

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		
	Preliminary	X	Final

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Health and Human Services / Housing Division	800	8000

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.		
80841			X	40	19350	500

NAME OF VENDOR	ADDRESS
JusticePoint	205 W. Highland Ave., Ste. 201
Nick Sayner, Executive Director	Milwaukee, WI 53203

TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
45-3611369	01/01/19 12/31/19	12	\$ 13,000.00	\$ 163,000.00

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
2019		0001	800	8527			8164	Supp Housing-St Anthony			\$ 50,000.00
2019		0001	800	8527			8123	Supp Housing-United House			\$ 100,000.00
2019		0001	800	8527			8123	Supp Housing-United House			\$ 13,000.00

PURPOSE OF CONTRACT

To provide permanent supportive housing services for the chronically homeless population of Milwaukee at the St. Anthony and United House service sites. Amendment adds \$13,000 to the United House program.

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

If YES, give County Board File No. 19-___ Passive Review Date Approved Anticipated 01/1/19

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

James Sponholz	01/04/19	Contract Services Coordinator
Prepared By	Date	Title
DocuSigned by: <i>Dennis Busing</i>	1/4/2019	Contract Administrator
Signature of County Administrator	Date	Title

TBE Participation Recommendation

CONTACT INFORMATION

Contract Administrator: Dennis Buesing Phone: 289-5853 Date: Jan. 4, 2019
Email Address dennis.buesing@milwaukeecountywi.gov Dept: DHHS Grant \$\$: _____ Org No. 8527

PROJECT INFORMATION

Project Name: Supp. Services at United House -- JusticePoint Project No.: 40-19350-500
Contract Scope/Project Description (**attach scope/description of work or estimating sheet**):
To provide supportive housing services to Milwaukee's homeless population at the United House service site.
Contractor is a non-profit agency. Amendment adds \$13,000 to existing \$100,000 contract.

Contracting Opportunities (List NAICS codes): None


TYPE OF PROJECT

Contract Value: \$13,000 + 100,000 Contract Type: Non-Profit

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 James Mathy Signature  Date 01/04/19

CBDP USE ONLY

Concur with Recommendation x , or provide the following goals: x %
This contract is exempt from a participation goal: Yes No

Approved:  Date: 1/4/2019
AD4C84D4023E450...

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AP 90 24 02 16

THIS ENDORSEMENT **IDENTIFIES** PERSON(S) OR ORGANIZATIONS WHO ARE ALREADY AN **"INSURED"** UNDER THE WHO IS AN INSURED PROVISION OF THE POLICY. THIS ENDORSEMENT **DOES NOT ALTER** COVERAGE PROVIDED IN THE POLICY.

PERSON(S) OR ORGANIZATION(S) IDENTIFIED AS "INSURED(S)"

This endorsement is for use with the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM

Each person or organization listed below is an **"insured"** for **Covered Autos Liability Coverage**, but only to the extent that person or organization qualifies as an **"insured"** under the **Who Is An Insured** provision of **Covered Autos Liability Coverage**

(If no entry appears below, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Person(s) or Organization(s):

MILWAUKEE CTY DEPT OF
HEALTH & HUMAN SERVICES
1220 W VLIET STREET
MILWAUKEE WI 53205

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AP 90 24 02 16

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HEALTH & HUMAN SERVICES
1220 W VLIET STREET
MILWAUKEE WI 53205

Page 1 of 1

RENEWAL 01/01/19
ITEM ONE Named Insured and Address
JUSTICE POINT INC,
STARTING POINT INC,THE
205 W HIGHLAND AVE STE 201
MILWAUKEE WI 53203

Policy No: **CWI 000-5440-823-9**
Producer Name and Address
MARSH & MCLENNAN AGENCY
LLC (MMA)
PO BOX 510925
NEW BERLIN WI 53151

Producer Code:

Broker:

PREV POLICY NO: 7291383

Report Basis: **ANNUAL**

Policy Period: From **01/01/19** to **01/01/20** at 12:01 A.M. Standard Time at your mailing address shown above.

