

TBE Participation Recommendation

CONTACT INFORMATION

Contract Administrator: Tony Maze Phone: 278-4326 Date: 8/20/2021
Email Address tony.maze@milwaukeecountywi.gov Dept: HR Grant \$\$: _____ Org No. 1950

PROJECT INFORMATION

Project Name: FMLA Administration Project No.: _____

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

The Milwaukee County contract with Voya is for a premium rate of \$1.58 per covered person per month (PMPM). The projected premiums are approximately \$96,798 for Milwaukee County

Contracting Opportunities (List NAICS codes): 541211 Bookkeeping & 541618 Business Consulting Services

TYPE OF PROJECT

Contract Value: \$ 290,394 Contract Type: Professional Services

EXPLANATION

Request for a goal of 0% requires signature of department head. Check boxes below. Check all that applies.

- A. \$10,000 or less B. Rental or Lease C. Governmental Agency or Institution
D. ¹Non-Profit (No subcontract) E. Purchasing or Renewal of software license
F. ²Contract Extension/Amendment G. ³Specialized H. Only one individual assigned to the contract
I. The nature (scope of work) of contract doesn't have subcontracting opportunities J. ⁴Grants
K. No funding use by Milwaukee County L. Special License or Certificate required
M. Other _____

Department/Division Administrator Name Tony L Maze Signature _____ Date _____

CBDP USE ONLY

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

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

Approved: _____ Date: _____

Note: 1 Non-Profit is not subcontracting work. 2 Must have the original Participation agreement. 3. No known TBE firms available. 4 No subcontracting to a non-profit entity. 5 A non-Milwaukee County entity is funding the project.