STATEMENT OF WORK NO. 5 FOR RPI CONSULTANTS, LLC.

This Statement of Work 5 ("SOW 5") is between RPI Consultants, LLC, ("Contractor" and/or "RPI") and Milwaukee County, a Wisconsin municipal body, ("County") (collectively, the "Parties," or individually, a "Party"). This SOW 5 is subject to the Professional Service Agreement ("PSA") entered between the Parties on January 11, 2024 (together with all subsequent amendments, exhibits or attachments, the "Agreement"). This SOW 5 is effective as of the date of September 1, 2025. ("SOW 5 Effective Date"). The Parties agree as follows:

1. SERVICE AND DELIVERABLES. The Services and the Deliverables are summarized below and further detailed in the Contractor's SAAS Sales Order, YOGA FSM - INVOICES which is attached hereto and marked as Exhibit 1.

2.1 Deliverables. RPI shall deliver to the County, the following:

- RPI Yoga for FSM
  - Invoices: Yoga for FSM – Invoices is a cloud provisioned application for the capture, management and automation of invoice processing into Infor APIA and CloudSuite FSM, built on the Yoga platform. Service includes Email Capture, Capture from Storage Location and Bi-directional integration with Infor for invoices including images into Infor IDM.

2.2 Support Services. RPI shall provide Tier 1 Support for the Yoga Software Solution. The parameters of Support Services to be provided are set forth in Appendix A of Exhibit 1.

2.3 RPI Consultants' Support. RPI shall provide the following in-scope support services:

- RPI shall provide standard fixes and workarounds to know problems;
- RPI shall provide support for "Production Down" instances resulting from issues with the Yoga software;
- RPI shall provide solution and workflow enhancements/tasks (Limited to 4) that takes no more than 4 hours each per year. Enhancement request can be combined if a request takes more than 4 hours.

2.3.1 RPI Premium Services.
PI shall provide Premium Support Services for the Yoga solution and workflow enhancements. The Service includes customization and update to forms, workflows, integrations and related ERP consulting and/or configurations as required by dynamic organizations.

2.4 Change Orders. During the term of the SOW 5 deviations may arise that will be managed by the use of Change Orders. Changes could include, but are not limited to changes in costs, timing, scope or deliverables. A Change Order shall be executed in writing between the Parties before any such change is made by Contractor. Either Party may request changes to the Services by submitting to the other Party a completed change order during the Term of this SOW. No Change Order will be binding on the Parties unless agreed upon in writing by each Party.

2.4.1 Regardless of which Party initiates the Change Order request, both Parties will mutually evaluate the feasibility of the requested change as soon as practical following receipt and determine the impact to the cost, timelines and additional efforts. The Change Order shall describe in detail the following:

- Any additional services to be performed as a result of the change request,
- The estimated cost associated with the additional services,

- Any other information related to the change request that may reasonably be requested by the County; and
- The hourly rate, if applicable, for such change request.

2.4.2 Any duly executed Change Order shall be governed by the terms of the Agreement and SOW 5.

3. FEES. RPI shall provide to County the following Services for the pricing:

Services	Volume Price	Annual Cost	Subscription Period	Total Costs
Yoga for FSM Platform			1	
Invoices – Up to 71,160 annually	$0.75 per invoice	$8,000.00	12 months	$61,370.00
One-year Administration Fee (applied on non-three-year Agreements at 5%)				$3,068.50
One-Year Administration Fee Credit (waived pending County Board approval of three-year Agreement				($3,068.50)[1]
			TOTAL:	**$61,370.00[1]**

1 Contractor has offered to waive the Administration Fees while Department applies for County Board approval of a three-year contract. In the event the County Board does not approve the three-year contract, the Administrative Fee of $3,068.50 shall be added to the 2026 renewal of the Services. In the event the Services are not renewed, Contractor shall be paid the sum of $3,068.50 within thirty (30) days of the date of termination.

