

**Amendment 2 to
Northwoods Professional Services Agreement**

Amendment 2 to the June 1, 2016 Professional Services Contract (the “**Agreement**”) is dated **October 27, 2016** and is between THE MILWAUKEE THE COUNTY DEPARTMENT OF ADMINISTRATIVE SERVICES – INFORMATION MANAGEMENT SERVICES DIVISION (the “**County**”) and Northwoods (the “**Contractor**”). All capitalized terms used in this Amendment follow the definitions as written in the Agreement, unless otherwise expressly defined in this Amendment. This Amendment includes all contemplated tasks, deliverables, milestones and payments indicated by the Executed Statement of Work, attached as Exhibit A and incorporated by reference.

The Agreement is amended as follows:

1. **Scope of Work.** This Provision shall amend Provision 2.1 of the Agreement to include Contractor’s Change Order, dated October 12, 2016, and attached to this Amendment as Exhibit A.
2. **Compensation.** This provision expands Provision 4 of the Agreement to include an additional \$930.00 for services identified in Contractor’s Change Order, dated October 12, 2016 (Exhibit A). Total compensation for services provided under this Agreement shall not exceed **\$195,085.00**.
3. **All Additional Terms Unaltered.** All other provisions of the Agreement as agreed to by the County and the Contractor on June 1, 2016 shall remain in effect as written.

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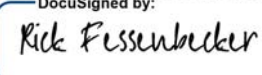
WHEREOF, the parties hereto have executed this agreement on the day, month, and year above

written: **FOR MILWAUKEE COUNTY:**

DocuSigned by:

BY: _____ DATE: 11/9/2016
852C38E74604439...
Laurie Panella, CIO
Department of Administrative Services
Information Management Services Division

FOR NORTHWOODS

DocuSigned by:

BY: _____ DATE: 11/9/2016
5E1567E4346246D...
NAME: Rick Fessenbecker

TITLE: Managing Director

TAXPAYER ID No.: on file

IF PRINCIPAL IS A CORPORATION, IMPRINT
CORPORATE SEAL.

**REVIEWED AS TO INSURANCE
REQUIREMENTS:**

DocuSigned by:

BY: _____ DATE: 11/9/2016
E454E4CA2D21452...
Risk Manager
Office of Risk Management

**REVIEWED REGARDING THE DISADVANTAGED
BUSINESS ENTERPRISE REQUIREMENTS;
approved with regards to County Ordinance Chapter
42:**

DocuSigned by:

BY: _____ DATE: 11/11/2016
AD4C84D4023E450...
**Community Business
Development Partners**

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

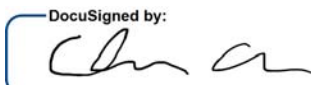
DocuSigned by:

BY: _____ DATE: 12/21/2016
F7351A95DB0643E...
Office of the Comptroller

**APPROVED REGARDING FORM AND
INDEPENDENT CONTRACTOR STATUS:**

DocuSigned by:

BY: _____ DATE: 12/22/2016
2BE87A71B2AE4E5...
Corporation Counsel

DocuSigned by:

BY: _____ DATE: 12/23/2016
2E580B33A2CC443...
Chris Abele, County Executive
Office of the County Executive

**APPROVED AS COMPLIANT UNDER §59.42(2)(b)s,
STATS.:**

DocuSigned by:

BY: _____ DATE: 12/28/2016
2BE87A71B2AE4E5...
Corporation Counsel

Exhibit A
Northwoods' Change Order dated 10/12/2016



WEBSITE REDESIGN PROJECT FOCUS GROUP ADDITIONS

CHANGE ORDER

Prepared by:



1572 E. Capitol Drive
Shorewood, WI 53211

Tom Pappas

Business Development

Phone Number: 414-914-9143

Support Line: 414-914-9300

October 12, 2016



CONTENTS

CHANGE ORDER - OVERVIEW 3

 TASKS 3

 TERMS 3

CHANGE ORDER - APPROVAL 4



CHANGE ORDER - OVERVIEW

At the request of Milwaukee County, Northwoods submits this Change Order for additional Focus Group interviews. Our April 21, 2016 project plan indicated there would be "Review Number/Size of Groups (Assume 3 Focus Groups: Public, Intranet, Department Template)". At the time, we anticipated a focus group of County residents, a focus group of Intranet users and meetings with 3-5 departments. Our estimate for this Digital Strategy/Discovery phase reflects that assumption.

