

## City of San Diego PURCHASE ORDER

PO No. 4500105812

Date: 10/17/2018 Page 1 of 1

Ship To:

City of San Diego Billing Contact for Delivery Address Bill To:

ECOMONIC DEVELOPMENT DEPARTMENT STE 1400 1200 THIRD AVE SAN DIEGO CA 92101 Billing Contact: Martha Luna

Telephone:

E-Mail: MELUNA@SANDIEGO.GOV

Vendor: Family Health Centers Of San Diego

823 Gateway Center Way San Diego CA 92102-4541 Terms:

within 30 days Due net **Delivery Terms:**FOB Destination

**Buyer:** CoSD Purchasing **Telephone:** 619-236-6000

E-Mail:

**Vendor ID:** 10014925 **Telephone:**(619)515-2300 **E-Mail:** 

Line#	Item ID/Description Serv # Service Description	Del.Date	Quantity/Ord UoM	Unit Price/Prc UoM Conv Factor	Extended Price
1	FY19 Family Health Centers-Safe Point	06/30/2019	115,000 EA	1.00 EA	USD 115,000.00
***	Reimbursement of eligible monthly expenditures to Family Health of San Diego Inc. for certain services and activities related to the Safe Point San Diego program, a Community Development Blood project, thru the period ending June 30, 2019; provided that all reand documentation required under the FY 2019 CDBG Agreemes those required by the Operating Manual and the Playing by the F Handbook) are received by the City on such forms and in such in the City may require, within 15 calendar days of the end of each reporting period. Reso-311700.  INSURANCE CERTIFICATES TO BE UPDATED AS REQUIRED Item partially delivered	e k Grant eports ent (including Rules nanner as			
The Terms and Conditions of this Purchase Order are available at http://www.sandiego.gov/purchasing/vendor			Line Item Total	,	
	IMPORTANT!			Tax \$	0.00
Fo ensur	re prompt payments, PO # must appear on all shipm to <i>Billing</i> Contact person at <i>Bill-To</i> address listed abo	nents and invoices;	all invoices must be	PO Total	115,000.00