 <u>California Dept. of Health Care Services -</u> <u>Child Health and Disability Prevention</u>
Contractor Representative	<u>Autumn Boylan</u>
Telephone Number	<u>916-552-9105</u>
Contract Term	<u>July 1, 2020 through June 30, 2021</u>
Original Contract Amount	<u>\$35,850</u>
Amendment Amount	<u> </u>
Total Contract Amount	<u>\$35,850</u>
Cost Center	<u>9300321000</u>

Briefly describe the general nature of the contract: Allocation from the California Department of Health Care Services for the Child Health and Disability Prevention Lead Poisoning Prevention program to support lead poisoning prevent activities, in the amount of \$35,850, for the period of July 1, 2020 through June 30, 2021.

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Adam Ebright, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► _____
Corwin Porter, Director

Date _____