



# 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

cbdpcpliance@milwaukeecountywi.gov

### FUNDING SOURCE

Local  State  Federal  Grant If Federally Funded, what percentage? \_\_\_\_\_ %  
Federal Source of Funds:  FAA  FTA  DOT (includes WisDOT)  Other: \_\_\_\_\_

### CONTACT INFORMATION

Contract Administrator: Eloisa Gómez Phone: 414-256-4640 Date: October 25, 2017  
Email Address eloisa.gomez@ces.uwex.edu Fund: \_\_\_\_\_ Agency: 991 Org No. 9910

### PROJECT INFORMATION

Project Name: UW Extension Project No.: \_\_\_\_\_

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

Milwaukee County partnership has held a long standing partnership with the UW System to provide educational 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 educational programs are provided in Milwaukee County through the UW Extension educators. The Professional Services Contract is a fee for services that include staffing, supplies, and professional development. The UW System is a not for profit entity.

Contracting Opportunities (List NAICS codes): \_\_\_\_\_

\_\_\_\_\_ RFP/BID will be used (Yes/No) NO Advertising Date: \_\_\_\_\_ Bid/Proposal Due Date: \_\_\_\_\_

### TYPE OF PROJECT

<u>Professional Services</u>	<u>Estimated Amount</u>	<u>Recommended Participation</u>	
	\$ <u>180,772</u>	<u>0</u> %	
<u>Construction Related</u>	<u>Estimated Amount</u>	<u>Estimated Allowance</u>	<u>Recommended Participation</u>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

### APPROVALS

Is county board approval required? Yes Resolution #: \_\_\_\_\_ (attach resolution)

### WAIVER REQUEST

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

Explanation: There is no subcontracting opportunity. All services will be performed by UW Extension staff.

Eloisa Gómez Eloisa Gomez 10/27/17  
Department/Division Administrator Name Signature Date

### CBDP USE ONLY

Concur with Recommendation  RN, or provide the following goals: \_\_\_\_\_ %

This contract is exempt from a participation goal:  Yes  No

DocuSigned by: Rick Norris Date: 11/1/2017  
Approved: \_\_\_\_\_