

Participation Recommendation

To be completed by project owner. Please, direct questions regarding this form to CBDP, 414-278-4851 or cbdpcompliance@milwaukeecountywi.gov

FUNDING SOURCE

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

CONTACT INFORMATION

Contract Administrator: Jerry Braatz Phone: 262-548-7786 Date: October 29, 2019
Email Address jerold.braatz@wisc.edu Fund: ___ Agency: 991 Org No. 9910

PROJECT INFORMATION

Project Name: Extension-Milwaukee County (aka UW Extension) Project No.: _____

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

Milwaukee County 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 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>\$ 230,500</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 #: 19-850 (**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.**

Jerry Braatz Jerry E. Braatz 10/29/19
Department/Division Administrator Name Signature Date

CBDP USE ONLY

Concur with Recommendation _____, or provide the following goals: _____ %

This contract is exempt from a participation goal: ___ Yes ___ No

Approved: Lamont Robinson Date: 11/4/2019
DocuSigned by: Lamont Robinson
FECB78150D4D42D...