



REVENUE: FUND, AGY, ORG, REV, SOURCE	CURRENT YR	2ND YR	1ST 6 YRS
<b>TOTAL</b>			

**DEPARTMENT FISCAL IMPACT NOTES:** Click or tap here to enter text.

**CONTRACT INFORMATION:**

ORIGINAL	x	CONTRACT#	PREMIUM PAY-SHD	AMOUNT	150,000
AMENDMENT	_____	CONTRACT#	_____	AMOUNT	_____

**Contract Period**

ORIGINAL	START	Upon execution	END	12/31/21
AMENDMENT	START	_____	END	_____

**OTHER DEPARTMENTAL REVIEW/COMMENTS:** Approved as to form by Rebecca Wendling