## CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: <u>12/01/2021</u>

Contract/Lease Control #: C19-2848-COR

Procurement#: RFP PS 47-19

Contract/Lease Type: <u>CONTRACT</u>

Award To/Lessee: <u>CORIZON HEALTH, INC.</u>

Owner/Lessor: OKALOOSA COUNTY

Effective Date: <u>10/01/2019</u>

Expiration Date: 09/30/2022 W/2 1 YR RENEWALS

Description of: <u>INMATE MEDICAL SERVICES</u>

Department: <u>COR</u>

Department Monitor: <u>EESMOND</u>

Monitor's Telephone #: 850-689-5690

Monitor's FAX # or E-mail: <u>EESOMOND@MYOKALOOSA.COM</u>

Closed:

Cc: BCC RECORDS