

October 19, 2005
Contract for Sridhar Kodali

- Add \$5,000 to contracted amount for a total of \$15,000
- Revise work statement as follows:
(Note the following should be added to, not replace the existing work statement)
 - Research and report the availability of anti-viral and other medicines as delineated by the Department, from Indian pharmaceutical companies.
 - Meet with representatives of Indian pharmaceutical companies to discuss the potential acquisition of anti-viral and other medicines as delineated by the Department.
 - Meet with Indian governmental representatives to discuss the process and requirements for the potential acquisition of anti-viral and other medicines as delineated by the Department.
 - Advise the Department regarding the process and requirements for the potential acquisition of anti-viral and other medicines.

From: David Vance
To: Wise, Kathie
Date: 10/20/2005 8:36:15 AM
Subject: contract revision

Hi Kathie,
Attached is a contract revision to process.
Thanks
David

David Vance
Public Health Manager
Tacoma-Pierce County Health Department
3629 South "D" Street
Tacoma, Washington 98418-6813
Phone: (253) 798-6542
Fax: (253) 798-7627
New E-mail: dvance@tpchd.org

CC: Harris, Vic

*approved
fay
10/26/05*



OOD CAII ____/____/____ Finance ____/____/____
 initials / Date initials / Date

Contract No. 2005-404-5A2	
Contractor Company Name <u>Kodali, Sridhar</u>	
Term of Contract: (Start Date) April 1, 2005 through (End Date) December 31, 2005	
Contract Amendment Amount \$10,000 ADD <u>\$5,000</u>	Total Contract \$15,000
Program Account Number 001-741005	
Source of Funding (State, Federal, Local) <u>Health Pool-County</u>	
BOH Resolution: _____	Plan Item # <u>8.94.1</u>
Obligation No. _____	
Insurance Certificate expires <u>waived</u>	RFP or Sole Source

Contractor Representative **Sridhar Kodali**

Contractor Liaison (If different than Representative) **Sridhar Kodali**

Contractor's Address
Sridhar Kodali
 email **Sridhar_kodali@rediffmail.com**
 plot no:36, pinnamaneni teacher's colony
 kanuru
 vijayawada, A.P.
 India-52002

Contractor Federal ID

Remittance Address

PLEASE SEE REMITTANCE DIRECTIONS IN CONTRACT

TPCHD Program Name **OOD**

Program Manager **Federico Cruz**
 Program Liaison **David Vance**
 Program Mail Stop **404**
 Office Phone **798-6542** Fax **798-3598**

CONTRACT ROUTING PAGE FOR INTERNAL APPROVALS

FOR CONTRACT AMENDMENTS

(Please print on Lavendar Color Paper)