Insurer Company and Code: **10243 NATIONAL CONTINENTAL INSURANCE COMPANY**

Named Insured's Business: **6 SOCIAL SERVICE *NRP***

Form of Business: **CORPORATION *TOTAL ESTIMATED PREMIUM \$826**

*This policy may be subject to final audit.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column on the covered autos schedule. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit
Covered Autos Liability	8 9	1,000,000 CSL
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each PIP Endorsement
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added PIP Endorsement
Property Protection Insurance (Michigan Only)		Separately Stated In The P.P.I. Endorsement
Auto Medical Payments	8 9	1,000 Each Insured
Uninsured Motorists	8 9	50,000 CSL
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	8 9	100,000 CSL
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Ded. For Each Covered Auto. But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four for Hired or Borrowed Autos.
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Ded. For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four for Hired or Borrowed Autos.
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Ded. For Each Covered Auto. See Item Four for Hired or Borrowed Autos.
Physical Damage Towing And Labor (Not available in California)		\$ For Each Disablement Of A Private Passenger Auto

CA DS 03 10 13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/20/2018

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 have ADDITIONAL INSURED provisions or 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 Marsh & McLennan Agency LLC 2725 South Moorland Road New Berlin WI 53151	CONTACT NAME: Debra Bozich PHONE (A/C, No, Ext): 262-796-8811 FAX (A/C, No): 262-785-9753 E-MAIL ADDRESS: Debra.Bozich@MarshMMA.com														
INSURED JusticePoint, Inc. 2944 46th Ave. S Minneapolis MN 55406	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER B : National Continental Insurance Company</td> <td style="text-align: center;">10243</td> </tr> <tr> <td>INSURER C : Cincinnati Specialty Underwriters</td> <td style="text-align: center;">13037</td> </tr> <tr> <td>INSURER D : SFM</td> <td style="text-align: center;">11347</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : National Continental Insurance Company	10243	INSURER C : Cincinnati Specialty Underwriters	13037	INSURER D : SFM	11347	INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 227071452** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP0436954	5/11/2018	5/11/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CWI00054408238	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ENP0436954	5/11/2018	5/11/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ 0
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	N/A	090837802	9/7/2018	9/7/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C A	Professional Liability Directors & Officers Liab.			CSU0098807 BCN0008081	5/11/2018 5/11/2018	5/11/2019 5/11/2019	1,000,000/ Limit: Limit: 3,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Milwaukee County is included as additional insured under the general liability and automobile liability coverages.

A waiver of subrogation clause applies under the workers compensation policy.

CERTIFICATE HOLDER **CANCELLATION**

Milwaukee County DHHS Contract Administrator 1220 W. Vliet Street Suite 330 Milwaukee WI 53205	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

**Amendment Number One
Contract 40-19350-500**

WHEREAS, **JusticePoint** ("Contractor") and **Milwaukee County Department of Health and Human Services, Housing Division** ("County") are parties to a Purchase of Service Contract dated the 3rd Day of January, 2019 for the provision of Supportive Housing services at United House and St. Anthony Center by Contractor to the County; and

WHEREAS, the parties desire to amend said Agreement under the terms and conditions contained herein.


NOW, THEREFORE, the Agreement is amended as follows:

1. The contract value is increased from \$150,000 to \$163,000.
2. Attachment I is amended by deleting \$100,000 from the United House program (under the Contract (Base & Perf. Payment) and Total Contract columns) and inserting \$113,000.
3. All other provisions of the Agreement shall remain in effect as stated prior to this amendment.

IN WITNESS WHEREOF, the parties to the Agreement caused this instrument to be executed by their respective proper officers.

FOR: MILWAUKEE COUNTY

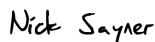
FOR: CONTRACTOR

DocuSigned by:

 EF4A31060969477...

1/8/2019

Director
Milwaukee County DHHS

Date

DocuSigned by:

 5306C6124F124F-C...

1/7/2019

(Signature)

Date

DIVISION APPROVAL

DocuSigned by:

 3A79C562E35C44D...

1/8/2019

James Mathy, Administrator

Date

Milwaukee County DHHS, Housing Division

CBDP APPROVAL

COMPTROLLER APPROVAL

Approved as to funds available per Wisconsin Statutes
Section 59.255(2)(e):

DocuSigned by:
Rick Norrie 1/4/2019
AD4C84D4023E450...
By CBDP Date

DocuSigned by:
[Signature] 1/4/2019
E2FE9C00D50848B...
Milwaukee County Comptroller Date

CORPORATION COUNSEL APPROVAL

RISK MANAGEMENT APPROVAL

Approved as to form

DocuSigned by:
Paul D. Englitsch 1/8/2019
57104007A18A423...
Corporation Counsel Date

DocuSigned by:
Paul Schwegel 1/8/2019
480D50B2E68040A...
Risk Management Date

CORPORATION COUNSEL APPROVAL

COUNTY EXECUTIVE APPROVAL

Approved as compliant under Sec. 59.42(2)(b)5, Stats.

