

CONTRACT FORM 1684 R5 (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	<input checked="" type="checkbox"/>
	Professional Service - Capital	<input type="checkbox"/>
	Purchase of Service	
	Preliminary	Final
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
UW-EXTENSION	991	9910

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.		
21211			<input checked="" type="checkbox"/>			
NAME OF VENDOR				ADDRESS		
UNIVERSITY OF WISCONSIN EXTENSION				US BANK LOCKBOX		
				BOX 78138		
				MILWAUKEE, WI 53278-0138		
TAX I.D. NO.	EFFECTIVE DATES:		LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT
	begin date	end date	(IN MONTHS)	CHANGE		AMOUNT
391-80-5963	01/01/16	12/31/16	12	\$ 161,871.00		\$ 334,153.00

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	01		991	9910	U1AD		6148				\$ 161,871.00

PURPOSE OF CONTRACT

FOR PROFESSIONAL STAFF OF THE UNIVERSITY OF WISCONSIN - EXTENSION FOR PROVISION OF COOPERATIVE EXTENSION PROGRAMS IN MILWAUKEE COUNTY. AMENDMENT NO.1 TO CONTRACT (133-PRJ89TM)

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

If YES, give County Board File No. 16-22 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

Tami Griffin 12/11/15

Sr. Executive Assistant
Title

Prepared By *Eloin Gomez* 12/11/15

County Director
Title

Signature of County Administrator _____ Date _____