

**EXHIBIT 1**

Milwaukee County Department on Aging  
Description of Proposed Programs and Services  
Funding Period January 1, 2016 to December 31, 2016

1.0 General Program Information

1.01 Program Title or Type of Service Provided **Family Caregiver Support and Alzheimer's Disease Direct Service**

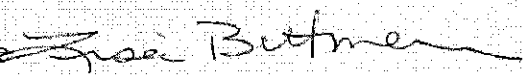
1.02 Agency Name **Interfaith Older Adult Programs**

1.03 Address of Primary Office: **600 W. Virginia Street, Suite 300  
Milwaukee WI 53204**

1.04 Phone Number **(414) 771-7500** Fax# **(414) 291-7510**

1.05 Office Hours **8:30am – 4:30pm** E-mail **rolson@interfaithmilw.org**

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

Name, Title **Lisa Bittman, Executive Director** Signature 

Name, Title **Janet McMahon, Sr. Dir. for Program Operations** Signature 

1.07 Staff Contact for the Programs

Name, Title **Rachel Olson, Director** Fax# **(414) 291-7510**  
Phone Number **(414) 220-8601** E-mail **rolson@interfaithmilw.org**

1.08 Type of Agency (please check all those that apply):  **Non-Profit**

1.09 Federal ID No. **39-1217963** State Tax Exempt No. **ES 15376**

1.10 Type of Request:  **Continuation**

1.11 Amount of Department on Aging Request **\$538,158**

1.12 Total Agency Budget **\$8,890,719**

1.13 Proposed Cost Per Unit **NA**

1.14 Proposed Unites Provided **NA**



# COMMUNITY BUSINESS DEVELOPMENT PARTNERS MILWAUKEE COUNTY

## DBE Participation Recommendation/Wavier Request

To be completed by project owner. Please, direct questions regarding this form to CDBP, 414-278-4747 or

CBDP@milwaukeeCountyWi.gov

### FUNDING SOURCE

Local  State  Federal  Grant If Federally Funded, what percentage? 55.7% %  
Federal Source of Funds:  FAA  FTA  DOT (includes WisDOT)  Other: DHHS and Wisc. DHS

### CONTACT INFORMATION

Contract Administrator: Gary W. Portenier Phone: (414) 289-6280 Date: August 8, 2016  
Email Address gary.portenier@milwaukeeCountywi.gov Fund: Multiple Agency: Dept. on Aging Org No. 7900

### PROJECT INFORMATION

Project Name: Family Caregiver Support and Alzheimer's Disease Direct Services Project No.: 416-52  
Contract Scope/Project Description (**attach scope/description of work or estimating sheet**):  
Family Caregiver Support helps family caregivers by offering information, education, and support services to assist both caregivers of older adults and older adults caring for grandchildren or disabled adult children. Alzheimer's Direct Services helps determine eligibility and arranges services for older adults with Alzheimer's disease. Original award was approved under File No. 15-766. The amendment is based on increased direct services award from Wisconsin DHS.  
Contracting Opportunities (List NAICS codes): None

\*County Board File No. 98-197(a) (a)

RFP/BID will be used (Yes/No) Yes Advertising Date: Not required\* Bid/Proposal Due Date: August 21, 2015

### TYPE OF PROJECT

<u>Professional Services</u>	<u>Estimated Amount</u>	<u>Recommended DBE Participation</u>	
	\$ _____	_____ %	
<u>Construction Related</u>	<u>Estimated Amount</u>	<u>Estimated Allowance</u>	<u>Recommended DBE Participation</u>
	\$ _____	\$ _____	_____ %
	\$ _____	\$ _____	_____ %

### APPROVALS

Is county board approval required?  Yes  No Resolution #: TBD (**attach resolution**)

### WAIVER REQUEST

**Request for a goal of 0% requires signature of department head, a full scope of project and explanation.**

**Explanation:** The county will contract with nonprofit Interfaith Older Adult Programs to manage OAA family caregiver support & AFCSP direct services. Subcontracting with a DBE certified vendor places undue burdens on the agency, increasing administrative oversight and reducing programs and services.

Department on Aging Gary W. Portenier Gary Portenier August 8, 2016  
Department/Division Administrator Name 335101AA39BB444... Signature Date

### CBDP USE ONLY

Concur with Recommendation  \_\_\_\_\_, or provide the following goals: \_\_\_\_\_ %  
This contract is exempt from the DBE goal:  Yes  No

Approved: Rick Norris Date: 8/10/2016  
AD4C84D4023E450...

*	NAICS CODE	DESCRIPTION
	212319	Other Crushed & Broken Stone Mining & Quarrying
	212321	Construction Sand & Gravel Mining
	212322	Industrial Sand Mining
	236117	New Housing Operative Builders
	236118	Residential Remodelers
	236210	Industrial Building Construction
	236220	Commercial & Institutional Building Construction
	237110	Water & Sewer Line & Related Structures Construction
	237120	Oil & Gas Pipeline & Related Structures Construction
	237130	Power & Communication Line & Related Structures Construction
	237310	Highway, Street & Bridge Construction
	237990	Other Heavy & Civil Engineering Construction
	238110	Poured Concrete Foundation & Structure Contractors
	238120	Structural Steel and Precast Concrete Contractors
	238130	Framing Contractors
	238140	Masonry Contractors
	238150	Glass and Glazing Contractors
	238160	Roofing Contractors
	238170	Siding Contractors
	238190	Other Foundation, Structure & Building Exterior Contractors
	238210	Electrical Contractors & Other Wiring Installation Contractors
	238220	Plumbing, Heating & Air-Conditioning Contractors
	238290	Other Building Equipment Contractors
	238310	Drywall & Insulation Contractors
	238320	Painting and Wall Covering Contractors
	238330	Flooring Contractors
	238340	Tile & Terrazzo Contractors
	238350	Finish Carpentry Contractors
	238390	Other Building Finishing Contractors
	238910	Site Preparation Contractors
	238990	All Other Specialty Trade Contractors
	323114	Quick Printing
	323116	Manifold Business Forms Printing
	323117	Books Printing
	323119	Other Commercial Printing
	325998	All Other Miscellaneous Chemical Product & Preparation Manufacturing
	327215	Glass Product Manufacturing Made of Purchased Glass
	327320	Ready-Mix Concrete Manufacturing
	331210	Iron & Steel Pipe & Tube Manufacturing from Purchased Steel
	332116	Metal Stamping
	332311	Prefabricated Metal Building & Component Manufacturing
	332312	Fabricated Structural Metal Manufacturing
	332321	Metal Window & Door Manufacturing
	332322	Sheet Metal Work Manufacturing
	332323	Ornamental & Architectural Metal Work Manufacturing
	332510	Hardware Manufacturing
	423210	Furniture Merchant Wholesalers
	423310	Lumber, Plywood, Millwork & Wood Panel Merchant Wholesalers
	423320	Brick, Stone & Related Construction Material Merchant Wholesalers
	423330	Roofing, Siding & Insulation Material Merchant Wholesalers
	423390	Other Construction Material Merchant Wholesalers
	423510	Metal Service Centers & Other Metal Merchant Wholesalers
	423610	Electrical Apparatus & Equipment, Wiring Supplies & Related Equipment Merchant Wholesalers
	423690	Other Electronic Parts & Equipment Merchant Wholesalers
	423710	Hardware Merchant Wholesalers
	423720	Plumbing & Heating Equipment & Supplies (Hydronics) Merchant Wholesalers
	423730	Warm Air Heating & Air-Conditioning Equipment & Supplies Merchant Wholesalers

