



City of San Diego PURCHASE ORDER

PO No. **4500094480**

Date: 10/09/2017 Page 1 of 1

| | | | | | |
|---|--|---|--|---|--|
| Ship To: Ariba Virtual Storage Location San Diego CA 92101 | | Bill To: ECOMONIC DEVELOPMENT DEPARTMENT STE 1400 1200 THIRD AVE SAN DIEGO CA 92101 | | Billing Contact: CONSTANCE VESTAL Telephone: E-Mail: cvestal@sandiego.gov | |
| Vendor: Centro de Salud La Comunidad de SY San Ysidro Health Center 1275 30th Street San Diego CA 92154 | | Terms: within 30 days Due net Delivery Terms: FOB Destination | | Buyer: Ana Garcia Telephone: 619-236-6150 E-Mail: AnaG@sandiego.gov | |
| Vendor ID: 10038914 | | Telephone: | | E-Mail: EMartinez@sanysidrohealthcen | |

| Line # | Serv # | Item ID/Description Service Description | Del.Date | Quantity/Ord UoM | Unit Price/Prc UoM Conv Factor | Extended Price |
|--------|--------|--|------------|------------------|-----------------------------------|----------------|
| 1 | | CENTRO-PEDIATRIC SVC Reimbursement of eligible monthly expenditures to Centro de Salud dba San Ysidro Inc. for certain services and activities related to the MCHC-Pediatric Service Expansion project, a Community Development Block Grant project, until completion of the Scope of Work or June 30, 2019, whichever occurs first; provided that all reports and documentation required under the FY 2018 CDBG Agreement (including those required by the Operating Manual and the Playing by the Rules Handbook) are received by the City on such forms and in such manner as the City may require, within 15 calendar days of the end of each reporting period. Reso-311071. INSURANCE CERTIFICATES TO BE UPDATED AS REQUIRED **** Item completely delivered | 06/30/2019 | 464,016 EA | 1.00 EA | USD 464,016.00 |

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|---|--|--------------------|-------------------|
| Notes: The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/ | | Line Item Total \$ | 464,016.00 |
| IMPORTANT! To ensure prompt payments, PO # must appear on all shipments and invoices; all invoices must be directed to Billing Contact person at Bill-To address listed above | | Tax \$ | 0.00 |
| | | PO Total \$ | 464,016.00 |