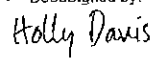


CONTRACT FORM 1584 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)											
Mail to: Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus						CONTRACT TYPE					
						Professional Service - Operating					
						Professional Service - Capital					
						Purchase of Service xxxx					
						Preliminary		Final			
DEPARTMENT NAME						AGENCY NO.			DEPARTMENT (HIGH) ORG		
						790			7900		
VENDOR INFORMATION											
VENDOR NO.				ORDER TYPE	NEW or	AMEND	CONTRACT NO.				
97504						XXX	251	417	52		
NAME OF VENDOR						ADDRESS					
Interfaith Older Adult Programs Inc						600 W Virginia Street Suite 300					
						Milwaukee, WI 53204-1551					
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
		begin date end date		(IN MONTHS)		CHANGE		AMOUNT			
		01/01/17 12/31/17		12				\$ 571,158.00			
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
2017	01	0001	790	7931	A5BU		8123				\$ 300,000.00
2017	02	0001	790	7931	A5MS		8123				\$ 271,158.00
PURPOSE OF CONTRACT											
PURCHASE OF SERVICE CONTRACTS FOR ELDERLY SERVICES FOR TIME PERIOD 1/1/17-12/31/17											
Was County Board approval received prior to contract execution or contract amendment or extension?											
<input checked="" type="checkbox"/> XXXX		If YES, give County Board File No. <u>Pending</u>				Date Approved _____					
<input type="checkbox"/>		If NO, why is County Board approval not required? _____									
Was Contract fully executed prior to work being performed (all signatures received)?										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Is Vendor a certified professional service DBE?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NASRIN WERTZ				08/17/17		ACCOUNTANT					
Prepared By:				Date		Title					
 Holly Davis				8/25/2017		Director					
Signature of County Administrator				Date		Title					