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| Vivision, Department, or Regionality is in the provided services street Address (1501 Capitol Avenue, Suite of the service) street Code/Phone Number (166)) 445-3859 gency Contact (name and title) | ON (if applicable) | | | | |
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| gency Contact (name and title) | Email | | | | I |
| • • | shirley.fong@dhcs.ca.gov | | | Amendment (explain in comment section) | |
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| Oonor Name and Addres | | | | | |
| | 3 | | | Research Trian | ale Institute |
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| Jnder contract with the Offic | e of the Assistance | e Secretary for F | Planning & E | valuation at the l | Department of Health and H |
| "Other" is marked, describe the entity's | business activity (if busine | ss) or its nature and ini | terests. | | |
| 10 D D D D D | | | | | 6 11.1 |
| If applicable, id | entify the name of ea | ich source and the | e amount(s) r | eceived by the don | for for this payment: |
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| To serve on the technic Expansion", conducted Secretary for Planning | al advisory grou by RTI Internati | up to guide th ional, and une | e project c der contra | on "Strategies ct with the Off | for Local Medicaid ice of the Assistance |
| 3.3. Identify the officials w | ho used the payn | nent in Section | 3.1 (See instru | ictions) | |
| Cantwell | Marianne | | Chief Deputy Director | | Health Care Programs |
| Last Name | First Name | | Position/Title | | Department/Division |
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