

CONTRACT FORM 1684 R4 (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	X

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Department of Health & Human Services - DCSD	800	8000

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.		
94672			X	MCDHHS	POHS	000119

NAME OF VENDOR	ADDRESS
St. Charles Youth & Family Services	4757 N. 76 Street
	Milwaukee, WI 53218

TAX I.D. NO.	EFFECTIVE DATES:		LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	begin date	end date			
39-0914040	01/01/16	12/31/16	12	\$ 123,485	\$3,065,921

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			800	8934	H9ND		8123	Group Care			\$ 352,032
2016			800	8933	H9PA		8123	Level II Monitoring			\$ 675,406
2016			800	8933	H9PL		8123	Shelter Care			\$ 2,038,483

PURPOSE OF CONTRACT

Amendment #1 is to increase the level II contract, which will allow for St. Charles to have staff available 24 hours per day who will be responsible for following up on youth on GPS monitoring who have a master tamper, leave their assigned area or have a critical/low battery alert.

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

Theresa Randall _____
 Prepared By Date

Contract Services Coordinator
 Title

 Signature of County Administrator Date

DHHS Contract Administrator
 Title

 Signature of County Administrator Date