



Contract Reference Cover Sheet

<i>Responsible Departments:</i>	<i>Community Care Services Department Health & Human Services Department</i>
<i>Contact person in your office:</i>	<i>Roger Stricklin (CCSD) & Brad Brill (HHSD)</i>
<i>Address:</i>	<i>15 Waller Street, Austin, TX 78702</i>
<i>E-mail:</i>	<i>roger.stricklin@ci.austin.tx.us & brad.brill@ci.austin.tx.us</i>
<i>Telephone:</i>	<i>512-972-5491 & 512-972-4012</i>
<i>Project Name & Description:</i>	<i>Over-the-Phone Language Interpretation Services</i>
<i>Contractor/Vendor/Party:</i>	<i>Language Services Associates</i>
<i>Contract Period:</i>	<i>September 13, 2007 through September 12, 2010</i>
<i>Extension Options:</i>	<i>Three 12-month</i>
<i>Reference No.:</i>	<i>NA070000174</i>
<i>Requisition No.:</i>	<i>9500-07051800806 & 9100-07060600846</i>
<i>Solicitation No.:</i>	<i>BLM0011</i>
<i>RX No.:</i>	<i>N/A</i>
<i>Agenda Item Number:</i>	<i>49</i>
<i>Date Approved by Council:</i>	<i>August 30, 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.