4. TECHNICAL SUPPORT. RPI shall provide following Service Level Agreement in connection with this project:

Type	Severity/Priority	Response Time	
		During Business Hours	Outside Business Hours
Incidents	Critical	1 Hour	1 Hour
	High	2 Hours	2 Hours
	Medium	4 Business Hours	Next Business Day
	Low	8 Business Hours	Next Business Day
In-scope requests	All	4 Business Hours	Next Business Day

4.1 Service Schedule

- Business hours are defined as 7:00 A.M. – 5:00 P.M. CST, Monday to Friday, excluding major holidays.
- After hours are defined as 5:01 P.M. to 6:59 A.M. CST during weekdays, Saturdays, Sundays, and Holidays.
- Major Holidays are New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Day after Thanksgiving and Christmas Day.

4.2 Severity Level Definitions:

Severity Level	Business Impact
Critical	An Incident affecting a business-critical application or service that affects a high number of Users and for which a delay in restoration of service is not acceptable to the County. Need to be resolved as soon as possible. Major impact on more than one person or VIP. An outage or a major loss of functionality of a

	business-critical application.
High	An incident affecting a business important application or service is significantly degraded wherein a high number of Users cannot carry out normal work responsibilities, no alternative is available, and for which a delay in restoration of service is not acceptable.
Medium	An Incident affecting normal (non-critical or important) applications and a limited number of Users. System or component is down or degraded, but requester can carry out normal work responsibilities and/or temporary alternative is available.
Low	An Incident with low or no visibility that has no direct impact on systems, Customers, Users, or revenue.

4.3 **Staffing.** RPI represents that its personnel possess the required skill, expertise, experience, and capability to perform the Technical Support Services and implementation of the Services and Deliverables.

4.4 **Credit.** County shall be entitled to two (2) hours credit of $220.00 each in the event RPI fails to:

4.4.1.1 to promptly respond to the County's request for Technical Support Services, as set forth in this section.

5. SOW 5 Term and Renewal: The term of this SOW 5 is for twelve (12) months, commencing on the SOW 5 Effective Date. Thereafter, the Term can be renewed by the Parties, in writing, for one (1) additional successive twelve (12) month term. Either Party may terminate this SOW 5 by providing written notice of termination prior to the expiration of the then-current term as set forth in the Addendum.

THE PARTIES HAVE READ, UNDERSTOOD AND AGREED TO THE TERMS AND CONDITIONS OF THIS SOW 5.

MILWAUKEE COUNTY

YOGA FSM – INVOICES

SAAS SALES ORDER

Exhibit 1

Prepared For	Prepared By
MILWAUKEE COUNTY	**DJ Wiesenberger**
Laura Scharrer	Regional Sales Director, Midwest
Infor ERP Product Owner	P: 763-221-0462
Laura.Scharrer@milwaukeecountywi.gov	dweisenberger@rpic.com

This agreement is valid for 45 days after: 05/17/2025

CONTENTS

REVISION HISTORY

Date	Version	Description of Revision
05/17/2025	1.0	Yoga SaaS Renewal

1 SAAS SALES ORDER

This Software-as-a-Service (SaaS) Sales Order provides a Yoga for FSM license, including Yoga Software Support Services between RPI Consultants LLC ("RPI") and Milwaukee County ("Client").

The Terms & Conditions are governed by the Yoga Flexible Software Subscription Agreement.

Under the assumptions of this SaaS Sales Order, RPI will provide services in support of the following objectives:

+ **Software Licenses in Scope**

  The following is a listing of the RPI licenses covered in the scope of this SaaS Agreement:

  - **RPI Yoga for FSM – 1 Year**
    - **Invoices**

      Yoga for FSM - Invoices is a cloud-provisioned application for the capture, management, and automation of invoice processing into Infor APIA and CloudSuite FSM, built on the Yoga platform. This includes Email Capture, Capture from Storage Location and Bi-directional integration with Infor for invoices including images into Infor IDM.

