

January 10, 2008

Community Partnership for the Homeless, Inc Frank Fernandez, Executive Director P. O. Box 685065 Austin, Texas 78768

Dear Mr. Fernandez:

The City of Austin has approved the execution of a contract with your company for Social Services in accordance with the referenced council award.

Responsible Department:	Health & Human Services
Department Contact Person:	Leslie Boyd
Department Contact Email	leslie.boyd@ci.austin.tx.us
Address:	7201 Levander Loop, Austin, Texas 78702
Department Contact Telephone:	(512) 972-5036
Project Name:	Social Services
Contractor Name:	Community Partnership for the Homeless
Contract Number:	NG080000019
Contract Period:	01/01/08-12/31/08
Contract Period Amount	\$39,608.00
Extension Options:	None
Requisition Number:	NA
Solicitation Number:	NA NA
Agenda Item Number:	Item No. 21
Council Approval Date:	12/13/07

A copy of the contract/purchase order will be forwarded by mail or email.

Thank you for your interest in doing business with the City of Austin. If you have any questions regarding this contract, please contact the person referenced under Department Contact Person above.

Sincerely,

Wilbur Jones
Buyer I
Purchasing Office