Approved pursuant to Wis. Statutes 59.17(2)(b)4:

Corporation Counsel Date

DocuSigned by:
Chris 1/9/2019
834C0742336E428...
Chris Abele, Milwaukee County Executive Date

ATTACHMENT I - SCHEDULE OF SERVICES TO BE PURCHASED

Milwaukee County Department of Health and Human Services -- Housing Division

Resolution: 18-857
Date: 12/13/18

Contract Period: January 1, 2019 through December 31, 2019
Contract No: 40-19350-500

Contractor: JusticePoint
Address: 205 W. Highland St., Ste 201
Milwaukee, WI 53203
Federal ID No.: 45-3611369
Contact: Nick Sayner, CEO

Target Group	Program Area	Total Agency Program Budget	Total Units	Cost Per Unit	Total Agency Clients	Contract (Base & Perf. Payment)	Total Contract	County Units	Payment Method
Supportive Housing	Supported Services - St. Anthony	\$182,320	NA	*	NA			NA	
	Base Contract Amount					\$50,000			2
	Performance Linked Payment Amount#					\$0			7
	Total Contract Amount						\$50,000		
Supportive Housing	Supported Services -United House	\$113,000	NA	*	NA			NA	
	Base Contract Amount					\$113,000			2
	Performance Linked Payment Amount#					\$0			7
	Total Contract Amount						\$113,000		
TOTAL AGENCY		\$295,320				\$163,000	\$163,000		

Amendment Approval signatures can be found on the Amendment document.

For Performance Linked Payment Amount distribution refer to "Summary of Performance Outcomes and Linked Payment"

For Amendments Only:

Approved as to Form by Corporation Counsel:

AMENDMENT BOARD DATE: To Be Assigned
AMENDMENT RES. No.: Passive Review
CONTRACT CHANGE NO.: 1

Signature Date

Approved as compliant under Sec. 59.42(2)(b)5, Stats.

This amendment supersedes ATTACHMENT I attached to
Contract No. 40-19350-500
Dated: 01/03/19

Signature Date

Risk Management Approval:

County Executive Approval:

Signature Date

Signature Date

Division Approval:

Signature Date

County Comptroller Approval:

County:

Signature Date

Signature Date

Community Business Development Partners Approval:

Contractor:

Signature Date

Signature Date

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		Final									
DEPARTMENT NAME								AGENCY NO.		DEPARTMENT (HIGH) ORG	
Health and Human Services / Housing Division								800		8000	
VENDOR INFORMATION											
VENDOR NO.				ORDER TYPE		NEW or	AMEND	CONTRACT NO.			
80841						X		40	19350	500	
NAME OF VENDOR						ADDRESS					
JusticePoint						205 W. Highland Ave., Ste. 201					
Nick Sayner, Executive Director						Milwaukee, WI 53203					
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
45-3611369		begin date	end date	(IN MONTHS)		CHANGE		AMOUNT			
		01/01/19	12/31/19	12				\$ 150,000.00			
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
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PURPOSE OF CONTRACT											
To provide permanent supportive housing services for the chronically homeless population of Milwaukee at the St. Anthony and United House service sites.											
Was County Board approval received prior to contract execution or contract amendment or extension?											
<input checked="" type="checkbox"/> If YES, give County Board File No. <u>18-857</u> Date Approved <u>12/13/18</u>											
<input type="checkbox"/> If NO, why is County Board approval not required? _____											
Was Contract fully executed prior to work being performed (all signatures received)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
Is Vendor a certified professional service DBE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
James Sponholz				12/20/18		Contract Services Coordinator					
Prepared By				Date		Title					
DocuSigned by: <i>Dennis Buesing</i>				12/21/2018		Contract Administrator					
Signature of County Administrator				Date		Title					

TBE Participation Recommendation

CONTACT INFORMATION

Contract Administrator: Dennis Buesing Phone: 289-5853 Date: Dec. 20, 2018
Email Address dennis.buesing@milwaukeecountywi.gov Dept: DHHS Grant \$\$: _____ Org No. 8527

PROJECT INFORMATION

Project Name: Supp. Services at St. Anthony, United House -- JusticePoint Project No.: 40-19350-500

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

To provide supportive housing services to Milwaukee's homeless population at the St. Anthony and United House service sites.
Contractor is a non-profit agency.