+ **Service Level Agreement (SLA)**

  At RPI we understand that responsiveness is a key element in a successful relationship. We strive to respond to all incidents immediately if possible and offer a response Service Level Agreement detailed in Appendix A.

+ **Support Services**

  The purpose of this Agreement is to set forth the terms and conditions for the purchase of Yoga software licenses, which includes standard Tier 1 Support for the Client's Yoga Software solution. The services to be provided by RPI are based upon the criteria documented in Appendix A. All services defined in this Agreement only apply to the environments and systems listed. If these criteria change during the course of delivering the services, RPI will address alterations to the scope of this Agreement through the Service Change Management Process defined herein.

1. RPI Consultants' Support

1.1 Support Services

RPI will be the primary point of contact for all Yoga for FSM software issues.

In-Scope Support Services	Out-of-Scope Support Services
Initial Problem and Failure Information Gathering	Solution enhancements that would require enhancements to the Yoga product
Problem Isolation and Root Cause Identification	System or OS support for solutions installed on-prem servers
Integration issues between Yoga and ERP	

In-Scope Support Services	Out-of-Scope Support Services
Providing Standard Fixes and Workarounds to Known Problems	Client Azure AD Admin support
Support for 'Production Down' instances resulting from issues with the Yoga software	
Solution and workflow enhancements / tasks (limited to 4) that take no more than 4 hours each per year. Enhancement requests can be combined if a request takes more than 4 hours.	

1.2 Premium Support Services

Yoga comes with RPI's Premium Support Services for solution and workflow enhancements which includes customization and updates to forms, workflows, integrations and related ERP consulting or configurations as required by dynamic organizations. Yoga is constantly improved, and features are continuously added as part of our integration and delivery development model which provides increasing value over the term of the SaaS Agreement. Additional solution enhancement hours can be purchased separately from this agreement.

+ **Service Tracking System**

RPI's enterprise ticketing system is used to accept, manage, and document all Client issues. A ticket for a question or issue can be created by simply emailing a dedicated email address that will be provided to you at the start of your engagement with RPI. All Client needs to do is include a description of the question or issue, and an RPI resource will review the ticket and reach out quickly to the appropriate team member at Client to address it. This system is effective at managing tickets submitted by many users and assigned to various resources. This process also allows both Client and RPI full visibility on open and closed tickets.

+ **Service Change Management**

The following service change management process will be used to manage alterations to the baseline scope, schedule, and cost of the services or changes to any other aspect of the engagement operations that has a potential impact to the scope, schedule, or cost. RPI will not perform out of scope work or services until a Change Request has been approved.

Change Request Process:

1. Notification of intended changes will be communicated in writing via a Change Request (CR) form and provide justification for the change and the impact to the services.
2. Milwaukee County approver will approve or reject the change request within five (5) business days from the receipt of the CR.
3. If the Milwaukee County approver does not approve or reject the CR within five (5) business days from the receipt of the CR and does not communicate a timeframe in which a decision will be made, the requested change will be considered deferred.
4. Milwaukee County will designate approvers and alternates responsible for approving CRs.

2. Scope of Document Consumption Against Pre-Purchased Volume

2.1 **Pre-Purchased Volume:** For the purposes of this agreement, the client has pre-purchased a specific volume of annual document processing capacity. Charges will be recorded based on the consumption of this volume by "Invoices" received through scanned and email channels.

2.2 **Definition of Invoices**: An "Invoice" is defined as a document, either in physical or digital format, that provides a detailed account of goods or services provided, with a statement of the sum due for these; or a similar document issued by a seller to a buyer, relating to a sale transaction and indicating the products, quantities, and agreed prices for products or services.

