



M3 INS SOLUTIONS INC
PO BOX 8950
MADISON, WI 53708

884134 8620 1 AT 0.406 PMDS01B 040 008620

MILWAUKEE COUNTY
1220 W VLIET ST
MILWAUKEE, WI 53205



Policy number: 04127570-9

Underwritten by:
Artisan and Truckers Casualty Co
Insured: WISCONSIN COMMUNITY
February 13, 2014
Policy Period: Feb 5, 2014 - Feb 5, 2015

Mailing Address

Artisan and Truckers Casualty Co
PO Box 94739
Cleveland, OH 44101

Additional insured endorsement

1-800-444-4487

For customer service, 24 hours a day,
7 days a week

Name of Person or Organization

MILWAUKEE COUNTY
1220 W VLIET ST
MILWAUKEE, WI 53205

The person or organization named above is an **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. **We** also agree with **you** that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page**.

Limit of Liability

Bodily Injury	Not applicable
Property Damage	Not applicable
Combined Liability	\$1,000,000 each accident

All other terms, limits and provisions of this policy remain unchanged.

This endorsement applies to Policy Number: 04127570-9

Issued to (Name of Insured): **WISCONSIN COMMUNITY SERVICES INC**

Effective date of endorsement: 02/05/2014

Policy expiration date: 02/05/2015

Form 1198 (01/04)

FEB 20 2014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/25/2013

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 M3 INSURANCE SOLUTIONS PO BOX 8950 MADISON WI 53708 24L3K	CONTACT NAME:	FAX (A/C, No): MAR 05 2013
	PHONE (A/C, No, Ext):	
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED WISCONSIN COMMUNITY SERVICES INC & 3732 W WISCONSIN AVE, STE #200 MILWAUKEE WI 53208		INSURER A: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			(6JUB-5037P51-4-13)	02-09-13	02-09-14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 WAIVER OF SUBROGATION

CERTIFICATE HOLDER MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT ADMINISTRATOR 1220 W VLIET ST SUITE 300 MILWAUKEE WI 53205	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREFO, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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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	X
	Final	

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Health and Human Services		800

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
				DCSD 40-14945- 400A

NAME OF VENDOR	ADDRESS
Wisconsin Community Services, Inc.	3732 West Wisconsin Avenue, Suite 200 Milwaukee, WI 53208

TAX I.D. NO.	EFFECTIVE DATES: begin date	end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
39-0808464	01/01/14	12/31/14	12	\$81,500	\$172k

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
2014				8934			8123				\$ 172,000.00

PURPOSE OF CONTRACT

The purpose of this contract is to provide a saturday reporting center as an alternative to using secure detention as a way to sanction youth for violating the terms of their probation. The contract includes two reporting centers - north side and south side. This 1684 is being submitted along with a planned contract amendment that adds a north side location to the program.


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

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

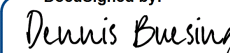
If NO, why is County Board approval not required? Original<100k, Amended subject to passive review

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

Is Vendor a certified professional service DBE? YES NO

DocuSigned by:

 Date:

Contract Services/Intrim Administrative Coordinator
 Title

Prepared By:
 DocuSigned by:

 Date:

DHHS Contract Administrator
 Title

Signature of County Administrator: _____ Date: _____

ATTACHMENT I - SCHEDULE OF SERVICES TO BE PURCHASED

**Milwaukee County Department of Health and Human Services
Delinquency and Court Services Division**

Contract Period: January 1, 2014 through December 31, 2014

Contract # 40-14945-400A

Contractor: **Wisconsin Community Services, Inc.**
 3732 W. Wisconsin Avenue., Suite 200
 Milwaukee, WI 53208
 Fed ID: 39-0808464
 Contact: Clarence Johnson
 Resolution #: N/A
 Board Approval: N/A


Disability/ Target Group	Program Area	Total Agency Program Budget	Total Units	Cost Per Unit	Total Agency Clients	County Units	County Slots	County Cost Per Slot	County Contract
Delinquency	1. Alternative Sanction Program	N/A	N/A	N/A	N/A	N/A	16	N/A	\$90,500
Delinquency	2. Alternative Sanction Program	N/A	N/A	N/A	N/A	N/A	16	N/A	\$81,500
Total:									\$172,000

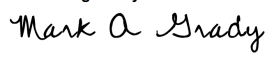
*Payment method for Program 1. Alternative Sanction Program: A) paid on **Net Expenses** in accordance with payment policy on Attachment II


FOR AMENDMENTS ONLY:

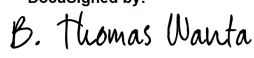
Amended: 3/8/2014
 Contract Change #: 1
 This amendment supersedes Attachment I attached to:
 Contract # 40-14945-400A
 Dated: 2/3/2014

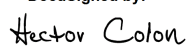
Amendment #1 adds Program 2. Alternative Sanction Program - Holton Street Location and adds \$81,500 to total contract allocation, adjusts term and slots.