423740	Refrigeration Equipment & Supplies Merchant Wholesalers
423840	Industrial Supplies Merchant Wholesalers
443120	Computer & Software Stores
445299	All Other Specialty Food Stores
453110	Florists
453210	Office Supplies and Stationery Stores
453998	All Other Miscellaneous Store Retailers (except Tobacco Stores)
454210	Vending Machine Operators
454390	All Other Direct Selling Establishments
485991	Special Needs Transportation
485999	All Other Transit & Ground Passenger Transportation
488410	Motor Vehicle Towing
492110	Couriers & Express Delivery Services
492210	Local Messengers & Local Delivery
493110	General Warehousing & Storage
517110	Wired Telecommunications Carriers (except Satellite)
523120	Security Brokers and Dealers
523930	Investment Advice
524210	Insurance Agents, Brokers and Service
524291	Claims Adjusting
524292	Third Party Administration of Insurance
532490	Equipment Rental and Leasing, NEC
541110	Office Administrative Services
541211	Accounting, Auditing and Bookkeeping
541213	Tax Return Preparation Services
541219	Accounting Services/Other
541310	Architectural Services
541320	Landscape Architectural Services
541330	Engineering Services
541340	Drafting Services
541360	Geophysical Surveying & Mapping Services
541370	Surveying & Mapping (Except Geophysical) Services
541380	Testing Laboratories
541410	Interior Designs Services
541420	Industrial Design Services
541430	Commercial Art and Graphic Design / Graphic Design Services
541511	Custom Computer Programming Services
541512	Computer Systems Design Services
541513	Computer Facilities Management Services
541611	Management Consulting Services
541613	Marketing Consulting Services
541618	Other Management Consulting Services
541620	Environmental Services
541730	Landscape Services (lawn care, sod laying, seeding, installations, etc.)
541810	Advertising Agencies
541820	Public Relations Services
541860	Direct Mail Advertising Services
541910	Educational Research Commercial
541922	Photographic Services
541930	Translation and Interpretation Services
561110	Legal Services
561210	Facilities Support Services
561320	Temporary Help Services
561410	Computer Process/Data Preparation and Processing
561439	Photocopying and Duplicating Services
561440	Collection Services
561510	Travel Agencies

	561520	Tour Operators
	561611	Investigation Services
	561612	Security Guards and Patrol Services
	561621	Security Systems Services
	561720	Janitorial/Building Cleaning and Maintenance Services
	561730	Ornamental Shrub & Tree Services (tree planting/removal, trimming, pruning)
	561740	Carpet and Upholstery Cleaning Service
	561990	All Other Business Support Services
	562119	Local Trucking w/o Storage
	562910	Asbestos/Lead Abatement, Remediation Services
	562998	Sanitary Services
	621610	Home Health Care Services
	621999	Health and Allied Services, NEC
	624110	Child and Youth Services
	624190	Individual and Family Social Services
	624310	Vocational Rehabilitation Services
	722110	Full Service Restaurants
	722211	Retail Bakeries
	722213	Eating Places
	722410	Drinking Places Alcoholic Beverages
	811121	Automotive Body, Paint and Interior Repair
	812990	Shoe Repair Shops and Shoeshine parlors
	813319	Other Social Advocacy Organizations

**Note: For a comprehensive listing of NAICS codes please go to the address, <http://www.census.gov/eos/www/naics/index.html>**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2015

**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 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).**

<b>PRODUCER</b> UNICO Group, Inc. 4435 O Street  Lincoln NE 68510	<b>CONTACT NAME:</b> Cortney Moderacki <b>PHONE (A/C No. Ext):</b> (402) 434-7200 <b>FAX (A/C No.):</b> (402) 434-7272 <b>E-MAIL ADDRESS:</b> cmoderacki@unicogroup.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity INSURER B: Midwest Family Mutual Ins Co. INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 18058 23574
<b>INSURED</b> Interfaith Older Adult Programs, Inc. 600 W. Virginia Street Suite 300 Milwaukee WI 53204		

**COVERAGES**      **CERTIFICATE NUMBER: 16-17 All Lines**      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			PHPK1418564	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK1418564	1/1/2016	1/1/2017	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 \$ 10,000			PHUB521207	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCWI0560079585	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability Employee Dishonesty			PHPK1418564 PHPK1418564	1/1/2016 1/1/2016	1/1/2017 1/1/2017	Each incident \$1,000,000 Agg \$3,000,000 Limit \$50,000 Ded - \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Milwaukee County Dept. on Aging, ATIMA, is included as an additional insured where required by written contract as respects the General Liability and Auto Liability coverage. Waiver of Subrogation applies in favor of Milwaukee County Department on Aging.

**CERTIFICATE HOLDER**

Milwaukee County Dept. on Aging  
 1220 W. Vliet Street  
 Milwaukee, WI 53205

**CANCELLATION**

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  
 Carl Zeutzius/AE *Carl Zeutzius*

**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	<b>CONTRACT TYPE</b>	
	Professional Service - Operating	
	Professional Service - Capital	
	Purchase of Service	XXXXX
	Preliminary	Final

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
DEPARTMENT ON AGING	790	7900

<b>VENDOR INFORMATION</b>				
VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
97504			XXXXX	251-416-52

NAME OF VENDOR	ADDRESS
INTERFAITH OLDER ADULT PROGRAM, INC	600 West Virginia Street Suite 300
	Milwaukee WI 53204-1551

TAX I.D. NO.	EFFECTIVE DATES:	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	begin date: 01/01/16 end date: 12/31/16	12	\$66,000.00	\$ 538,158.00

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
2016	01	0001	790	7931	A5BU	8123					\$300,000.00
2016	02	0001	790	7931	A5MS	8123					\$172,158.00
2016	03	0001	790	7931	A5MS	8123					\$66,000.00

**PURPOSE OF CONTRACT**  
 Purchase of Service Contracts For Elderly Services For Time Period 1/1/16-12/31/16

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

XXXX If YES, give County Board File No. 15-766 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: <u>Nasrin Weitz</u> Signature of County Administrator	Date: <u>08/04/16</u> Date	Title: <u>Accountant</u> Title: <u>Interim Director</u>
---	-------------------------------	--

## Contract Amendment

This agreement is made and entered into by and between Milwaukee County Department on Aging, 1220 West Vliet Street, Milwaukee, WI 53205, hereinafter referred to as COUNTY, and Interfaith Older Adult Programs, Inc., hereinafter referred to as CONTRACTOR, pursuant to Chapters 53 and 46.09 of the General Ordinances of Milwaukee County.

The purpose of this agreement is to amend the 2016 Purchase of Service contract between COUNTY and the CONTRACTOR to provide Family Caregiver Support and Alzheimer's Disease Direct Services (Contract No. 251-416-52). It is expressly understood and agreed by COUNTY and CONTRACTOR that, unless otherwise provided below, all terms, conditions, and provisions of the contract remain unchanged and in effect for all services provided under the contract and this amendment.

### PROVISIONS

1. Effective upon execution of this amendment between COUNTY and CONTRACTOR, COUNTY shall increase the amount of the contract award by \$66,000 for a revised award of \$538,158; and
2. CONTRACTOR agrees to submit revised Exhibit I page 1, 3.0 Program Staffing Information, 4.0 Budget Summary, and all financial and service reports, exhibits, or other documentation required by COUNTY for administration of this amendment.



### AUTHORIZATIONS

COUNTY enters into this Contract as authorized by the Milwaukee County Board of Supervisors and ratified by the Milwaukee County Executive. CONTRACTOR enters into this Contract pursuant to and by authority of its Board of Directors at its meeting on September 2015

IN WITNESS WHEREOF, this agreement shall be effective upon the date of execution of this agreement by all parties as provided below:

*Approved as to Chapter 42 DBE Provision by Community Business Development Partners:*

DocuSigned by:  
By: Rick Norris Date: 8/10/2016  
AB4C84B4029E450...  
Title: CBDP Director

*Reviewed by Risk Management:*

DocuSigned by:  
By: [Signature] Date: 8/12/2016  
E454E4CA2D21452...  
Title: Director of Risk Management

*Approved as to Execution:*

DocuSigned by:  
By: Colleen Foley Date: 8/16/2016  
B2FBB4311C37437...  
Title: Interim Corporation Counsel

*Contractor Representative:*

DocuSigned by:  
By: Lisa Bittman Date: 8/18/2016  
03497143EC1B420...  
Title: Executive Director

*Milwaukee County Department on Aging:*

DocuSigned by:  
By: Gary Portenier Date: 8/18/2016  
335101AA39BB444...  
Title: Program Planning Coordinator

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

DocuSigned by:  
  
By: \_\_\_\_\_ Date: 8/19/2016  
F7354A95DB0643E...

