



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New	FAS Vendor Code		SC	Dept. MCR	A	Contract Number			
<input type="checkbox"/> Change									
<input type="checkbox"/> Cancel									
ePro Vendor Number					ePro Contract Number				
County Department			Dept.	Orgn.	Contractor's License No.				
Arrowhead Regional Medical Center			MCR	MCR					
County Department Contract Representative				Telephone		Total Contract Amount			
Patrick Petre, Director				(909)580-6150		\$101,000			
Contract Type									
<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:									
If not encumbered or revenue contract type, provide reason: _____									
Commodity Code		Contract Start Date		Contract End Date		Original Amount	Amendment Amount		
94800		6/25/2013		10/31/2013					
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount			
EAD	MCR	MCR	200	2445					
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount			
Project Name				Estimated Payment Total by Fiscal Year					
_____				FY	Amount	I/D	FY	Amount	I/D
_____				_____	_____	_____	_____	_____	_____
_____				_____	_____	_____	_____	_____	_____
_____				_____	_____	_____	_____	_____	_____

CONTRACTOR California Health Care Safety Net Institute

Federal ID No. or Social Security No. _____

Contractor's Representative _____

Address 70 Washington St. Suite 215 Oakland, CA 94607 Phone () - _____

Nature of Contract:

Approval of this will allow Arrowhead Regional Medical Center to receive funds from the California Health Care Safety Net Institute for the completion of milestones specified in the agreement

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 (sign in blue ink)	Reviewed as to Contract Compliance	Presented to BOS for Signature
 Frank Salazar, Deputy County Counsel	 Patrick Petre, Director	
Date _____	Date _____	Date _____

Auditor-Controller/Treasurer/Tax Collector Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By