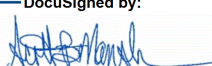
DocuSigned by:
 3/10/2014
 Risk Manager: _____ Date

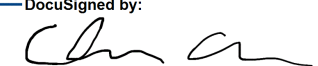
DocuSigned by:
 3/14/2014
 Corp Counsel: _____ Date

DocuSigned by:
 3/17/2014
 Contractor: _____ Date

DocuSigned by:
 3/10/2014
 DCSD Administrator: _____ Date

DocuSigned by:
 3/20/2014
 DHHS Director: _____ Date

DocuSigned by:
 3/27/2014
 Comptroller: _____ Date

DocuSigned by:
 3/28/2014
 County Executive: _____ Date

Certificate of Completion


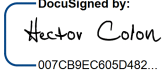
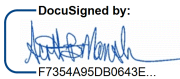
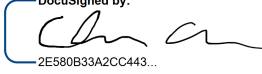
Envelope Number: C7051AB8E4374619BA3FE2BC856A2286	Status: Completed
Subject: WCS - Alternative Sanction Program Expansion	
Source Envelope:	
Document Pages: 9	Signatures: 9
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	Envelope Originator: Peter Madaus pmadaus@milwcnty.com IP Address: 204.194.251.5
Envelopeld Stamping: Enabled	

Record Tracking

Status: Original 3/8/2014 9:17:59 AM PT	Holder: Peter Madaus pmadaus@milwcnty.com	Location: DocuSign
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Signer Events

Signer Events	Signature	Timestamp
<p>Amy Pechacek apechacek@milwcnty.com Director of Risk Management Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:</p>	<p>DocuSigned by: 7B72D8575EEB489...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 3/8/2014 9:38:49 AM PT Viewed: 3/10/2014 2:15:40 PM PT Signed: 3/10/2014 2:15:58 PM PT</p>
<p>B. Thomas Wanta b.wanta@milwaukeecountywi.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/10/2014 10:40:50 AM PT ID: 9173c630-4818-4d80-bb21-7625e3938ec9</p>	<p>DocuSigned by: DB46C4FDFBA4458...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 3/8/2014 9:38:49 AM PT Viewed: 3/10/2014 10:40:50 AM PT Signed: 3/10/2014 10:41:13 AM PT</p>
<p>Dennis Buesing dbuesing@milwcnty.com Contract Administrator Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:</p>	<p>DocuSigned by: DFFF6855B6934E7...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 3/8/2014 9:38:49 AM PT Resent: 3/13/2014 2:20:43 PM PT Viewed: 3/20/2014 2:22:07 PM PT Signed: 3/20/2014 2:22:43 PM PT</p>
<p>Hollis Patzer hpatzer@wiscs.org Executive Director Wisconsin Community Services, Inc Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/17/2014 10:04:30 AM PT ID: 64af3dea-4fdc-451c-b941-4969a31173da</p>	<p>DocuSigned by: D817E95440914F8...</p> <p>Using IP Address: 12.155.248.34</p>	<p>Sent: 3/8/2014 9:38:49 AM PT Resent: 3/13/2014 2:20:43 PM PT Viewed: 3/13/2014 7:57:01 AM PT Signed: 3/17/2014 10:04:54 AM PT</p>
<p>Mark A Grady corp counselsignature@milwcnty.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/14/2014 6:15:35 AM PT ID: c9907568-f8b6-4cf1-ad04-84680ed73b8c</p>	<p>DocuSigned by: DCBDD53EF33491...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 3/8/2014 9:38:49 AM PT Resent: 3/13/2014 2:20:44 PM PT Viewed: 3/10/2014 6:17:04 AM PT Signed: 3/14/2014 6:16:29 AM PT</p>

Signer Events	Signature	Timestamp
<p>Peter Madaus pmadaus@milwcnty.com Contract Services Coordinator Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:</p>	<p>DocuSigned by:  BDADDBA00927457...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 3/8/2014 9:38:49 AM PT Viewed: 3/8/2014 9:38:59 AM PT Signed: 3/8/2014 9:39:10 AM PT</p>
<p>Hector Colon hcolon@milwcnty.com Director of the Department of Health and Human Services Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:</p>	<p>DocuSigned by:  007CB9EC605D482...</p> <p>Using IP Address: 70.92.154.165</p>	<p>Sent: 3/20/2014 2:22:46 PM PT Viewed: 3/20/2014 3:04:48 PM PT Signed: 3/20/2014 3:05:19 PM PT</p>
<p>Comptroller comptrollersignature@milwcnty.com Comptroller Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:</p>	<p>DocuSigned by:  F7354A95DB0643E...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 3/20/2014 3:05:21 PM PT Resent: 3/24/2014 9:24:33 AM PT Resent: 3/25/2014 7:13:02 AM PT Viewed: 3/27/2014 5:59:45 AM PT Signed: 3/27/2014 11:23:51 AM PT</p>
<p>Chris Abele cabele@milwcnty.com County Executive Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:</p>	<p>DocuSigned by:  2E580B33A2CC443...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 3/27/2014 11:23:55 AM PT Viewed: 3/28/2014 11:39:12 AM PT Signed: 3/28/2014 11:39:21 AM PT</p>

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
Notary Events		Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/27/2014 11:23:55 AM PT
Certified Delivered	Security Checked	3/28/2014 11:39:12 AM PT
Signing Complete	Security Checked	3/28/2014 11:39:21 AM PT

Envelope Summary Events**Status****Timestamps**

Completed

Security Checked

3/28/2014 11:39:21 AM PT

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

From time to time, Wisconsin Milwaukee County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Milwaukee County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: plee@milwcnty.com

To advise Wisconsin Milwaukee County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Wisconsin Milwaukee County

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Milwaukee County

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.