



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, 5th Floor, Austin, TX 78702</i> <i>roger.stricklin@ci.austin.tx.us</i> <i>512-972-5491</i>
<i>Project Name & Description:</i> <i>Contractor/Vendor/Party:</i> <i>Contract Period:</i> <i>Extension Options:</i>	<i>Amendment No. 6 for OB/GYN Services for CCSD Clinics</i> <i>UT Medical Branch at Galveston</i> <i>October 1, 2006 through September 30, 2007</i> <i>Two 12-month</i>
<i>Reference No.:</i> <i>Requisition No.:</i> <i>Solicitation No.:</i> <i>RX No.:</i>	<i>N/A</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>47</i> <i>June 7, 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.