Comptroller  
Title: \_\_\_\_\_

*Milwaukee County Executive:*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Chris Abele

*Approved as to Wis. Stats. §59.42*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Contract No. 251-416-52

**EXHIBIT 1**

Milwaukee County Department on Aging  
Description of Proposed Programs and Services  
Funding Period January 1, 2016 to December 31, 2016

1.0 General Program Information

1.01 Program Title or Type of Service Provided **Family Caregiver Support and Alzheimer's Disease Direct Service**

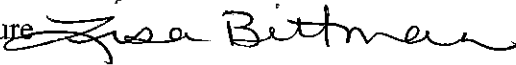
1.02 Agency Name **Interfaith Older Adult Programs, Inc.**

1.03 Address of Primary Office: **600 W. Virginia Street, Suite 300  
Milwaukee WI 53204**

1.04 Phone Number **(414) 771-7500** Fax# **(414) 291-7510**

1.05 Office Hours **8:30am – 4:30pm** E-mail **pbruce@interfaithmilw.org**

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

Name, Title **Lisa Bittman, Executive Director** Signature 

Name, Title **Janet McMahon, Sr. Dir. for Program Operations** Signature 

1.07 Staff Contact for the Programs  
(414) 291-7510

Name, Title **Pat Bruce, Director** Fax# **(414) 291-7510**

Phone Number **(414) 220-8601** E-mail **pbruce@interfaithmilw.org**

1.08 Type of Agency (please check all those that apply):  **Non-Profit**

1.09 Federal ID No. **39-1217963** State Tax Exempt No. **ES 15376**

1.10 Type of Request:  **Continuation**

1.11 Amount of Department on Aging Request **\$472,158**

1.12 Total Agency Budget **\$8,890,719**

1.13 Proposed Cost Per Unit **NA**

1.14 Proposed Unites Provided **NA**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/31/2014

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 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).

<b>PRODUCER</b> UNICO Group 4435 O Street  Lincoln NE 68510	<b>CONTACT NAME:</b> Cortney Moderacki <b>PHONE (A/C, No. Ext):</b> (402) 434-7200 <b>FAX (A/C, No):</b> (402) 434-7272 <b>E-MAIL ADDRESS:</b> cmoderacki@unicogroup.com																					
<b>INSURED</b> Interfaith Older Adult Programs, Inc. 600 W. Virginia Street Suite 300 Milwaukee WI 53204	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td colspan="2">INSURER A: Philadelphia Indemnity</td> <td style="text-align: center;">18058</td> </tr> <tr> <td colspan="2">INSURER B: Midwest Family Mutual Ins Co.</td> <td style="text-align: center;">23574</td> </tr> <tr> <td colspan="2">INSURER C:</td> <td></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Philadelphia Indemnity		18058	INSURER B: Midwest Family Mutual Ins Co.		23574	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A: Philadelphia Indemnity		18058																				
INSURER B: Midwest Family Mutual Ins Co.		23574																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES**                      **CERTIFICATE NUMBER:** 15-16 All Lines COI                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			PHPK1275822	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK1275822	1/1/2015	1/1/2016	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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB485593	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCWI0560079585	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability			PHPK1275822	1/1/2015	1/1/2016	Each incident \$1,000,000 <b>Agg \$3,000,000</b>
A	Employee Dishonesty			PHPK1275822	1/1/2015	1/1/2016	Limit \$50,000 <b>Ded - \$1,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Milwaukee County Dept. on Aging, ATIMA, is included as an additional insured where required by written contract as respects the General Liability and Auto Liability coverage. Waiver of Subrogation in favor of Milwaukee County Department on Aging.

<b>CERTIFICATE HOLDER</b>  Milwaukee County Dept. on Aging 1220 W. Vliet Street Milwaukee, WI 53205	<b>CANCELLATION</b>  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  Carl Zeutzius/CM
---	--

**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	<b>CONTRACT TYPE</b>		
	Professional Service - Operating		
	Professional Service - Capital		
	Purchase of Service <b>XXXX</b>		
	<b>Preliminary</b>	<b>XXXX</b>	Final

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
DEPARTMENT ON AGING	790	7900

<b>VENDOR INFORMATION</b>	
VENDOR NO.	ORDER TYPE NEW or AMEND CONTRACT NO.
97504	<b>XXXX</b> 251-416-52

NAME OF VENDOR	ADDRESS
Interfaith Older Adult Programs, Inc.	600 West Virginia Street Suite 300 Milwaukee WI 53204-1551

TAX I.D. NO.	begin date	EFFECTIVE DATES: end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	01/01/16	12/31/16	12		\$472,158.00

<b>ACCOUNTING INFORMATION</b>											
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2016	01	0001	790	7931	A5BU		8123				\$300,000.00
2016	02	0001	790	7931	A5MS		8123				\$172,158.00

**PURPOSE OF CONTRACT**  
 PURCHASE OF SERVICE CONTRACTS FOR ELDERLY SERVICES FOR TIME PERIOD 1/1/16 - 12/31/16

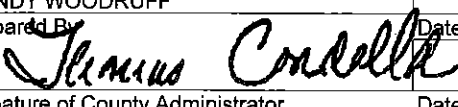
Was County Board approval received prior to contract execution or contract amendment or extension?

If YES, give County Board File No. \_\_\_\_\_ Approval Pending \_\_\_\_\_ 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

WENDY WOODRUFF  
 Prepared By:  Date: 11/13/2015  
 Signature of County Administrator Date: 11/13/2015

ACCOUNTANT  
 Title: ASSISTANT DIRECTOR - FISCAL & SUPPORT SERVICES

**Milwaukee County Department on Aging  
2016 Purchase of Service Contract  
Grant Supported Programs and Services**

Contract Number     251-416-52  
Service               Family Caregiver Support and Alzheimer's Disease Direct Services

This Contract is made and entered between Milwaukee County, a Wisconsin municipal body corporate, represented by the Milwaukee County Department on Aging, 1220 West Vliet Street Suite 302, Milwaukee, WI 53205 (hereinafter called County) and Interfaith Older Adult Programs, Inc. (hereinafter called Contractor), and whose primary business address for the purposes of this Contract is:

Interfaith Older Adult Programs, Inc.

600 W. Virginia St., Suite 300

Milwaukee, WI 53204

**1.     Dates of Performance**

This Contract is for the period of January 1, 2016 through December 31, 2016, or until such time as provided herein.

**2.     Scope of Service**

Contractor shall specifically perform all of the services and achieve the objectives as set forth in the proposal submitted by Contractor to County, which is attached hereto as Exhibit I, Description of Proposed Programs and Services, and incorporated by reference. Contractor shall perform all services provided under this Contract in the manner prescribed by the relevant Program/Service Guidelines or Specifications, which are herein incorporated by reference and made a part of this Contract as if physically attached hereto.

**3.     Staffing and Delivery of Programs/Services**

- A. Contractor shall provide all personnel required to perform the programs or services under this Contract. Such personnel shall not be employees of County, or have any other contractual relationships with County. Any replacement of personnel listed in Contractor's proposal shall be by persons of like qualifications, which shall be attested to by Contractor. Whenever possible, notification of replacement of personnel shall be provided to County prior to replacement.
  
- B. Contractor will provide proper supervision to all employees providing programs or services under this Contract. Current job descriptions shall be kept on file for positions funded under this Contract, and each employee will be given a job description at the time of employment and whenever the job description is amended.

- C. Except as provided herein and relevant Program/Service Guidelines or Specifications, Contractor shall determine the methods, procedures, and personnel policies to be used in providing programs and services to eligible clients.
- D. This Contract in its entirety is at all times subject to such local, state, and federal laws and administrative regulations as exist at the time this Contract is executed and as shall become effective after execution but prior to termination of this Contract. Contractor shall comply with all federal, state, and local laws and regulations and shall maintain in good standing all licenses, permits, and certifications relating to the programs and services referred to herein.
- E. All clients served by Contractor under this Contract must meet County's eligibility requirements as described in the relevant Program/Service Guidelines or Specifications. It is understood that the final authority for determining client eligibility and the amount of services to be provided to individual clients rests with County and that Contractor will not be reimbursed for services provided to ineligible clients.
- F. Contractor agrees that the programs and services described in Exhibit I will be available to eligible clients throughout the period of this Contract and to accept all clients referred by County as long as funds made possible through this Contract are available.
- G. Contractor shall maintain a log of complaints and provide County a copy of any written complaint made to Contractor regarding any of the services furnished hereunder and will inform County in writing of the actions taken by Contractor to resolve such complaints.

