

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	x
	Professional Service - Capital	
	Purchase of Service	
	Preliminary	Final
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
	790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
94393		XXXXX		251-418-46
NAME OF VENDOR		ADDRESS		
SET Ministry		2977 Norht 50th street		
		Milwaukee , WI 53210		
TAX I.D. NO.	EFFECTIVE DATES:		LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR
	begin date	end date	(IN MONTHS)	CHANGE
	01/01/18	12/31/18	12	
				TOTAL CONTRACT AMOUNT
				\$ 180,000.00

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
2018	01	0001	790	7932	A5SM		8123				\$180,000.00

PURPOSE OF CONTRACT

Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18 .

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

XXXXX If YES, give County Board File No. 17-794 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

Nasrin Wertz Prepared By	11/02/17 Date	Accountant Title
<i>Samta Bhatnagar</i> Signature of County Administrator	11/7/17 Date	Assistant Director Fiscal Title