Contracting Opportunities (List NAICS codes): _____ None

TYPE OF PROJECT

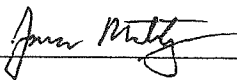
Contract Value: \$150,000 Contract Type: Non-Profit

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)
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- 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
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- M. Other _____

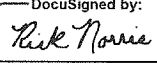
Department/Division Administrator

Name James Mathy Signature  Date 12/20/18

CBDP USE ONLY

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

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

Approved:  Date: 12/21/2018
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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.

2019 PURCHASE OF SERVICE CONTRACT

Contract No.: 40-19350-500

Federal I.D. No.: 45-3611369

Funding Source Name and No: Levy, 8527

This Contract between Milwaukee County, a Wisconsin municipal body corporation represented by the Milwaukee County Department of Health and Human Services, **Housing Division**, 1220 West Vliet Street, Milwaukee, WI 53205 (hereinafter called County/Purchaser) and **JusticePoint, 205 W. Highland St., Ste. 201**, Milwaukee, WI 53203, (hereinafter called Contractor/Provider) becomes effective on October 1, 2019.

Contact Person: Nick Sayner
Phone Number: 414-841-3912
Email Address: nsayner@justicepoint.org

WITNESS THAT:

WHEREAS, Purchaser is a governmental subunit of Milwaukee County managing and providing substance abuse and/or health and social services.

WHEREAS, Purchaser also arranges for the provision and purchase of such services from Health and Social Services Providers for adults, children and families in Milwaukee County-operated programs or programs managed by Purchaser; and

WHEREAS, Contractor desires to provide such services for Purchaser.

NOW, THEREFORE, in consideration of the mutual promises herein stated, it is agreed by and between the parties that the Contractor shall provide the services at the rates set forth in the attachment identified as "Attachment I – Schedule of Services to be Purchased" and that said services will cover the following duties and obligations.

1. SCOPE OF WORK

Contractor shall specifically perform all of the services and achieve the objectives as set forth in its application submitted to County, and as indicated in the Attachment I, Schedule of Services to be Purchased including those mentioned on Statement of work or Scope of Work Documents. It is understood that services may be added and/or removed throughout the duration of the contract and the notification of changes will come via an emailed letter from County. The *Milwaukee County Department of Health and Human Services Year 2019 Purchase of Service Guidelines - Program and Technical Requirements*, the provisions of Contractor's proposal, and the *Milwaukee County Department of Health and Human Services Administrative Probation Policy for Noncompliance with Contract and Fee-for-Service Requirements*, are incorporated herein by reference and made a part of this Contract as if physically attached hereto and Contractor shall comply therewith.

32. APPROVAL

It is expressly understood and agreed that the parties' obligations hereunder are subject to state approval and federal concurrences with this Contract.

County enters into this Contract as authorized by the Milwaukee County Board of Supervisors and ratified by the Milwaukee County Executive. *(The above authorization for Board approval is not applicable to contracts in amounts that are under \$100,000).*

IN WITNESS WHEREOF, the parties to this Contract have caused this instrument to be executed by their respective proper officers effective as of the day and year first above written.

FOR: MILWAUKEE COUNTY

DocuSigned by:
Mary Jo Meyers 12/26/2018
Date
Mary Jo Meyers, Director
Milwaukee County
Department of Health and Human Services

FOR: CONTRACTOR

DocuSigned by:
Nick Sayer 12/21/2018
Date
(Signature)

DIVISION APPROVAL

DocuSigned by:
James Mathy 12/23/2018
Date
James Mathy, Administrator
Milwaukee County Housing Division
Department of Health and Human Services

CBDP

DocuSigned by:
Rick Norris 12/21/2018
Date
By CDBP

COMPTROLLER APPROVAL
Approved as to funds available per
Wisconsin Statute Section 59.255(2)(e)

DocuSigned by:
[Signature] 12/21/2018
Date
Comptroller

CORPORATION COUNSEL APPROVAL
Approved as to Form

DocuSigned by:
Paul D. Kuglitsch 12/24/2018
Date
Corporation Counsel

RISK MANAGEMENT APPROVAL

DocuSigned by:
Paul Schweigel 12/21/2018
Date
Risk Management

CORPORATION COUNSEL APPROVAL
Approved as compliant under Sec. 59.42(2)(b)5, Stats.

