Contract Compensation Summary

Public Health Department

Agenda File ID: 07-1437

| | | Changes | | | | | | |
|--------------------------|-----------------|-----------------|------------|----------|-----------|----------|--------------------|--|
| Agency Name | Contract Number | Original Amount | Amend I | Amend II | Amend III | Amend IV | Total Net Contract | |
| El Dorado Women's Center | 605-PHD0507 | \$71,760 | (\$11,960) |) | | | \$59,800 | |

Notes:

Original contract amount was based on an older revenue sharing percentage.

Budget Summary (if applicable)

| Index | SubObject(s) | Description | Current Amount | Proposed Adjust | New Amount |
|-------|--------------|-------------|----------------|-----------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Notes:

N/A