**4. Equipment**

- A. Contractor agrees that all items of equipment purchased with funds provided by County under this Contract shall be used for the programs and services purchased through this Contract or as otherwise may be specified in Exhibit I. Contractor further agrees to provide to County a copy of an invoice for all items of equipment purchased, to periodically inventory said equipment, and to maintain property and content insurance, including fire, vandalism, and theft, to cover the replacement value of said items.
- B. Should County funding cease for the programs or services for which the equipment was purchased under this Contract, or if Contractor should cease using said equipment for the purposes for which it was originally purchased, Contractor agrees either to (1) turn over said equipment to County for distribution to other approved programs or services for older persons; or (2) dispose of said equipment in such other fashion as may be mutually agreed by Contractor and County.

**5. Fiscal Administration**

Contractor shall observe the following policies and practices with regard to all funds received from County pursuant to this agreement:

- A. Contractor agrees to identify the total cost of the program or service funded under this Contract.
- B. Contractor shall provide to County an agency-wide budget, disclosing all of Contractor's anticipated revenues and expenditures for the period of this Contract.

- C. Funds received by the Contractor under this Contract may not be co-mingled with funds from other sources.
- D. Contractor shall maintain a uniform double entry accounting system and a management information system compatible with cost accounting and control systems.
- E. Contractor agrees to comply with the allowable cost policies and procedures as established by the Wisconsin Department of Health Services.

**6. Compensation**

- A. Contractor shall be compensated for work performed as stated in Exhibit I, Description of Proposed Programs and Services, attached hereto and made a part of this Contract. Contractor recognizes that the total service needs of the community may not be met and shall provide programs and services within the specific amounts stated in Exhibit I. County is unable to guarantee the volume of services funded by this Contract. Under no circumstances shall payments under this Contract exceed the amount(s) authorized for this Contract by the Milwaukee County Board of Supervisors. The parties agree that section 66.0135, Wisconsin Statutes, Prompt Pay Law, shall not apply to payment for programs and services provided hereunder.
- B. Funds may be advanced to Contractor as set forth in section 46.036 (3) (f) Wisconsin Statutes. The advance payment provision applies only when requested by Contractor. The advance payment shall be repaid to County upon demand. If Contractor fails to repay the advance as described, County shall have the right to withhold any payments due Contractor from County sufficient to cover the amount of the advance payment.
- C. Advance payments by County shall not exceed two twelfths (2/12ths) of the Contract award. If advance payments exceed \$10,000, Contractor shall provide County with a surety bond for an amount equal to the amount of the advance payment as set forth in section 46.036 (3) (f) Wisconsin Statutes.
- D. County shall recover from Contractor money paid in excess of the conditions of this Contract. Repayment shall be made in full within thirty (30) days after County has made written demand to Contractor for repayment. County may recover repayments due to County from any subsequent payments due to Contractor now, or from future contracts, or any other service agreement with County. County shall charge interest on outstanding repayments due County as set forth in section 46.09 (4) (d) General Ordinances of Milwaukee County.
- E. No funds within this Contract may be used to supplant Medical Assistance, Health Maintenance Organization (HMO), or Preferred Provider Organization (PPO) funded services.
- F. County and Contractor acknowledge that funding of this Contract is completely dependent upon state and federal grants and contracts. The obligation of the County to purchase the services described herein is contingent upon present state and federal grants and contracts continuing at their present levels. Should such funding sources terminate or be reduced, County reserves the right, in its sole discretion, either to terminate this agreement or revise the scope of services being purchased to reflect any reduction in such funding. It is further recognized and agreed by County and Contractor that the programs and services provided under this Contract are subject to all provisions



of said federal and state grants and contracts, and Contractor agrees to comply with all such provisions for the period of this Contract, including all applicable provisions of the standard State/County contract.

**7. Billing and Reporting**

- A. Contractor shall provide County with monthly billings and reports for programs and services provided under this contract by the fifth (5th) working day of the month following the month in which services are provided. Contractor shall submit billings and reports on the forms and according to the manner specified by County.
- B. County shall make payment only for those line items as are specified in the approved budget as contained in Exhibit I. Expenditures for any single line item may not exceed the amount in the approved program budget by more than \$500 without written authorization by County and the submission of a revised budget by Contractor on the prescribed form.
- C. Within thirty (30) days of the receipt of all required billings and reports, County shall make payment to Contractor of the net amount due.

**8. Record Keeping and Access to Records**

- A. Contractor shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, and cost of services covered by this Contract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm Contractor's compliance with law and the Program/Service Guidelines or Specifications for this Contract. Access to information shall include computerized data and/or other electronic information used by the Contractor, made available in formats suitable for data analysis, such as queries, using conventional software programs.
- B. Contractor shall maintain written verification of programs and services provided under this Contract, including the dates of programs and services performed for all of the purchased programs and services rendered, as specified by County. Contractor shall maintain clearly identified and readily accessible documentation of costs supported by properly executed payrolls, time records, invoices, contracts, vouchers, or other official documentation evidencing in proper detail the nature and propriety of the programs and services provided. Contractor shall retain all such records for a period of at least four (4) years from the date of issuance of the certified financial and compliance audit. Records shall be retained beyond the four-year requirement if an audit is in progress or exceptions identified in prior audits have not been resolved.
- C. It is agreed that County representatives, including representatives of the Department on Aging, the Office of the Comptroller, or representatives of appropriate state or federal agencies, including the Wisconsin Department of Health Services, shall have the right of access to program, financial, and such other records of Contractor or Contractor's subcontractors as may be necessary to evaluate or confirm Contractor's cost estimates, rates, and charges for programs and services provided under this Contract or as may be necessary to evaluate or confirm Contractor's delivery of the programs and services in compliance with the Program/Service Guidelines or Specifications for this Contract.

**9. Inspection of Premises**

Contractor shall allow visual inspection of Contractor premises to County representatives and to authorized representatives of any other local, state, or federal government unit. Inspection shall be permitted without formal notice at any time programs and services are being furnished.

**10. Audit Requirements**

- A. Unless waived by County, Contractor shall submit to County, on or before **June 30, 2017**, or such later date that is mutually acceptable to Contractor and County, two (2) original copies of a certified financial and compliance audit for calendar year 2016 performed by an independent certified public accountant (CPA) licensed to practice by the State of Wisconsin. CPA audit reports are required under section 46.036 (4) (c) Wisconsin Statutes. Requests for waiver and/or extension must be in writing and submitted before the original due date of the audit. Contractor's audit report shall comply with the following conditions and requirements:

Non-profit Contractors who received aggregate federal financial assistance of \$500,000 or more, either directly or indirectly, shall submit to County two (2) original copies of a certified audit for calendar year 2016 performed in accordance with the Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments and Non-Profit Organizations. The audit submitted by Contractor shall be conducted in conformance with the following standards:

- (a) Wisconsin Department of Health Services, DHS Audit Guide, 2014 Revision (or later);
- (b) Standards applicable to financial audits contained in Government Auditing Standards (GAS) promulgated by the Comptroller General of the United States; and
- (c) Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

**Contractor shall also submit to County, on or before June 30, 2017 a statement acknowledging that Contractor received aggregate federal funding of \$500,000 or more for calendar year 2016.**

For-profit Contractors who received \$25,000 or more of aggregate federal financial assistance, either directly or indirectly, and non-profit Contractors who received \$25,000 or more of aggregate federal financial assistance, either directly or indirectly, but less than \$500,000 of aggregate federal financial assistance, either directly or indirectly, for calendar year 2016, shall submit to County, two (2) original copies of a certified audit for calendar year 2016 conducted in accordance with the following standards:

- (d) Wisconsin Department of Health Services, DHS Audit Guide, 2014 Revision (or later)
- (e) Standards applicable to financial audits contained in Government Auditing Standards (GAS) promulgated by the Comptroller General of the United States; and

- (f) Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

**Contractor shall also submit to County, on or before June 30, 2017, a statement acknowledging that Contractor did not receive aggregate federal funding of \$500,000 or more for calendar year 2016.**

Regardless of status or format, all CPA audits and reports referenced above shall contain the following Financial Statements, Schedules, and Auditor's Reports:

**(1) Financial Statements for the Entire Organization:**

- a. Comparative Balance Sheet for Total Agency.
- b. Comparative Statement of Operations for Total Agency.
- c. Statement of Changes in Financial Position or Statement of Cash Flows for Total Agency.
- d. Supplemental schedule of program revenues and expenses identified by funding source for each program or service referenced in Exhibit I, including non-federal matching share, if required, and client contributions.
- e. Notes to financial statements, including units of service, if applicable, provided by contract (if not disclosed on the face of the financial statements), and disclosure of related party transactions, if any, and the source of the non-federal matching share, if such matching share is required.

