County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

E / M / X	New / Change / Cancel	Vendor Code	SC	Dept. PHL	A	Contract Number
County Department: PUBLIC HEALTH			Dept. PHL	Orgn.		Contractor's License No.
County Department Contract Representative: COLLEEN A. TRACY			Ph. Ext. 387-6222			Amount of Contract: $200,000

Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number
AAA	PHL					

Commodity Code	Estimated Payment Total by Fiscal Year					
	FY	Amount	I/D	FY	Amount	I/D
Project Name						

CONTRACTOR California Department of Health Services

Birth Date _____ Federal ID No. or Social Security No. _____

Contractor's Representative Michael J. Neff

Address 1801 Seventh St, 1st Floor, PO Box 942732, Sacramento CA 94234 Phone (916) 323-7404

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is an application to the California Department of Health Services in the amount of $200,000 to conduct outreach and enrollment activities for children who are eligible for the State Healthy Families Program or Medi-Cal for Children Program. The grant period is September 10, 1999 – September 09, 2000.

Approval of the application will impose no additional cost on the County.

THIS IS NOT A CONTRACT
THIS IS A COVER TRANSMITTAL ONLY

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form	Reviewed as to Contract Compliance	Reviewed for Processing
►	►	►
County Counsel		Agency Administrator/CAO
Date	Date	Date