2.3 **Handling of Duplicate Invoices:** In the event that duplicate Invoices are ingested into the system, whether inadvertently or due to sender error, each instance of the Invoice will be considered as separate and will be deducted individually from the client's annual pre-purchased Invoice volume. Yoga is able to identify these duplicate invoices to prevent inadvertent processing for erroneous payment and is part of the value proposition that Yoga provides.

2.4 **Volume Top-Up and Renewal:** Once the pre-purchased volume is consumed or processing trends indicate that additional volume will be required, the client will be notified and given options for volume top-up or renewal based on prevailing rates and terms of this agreement.

2.5 **Clarification and Queries:** Should there be any uncertainty or queries regarding the classification of a document as an "Invoice" or its deduction from the pre-purchased volume, the client is encouraged to seek clarification in a timely manner

2 SUBSCRIPTION PRICING

The following table offers a breakdown of the total and annual SaaS software licensing cost required for the Yoga for FSM solution included in this SaaS Agreement.

The subscription period for the Yoga Software included in this SaaS Agreement is September 1, 2025 through August 31, 2028. This will be invoiced upon execution of this SaaS Agreement.

Any volume usage over annual pre-purchased volume will be billed monthly in the month of the overage at the rate in the table listed below.

2.1 YOGA SOFTWARE PRICING

Product	Volume Price	Annual Cost	Subscription Period	Total Cost
Yoga for FSM Platform	-	-	1	-
Invoices - Up to 71,160/year	$0.75/Invoice	$8,000	1 Year	$61,370.00
One-Year Administration Fee (applied on non-three-year agreements at 5%)				**$3,068.50**
One-Year Administration Fee Credit (waived pending 3 Year agreement)				**-$3,068.50**
Total Cost Per Year Per this Agreement				**$61,370.00**
Additional Invoices				**$0.75/Invoice**

3 APPROVAL & ACCEPTANCE

IN WITNESS WHEREOF, the parties hereto each acting with proper authority have executed this Statement of Work. By signing below, Client hereby acknowledges and agrees to the work required as documented herein, and to the payment of the fees required herein.

MILWAUKEE COUNTY

Robert M Johnson	Deputy CIO
Printed Name	Title
9/2/2025	Robert M Johnson
Date	Signature

RPI CONSULTANTS LLC

Richard Leigh Stout	Partner
Printed Name	Title
9/15/2025	Richard Leigh Stout
Date	Signature

INVOICE & CONTACT INFORMATION

Contact Name	
Contact Address	Contact City, State, Zip
Email Address PO# or Other Instructions	**[ ] Please Check for Invoicing via Email** **[ ] Please Check if PO# is Required**

4 APPENDIX A

This Appendix defines the parameters for the services in scope for this SaaS Agreement, and the service level agreement (SLA) that applies to those services.

4.1 SERVICE PARAMETERS

Any changes to the parameters below could constitute a change in scope and will be on-demand via the Service Change Management process defined previously.

System Environment	Details
Yoga Applications	Yoga for FSM - Invoices
Environments in Scope	Prod & Test

4.2 SERVICE LEVEL AGREEMENT

At RPI we understand that responsiveness is a key element in a successful relationship. We strive to respond to all incidents immediately if possible and offer a response service level agreement detailed below:

Type	Severity/ Priority	Response Time	
		During Business Hours	Outside of Business Hours
Incidents	Critical	1 Business Hour	1 Hour into Next Business Day
	High	2 Business Hours	2 Hours into Next Business Day
	Medium	4 Business Hours	4 hours into Next Business Day
	Low	8 Business Hours	4 hours into Next Business Day
Service Request	All	4 Business Hours	4 hours into Next Business Day

Business hours are defined as 8:00 AM – 6:00 PM Eastern Time during weekdays excluding major holidays. Our consultants are available to be on standby during non-business hours, provided at least 5 business days advanced notice.

After Hours are defined as 6:01PM – 7:59 AM Eastern Time during weekdays, Saturdays, Sundays & RPI Holidays.

