

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	
	Preliminary	Final
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Milwaukee County Office of the Sheriff	400	4000

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
		X		
NAME OF VENDOR		ADDRESS		
Wisconsin Department of Transportation		Suite 300		
Attn: Mr. Randy Hoyt		430 W. St. Paul Avenue		
		Milwaukee, WI 53203		
TAX I.D. NO.	EFFECTIVE DATES:	LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR	TOTAL CONTRACT
	begin date end date	(IN MONTHS)	CHANGE	AMOUNT
39-600572	07/01/17 06/30/18	12	\$ 235,000.00	\$ 235,000.00

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
2017	01	0001	400	4021			2299				\$ 117,500.00
2018	0	0001	4000	4021			2299				\$ 117,500.00

PURPOSE OF CONTRACT

This is a revenue producing contract from the Wisconsin Department of Wisconsin for grant funding for the Freeway Service Team. Grant number is 0072-40-40.

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

Howard Felix

10/02/17

Prepared By

Date



10/2/17

Signature of County Administrator

Date

Public Safety Fiscal Analyst

Title

Public Safety Fiscal Administrator

Title