

**PURCHASE OF SERVICE CONTRACT  
AMENDMENT NO. 3**

THIS AMENDMENT to the 2013 purchase of service contract for child support services between Milwaukee County Department of Child Support Services, Room 101, 901 N. 9<sup>th</sup> St, Milwaukee, WI 53233, hereinafter designated as "County" and Maximus, 4201 N. 27<sup>th</sup> St, 4<sup>th</sup> Floor, Milwaukee, WI 53216, hereinafter designated as "W-2 Agency".

It is agreed to, by and between County and W-2 Agency, that all the provisions contained in the original contract effective January 1, 2013, apply to this agreement except:

- Section 2, Compensation, is modified to reflect that the period for which W-2 Agency compensates County for child support services is January 1, 2016 through December 31, 2016.
- Section 3, Dates of Performance, is modified to reflect that the dates of performance are for the period of January 1, 2016 through December 31, 2016, unless extended by agreement of the parties.

All other provisions of the purchase of service contract, effective for the period commencing on January 1, 2013, as originally entered into and incorporated herein by reference shall remain in effect as stated.

IN WITNESS WHEREOF, the parties hereto have executed this Contract on the day, month and year first above written.

Maximus

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

\_\_\_\_\_  
(Print name and title of signer)

Milwaukee County Department of Child Support Services

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

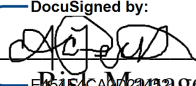
Jim Sullivan, Director

*Approved with regards to County Ordinance Chapter 42:*

DocuSigned by:  
 By: Rick Norris Date: 10/21/2015  
 Community Business Development Partners

*Reviewed by:*

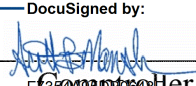
*Approved for execution:*

DocuSigned by:  
By:  Date: 10/21/2015  
Risk Management

DocuSigned by:  
By: Mark A Grady Date: 10/26/2015  
Corporation Counsel

*Approved:*

*Approved:*

DocuSigned by:  
By:  Date: 10/27/2015  
Controller

By: \_\_\_\_\_ Date: \_\_\_\_\_  
County Executive

*Approved as compliant under sec. 59.42(2)(b)5, Stats.:*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Corporation Counsel

## PURCHASE OF SERVICES CONTRACT

This Contract between Milwaukee County, a Wisconsin municipal body corporate represented by the Milwaukee County Department of Child Support Services, Room 101, 901 N. 9<sup>th</sup> Street, Milwaukee WI 53233 (County) and Maximus (W-2 Agency), 4030 N 29<sup>th</sup> St, Milwaukee, WI 53216 as of January 1, 2013 through February 1, 2013 (and moving to their permanent location, 4201 N 27<sup>th</sup> St, 4<sup>th</sup> Floor, Milwaukee, WI 53216, as of February 4, 2013) is entered into on February 28, 2013.

### 1. SCOPE OF SERVICES

County shall provide one (1) employee, as a Case Manager, to be placed at W-2 Agency for the purpose of facilitating case referrals made pursuant to the Wisconsin Works Program (W-2) as they relate to the establishment or enforcement of child support obligations. The employee will be placed at the site for four days per week, subject to vacation, medical and other county time off. Supervision of this employee shall remain with County. The County employee shall be responsible for the input and updating of data into the Kids Information Data System (KIDS) at the time of the participant's referral to the County employee for child support services. The County employee shall not be involved in the services provided by W-2 Agency pursuant to its W-2 contract for services with the State of Wisconsin.

Should a custodial parent or non-custodial parent request W-2 services from W-2 Agency, and W-2 Agency refers either parent to the County employee for services, the County employee will assist the parents. Services are to be available to both custodial and non-custodial parents. The final authority for determining individuals' eligibility for these services shall rest with the County.

### 2. COMPENSATION

W-2 Agency shall reimburse County for the costs of said employee as follows: \$18,750.00 for the period of January 1, 2013, through December 31, 2013.

W-2 Agency shall make available for the use of the County employee the following:

- a. Office space;
- b. Desk;
- c. Office chair;
- d. Printer and print capability;
- e. Necessary wiring and connections for computer, including Host-On-Demand (HOD) capability;
- f. Internet capability;
- g. Limited access to the Client Assistance Re-employment and Economic Support system (CARES), specifically to the Absent Parent General Information screen for the sole purpose of updating the referral indicator therein.