RPI Holidays are New Year's Day, Memorial Day, Independence Day, Juneteenth, Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Eve, and Christmas Day.

Note: Holidays that fall on a Saturday are recognized by RPI on the preceding Friday. Holidays that fall on a Sunday are recognized by RPI on the following Monday.

4.2.1 Severity Level Definitions

Severity Level	Business Impact
Critical	An Incident affecting a business-critical application or service that affects a high number of Users and for which a delay in restoration of service is not acceptable. Needs to be resolved as soon as possible. Major impact on more than one person or VIP. An outage or a major loss of functionality of a business-critical application.
High	An Incident affecting a business important application or service is significantly degraded wherein a high number of Users cannot carry out normal work responsibilities, no alternative is available, and for which a delay in restoration of service is not acceptable.
Medium	An Incident affecting normal (non-critical or important) applications and a limited number of Users. System or component is down or degraded, but requester can carry out normal work responsibilities and/or temporary alternative is available.
Low	An Incident with low or no visibility that has no direct impact on systems, Customers, Users, or revenue.

MILWAUKEE COUNTY

DEPARTMENT OF ADMINISTRATIVE SERVICES
Procurement Division

Standard Signature Block for Contracts
Issued 3-11-2025

The following Parties hereby execute this Agreement:

FOR MILWAUKEE COUNTY:

BY: Robert M Johnson **DATE:** 9/2/2025

NAME: Robert M Johnson

TITLE: Deputy CIO

DEPARTMENT: DAS-IMSD

FOR CONTRACTOR:

BY: Richard Leigh Stout **DATE:** 9/15/2025

NAME: Richard Leigh Stout

TITLE: Partner

TAXPAYER ID #: 37-1480199

APPROVED AS TO INSURANCE REQUIREMENTS:

BY: Nenad Markovic **DATE:** 9/9/2025
Risk Manager
Office of Risk Management
Department of Administrative Services

APPROVED WITH REGARDS TO MCCO CHAPTER 42:

BY: Lamont Robinson **DATE:** 9/3/2025
Director
Office of Economic Inclusion
Department of Administrative Services

APPROVED AS TO FUNDS AVAILABLE
PER WISCONSIN STATUTES §59.255(2)(e):

BY: **DATE:** 9/11/2025
Milwaukee County Comptroller
Office of the Comptroller

APPROVED WITH REGARDS TO FORM AND INDEPENDENT CONTRACTOR STATUS:

BY: Judd Jalas **DATE:** 9/5/2025
Corporation Counsel Representative
Office of Corporation Counsel

APPROVED BY THE COUNTY EXECUTIVE
PER WISCONSIN STATUTES §59.17(2)(b)(3) and (4):

BY: **DATE:** 9/12/2025
David Crowley
County Executive
Office of the County Executive

REVIEWED AND APPROVED BY CORPORATION COUNSEL
PER WISCONSIN STATUTES §59.42(2)(b)(5):

BY: **DATE:** 9/12/2025
Corporation Counsel Representative
Office of Corporation

CONTRACT FORM 1684 R9 — *Hover over the red triangles below for help*

INFOR CONTRACT NUMBER

CONTRACT TYPE (select one)	**CONTRACT CLASSIFICATION (AGENCY)** (select one)	**DEPARTMENT'S INTERNAL CONTRACT NUMBER** if applicable
TECHNOLOGY	115 DEPARTMENT OF ADMINISTRATIVE SERVICES	

A professional services contractor shall not perform any work unless or until all appropriate officials have signed a written contract.

Will all signers fully sign this contract before work is performed? YES

If responding NO, please provide supporting documentation.

