

CONTRACT FORM 1684 R6 See procedures in: Notes below (hover over red triangles) and [Forms Library/Contracts](#)

Check one: Preliminary Form *Print this completed form as a pdf. Upload the pdf to DocuSign when circulating any contract or amendment for signatures.*
 Corrected Form *Date of correction: [] Upload corrections to DocuSign.*

CONTRACT TYPE (select from one dropdown box below) **Next step** (depending on the Type you selected):
 (Encumbered Service Contract Types) *Enter as an Encumbered Service Contract in Infor. Circulate the Contract in DocuSign with this 1684 form.*
 (Procurement Contract Types) *Enter as a Requisition in Infor. Circulate the Contract in DocuSign with this 1684 form.*
 (payments tracked in another system) *Tracking system may interface with Infor. Circulate the Contract in DocuSign with this form.*
 (no transaction) *No commitment is needed in Infor. Circulate the Contract in DocuSign with this 1684 form.*
 REVENUE *No commitment is needed in Infor. Circulate the Contract in DocuSign with this 1684 form.*

CONTRACT SUBTYPE (select from dropdown box below) **INFOR CONTRACT NO.** *if applicable*
 REVENUE: CONTRACT FOR COUNTY SERVICES
CONTRACT CLASSIFICATION & AGENCY NAME (select from dropdown box below) **ADVANTAGE CONTRACT NO.** *if applicable*
 490 MEDICAL EXAMINER
CONTRACT SUBCLASSIFICATION (LOW ORG.) (select from dropdown box below) **DEPARTMENT'S INTERNAL CONTRACT NO.** *if applicable*
 4900 MEDICAL EXAMINER

SUPPLIER or other party to the contract **SUPPLIER'S or other party's ADDRESS**
 Kenosha County Department of Human Services 8600 Sheridan Road, Suite 100

SUPPLIER TAX I.D. **SUPPLIER #** **COMMODITY CODE** (or list by Line below) **NEW or** **AMEND** Kenosha, WI 53143-6507

EFFECTIVE DATES: **LENGTH OF CONTRACT** **AMENDMENT ONLY: DOLLAR** **TOTAL CONTRACT AMOUNT**
 effective date expiration date (IN MONTHS) CHANGE
 1/1/2023 1/1/2027 60 \$ 250,000.00

ACCOUNTING INFORMATION

Year to be Encumbered or Eamed	Line No.	Commodity Code	Agency	Org.	Account	Activity	Function	Reporting Category	Project / Job / Grant	Fund	Item Description 1	Item Description 2	Amount to be Encumbered or Eamed
2023			490	4900	46328					10001			\$ 50,000.00
2024			490	4900	46328					10001			\$ 50,000.00
2025			490	4900	46328					10001			\$ 50,000.00
2026			490	4900	46328					10001			\$ 50,000.00
2027			490	4900	46328					10001			\$ 50,000.00

NAME OF CONTRACT
 2023 to 2027 Agreement for Autopsy Services to Kenosha County

DESCRIPTION (PURPOSE OF CONTRACT)
 Letter establishing a 2023-2027 Agreement (Kenosha County Contract ME-MCME-23-27) for Milwaukee County Medical Examiner's (MCME) Office to provide autopsy services including, but not limited to: pathologist dissection, dictation, routine photography, review of medical, toxicology and investigative reports, histology review and completion of a final autopsy protocol - Kenosha County shall compensate Milwaukee County \$1,800 per case for Autopsy and Consulting Services; \$900 per case for External Exams; and \$500 per hour for Testimony.

Was Board approval or passive review received prior to contract execution or contract amendment or extension? Check one:
 If YES, attach and list Legistar File No. or Mental Health Board Agenda Item: pending 22-866 Date Approved or Reviewed: anticipated 9/22/2022
 If NO, why is Board approval not required? _____

Does this contract require payment before services are rendered? YES NO
The County does not prepay for services. Draft the contract to require the Contractor to invoice the County once services are provided.

Will this contract be fully signed before work is performed? YES NO

Is Supplier certified as: DBE? YES MBE? YES WBE? YES SBE? YES

Karen Domagalski 06/30/22 Operations Manager
 Prepared By Date Title
Brian L. Peterson, M.D. 7/1/2022 Chief Medical Examiner

Signature of person with signature card authority Date Title
Print this page as a pdf. Upload that pdf to DocuSign. Use DocuSign to obtain the Signature of the person with signature card authority.