

CONTRACT FORM 1684 R4 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to: Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus	CONTRACT TYPE		
	Professional Service - Operating		
	Professional Service - Capital		
	Purchase of Service		X
	Preliminary		Final

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Department of Health & Human Services - DCSD	800	8000

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.		
97221			X	MCDHHS	POHS	000120

NAME OF VENDOR	ADDRESS
Southwest Key Programs, Inc.	6002 Jain Lane Austin, TX 78721

TAX I.D. NO.	EFFECTIVE DATES: begin date	end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
74-2481167	01/01/16	12/31/16	12	\$ 54,709	\$2,486,922

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2016			800	8934			8123	JETI (Day Tx)			\$ 733,623
2016			800	8933			8123	Level II Monitoring			\$ 1,162,029
2016			800	8931			8124	Comm. Connections & Supervision Engagement			\$ 591,270

PURPOSE OF CONTRACT

Amendment #2 is to increase the level II contract, which will allow for Southwest Key Programs to have staff available 24 hours per day who will be responsible for following up on youth on GPS monitoring who have a master tamper, leave their assigned area or have a critical/low battery alert.

Was County Board approval received prior to contract execution or contract amendment or extension?

If YES, give County Board File No. _____ Date Approved _____

If NO, why is County Board approval not required? _____

Was Contract **fully** executed prior to work being performed (all signatures received)? YES NO

Is Vendor a certified professional service DBE? YES NO

Theresa Randall	<input type="text"/>	Contract Services Coordinator
Prepared By	Date	Title
	<input type="text"/>	DHHS Contract Administrator
Signature of County Administrator	Date	Title