**(2) Auditor's Reports:**

- a. Report on the financial position, results of operations, and changes in the financial position or Statement of Cash Flows for the entire agency.
- b. Report on Compliance, including compliance with applicable laws and regulations, and any subsequent revisions, and compliance with material financial terms and conditions of this Contract, including allowance of program costs.
- c. Report on Evaluation of Internal Accounting Controls. A copy of any management letter or equivalent document issued in conjunction with the audit shall be provided to County.
- d. Findings of non-compliance.
- e. Schedule of questioned costs and the potential amount of repayment prior to offsetting any unrelated items.
- f. Schedule of Federal and State Awards broken down by contract year. The schedule shall identify the contract number and the program name from Exhibit I of the contract. Each care or service under County Contract must be reported as a separate item by contract year.

- g. A report on the status of action(s) taken on prior audit findings.

**(3) General**

The following is a summary of the general laws, rules, and regulations with which the auditor should be familiar in order to satisfactorily complete the audit.

- a. GAO, Standards for Audit of Governmental Organizations, Programs, Activities and Functions
  - b. AICPA, Generally Accepted Auditing Standards
  - c. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations
  - d. OMB Circular A-133, 2015 Compliance Supplement
  - e. OMB Circular A-122, Cost Principles For Nonprofit Organizations
  - f. OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments
  - g. Wisconsin State Statutes, Section 46.036, Purchase of Care and Services
  - h. Wisconsin Department of Administration, State Single Audit Guidelines – Current Revision
  - i. Wisconsin Department of Health Services, DHS Audit Guide, 2014 Revision (or later)
  - j. Wisconsin Department of Health Services, Allowable Cost Policy Manual - Current Revision
- B. Contractor hereby authorizes and directs its Certified Public Accountant, if requested, to share all work papers, reports, and other materials generated during the audit with County, including the Department on Aging and the Department of Audit, or their designees, and with representatives of Federal and State funding agencies, including the Wisconsin Department of Health Services. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media that document the audit work. Contractor shall require its CPA to retain work papers for a period of at least four (4) years following the latter of contract termination or receipt, by County, of the certified audit report.
- C. Contractor and County mutually agree that the County Director of Audits, as well as state and federal officials, reserve the right to review certified audit reports or financial statements, including supporting work papers or financial statements, and perform additional audit work as deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews.
- D. Contractor agrees that County is entitled to repayment of amounts identified as a result of the audit required under this section, and acknowledges that failure to repay such

amounts may result in legal action as determined by Milwaukee County Corporation Counsel. County shall charge interest on any outstanding repayments as set forth in section 46.09 (4) (d) (8) General Ordinances of Milwaukee County.

- E. Contractor's reporting on a fiscal year other than a calendar year shall be considered in compliance with audit requirements upon submittal of the following:
- (1) Filing of contractor's fiscal year audit, meeting the audit requirements in Sections 10 A. (1), (2) and (3) above within 180 calendar days of the fiscal year closing.
  - (2) Schedules of revenues and expenses identified by funding source for each program or activity referenced in Exhibit I of the Contract. The schedules shall be reviewed and compiled by Contractor's auditor(s) with all information required in Section 10 A. (2) a. above for the period from the close of Contractor's fiscal year through the end of the calendar year, on or before **June 30, 2017**, or such later date that is mutually acceptable to Contractor and County.
- F. Contractor agrees to submit to County plans for correcting weaknesses identified in Contractor's audit.
- G. Contractor agrees to cooperate with County in the implementation of County's Audit Fraud Hotline by posting notices to be provided by County in areas where all employees, including those employed by subcontractor, associated with this Contract will have access to the notices for the duration of this Contract.
- H. Contractor, and its CPA, shall maintain records for audit purposes for a period of at least four (4) years following the latter of contract termination or receipt, by County, of the certified audit report. Records shall be maintained beyond the minimum requirement if an audit is in progress or exceptions identified in prior audits have not been resolved.
- I. Contractors who subcontract with other providers for the provision of programs and services are required by federal and state regulations to monitor their subrecipients.

Contractors shall have on file, and available for review by County, copies of subrecipient's CPA audit reports and financial statements. The Contractor shall maintain all such records for a period of at least four (4) years following the latter of contract termination or submission of the certified audit report. The records shall be retained beyond the four-year period if an audit is in progress or exceptions have not been resolved.

Subrecipient shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, or cost of services covered by the subcontract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm subrecipient's compliance with law and the Program/Service Guidelines or Specifications for this contract and the subcontract. Access to information shall include computerized data and/or other electronic information used by the Contractor, made available in formats suitable for data analysis, such as queries, using conventional software programs.

It is agreed that County representatives, including representatives of the Department on Aging and the Office of the Comptroller, or representatives of appropriate state or federal agencies, including the Wisconsin Department of Health Services, shall have the right of access to program, financial, and such other records of subrecipient as may be requested to evaluate or confirm subrecipient's cost estimates, rates, and charges for programs and services, or as may be necessary to evaluate or confirm subrecipient's delivery of programs and services in compliance with the Program/Service Guidelines or specifications for this contract and the subcontract.

Subrecipient shall maintain written verification of programs and services provided under the subcontract, including the dates of services provided for all of the purchased services rendered, as specified by County. The subrecipient shall maintain clearly identified and readily accessible documentation of costs supported by properly executed payrolls, time records, invoices, contracts, vouchers, or other official documentation evidencing in proper detail the nature and propriety of the services provided. The subrecipient shall maintain all such records for a period of at least four years following the latter of contract termination or submission of the certified audit report. The records shall be retained beyond the four-year period if an audit is in progress or exceptions have not been resolved.

Subrecipient shall allow visual inspection of subrecipient's premises to County representatives and to representatives of any other unit of local, state, or federal government. Inspection shall be permitted without formal notice at any time care and services are being furnished.

- J. Failure on the part of the Contractor to comply with these requirements shall result in withholding of any payments otherwise due Contractor from County and ineligibility for future contracts with County until such time as these requirements are met.

**11. Non-Discrimination and Equal Employment Opportunity**

- A. Contractor agrees to comply with Title VI of the Civil Rights Act of 1964 (P. L. 88-352), and that no eligible client shall be unlawfully denied services or be subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in section 51.01 (5) Wisconsin Statutes.
- B. Contractor agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in section 51.01 (5) Wisconsin Statutes. Contractor agrees to comply with the provisions of section 56.17 of the General Ordinances of Milwaukee County and which is hereby incorporated by reference as though fully set forth herein.

**12. Indemnity**

- A. The Contractor agrees to the fullest extent permitted by law, to indemnify, defend, and hold harmless, the County, and its agents, officers, and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including statutory benefits under Workers' Compensation laws, suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its

(their) agents which may arise out of or are connected with the activities covered by this Contract.

- B. Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U. S. patent and copyright infringement regarding computer programs involved in the performance of the programs and services covered by this Contract.
- C. Contractor agrees to indemnify County for any amount(s) County may be required to repay to the Wisconsin Department of Health Services by virtue of payments made to Contractor by County under this Contract that the Department of Health Services determines to be overpayments or inappropriate payment.

