



### **Contract Reference Cover Sheet**

<i>Responsible Department:</i> <i>Contact person in your office:</i> <i>Address:</i> <i>E-mail:</i> <i>Telephone:</i>	<i>Community Care Services Department</i> <i>Roger Stricklin</i> <i>15 Waller Street, 5<sup>th</sup> Floor, Austin, TX 78702</i> <i><a href="mailto:roger.stricklin@ci.austin.tx.us">roger.stricklin@ci.austin.tx.us</a></i> <i>512-972-5491</i>
<i>Project Name &amp; Description:</i>  <i>Contractor/Vendor/Party:</i> <i>Contract Period:</i> <i>Extension Options:</i>	<i>Interlocal with MH-MR for Mental Health Counseling</i> <i>Amendment No. 1</i> <i>Austin-Travis County MH-MR</i> <i>February 1, 2007 through January 31, 2009</i> <i>Three 12-month</i>
<i>Reference No.:</i>  <i>Requisition No.:</i>  <i>Solicitation No.:</i>  <i>RX No.:</i>	<i>NI070000004</i>  <i>N/A</i>  <i>N/A</i>  <i>N/A</i>
<i>Agenda Item Number:</i>  <i>Date Approved by Council:</i>	<i>86</i>  <i>June 21, 2007</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.**