

Contract Reference Cover Sheet

Responsible Department: Contact person in your office: Address: E-mail: Telephone:	Community Care Services Department Roger Stricklin 15 Waller Street, 5 th Floor, Austin, TX 78702 roger.stricklin@ci.austin.tx.us 512-972-5491
Project Name & Description: Contractor/Vendor/Party: Contract Period: Extension Options:	Over-the-Phone Language Interpretation Services Telelanguage, Inc. August 2, 2006 through August 1, 2009 Three 12-month
Reference No.: Requisition No.: Solicitation No.: RX No.:	\$060400 RX952PCC00553 BM06300029 RX952PCC00553
Agenda Item Number: Date Approved by Council:	68 July 27, 2006

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.