CONTRACT # (assigned by OOD Confidential Assistant) 2005-405-5A2

CONTRACTOR / VENDOR Sridhar Kodali

PROGRAM MANAGER Federico Cruz PROGRAM OOD

PROGRAM CONTACT/PHONE _____ PREPARED BY David Vance

STEPS	INSTRUCTIONS	TIMELINES
<p>1) Program Initiator:</p> <p>DO NOT ALTER boilerplate language without approval from Dept Legal</p> <p>Ensure that all required forms stated in the next cell are completed and included in the draft contract packet.</p> <p>Forms may be found in: G:\Libshare\Common\Contract\</p>	<p>The following completed forms must be included with the draft packet:</p> <p><input type="checkbox"/> Justification for the amendment <input checked="" type="checkbox"/> Copy of Amendment or specific changes Please email copies to OOD _____</p> <p>Will this action require BOH Approval BOH Action Request attached Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>	<p>Date submitted by Program:</p>
<p>2) OOD Confidential Assist</p> <p>Initial: <u>Kew</u></p>	<p><input checked="" type="checkbox"/> Assign Contract Number <input checked="" type="checkbox"/> Route to Finance Accountant for funds approval</p>	<p>Routing Date: <u>10/20</u></p>
<p>3) Finance Sr Accountant</p> <p>approved <u>[Signature]</u></p>	<p><input type="checkbox"/> Review Amendment for funds approval <input checked="" type="checkbox"/> Return to OOD C.A. for further action</p> <p><u>Budget only</u></p>	<p>Date to HR:</p>
<p>4) Human Resources Mgr</p> <p>approved _____</p>	<p><input type="checkbox"/> Review the amended Scope of Services for approval <input type="checkbox"/> Return to OOD C.A. for further action</p>	<p>Date to OOD:</p>
<p>5) OOD Confidential Assist</p> <p>Initial: <u>Kew</u></p>	<p>Prepare original; mail to Contractor for signature; <u>Sent to DV for to obtain signature</u></p>	<p>Date Mailed: <u>10/26/05</u></p>
<p>6) OOD Confidential Assist</p> <p>Initial: <u>SME</u></p>	<p>Contract is routed for required internal signatures (Stevie, Vic) Copy of fully signed contract was sent to Vendor <input checked="" type="checkbox"/> Copy of signed contract (no cover sheet) was sent to MAVBOS of Program <input checked="" type="checkbox"/> Original Copy of Contract Cover Sheet to Finance (Stevie) <input checked="" type="checkbox"/> Copy of Contract Cover sheet to Contract file <input checked="" type="checkbox"/> Original in Contract files _____</p>	<p>Date Completed: <u>11/16/05</u></p>

David will deliver his original fully-executed copy to him 11/16/05.

SECOND AMENDMENT TO CONTRACT FOR SERVICES

THIS SECOND Amendment amends **Contract For Services #2005-404-5** between the **Tacoma-Pierce County Health Department**, hereinafter referred to as **DEPARTMENT**, and **Sridhar Kodali** hereinafter referred to as **CONTRACTOR**, which was entered into on **April 1, 2005** and amended on **September 13, 2005**.

WHEREAS, the parties to the **Contract** are desirous of amending said **Contract**,

NOW, THEREFORE, it is mutually agreed by the parties that the said **Contract** be amended as follows, and this **Amendment** shall be called #2005-404-5A2.

1. **Paragraph III: PAYMENT:** The **DEPARTMENT** shall pay an additional sum of \$5,000 for an amended maximum **Contract** sum of \$15,000, for all services provided by the **CONTRACTOR** as set forth in Addendum A, Scope of Work, of the **Contract**.
2. **Addendum A: CONTRACTOR SERVICES (Scope of Work):** The services provided by the **CONTRACTOR** shall be amended to include the services as described below, and are incorporated herein by reference.
 - Research and report the availability of anti-viral and other medicines as delineated by the **DEPARTMENT**, from Indian pharmaceutical companies.
 - Meet with representatives of Indian pharmaceutical companies to discuss the potential acquisition of anti-viral and other medicines as delineated by the **DEPARTMENT**.
 - Meet with Indian governmental representatives to discuss the process and requirements for the potential acquisition of anti-viral and other medicines as delineated by the **DEPARTMENT**.
 - Advise the **DEPARTMENT** regarding the process and requirements for the potential acquisition of anti-viral and other medicines.

3. **Addendum B: HEALTH DEPARTMENT REIMBURSEMENT:**

B. MAXIMUM REIMBURSEMENT

During the **Contract** period April 1, 2005 through December 31, 2005 the **DEPARTMENT** agrees to reimburse the **CONTRACTOR** for services identified in Addendum A, Scope of Work, of the **Contract**. Maximum **Contract** consideration shall not exceed \$15,000.

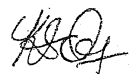
All other previously existing terms and conditions of this **Contract** shall remain the same and shall be in continuous full force and effect. In the case of conflict between this **Amendment** and the above-identified original **Contract**, the terms of this **Amendment** shall prevail.

4th November 2005

DATED



DATED



CONTRACTOR Authorized Signature

DEPARTMENT Authorized Signature