**13. Insurance**

- A. Contractor agrees to provide and maintain proof of financial responsibility to cover costs as may arise from claims of tort and/or vicarious liability due to its actions or omissions or the actions or omissions of its employees. Such evidence shall include coverage for Worker's Compensation claims, as required by the State of Wisconsin, Employers Liability, General and Automobile Liability, and Comprehensive Crime Coverage in the following minimum amounts:

<b><u>Type of Coverage</u></b>	<b><u>Minimum Limits</u></b>
<b>Wisconsin Workers Compensation</b> or Proof of All States coverage	Statutory
<b>Employers Liability</b>	\$100,000/\$500,000/\$100,000
<b>Commercial General Liability</b> Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal, Contractual & Products/Completed Operations)	\$1,000,000 per Occurrence \$1,000,000 General Aggregate
<b>Automobile Liability</b> Bodily Injury & Property Damage All Autos-Owned, non-owned and/or hired Uninsured Motorists	\$1,000,000 per Accident  per Wisconsin Requirements
<b>Comprehensive Crime Coverage</b> To include Fidelity, Theft, Money & Securities, Inside & Outside to protect the loss of funds by embezzlement, theft, fire, etc.	Fidelity per Occurrence: Fidelity coverage consistent with requirements under 14 below. \$5,000 Money and Securities, Inside and Outside.

- B. **County, As Its Interests May Appear, shall be named as Additional Insured for General and Automobile Liability and be afforded a thirty (30) day written notice of cancellation or non-renewal. Disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or**

**restrictive additional insured endorsement will not be acceptable. Contractor shall submit a certificate of insurance indicating the above coverage for the duration of this Contract and for review and approval by County. Contractor shall provide an updated certificate to County when changes occur in agents or coverage during the duration of this Contract.**

- C. A Waiver of Subrogation for Workers Compensation by endorsement in favor of Milwaukee County is required to be furnished. Additional insured endorsements for General and Auto Liability, the endorsement for the Waiver of Subrogation for Workers Compensation and the insurance certificate indicating the above coverage are all required to be submitted for review and approval of the County. Coverage shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide.
- D. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to County if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the County for approval prior to the commencement of activities under this Contract.
- E. Contractor shall notify County immediately upon the commencement of any litigation against the Contractor where there is any possibility that County may be made a party thereto.

**14. Bonding Requirement**

- A. A Fidelity bond covering employee dishonesty shall be evidenced covering every officer, director, agent, or employee of the Contractor who is authorized to receive or deposit funds under this Contract or who is authorized to issue financial documents, checks, or other instruments of payment for costs related to the programs and services provided under this Contract.
- B. The bond form shall be on a commercial blanket basis in the minimum occurrence amount of \$10,000, or 10% of the total amount of the contract award, whichever is greater. A Contractor who provides services under multiple contracts with the Department on Aging shall evidence the Fidelity bond in the occurrence amount applicable to the dollar amount of the largest single contract with the Department. The period of coverage shall be no less than for the period of this Contract, if not on a continuous basis, with a discovery period of not less than one year subsequent to cancellation or termination of the bond. The bond shall stipulate that the Contractor be given thirty (30) days advance notice by the surety prior to making any material change in, or cancellation of, the bond. The advance notice shall be by certified mail. The Contractor may procure fidelity coverage in a comprehensive crime policy, including money and security coverage as outlined in Section 13 A. above.

**15. Withholding of Payments**

Failure of Contractor to comply with Contract requirements may result in withholding or forfeiture of any payments otherwise due Contractor from County by virtue of any County obligation to Contractor until such time as the Contract requirements are met.



**16. Contract Termination**

- A. County or Contractor may terminate this Contract for any reason, with or without cause, following thirty (30) days written notice, unless an earlier date is determined by County to be essential to the safety and well-being of the clients covered by this Contract with the exception of those facilities which must meet the notification requirements as applicable in Chapter 50 licensing. Failure to comply with any part of this Contract may be considered cause for early termination by the offended party. In the event of termination, the County will only be liable for programs and services rendered through the date of termination and not for the uncompleted portion or any materials or services purchased or paid for by Contractor for use in completing this Contract.
- B. Contractor shall notify County, in writing, whenever it is unable to provide the required quality or quantity of programs and services. Upon such notification, County and Contractor shall determine whether such inability to provide the required quality or quantity of programs and services will require a revision or early termination of this Contract.
- C. Notwithstanding any other right of termination, County reserves the right to immediately terminate, or reduce in scope, its obligations under this contract in the event that the sources of funding to the County derived through State or Federal grants or contracts is terminated or reduced. This right of immediate termination for loss of funding applies even if Contractor has not been paid for services previously rendered.
- D. County reserves the right to withdraw any qualified recipient from the program, service, institution, or facility of the Contractor at any time when in the judgment of County it is in the best interest of County or the qualified recipient to do so.

**17. Advertising**

Contractor shall not publicly advertise through any media during the course of this Contract for the purpose of soliciting eligible persons to be recipients of programs or services provided through this Contract without the advance written consent of County. All brochures, announcements, press releases, and other items used to promote services provided through this Contract must acknowledge that County funds these services.

**18. Coordination of Services**

Contractor agrees to coordinate its service efforts with other health and human service providers to eliminate unnecessary duplication of services.

**19. Client Contributions**

- A. Where required by the relevant Program/Service Guidelines or Specifications, Contractor shall provide clients receiving services under this Contract the opportunity to voluntarily and confidentially contribute toward the cost of services they receive. All solicitations to contribute must be approved in advance by County. Under no circumstances shall any otherwise eligible client be denied service under this Contract because of a failure to contribute toward the cost of the services provided.

- B. Contractor agrees to report to County all funds contributed by clients and to record and document such contributions consistent with the accounting requirements for other funds received and expended under this Contract.
- C. Contractor agrees that any and all client contributions will be used as provided in the budget contained in Exhibit I or to provide additional services to eligible clients under this Contract in the same manner and at a cost equivalent to other services purchased through this Contract. Contractor further agrees that all funds raised through client contributions that remain unspent at the end of this Contract must be spent in a manner approved by County or reimbursed to County.

**20. Modifications**

Contractor recognizes the right of County to make reasonable modifications in the programs and services purchased under this Contract. Contractor shall be notified in writing two weeks prior to any such modifications.

**21. Contract Renegotiation or Revision**

- A. This Contract may be renegotiated in the event of changes required by law, regulations, court action, or inability of either party to perform as committed in this Contract.
- B. This contract may be revised in a written amendment signed by the authorized representatives of both parties.

**22. Independent Contractor**

Nothing contained in this Contract shall constitute or be construed to create a partnership, joint venture, or employer-employee relationship between County or its successors or assigns and Contractor or its successors or assigns. In entering into this Contract and in acting in compliance herewith, Contractor is at all times acting and performing as an independent contractor duly authorized to perform the acts required of it hereunder.

**23. Subcontracts**

Assignment of any portion of the services by subcontract is prohibited except upon prior written approval of County.

**24. Assignment Limitation**

This Contract shall be binding upon and inure to the benefit of the parties and their successors and assigns provided, however, that neither party could assign its obligations hereunder without the prior written consent of the other.

**25. Resolution of Disputes**

Contractor may appeal the decisions of County in accordance with section 46.036 (7) Wisconsin Statutes.

**26. Prohibited Practices**

- A. During the period of this Contract, Contractor shall not hire, retain, or utilize for compensation, any member, officer, or employee of the Department of Aging representing County or any person who to the knowledge of Contractor has a conflict of interest. No employee of the Department on Aging representing County shall be an officer, member of the Board of Directors, or have a proprietary interest in Contractor's business.
- B. Contractor shall furnish County with written disclosure of any financial interest, purchase or lease agreements, employment relationship, or professional services/consultant relationship which any of Contractor's employees, officers, board members, stockholders, or members of their immediate family may have with respect to any supplier to Contractor of goods and services under this Contract.
- C. Contractor attests that it is familiar with Milwaukee County's Code of Ethics (Chapter 9 of the General Ordinances of Milwaukee County) which states in part, "No person shall offer or give to any public official or employee, directly or indirectly, and no public official or employee shall solicit or accept from any person, directly or indirectly, anything of value if it could reasonably be expected to influence the public official's or employee's vote, official actions or judgment, or could reasonably be considered as a reward for any official action or inaction or omission by of the public official or employee."
- D. The use or disclosure by any party of any information concerning eligible clients who receive services from Contractor for any purpose not connected with the administration of Contractor's or County's responsibilities under this Contract is prohibited, except with the informed written consent of the eligible client or the guardian of the client.

