

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 Professional Service - Capital Purchase of Service x Preliminary Final x
DEPARTMENT NAME	AGENCY NO. DEPARTMENT (HIGH) ORG
Aging	790 7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
97504		XXXXX		251-419-30
NAME OF VENDOR			ADDRESS	
UNISON, Inc			600 W Virginia Street Suite 400 Milwaukee, WI 53204-1551	
TAX I.D. NO.	EFFECTIVE DATES: begin date end date		LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE TOTAL CONTRACT AMOUNT
	01/01/19 12/31/19		12	\$360,000.00

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
2019	01	0001	790	7932	A5SM		8123				\$360,000.00

PURPOSE OF CONTRACT

Purchase of service contract for the management of 18 meal sites that provide nutrition services to Milwaukee County seniors between 1/01/19-12/31/19.

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

XXXXXX If YES, give County Board File No. _____ Date Approved _____
 If NO, why is County Board approval not required? _____

Was Contract fully executed prior to work being performed (all signatures received)? xxx YES NO

Is Vendor a certified professional service DBE? YES NO

Nasrin Wertz
 Prepared By Date
Santa Bhalnagar 11/09/18
 Signature of County Administrator Date

Accountant
 Title
 Assistant Director Fiscal
 Title