County shall provide the County employee with the following:

- a. Computer hardware;
- b. All office supplies.

### **3. DATES OF PERFORMANCE**

This Contract is for the period of January 1, 2013, through December 31, 2013, unless extended by agreement of the parties.

### **4. CONFIDENTIALITY AND PROTECTION OF CASE INFORMATION AND KIDS DATA AGAINST UNAUTHORIZED ACCESS OR DISCLOSURE**

W-2 Agency agrees to protect the confidentiality of Kids' Information Data System (KIDS) information and to protect child support case information against unauthorized access or disclosure. Child support case information and KIDS data shall be used only to the extent necessary to administer child support cases and the child support enforcement program under Wis. Stat. § 49.22 (2m), and shall not be used for any other purposes. Any person violating this section may be fined pursuant to Wis. Stat. § 49.83.

KIDS information shall be stored in a place physically secure from access by unauthorized persons in conformance with the Department of Children and Families (DCF), Division of Family and Economic Security (DFES) policy regarding computer security. Said policy is found in the Division of Family Supports (DFS) Security Manual, Appendices 4, 5 and 6, which can be accessed on the DFS Workweb at <http://workweb.dwd.state.wi.us/dfs/manuals/security/pdf.cover.pdf>.

### **5. CONTRACT TERMINATION**

This Contract may be terminated thirty (30) days following written notice by County or W-2 Agency for any reason, with or without cause, unless an earlier date is determined by County to be essential to the safety and well-being of the employees and/or participants covered by this Contract.

### **6. CONTRACT RENEGOTIATION**

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.

### **7. INDEPENDENT W-2 AGENCY**

The parties are independent employers and independent contractors. Nothing contained within this Contract shall constitute or be construed to create a partnership, joint venture, agency or employee-employer relationship between County or its successors or assigns and W-2 Agency or its successors or assigns. In entering into this Contract and in acting in compliance herewith, W-2 Agency is at all times acting and performing as an independent W-2 Agency, duly authorized to perform the acts required of it hereunder.

### **8. ASSIGNMENT LIMITATIONS**

This contract shall be binding upon and inure to the benefit of the parties and their successors and assigns provided, however, that neither party shall assign its obligations hereunder without the prior written consent of the other. Any attempted assignment without such written consent shall be null and void.

## **9. SEVERABILITY**

In case any provision of this Contract shall be found invalid, illegal or unenforceable, such provision shall be severed from this Contract. The validity, legality and enforceability of the remaining provisions of the Contract shall not in any way be affected or impaired thereby.

## **10. APPLICABLE LAW AND RESOLUTION OF DISPUTES**

This Contract shall be subject to and in accordance with the laws of the State of Wisconsin. W-2 Agency may appeal any decision of County in accordance with Wis. Stat. § 46.036 (7).

## **11. PROHIBITED PRACTICES**

During the period of this Contract, W-2 Agency shall not hire, retain, or utilize for compensation any member, officer, or employee of the Milwaukee County Department of Child Support Services or any person who to the knowledge of W-2 Agency has a conflict of interest unless approved in writing by the Director of the Department of Child Support Services. No employee of the Milwaukee County Department of Child Support Services shall be an officer, member of the Board of Directors, or have a proprietary interest in W-2 Agency's business unless approved in writing by the Director of the Department of Child Support Services.

W-2 Agency shall furnish County with written disclosure of any financial interest, purchase or lease agreements, employment relationship, or professional services/consultant relationship which any of W-2 Agency's employees, officers, board members, stockholders, or members of their immediate family may have with respect to any supplier or contractor of goods and services under this Contract. The relationship extends to partnerships, trusts, corporation or any proprietary interest which could appear to or would allow one party to influence the other party in a related party transaction.

## **12. INDEMNITY**

The parties to this Contract agree to indemnify, defend and hold harmless the other party and their elected officials, officers, employees and agents, against any and all liability, losses, charges, fines, costs or expenses including attorney's fees to the extent such damages including suits at law or in equity are caused by or resulting from any wrongful, intentional or negligent acts or omissions of the indemnifying party or any of the officers, employees, agents or representatives of the indemnifying party which may result in any person, persons, or organization suffering bodily injury, personal injury, death or property loss or damage, employment practices or civil rights arising out of this Agreement. Both parties agree to maintain a minimum of one million dollars general liability coverage in support of this paragraph. The County's liability shall be limited by Wis. Stat. § 345.03(3) for automobile and § 893.80(3) for general liability.

