	CT FOR	M 1684 R5 (Ref	fer to ADMINI	STRATIVE N	ANUAL S	ection 1.13, fo	or procedures	3)					
Mail to:									CONTRACT TYPE				
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  DEPARTMENT NAME									Professional Service - Operating x  Professional Service - Capital				
									AGENCY NO.		DEPARTMENT (HIGH) ORG		1) ORG
									DELVISIMENT NAME				
				,		<del></del>			790		<del>!</del>	7900	-
VENDOR INFORMATION								AMEND	Γ	OONE			
VENDOR NO. ORDE							NEW or	CONTRACT NO.					
97504							xxxxx 251-418-35						
NAME OF VEN	DOR								ADDRESS	3			
Interfaith (	Older Adı	ılt Program			•	600 W	Virginia	Street 5	Suite 300				
THE STEAMENT	010017100	int rogram		<del></del>			_						
						Milwau	kee , WI	53204	-1551				
717	5 NO	1	EFFECTIVE	DATEO:		LENG	TH OF OON	DACT	. ABACHIDBACHT	ONLYG DO	VI AD	TOTAL CON	ITDACT
IAX I.	D NO.	EFFECTIVE DATES: begin date end			ate	LENGTH OF CONTRACT (IN MONTHS)		AMENDMENT ONLY: DOLLAR CHANGE			AMOU		
-		01/01/18		12/3	12/31/18		12					\$ 271,232.00	
ACCOUNT	ING INFO	<del></del>	710	12/3	17 10							\$ 271,	232.00
Year to be										Report	1	Amount	
Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Cat	Units	Expend Amendr	
2018	01	0001	790	7931	A5ML		8123					\$121,40	5.00
2018	02	0001	790	7931	A5ML		8123					\$ 118,6	99.00
2018	03	0001	790	7931	A5ML	1	8123					\$ 31,1	28.00
				[			-	1					
				:								!	
				1	! !					<u> </u>			
PURPOSE	OF CONT	TRACT			<u> </u>					<u>                                     </u>		i .	
		contracts for	Elderly se	ervices fo	r time p	eriod 1/0	1/18-12/3	31/18	•			•	
			,										
İ													
												•	
Was County	/ Board app	roval received	d prior to c	ontract ex	ecution o	or contract	amendm	ent or ex	tension?				
TVVIII Goding	, <u> </u>	7	, p. 10 10 0	ormadi on			_						
	XXXXXX	If YES, giv	ve County	Board File	e No.	17	-79	<u> </u>	Date Approve	d			
	[	7											
			y is County	•									
Was Contra	ct fully exe	cuted prior to	work being	g performe	ed (all sig	gnatures r	eceived)?				XXXX	YES	NO
ls Vendor a	certified pro	ofessional ser	vice DBE?									YES xxx	NO
				4470	047	1 .						•	
Nasrin Wertz 11/02/17							Accountant						
Prepared By				Date		1	Title						
Samt	a Blas	the many	g	11/7/	17		Assista	nt Direct	or Fiscal				
Signature of	f County Ad	ministrator		Date	-	J	Title	bucci	.01 1 130GI		-		
	,	•											