DocuSigned by:
Paul D. Kuglitsch 1/3/2019
Date
Corporation Counsel

COUNTY EXECUTIVE APPROVAL

DocuSigned by:
Chris A. Beto 12/28/2018
Date
Chris A. Beto,
Milwaukee County Executive

ATTACHMENT I - SCHEDULE OF SERVICES TO BE PURCHASED

Milwaukee County Department of Health and Human Services -- Housing Division

Contract Period: January 1, 2019 through December 31, 2019
 Contract No: 40-19350-500

Resolution: 18-857
 Date: 12/13/18

Contractor: JusticePoint
 Address: 205 W. Highland St., Ste 201
 Milwaukee, WI 53203
 Federal ID No.: 45-3611369
 Contact: Nick Sayner, CEO

Target Group	Program Area	Total Agency Program Budget	Total Units	Cost Per Unit	Total Agency Clients	Contract (Base & Perf. Payment)	Total Contract	County Units	Payment Method
Supportive Housing	Supported Services - St. Anthony	\$182,320	NA	*	NA	\$50,000		NA	2
	Base Contract Amount					\$0			7
	Performance Linked Payment Amount [#]						\$50,000		
	Total Contract Amount								
Supportive Housing	Supported Services -United House	\$110,000	NA	*	NA	\$100,000		NA	2
	Base Contract Amount					\$0			7
	Performance Linked Payment Amount [#]						\$100,000		
	Total Contract Amount								
TOTAL AGENCY		\$292,320				\$150,000	\$150,000		

[#] For Performance Linked Payment Amount distribution refer to "Summary of Performance Outcomes and Linked Payment"

For Amendments Only:

Approved as to Form by Corporation Counsel:

Signature _____ Date _____

Approved as compliant under Sec. 59.42(2)(b)5, Stats.

Signature _____ Date _____

Risk Management Approval:

Signature _____ Date _____

County Comptroller Approval:

Signature _____ Date _____

Community Business Development Partners Approval:

Signature _____ Date _____

AMENDMENT BOARD DATE:
 AMENDMENT RES. No.:
 CONTRACT CHANGE NO.:

This amendment supersedes ATTACHMENT I attached to
 Contract No.
 Dated:

County Executive Approval:

Signature _____ Date _____

Division Approval:

Signature _____ Date _____

County:

Signature _____ Date _____

Contractor:

Signature _____ Date _____

ATTACHMENT II

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DHHS HOUSING DIVISION
BILLING AND PAYMENT POLICY FOR
2019 PURCHASE OF SERVICE CONTRACT

CONTRACTOR shall submit to COUNTY on or before the tenth (10th) working day of the month following delivery of purchased services, program Expense and Revenue Reports for each service provided and/or a report of all clients served, and units of service provided as required by Attachment I. Reports must be submitted in format approved by DHHS Accounting and provided by DHHS Contract Administration for purchased services. Reports for services provided under this contract must be emailed to DHHS Accounting for initial approval at:

dhhsaccounting@milwaukeecountywi.gov

For the months of January and February, COUNTY may make an early payment to CONTRACTOR equal to one-sixth (1/6th) of the contract amount, or in an amount as directed by the Division Administrator. In addition, early payment on contracts with a duration of more or less than 12 months (a non-standard contract term) shall be determined at the discretion of the Division Administrator.

Subsequent to the early payment if any, CONTRACTOR shall receive payment for actual, year-to-date billings submitted to COUNTY, and said billings shall result in a payment to CONTRACTOR within thirty (30) working days following receipt, review and approval of the reports, and required supporting documentation if any, by COUNTY.

However, for the last two to four months of the contract, payments to CONTRACTOR based on cumulative amount earned may be reduced to reflect the effect of the early payment on year-to-date payments. Commencement of such adjustments may be affected by contracts with a non-standard term, and may commence earlier at the sole discretion of the county. In no event shall total payments (including early payment) under the contract exceed the amount of the contract.

Computation of the amount earned under this contract will be based on the payment method specified on Attachment I.