Did you obtain Board approval or passive review to enter into this contract or amendment or extension? Select one:

	If yes, attach and list Legistar File:		Date Approved or Reviewed:
	If yes, attach and list Mental Health Board Agenda Item:		Date Approved or Reviewed:
NO	If no, why is Board approval not required?	Procurement of personal property using only using funds from an adopted budget year	

SUPPLIER NAME	**SUPPLIER NUMBER**
VENDOR NAME	**VENDOR NUMBER**
RPI Consultants	112507

CONTRACT NAME	CHARACTERS
RPI, Statement of Work No. 5	28

DESCRIPTION (If applicable, preface with Amendment _ to) Year - Contract label - for (summarize scope of services) - Further summarize the scope. Summarize actions taken by any amendment. DocuSign Envelope _

SOW 5 is the renewal of the Yoga services for the County. (Invoicing services).

EFFECTIVE DATES: Effective Date	**Expiration Date**	**LENGTH OF CONTRACT (IN MONTHS)**	**AMENDMENT ONLY: DOLLAR CHANGE**	**TOTAL CONTRACT AMOUNT**
9/1/2025	8/31/20226	12		$ 64,438.50

ACCOUNTING INFORMATION

Year to be Encumbered or earned	Line No.	Agency	Org.	Account	Activity	Function	Reporting Category	Project / Job / Grant	Fund	Item Description	Amount to be Encumbered or Earned
2025		115	1197	60506	13751	1F057			10001		$64,438.50

If a Grant or Revenue Contract: **COUNTY MATCH/RESPONSIBILITIES**

Judith Pinchar Berkowski	09.02.25	IT Contract Manager, DAS - IMSD
Prepared By	**Date Prepared or Corrected**	**Title**
Robert M Johnson	9/2/2025	Deputy CIO
Signature of person with signature card authority to commit these funds	**Date**	**Title**

If this contract commits funds from multiple areas and if the signer above does not have authority for all areas, then request an additional signature of an authorized signer below.

Signature of person with signature card authority to commit these funds	**Date**	**Title**

The County does not prepay for services. Draft the contract to require the Contractor to invoice the County once services are provided.

Print this page as a pdf. Upload the pdf to the DocuSign envelope that contains your contract or amendment.
Use DocuSign to obtain the Signature of the person with signature card authority to sign contracts that commit these funds.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Niccele Winpigler	
R.K. Tongue Co., Inc. 4940 Campbell Blvd Suite 200 Nottingham MD 21236	PHONE (A/C, No, Ext): (410) 752-4008	FAX (A/C, No): (410) 752-4611
	E-MAIL ADDRESS: nwinpigler@rktongue.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Underwriters Insurance Co	30104
INSURER B : Rated by Multiple Companies	00914
INSURER C : Zurich American Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

RPI Consultants LLC
1 N Haven St
#201
Baltimore MD 21224-1614

COVERAGES **CERTIFICATE NUMBER:** CL2571633819 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		30SBAAT2HRM	07/17/2025	07/17/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG BASEP	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			30SBAAT2HRM	07/17/2025	07/17/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	Y		30SBAAT2HRM	07/17/2025	07/17/2026	EACH OCCURRENCE AGGREGATE	$ $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		30WECAT20N4	07/17/2025	07/17/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Employment Practices Liability & Indemnity			MPL 1197015 - 02	07/17/2025	07/17/2026	Each Claim Aggregate	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Milwaukee County, WI

CERTIFICATE HOLDER

Milwaukee County
633 Wisconsin St., Suite 750
Milwaukee WI 53203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RK Tongue

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Niccele Winpigler	
R.K. Tongue Co., Inc. 4940 Campbell Blvd Suite 200 Nottingham MD 21236	PHONE (A/C, No, Ext): (410) 752-4008	FAX (A/C, No): (410) 752-4611
	E-MAIL ADDRESS: nwinpigler@rktongue.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
RPI Consultants, LLC 1 N Haven St #201 Baltimore MD 21224	INSURER A : Lexington Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2571633821 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ $ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Cyber Liability/Errors & Omissions Claims-Made			01-817-14-64	07/17/2025	07/17/2026	Each Claim Aggregate	$5,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Both Primary and Excess coverage are on the above mentioned policy.