As a result of internal County discussions, a total of six department focus groups will be conducted with a total of 79 attendees. The invited departments and corresponding number of attendees are listed below.

- Parks (10)
- DHHS (23)
- Human Resources (9)
- Sherriff's Office (15)
- DAS + Register of Deeds (15)
- County Board of Supervisors (7)

Our original estimate also includes five one-on-one phone interviews. The interview with Chris Abele, County Executive, will be one of these interviews; however, it will be held in-person.

TASKS

The following tasks apply to the additional focus group.

- Prepare questions customized to the department
- Conducting the department focus group interview at the County offices
- Documentation of the interview responses

NWS Team: Senior Digital Strategist, Account Director

Hours: 6 @ \$155 / hr Total \$930

TERMS

- 100% (\$930) due upon completion of Tasks



CHANGE ORDER - APPROVAL

Date: _____

Milwaukee County

Signed: _____

Printed Name: _____

Title: _____

Northwoods Software Development, Inc.

Signed: *Patrick Bieser*

Printed Name: Patrick Bieser

Title: President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2016

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 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 Ansay & Associates, LLC. PW 101 East Grand Ave. Suite #11 Port Washington WI 53074	CONTACT NAME: Emily McCutcheon PHONE (A/C. No., Ext): 262-376-3244 FAX (A/C. No.): 262-387-8044 E-MAIL ADDRESS: emily.mccutcheon@ansay.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Hanover Insurance Company	
NAIC #	
22292	
INSURED Northwoods Software Development Inc 1572 E Capitol Dr. Shorewood WI 53211-1955	CERTIFICATE NUMBER: 1408557439 REVISION NUMBER:

COVERAGES**CERTIFICATE NUMBER:** 1408557439**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		OB1 A820602 00	1/12/2016	1/12/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			OB1 A820602 00	1/12/2016	1/12/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			OB1 A820602 00	1/12/2016	1/12/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WB1 A820591 00	1/12/2016	1/12/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Errors&Omission			OB1 A820602 00	1/12/2016	1/12/2017	E&O 1,000,000

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

Certificate holder is listed as a additional insured in respects to General Liability as work performed by insured with 30 day notice of cancellation for non renewal or material limitation of coverage including non payment of premium

CERTIFICATE HOLDER**CANCELLATION**

City of Milwaukee DOA-Procurement Services 200 E. Wells St #601 Milwaukee WI 53202 USA	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
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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 <input checked="" type="checkbox"/> Purchase of Service Preliminary <input type="checkbox"/> Final <input checked="" type="checkbox"/>
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DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
DAS IMSD	116	1160

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
4005			X	: : :

NAME OF VENDOR	ADDRESS
Northwoods Software Development, Inc.	1572 E. Capitol Drive Shorewood, WI 53211-1955

TAX I.D. NO.	EFFECTIVE DATES:	LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR	TOTAL CONTRACT
39-1915354	begin date: 10/27/16 end date: 12/31/16	(IN MONTHS) 3	CHANGE \$930	AMOUNT \$195,085

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
2016		1850	120	1850			6146	WO632011			\$930

PURPOSE OF CONTRACT

Amendment to the Northwoods Professional Services Agreement for Internet/Intranet Redesign Project. The additional \$930 to be encumbered reflects the extended statement of work, to include three additional meetings.

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

If YES, give County Board File No. 16-280 Date Approved 05/19/16

If NO, why is County Board approval not required? _____

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

Is Vendor a certified professional service DBE? YES NO

Lynn Wagner	11/08/16	
Prepared By	Date	Financial Manager - Central Business Office
	11/08/16	Administrator - Central Business Office
Signature of County Administrator	Date	Title