**27. Certification Regarding Contractor Debarment or Suspension**

Contractor certifies to the best of its knowledge and belief, that it and its principals; (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offences enumerated in (2) of this certification; and (4) have not within a three-year period preceding this contract had one or more public transactions (Federal, state or local) terminated for cause or default.

By:   
83497143EC1B420  
 \_\_\_\_\_  
 (Signature of Official Authorized to Sign Contract)

Date: 11/18/2015

**28. Certification Regarding Lobbying**

Contractor certifies, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, land, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By: DocuSigned by:  
*Lisa Bittman*  
03497143EC1B420... \_\_\_\_\_ Date: 11/18/2015  
(Signature of Official Authorized to Sign Contract)

For: \_\_\_\_\_  
(Name of Grantee)

Family Caregiver Support Network  
\_\_\_\_\_  
(Title of Grant Program)

**29. Political Activity of Employees**

Where applicable, Contractor shall comply with the provisions of the Hatch Act, which limit the political activity of employees who work in federally funded programs.

**30. Notices**

Notices to County provided for in this Contract shall be sufficient if sent by certified or registered mail, postage prepaid, and notices to Contractor shall be sufficient if sent by certified or registered mail, postage prepaid, to the respective addresses stated in this Contract or to such other respective addresses as the parties may designate to each other in writing. Contractor agrees, that in conduct of its meetings, it will be guided by Wisconsin Statutes 19.81 et. seq.

**31. Health Insurance Portability and Accountability Act of 1996**

County and Contractor agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and shall undertake any actions needed to protect individually identifiable health information (45 C.F.R. 164.501) as required under current or future HIPAA regulations as determined by the U.S. Department of Health and Human Services and the Wisconsin Department of Health Services.

County and Contractor agree that changes to the Contract that would be necessary for one or both parties to meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) shall be made upon discussion and execution of a Contract amendment containing the necessary changes. Neither party shall withhold agreement to modifications to the Contract necessary for one or both parties to comply with HIPAA.

**32. Contract Content**

The entire Contract of the parties, with all attached exhibits and assurances, together with the relevant Program/Service Guidelines or Specifications and Exhibit I as negotiated is contained herein. This Contract supersedes all oral agreements and negotiations and all writings not herein referred to and incorporated. This Contract may be executed in two or more counterparts, each of which shall be deemed as original.

**33. Approval**

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

County enters into this Contract as authorized by the Milwaukee County Board of Supervisors and ratified by the Milwaukee County Executive. Contractor enters into this Contract pursuant to and by authority of its Board of Directors at its meeting on 9-16-15.

In witness whereof, this Contract shall be effective as of the 1st day of January, 2016, or such other date as may be provided on page 1, upon the execution of this Contract as provided below.

*Approved as to Chapter 42 DBE Provision by Community Business Development Partners:*

DocuSigned by:  
By: Rick Norris Date: 11/16/2015  
AD4C84D4023E450...

Title: CBDP Director

*Reviewed by Risk Management:*

DocuSigned by:  
By: [Signature] Date: 11/16/2015  
E454E4CA2D21452...

Title: Director of Risk Management

*Approved as to Execution:*

DocuSigned by:  
By: Mark A Grady Date: 11/17/2015  
2BE87A71B2AE4E5...

Title: Deputy Corporation Counsel

*Contractor Representative:*

DocuSigned by:  
By: Lisa Bittman Date: 11/18/2015  
03497143EC1B420...

Title: Executive Director

*Milwaukee County Department on Aging:*

DocuSigned by:  
By: Jonette N. Arms Date: 11/18/2015  
FE851B0867464D9...

Title: Interim Director

*Milwaukee County Comptroller:*

DocuSigned by:  
By: Scott Manske Date: 11/19/2015  
F7354A95DB0643E...

Scott Manske

*Milwaukee County Executive:*

DocuSigned by:  
By: Chris Abele Date: 12/22/2015  
2E580B33A2CC443...

Chris Abele

*Approved as to Wis. Stats. §59.42*

DocuSigned by:  
By: Mark A Grady Date: 12/22/2015  
2BE87A71B2AE4E5...

Title: Deputy Corporation Counsel

Contract No. 251-416-52

## Certificate Of Completion

Envelope Id: 10A7219B55874D9491F1E241F927275B

Status: Completed

Subject: Please DocuSign: Family Caregiver Support and Alzheimer's Disease Direct Services

Source Envelope:

Document Pages: 20

Signatures: 10

Envelope Originator:

Certificate Pages: 6

Initials: 0

Gary Portenier

AutoNav: Enabled

901 N 9th St

Envelopeld Stamping: Enabled

Ste 301

Time Zone: (UTC-06:00) Central Time (US &amp; Canada)

Milwaukee, WI 53233

gary.portenier@milwaukeecountywi.gov

IP Address: 204.194.251.5

## Record Tracking

Status: Original

Holder: Gary Portenier

Location: DocuSign

11/16/2015 9:50:57 AM

gary.portenier@milwaukeecountywi.gov

## Signer Events

### Signature

### Timestamp

Rick Norris

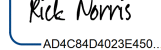
rick.norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication  
(None)Electronic Record and Signature Disclosure:  
Not Offered  
ID:

DocuSigned by:



AD4C84D4023E450...

Sent: 11/16/2015 10:31:00 AM

Viewed: 11/16/2015 12:24:56 PM

Signed: 11/16/2015 12:41:14 PM

Using IP Address: 204.194.251.5

Amy Pechacek

amy.pechacek@milwaukeecountywi.gov

Director of Risk Management

Milwaukee County

Security Level: Email, Account Authentication  
(None)Electronic Record and Signature Disclosure:  
Accepted: 2/25/2014 12:36:39 PM  
ID: 55fe780a-2930-46fa-8578-dc7e4fbad47c

DocuSigned by:



E454E4CA2D21452...

Sent: 11/16/2015 12:41:15 PM

Viewed: 11/16/2015 1:38:09 PM

Signed: 11/16/2015 1:38:25 PM

Using IP Address: 204.194.251.5

Mark A Grady

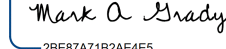
corp counselsignature@milwcnty.com

Deputy Corporation Counsel

Milwaukee County

Security Level: Email, Account Authentication  
(None)Electronic Record and Signature Disclosure:  
Not Offered  
ID:

DocuSigned by:



2BE97A71B2AE4E5...

Sent: 11/16/2015 1:38:27 PM

Viewed: 11/17/2015 4:30:32 PM

Signed: 11/17/2015 4:30:51 PM

Using IP Address: 204.194.251.5

Lisa Bittman

lbittman@interfaithmilw.org

Executive Director

Security Level: Email, Account Authentication  
(None)

DocuSigned by:



03497143EC1B420...