CERTIFICATE HOLDER

Milwaukee County
633 Wisconsin St., Suite 750
Milwaukee WI 53203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RK Tongue

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Niccele Winpigler	
R.K. Tongue Co., Inc. 4940 Campbell Blvd Suite 200 Nottingham MD 21236	PHONE (A/C, No, Ext): (410) 752-4008	FAX (A/C, No): (410) 752-4611
	E-MAIL ADDRESS: nwinpigler@rktongue.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
RPI Consultants, LLC 1 N Haven St #201 Baltimore MD 21224	INSURER A : Lexington Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2571633821 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ $ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Cyber Liability/Errors & Omissions Claims-Made			01-817-14-64	07/17/2025	07/17/2026	Each Claim Aggregate	$5,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Both Primary and Excess coverage are on the above mentioned policy.

CERTIFICATE HOLDER

Milwaukee County
633 Wisconsin St., Suite 750
Milwaukee WI 53203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RK Tongue

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
R.K. Tongue Co., Inc.
4940 Campbell Blvd
Suite 200
Nottingham MD 21236

CONTACT NAME: Niccele Winpigler
PHONE (A/C, No, Ext): (410) 752-4008 **FAX (A/C, No):** (410) 752-4611
E-MAIL ADDRESS: nwinpigler@rktongue.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Underwriters Insurance Co	30104
INSURER B : Rated by Multiple Companies	00914
INSURER C : Zurich American Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
RPI Consultants LLC
1 N Haven St
#201
Baltimore MD 21224-1614

COVERAGES **CERTIFICATE NUMBER:** CL2571633819 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	30SBAAT2HRM	07/17/2025	07/17/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG BASEP	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			30SBAAT2HRM	07/17/2025	07/17/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	Y	Y	30SBAAT2HRM	07/17/2025	07/17/2026	EACH OCCURRENCE AGGREGATE	$ $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		30WECAT20N4	07/17/2025	07/17/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Employment Practices Liability & Indemnity			MPL 1197015 - 02	07/17/2025	07/17/2026	Each Claim Aggregate	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Milwaukee County, WI

CERTIFICATE HOLDER

Milwaukee County
633 Wisconsin St., Suite 750
Milwaukee WI 53203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RK Tongue

Certificate Of Completion

Envelope Id: C64957C1-D656-40A6-9AFE-8A95E6CDA98E
Status: Completed
Subject: RPI Consultants, SOW 5 (Renewal of Yoga Services)
Source Envelope:
Document Pages: 18
Signatures: 11
Certificate Pages: 5
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

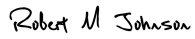
Envelope Originator:
Judith Pinchar Berkowski
633 W. Wisconsin Ave.
Suite 901
Milwaukee, WI 53203
judith.pincharberkowski@milwaukeecountywi.gov
IP Address: 204.194.251.3

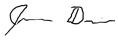
Record Tracking

Status: Original
9/2/2025 10:42:23 AM

Holder: Judith Pinchar Berkowski
judith.pincharberkowski@milwaukeecountywi.gov

Location: DocuSign

Signer Events	Signature	Timestamp
Robert M Johnson Robert.Johnson@milwaukeecountywi.gov Deputy CIO Milwaukee County Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5	Sent: 9/2/2025 10:55:43 AM Viewed: 9/2/2025 11:34:08 AM Signed: 9/2/2025 11:34:46 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Judd Taback Judd.Taback@milwaukeecountywi.gov Assistant Corp. Counsel, Office of Corporation Counsel Milwaukee County Signing Group: Corporation Counsel Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5	Sent: 9/2/2025 11:34:51 AM Viewed: 9/5/2025 10:55:26 AM Signed: 9/5/2025 10:57:49 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Lamont Robinson lamont.robinson@milwaukeecountywi.gov Director, OEI Milwaukee County Signing Group: Office of Economic Inclusion Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3	Sent: 9/2/2025 11:34:52 AM Viewed: 9/3/2025 2:34:07 PM Signed: 9/3/2025 2:34:46 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Comptroller AX Review axreview@milwaukeecountywi.gov Deputy Comptroller Security Level: Email, Account Authentication (None)	 Signature Adoption: Uploaded Signature Image Using IP Address: 204.194.251.5	Sent: 9/11/2025 1:06:22 PM Viewed: 9/11/2025 1:11:46 PM Signed: 9/11/2025 1:11:52 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