Payment Method Identifier No.***	Payment Method Description
1	Net Expenses (gross program expenses less other program revenues); payments not held to cumulative 1/12th
2	Lower of Net Expenses or cumulative 1/12th ©
3	Lower of net expenses or cumulative 1/12th© or Net Units earned (All program units times budgeted contract rate less other gross revenue)**

4	Lower of net expenses or DHHS Units earned* (DHHS Units only times monthly weighted average unit rate) or cumulative 1/12th©
5	Units Billed (units of service delivered times the contract rate)
6	100% of contract paid out upon execution
7	Special conditions like match requirements or recovery of payments by payment deductions

* for all contracts for which the program serves non-DHHS clients

** This method is used only if the billing template is used for contract for which 100% of the clients are Milwaukee County clients

© the cumulative pro-rata share, of contract amount (based on a factor the numerator of which is the number of payment periods reported, the denominator of which is the number of payment periods in the contract) less previous payments. A non-standard year affects the denominator.

*** Payment Method Identifier No. designates the method to be used on the Attachment I

Reports received thirty (30) days after the termination of this contract will not be considered for payment by COUNTY. COUNTY reserves the right to withhold payment or modify the above payment schedule where CONTRACTOR fails to deliver the contracted services in accordance with the terms of this contract or fails to submit billing claims as required above.

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(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into 2019 purchase of service contracts for the programs within the Housing Division, by recommending adoption of the following:

A RESOLUTION

WHEREAS, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into 2019 purchase of service contracts with community agencies for the Housing Division; and

WHEREAS, the contract recommendations are within the limits of the 2019 Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director of the Department of Health and Human Services, or her designee, to enter into 2019 Housing Division purchase of service contracts, effective January 1, 2019 to December 31, 2019, with the agencies and in the amounts listed below:

PROVIDER	SERVICE/ PROGRAM	2018 Amount	2019 Amount	2019/2018 Variance
The Cathedral Center, Inc.	Emergency Shelter Care	\$217,997	\$217,997	\$0
The Cathedral Center, Inc.	Homeless Case Management	81,400	60,000	(\$21,400)
Community Advocates, Inc.	Emergency Shelter Care	26,777	26,777	\$0
Community Advocates, Inc.	Family Support Center Shelter Care	79,378	79,378	\$0
Community Advocates, Inc.	Shelter Plus Care	130,913	130,913	\$0
Community Advocates, Inc.	CH Case Management	170,000	170,000	\$0
Community Advocates	Case Management Services	60,000	60,000	\$0
Grand Avenue Club	Employment	15,000	15,000	\$0
Guest House of Milwaukee, Inc.	Permanent Supportive Housing	49,000	49,000	\$0
Guest House of Milwaukee, Inc.	Shelter Plus Care	130,913	130,913	\$0

Guest House of Milwaukee, Inc.	Permanent Supportive Housing	400,000	400,000	\$0
Guest House of Milwaukee, Inc.	Emergency Shelter Care	83,134	83,134	\$0
Guest House of Milwaukee, Inc.	CH Case Management	170,000	170,000	\$0
Guest House of Milwaukee, Inc.	Pathways to Permanent Housing	670,000	670,000	\$0
Hope House of Milwaukee, Inc.	Emergency Shelter Care	33,186	33,186	\$0
Hope House of Milwaukee, Inc.	Homeless Case Management	60,000	60,000	\$0
Impact	Homeless Prevention	0	100,000	\$100,000
Justice Point	Permanent Supportive Housing	150,000	150,000	\$0
Mercy Housing	Permanent Supportive Housing	117,142	97,142	(\$20,000)
Our Space, Inc. - Highland Commons	Permanent Supportive Housing	140,000	140,000	\$0
Our Space	Permanent Supportive Housing	276,529	276,529	\$0
Pathfinders	Emergency Shelter Care	30,000	30,000	\$0
Pathfinders	Homeless Case Management	60,000	60,000	\$0
Salvation Army	Emergency Shelter Care	154,080	154,080	\$0
Salvation Army	Homeless Case Management	115,000	57,500	(\$57,500)
Sojourner Family Peace Center	Emergency Shelter Care	96,968	96,968	\$0
UMCS	Permanent Supportive Housing	20,000	20,000	\$0
Whole Health Clinical Group	Homeless Case Management	0	57,500	\$57,500
Wisconsin Community Services, Inc.	Permanent Supportive Housing	300,000	300,000	\$0
TOTAL 2019 Purchase of Service Contracts for Housing:		\$3,837,417	\$3,896,017	\$58,600

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Milwaukee County

Legislation Details (With Text)

File #: 18-857 **Version:** 1 **Name:** 2019 Housing POS
Type: Action Report **Status:** Adopted
File created: 11/14/2018 **In control:** County Executive
On agenda: **Final action:**

Title: From the Director, Department of Health and Human Services, requesting authorization to execute Purchase of Service Contracts with various community agencies in the total amount of \$3,896,017 for emergency shelter and supportive housing services in the Housing Division, for the period effective January 1, 2019, through December 31, 2019.

