



AGENDA MEMORANDUM

GOVERNMENT

8 - Items

ORIGINAL ENCLOSURE

DATE: April 10, 1984

TO: Board of County Commissioners

FROM: County Administrator

BY: Originating Department TRANSPORTATION (Transit Division) *Q*

SUBJECT: AGENDA ITEM - REGULAR _____ CONSENT X REQUESTED AGENDA DATE 4/17/84

RE: Contract for Services - H.R.S. Rehabilitative Services

County Attorney
WA
 Approved

ACTION REQUIRED:

Approval of Contract for Services with H.R.S. Rehabilitative Services for the period from April 15, 1984 through Spetember 30, 1984.

RECEIVED
 APR 10 1984
 COUNTY ATTORNEY

COUNTY
 APR 10 1984
 COUNTY CLERK

ACTION(S) REQUIRED: Execution Acceptance Approval Recording Authorization Adoption

COST/SOURCE:

ATTACHMENTS:
Memo to Bob Fernandez
H.R.S. Rehabilitative Services
Contract

BOARD RECORDS:
 -3-
Return all signed originals to
Manatee Co. Dept. of Public Transp.,
(Transit Division) for submission.

AGENDA DISPOSITION

ACTION TAKEN BY THE BOARD:

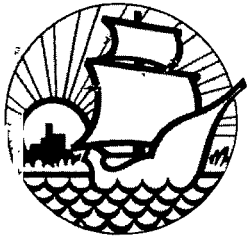
- APPROVED DEFERRED UNTIL _____ RECEIVED
- DISAPPROVED CONCURRED WITH STAFF RECOMMENDATION REFERRED TO STAFF

OTHER: _____

SPECIAL INSTRUCTIONS: _____

BOARD MEETING DATE: _____

AGENDA CODE: _____



ORIGINAL
DOCUMENT

MANATEE COUNTY GOVERNMENT

DEPARTMENT OF PUBLIC TRANSPORTATION
Transit Division

April 10, 1984

MEMORANDUM

TO: Bob Fernandez, County Administrator
FROM: Robert Hofmann, Asst. Director *R. Hofmann*
THRU: Philip A. Davis, Director *PA Davis*
SUBJECT: Agenda Item - Contract for Services
H.R.S. Rehabilitative Services

Attached is a contract for services with H.R.S. Rehabilitative Services for the period from April 15, 1984 through September 30, 1984.

This contract will allow them to pay us at the standard price set forth in the Coordinated Transportation plan (\$2.60 group trip and \$5.00 individual trip). We have been charging \$1.25 to \$2.50 respectively.

I recommend execution of this contract.

RH:PAD:vet

Attachment

ORIGINAL
DOCUMENT

ROUTING AND TRANSMITTAL SLIP

1 TO (NAME, OFFICE SYMBOL OR LOCATION) BOB HOFFMAN	2 MANATEE COUNTY Department of Transportation
3	4 APR 09 1984 AM PM 7 8 9 10 11 12 1 2 3 4 5 6

ACTION

INFORMATION	FOR APPROVAL	SIGNATURE
ANSWER—YOUR SIGNATURE	—COPY TO ME	ANSWER—MY SIGNATURE
PLEASE SEE ME	COMMENT	NECESSARY ACTION
NOTE AND RETURN	NOTE AND PASS ON	PER CONVERSATION
PER REQUEST	COORDINATION	FILE

REMARKS (USE REVERSE SIDE IF NECESSARY)

Enclosed is the TD Contract between Manatee County and Vocational Rehabilitation.

Please secure the appropriate signatures and return the contract to:

Dominick Ginex, Program Analyst
 Vocational Rehabilitation
 4000 W. Buffalo Avenue, Room 441
 Tampa, FL 33614

FROM (NAME, OFFICE SYMBOL OR LOCATION) Dominick Ginex Program Analyst	DATE 4/6/84
	PHONE 272-3400