

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
UW-EXTENSION	991	9910

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
21211				

NAME OF VENDOR	ADDRESS
UNIVERSITY OF WISCONSIN EXTENSION	US BANK LOCKBOX
	BOX 78138
	MILWAUKEE, WI 53278-0138

TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
391-80-5963	01/01/15 12/31/15	12		\$ 172,282.00

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
2015	01		991	9910	U1AD		6148				\$ 172,282.00

PURPOSE OF CONTRACT

FOR PROFESSIONAL STAFF OF THE UNIVERSITY OF WISCONSIN - EXTENSION FOR PROVISION OF COOPERATIVE EXTENSION PROGRAMS IN MILWAUKEE COUNTY.

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

Prepared By	Date	Title

Signature of County Administrator	Date	Title