



### **Contract Reference Cover Sheet**

<i>Responsible Department:</i>	<i>Community Care Services Department</i>
<i>Contact person in your office:</i>	<i>Roger Stricklin</i>
<i>Address:</i>	<i>15 Waller Street, 5<sup>th</sup> Floor</i>
<i>E-mail:</i>	<i><a href="mailto:Roger.stricklin@ci.austin.tx.us">Roger.stricklin@ci.austin.tx.us</a></i>
<i>Telephone:</i>	<i>512-972-5491</i>
<i>Project Name &amp; Description:</i>	<i>Interlocal with Austin Travis County MHMR for Mental Health Counseling</i>
<i>Contractor/Vendor/Party:</i>	
<i>Contract Period:</i>	<i>February 1, 2007 through January 31, 2008</i>
<i>Extension Options:</i>	<i>Three 12-month Extension Options</i>
<i>Reference No.:</i>	<i>NI070000004</i>
<i>Requisition No.:</i>	<i>N/A</i>
<i>Solicitation No.:</i>	<i>N/A</i>
<i>RX No.:</i>	<i>N/A</i>
<i>Agenda Item Number:</i>	<i>23</i>
<i>Date Approved by Council:</i>	<i>01/25/07</i>

**NOTE: Forward this document electronically to OCC Research. It will be attached to the approved ordinance or resolution and given to customers seeking information about the contract.**