Sent: 11/17/2015 4:30:53 PM

Viewed: 11/18/2015 10:02:26 AM

Signed: 11/18/2015 10:13:13 AM

Using IP Address: 74.87.92.178

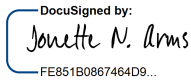
Electronic Record and Signature Disclosure:

Accepted: 2/7/2014 5:22:12 PM

ID: b70b3aea-859d-4271-832d-492d76d206b7

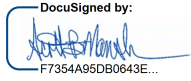
**Signer Events****Signature****Timestamp**

Jonette N. Arms  
 jonette.arms@milwaukeecountywi.gov  
 Interim Director  
 Milwaukee County  
 Security Level: Email, Account Authentication (None)  
 Electronic Record and Signature Disclosure:  
 Not Offered  
 ID:

DocuSigned by:  
  
 FE851B0867464D9...  
 Using IP Address: 204.194.251.5

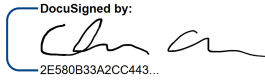
Sent: 11/18/2015 10:13:15 AM  
 Viewed: 11/18/2015 5:08:33 PM  
 Signed: 11/18/2015 5:13:34 PM

Scott B. Manske  
 comptrollersignature@milwcnty.com  
 Comptroller  
 Milwaukee County  
 Security Level: Email, Account Authentication (None)  
 Electronic Record and Signature Disclosure:  
 Not Offered  
 ID:

DocuSigned by:  
  
 F7354A95DB0643E...  
 Using IP Address: 204.194.251.5

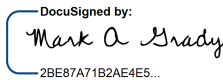
Sent: 11/18/2015 5:13:36 PM  
 Viewed: 11/19/2015 3:39:47 PM  
 Signed: 11/19/2015 3:40:55 PM

Chris Abele  
 cabele@milwcnty.com  
 County Executive  
 Milwaukee County  
 Security Level: Email, Account Authentication (None)  
 Electronic Record and Signature Disclosure:  
 Not Offered  
 ID:

DocuSigned by:  
  
 2E580B33A2CC443...  
 Using IP Address: 204.194.251.5

Sent: 12/17/2015 12:03:03 PM  
 Viewed: 12/22/2015 11:16:57 AM  
 Signed: 12/22/2015 11:17:35 AM

Mark A Grady  
 corpcounselsignature@milwcnty.com  
 Deputy Corporation Counsel  
 Milwaukee County  
 Security Level: Email, Account Authentication (None)  
 Electronic Record and Signature Disclosure:  
 Not Offered  
 ID:

DocuSigned by:  
  
 2BE87A71B2AE4E5...  
 Using IP Address: 204.194.251.5

Sent: 12/22/2015 11:17:38 AM  
 Viewed: 12/22/2015 3:46:31 PM  
 Signed: 12/22/2015 3:46:59 PM

**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****Notary Events****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent	Hashed/Encrypted	12/22/2015 11:17:38 AM
Certified Delivered	Security Checked	12/22/2015 3:46:32 PM
Signing Complete	Security Checked	12/22/2015 3:46:59 PM
Completed	Security Checked	12/22/2015 3:46:59 PM



**Electronic Record and Signature Disclosure**

## **CONSUMER DISCLOSURE**

From time to time, Wisconsin Milwaukee County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Wisconsin Milwaukee County:**

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:

To contact us by email send messages to: [plee@milwcnty.com](mailto:plee@milwcnty.com)

**To advise Wisconsin Milwaukee County of your new e-mail address**

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](mailto: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..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from Wisconsin Milwaukee County**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [plee@milwcnty.com](mailto:plee@milwcnty.com) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Wisconsin Milwaukee County**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [plee@milwcnty.com](mailto: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"> <li>• Allow per session cookies</li> <li>• Users accessing the internet behind a Proxy Server must enable HTTP</li> </ul>

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.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.

## Certificate Of Completion

Envelope Id: 52052FFDCD50426EB7B2A52F0F797CB5

Status: Sent

Subject: Please DocuSign: Amend Family Caregiver Support and Alzheimer's Disease Direct Services

Source Envelope:

Document Pages: 36

Signatures: 8

Envelope Originator:

Certificate Pages: 6

Initials: 0

Gary Portenier

AutoNav: Enabled

901 N 9th St

Envelopeld Stamping: Enabled

Ste 301

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53233

gary.portenier@milwaukeecountywi.gov

IP Address: 204.194.251.5

## Record Tracking

Status: Original

Holder: Gary Portenier

Location: DocuSign

8/10/2016 11:02:23 AM

gary.portenier@milwaukeecountywi.gov

## Signer Events

### Signature

### Timestamp

Gary Portenier

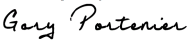
gary.portenier@milwaukeecountywi.gov

Program Planning Coordinator

Milwaukee County Department on Aging

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign  
ID:

DocuSigned by:  
  
335101AA39BB444...

Sent: 8/10/2016 11:29:04 AM

Viewed: 8/10/2016 11:29:19 AM

Signed: 8/10/2016 11:30:32 AM

Using IP Address: 204.194.251.5

Rick Norris

rick.norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign  
ID:

DocuSigned by:  
  
AD4C84D4023E450...

Sent: 8/10/2016 11:30:33 AM

Viewed: 8/10/2016 2:52:02 PM

Signed: 8/10/2016 3:47:01 PM

Using IP Address: 204.194.251.5

Amy Pechacek


amy.pechacek@milwaukeecountywi.gov

Director of Risk Management

Milwaukee County

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:  
Accepted: 2/25/2014 12:36:39 PM  
ID: 55fe780a-2930-46fa-8578-dc7e4fbad47c

DocuSigned by:  
  
E454E4CA2D21452...

Sent: 8/10/2016 3:47:03 PM

Viewed: 8/12/2016 12:45:54 PM

Signed: 8/12/2016 1:52:45 PM

Using IP Address: 204.194.251.3

Colleen Foley

colleen.foley@milwaukeecountywi.gov

Interim Corporation Counsel

Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
B2FBB4311C37437...

Sent: 8/16/2016 12:39:00 PM

Viewed: 8/16/2016 12:50:03 PM

Signed: 8/16/2016 12:51:38 PM

Using IP Address: 204.194.251.5

Electronic Record and Signature Disclosure:

Accepted: 8/17/2016 8:17:47 AM

ID: e06faf81-1593-4984-b73a-a403d1147d49

Signer Events	Signature	Timestamp
<p>Lisa Bittman lbittman@interfaithmilw.org Executive Director Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 2/7/2014 5:22:12 PM ID: b70b3aea-859d-4271-832d-492d76d206b7</p>	<p>DocuSigned by: <i>Lisa Bittman</i> 03497143EC1B420...</p> <p>Using IP Address: 74.87.92.178</p>	<p>Sent: 8/16/2016 12:51:40 PM Viewed: 8/18/2016 9:19:40 AM Signed: 8/18/2016 9:20:29 AM</p>
<p>Gary Portenier gary.portenier@milwaukeecountywi.gov Program Planning Coordinator Milwaukee County Department on Aging Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>	<p>DocuSigned by: <i>Gary Portenier</i> 335101AA39BB444...</p> <p>Using IP Address: 204.194.251.3</p>	<p>Sent: 8/18/2016 9:20:32 AM Resent: 8/18/2016 2:37:31 PM Viewed: 8/18/2016 2:37:50 PM Signed: 8/18/2016 2:38:41 PM</p>
<p>Scott B. Manske comptrollersignature@milwcnty.com Comptroller Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>	<p>DocuSigned by: <i>Scott B. Manske</i> F7354A95DB0643E...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 8/18/2016 2:38:44 PM Viewed: 8/19/2016 12:45:01 PM Signed: 8/19/2016 12:54:21 PM</p>
<p>Chris Abele cabele@milwcnty.com Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>		
<p>Colleen Foley corpcounselsignature@milwcnty.com Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>		

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
<p>Gary Portenier gary.portenier@milwaukeecountywi.gov Program Planning Coordinator Milwaukee County Department on Aging Security Level: Email, Account Authentication (None)</p>		<p>Sent: 8/19/2016 12:54:24 PM</p>

<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
----------------------------------	---------------	------------------

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign  
ID:

<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
---------------------------	---------------	------------------

<b>Notary Events</b>	<b>Timestamp</b>
----------------------	------------------

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
--------------------------------	---------------	-------------------

Envelope Sent	Hashed/Encrypted	8/19/2016 12:54:24 PM
---------------	------------------	-----------------------

<b>Electronic Record and Signature Disclosure</b>
---

## **CONSUMER DISCLOSURE**

From time to time, Wisconsin Milwaukee County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Wisconsin Milwaukee County:**



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:

To contact us by email send messages to: [plee@milwcnty.com](mailto:plee@milwcnty.com)

**To advise Wisconsin Milwaukee County of your new e-mail address**

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](mailto: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..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from Wisconsin Milwaukee County**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [plee@milwcnty.com](mailto:plee@milwcnty.com) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Wisconsin Milwaukee County**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [plee@milwcnty.com](mailto: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"><li>• Allow per session cookies</li><li>• Users accessing the internet behind a Proxy Server must enable HTTP</li></ul>

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.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.