Participation Recommendation

To be completed by project owner. Please, direct questions regarding this form to CBDP, 414-278-4851 or cbdpcompliance@milwaukeecountywi.gov

FUNDING SOURCE				
		nt If Federally Funded, wha		
Federal Source of Funds: F			Other:	
CONTACT INFORMATION				
Contract Administrator: Tedi Wini	nett Phone: 41	4-615-0525 Date: <u>December</u>	<u>r 6, 2018</u>	
Email Address tedi.winnett@ces.u	uwex.edu Fund: Aç	gency: <u>991</u> Org No. <u>9910</u>		
PROJECT INFORMATION				
Project Name: <u>UW Extension</u>		Project No.:		
Contract Scope/Project Description	n (attach scope/descripti	ion of work or estimating sh	neet):	
Milwaukee County has held a long st	anding partnership with the U	W System to provide education	al resources to county residents,	
organizations, businesses, units of county government and municipalities. WI State statutes 59.56 defines this partnership. Through				
this arrangement, a variety of educati	onal programs are provided in	n Milwaukee County through UV	W Extension educators. The	
Professional Services Contract is a fe	e for services that include state	ffing, supplies, and professional	development. The UW System is a	
not for profit entity.				
Contracting Opportunities (List NA	AICS codes):			
RFP/BID will be used (Yes/No) NO Advertising Date: Bid/Proposal Due Date:				
	TYPE OF	PROJECT		
Professional Services	Estimated Amount	Reco	ommended Participation	
	\$ <u>241,961</u>		%	
Construction Polated		t Fatimated Allaurance	Recommended	
Construction Related	Estimated Amoun		Participation <sub>o/</sub>	
	\$ \$			
		\$ OVALS		
Is county board approval required		solution #: <u>18-942</u> (attach	resolution)	
	WAIVER	REQUEST		
Request for a goal of 0% re	equires signature of depa	artment head, a full scope o	f project and explanation.	
Explanation: There is no subcon	tracting opportunity. All	services will be performed l	by UW Extension staff.	
Tedi Winnett			<u>12/7/18</u>	
Department/Division Administrato	r Name	Signature	Date	
CBDP USE ONLY				
Concur with Recommendation	, or provid	de the following goals:	%	
This contract is exempt from a part				
DocuSigned by: 12 /18 /2018			/18/2018	
Approved:Approved:		Date:		



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### **Signature Timestamp**

Community Business Development Partners Rick.Norris@milwaukeecountywi.gov

**CBDP** Director Milwaukee County

Security Level: Email, Account Authentication

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Envelope Summary Events	Status	Timestamps
Envelope Sent Certified Delivered Signing Complete Completed	Hashed/Encrypted Security Checked Security Checked Security Checked	12/18/2018 12:44:10 PM 12/18/2018 1:49:20 PM 12/18/2018 1:49:49 PM 12/18/2018 1:49:49 PM
Payment Events	Status	Timestamps