COMMUNITY BUSINESS DEVELOPMENT PARTNERS

MILWAUKEE COUNTY
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

__x__ Local _____ State _____ Federal _____ Grant   If Federally Funded, what percentage? _____ %

Federal Source of Funds: _____ FAA _____ FTA _____ DOT (includes WisDOT) _____ Other: _____

CONTACT INFORMATION

Contract Administrator: _Erik Viel_____   Phone: ____617-7708_____   Date: _7-1-2016_____

Email Address ___erik.viel@milwaukeecountywi.gov_____ Fund: _____ Agency: _____480_____ Org No. _____4804____

PROJECT INFORMATION

Project Name: _Build Out Ten Sites to Digital_____   Project No.: _____WO61401_____

Contract Scope/Project Description (attach scope/description of work or estimating sheet):

CDX Wireless is providing project management and consulting services on the WO614 capital project to upgrade the

County's Public Safety Radio System from analog to digital. A scope of work is attached._____

Contracting Opportunities (List NAICS codes): _____

RFP/BID will be used (Yes/No) ___N___ Advertising Date: _____ Bid/Proposal Due Date: _____

TYPE OF PROJECT

Professional Services	Estimated Amount		Recommended Participation
	$ _____240,730_____		_____0_____ %

Construction Related	Estimated Amount	Estimated Allowance	Recommended Participation
_____	$_____	$_____	_____%
_____	$_____	$_____	_____%

APPROVALS

Is county board approval required? _____Y_____ No   Resolution #: _Pending July Appr_ (attach resolution)

WAIVER REQUEST

Request for a goal of 0% requires signature of department head, a full scope of project and explanation.

Explanation: _The SOW for this contact is for project management and consulting services for WO614. This request is for_

an amendment to the original SOW to increase the value of the contract by $72,530. There is no installation required in

this phase. The contract is with a single individual.

Christine Westrich
Department/Division Administrator Name   Signature   Date: 7-01-2016

CBDP USE ONLY

Concur with Recommendation _____✓_____, or provide the following goals: _____ _____%

This contract is exempt from a participation goal: _✓_ Yes _____ No

Approved: _____   **Tru Mwololo**
DBE-12 (03/01/2015) Previous Editions Obsolete   Certification Compliance   Date: _07-01-2016_
          Administrator