Sponsors:

Indexes:

Code sections:

Attachments: 1. 18-857 REPORT, 2. 18-857 RESOLUTION, 3. 18-857 FISCAL NOTE, 4. 18-857 COUNTY BOARD RESOLUTION

Date	Ver.	Action By	Action	Result
12/13/2018	1	Milwaukee County Board of Supervisors		
12/6/2018	1	Finance and Audit Committee	RECOMMENDED FOR ADOPTION	Pass
11/28/2018	1	Board Chairman	REFERRED	

From the Director, Department of Health and Human Services, requesting authorization to execute Purchase of Service Contracts with various community agencies in the total amount of \$3,896,017 for emergency shelter and supportive housing services in the Housing Division, for the period effective January 1, 2019, through December 31, 2019.

Certificate Of Completion

Envelope Id: FBC4DB8A10B7460290923D67CB3C605A	Status: Completed
Subject: Please DocuSign: 2019 DHHS-HD Contract Amendment with JusticePoint (URGENT)	
Source Envelope:	
Document Pages: 19	Signatures: 10
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	James Sponholz
Time Zone: (UTC-06:00) Central Time (US & Canada)	633 W. Wisconsin Ave.
	Suite 901
	Milwaukee, WI 53203
	jsponholz@milwcnty.com
	IP Address: 204.194.251.3

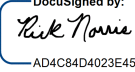
Record Tracking

Status: Original	Holder: James Sponholz	Location: DocuSign
1/4/2019 1:33:50 PM	jsponholz@milwcnty.com	

Signer Events

Community Business Development Partners
rick.norris@milwaukeecountywi.gov
CBDP Director
Milwaukee County
Security Level: Email, Account Authentication (None)

Signature

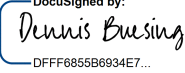
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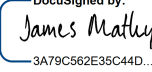
Dennis Buesing
dennis.buesing@milwaukeecountywi.gov
Contract Administrator Milwaukee County DHHS
Milwaukee County
Security Level: Email, Account Authentication (None)

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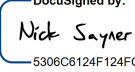
James Mathy
james.mathy@milwaukeecountywi.gov
Executive Director Housing
Milwaukee County
Security Level: Email, Account Authentication (None)

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Nick Sayner
nsayner@justicepoint.org
Executive Director
JusticePoint
Security Level: Email, Account Authentication (None)

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Signer Events

Paul D. Kuglitsch
 corpcounselsignature@milwaukeecountywi.gov
 Corporation Counsel
 Milwaukee County
 Security Level: Email, Account Authentication
 (None)

Signature

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Paul Schwegel
 paul.schwegel@milwaukeecountywi.gov
 Loss Control Manager
 Milwaukee County
 Security Level: Email, Account Authentication
 (None)

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Scott Manske - Comptroller
 comptrollersignature@milwaukeecountywi.gov
 Comptroller
 Milwaukee County
 Security Level: Email, Account Authentication
 (None)

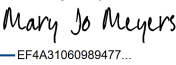
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Mary Jo Meyers
 maryjo.meyers@milwaukeecountywi.gov
 BHD Deputy Program Administrator
 Milwaukee County
 Security Level: Email, Account Authentication
 (None)

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Chris Abele, County Executive
 cexsignature@milwaukeecountywi.gov
 County Executive
 Milwaukee County
 Security Level: Email, Account Authentication
 (None)

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In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp**

Carbon Copy Events	Status	Timestamp
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Rachna Kalia
rachna.kalia@milwaukeecountywi.gov
Contract Consultant
Milwaukee County
Security Level: Email, Account Authentication
(None)

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Electronic Record and Signature Disclosure:
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James Sponholz
james.sponholz@milwaukeecountywi.gov
Security Level: Email, Account Authentication
(None)

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Notary Events	Signature	Timestamp
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Signing Complete	Security Checked	1/9/2019 11:19:42 AM
Completed	Security Checked	1/9/2019 11:19:42 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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:

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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..

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- 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.

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