Signer Events	Signature	Timestamp
Nenad Markovic Nenad.Markovic@milwaukeecountywi.gov Signing Group: Risk Management Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5	Sent: 9/2/2025 11:34:54 AM Viewed: 9/9/2025 1:32:35 PM Signed: 9/9/2025 1:32:49 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
David Crowley David.Crowley@milwaukeecountywi.gov Milwaukee County Executive Milwaukee County Security Level: Email, Account Authentication (None)	 Signature Adoption: Uploaded Signature Image Using IP Address: 2600:1700:67ab:2a0:59b5:ac05:ce3a:226e	Sent: 9/11/2025 1:11:55 PM Viewed: 9/12/2025 1:00:11 PM Signed: 9/12/2025 1:00:40 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
James Davies James.Davies@milwaukeecountywi.gov Assistant Corporation Counsel Milwaukee County Signing Group: Corporation Counsel Security Level: Email, Account Authentication (None)	 Signature Adoption: Drawn on Device Using IP Address: 204.194.251.5	Sent: 9/12/2025 1:00:43 PM Viewed: 9/12/2025 3:33:44 PM Signed: 9/12/2025 3:33:56 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Richard Leigh Stout rstout@rpic.com Partner RPI Consultants LLC Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 24.196.170.250	Sent: 9/12/2025 3:33:59 PM Viewed: 9/15/2025 9:47:48 AM Signed: 9/15/2025 9:51:26 AM
Electronic Record and Signature Disclosure: Accepted: 9/15/2025 9:47:48 AM ID: 9d4ade7d-a505-4e20-a34e-c9b784938493		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Comptroller comptrollersignature@milwaukeecountywi.gov Comptroller Milwaukee County Security Level: Email, Account Authentication (None)	COPIED	Sent: 9/11/2025 1:06:23 PM Viewed: 9/15/2025 9:53:00 AM
Electronic Record and Signature Disclosure:		

Carbon Copy Events	Status	Timestamp
Not Offered via Docusign		
Joseph Lamers Joseph.Lamers@milwaukeecountywi.gov Director, Milwaukee County Office of Strategy, Budget and Performance Milwaukee County Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/15/2025 9:51:31 AM Viewed: 9/15/2025 9:52:57 AM
Procurement procurementapprovalrequest@milwaukeecountywi.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/15/2025 9:51:31 AM Viewed: 9/15/2025 9:52:52 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/2/2025 10:55:43 AM
Envelope Updated	Security Checked	9/9/2025 11:15:05 AM
Envelope Updated	Security Checked	9/9/2025 11:15:06 AM
Certified Delivered	Security Checked	9/15/2025 9:47:48 AM
Signing Complete	Security Checked	9/15/2025 9:51:26 AM
Completed	Security Checked	9/15/2025 9:51:31 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Milwaukee County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Milwaukee County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: procurement@milwaukeecountywi.gov

To advise Wisconsin Milwaukee County of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at procurement@milwaukeecountywi.gov and in the body of such request you must

state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Wisconsin Milwaukee County

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to procurement@milwaukeecountywi.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Milwaukee County

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to procurement@milwaukeecountywi.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Wisconsin Milwaukee County as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Wisconsin Milwaukee County during the course of your relationship with Wisconsin Milwaukee County.