

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	
	Purchase of Service	x
	Preliminary	Final
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
	790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.	
95599			XXXX	251-418-33	
NAME OF VENDOR		ADDRESS			
Goodwill Industries of Southeastern Wisconsin, Inc		P.O Box 78564			
		Milwaukee , WI 53278-0564			
TAX I.D. NO.	EFFECTIVE DATES: begin date	end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	01/01/18	12/31/18	12	\$ 80,000.00	\$ 1,162,903.00

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
2018	01	0001	790	7932	A5SM		8123				\$128,387.00
2018	02	0001	790	7932	A5HM		8123				\$ 339,256.00
2018	03	0001	790	7932	A5HM		8123				\$ 690,419.00
2018	04	0001	790	7932	A5SM		8123				\$ 4,841.00

PURPOSE OF CONTRACT

Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18 .

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

If YES, give County Board File No. _____ Date Approved _____

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

Nasrin Wertz

Prepared By Date

Accountant

Title

Somita Bhattacharya

Signature of County Administrator Date

Assistant Director Fiscal

Title