**13. NOTICES**

Notices to County provided for in this Contract shall be sufficient if sent by certified or registered mail, postage prepaid, and notices to W-2 Agency 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. It is agreed by W-2 Agency, that in conduct of its meetings, it will be guided by Wis. Stat. § 19.81 et.seq.

**14. CONTRACT CONTENT**

This document constitutes the entire Contract of the parties. 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.

**15. APPROVAL**

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


In witness whereof, the parties hereto have executed this Contract effective as of the day and year first above written.

COUNTY:

  
\_\_\_\_\_  
James Sullivan, Director  
Milwaukee County Department of  
Child Support Services

DATE: 2/28/13

W-2 AGENCY:

  
\_\_\_\_\_  
Adam Polatnick, Vice President  
Maximus

DATE: 01/08/13

Approved as to form & independent contractor  
status by Milwaukee County Corporation  
Counsel on 2/27/13  
Date

  
\_\_\_\_\_  
Signature

Approved as to insurance requirements by  
Milwaukee County Risk Management on  
2/21/13  
Date

  
\_\_\_\_\_  
Signature





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/28/2015

**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><br>Aon Risk Services, Inc. of Washington, D.C.<br>Aon Risk Services Central, Inc.<br>Chicago IL Office<br>200 East Randolph<br>Chicago IL 60601 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 |  |               |
|   | <b>E-MAIL ADDRESS:</b>   |  |               |
| <b>INSURED</b><br>MAXIMUS, Inc. and all subsidiaries<br>1891 Metro Center Drive<br>Reston VA 20190 USA  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|   | INSURER A: Zurich American Ins Co  |  | 16535         |
|   | INSURER B: American Zurich Ins Co  |  | 40142         |
|   | INSURER C:   |  |               |
|   | INSURER D:   |  |               |
|   | INSURER E:   |  |               |

Holder Identifier :

**COVERAGES      CERTIFICATE NUMBER: 570057536261      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. Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | GL0509621800  | 05/01/2015              | 05/01/2016              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |           |          | BAP509621900  | 05/01/2015              | 05/01/2016              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION  |           |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE  |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | WC509621600   | 05/01/2015              | 05/01/2016              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER  |
| A        |  |           |          | AOS           | 05/01/2015              | 05/01/2016              | E.L. EACH ACCIDENT \$1,000,000  |
|          |  |           |          | WC509621700   |                         |                         | E.L. DISEASE-EA EMPLOYEE \$1,000,000  |
|          |  |           |          | WI            |                         |                         | E.L. DISEASE-POLICY LIMIT \$1,000,000   |

Certificate No : 570057536261

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 MILWAUKEE COUNTY CHILD SUPPORT ENFORCEMENT IS INCLUDED AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY AS REQUIRED BY CONTRACT WITH THE NAMED INSURED.

**CERTIFICATE HOLDER**

**CANCELLATION**

|   |   |
|---|---|
| MILWAUKEE COUNTY CHILD SUPPORT ENFORCEMENT<br>Attn: JOHN HAYES<br>COURTHOUSE, ROOM G-4<br>901 NORTH 9TH ST., ROOM 101<br>MILWAUKEE WI 53233 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br><i>Aon Risk Services Inc. of Washington D.C.</i> |
|---|---|



## MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/20/2015

Original Fiscal Note Substitute Fiscal Note 

**SUBJECT:** From the Director, Child Support Services, requesting authorization to execute extensions of Child Support Services' contracts with Milwaukee County W2 agencies: Maximus, United Migrant Opportunities Services, Inc. (UMOS), YWCA of Greater Milwaukee, and Ross Innovative Employment Solutions.

## FISCAL EFFECT:

- No Direct County Fiscal Impact  Increase Capital Expenditures
- Existing Staff Time Required  Decrease Capital Expenditures
- Increase Operating Expenditures (If checked, check one of two boxes below)  Increase Capital Revenues
- Absorbed Within Agency's Budget  Decrease Capital Revenues
- Not Absorbed Within Agency's Budget  Use of contingent funds
- Decrease Operating Expenditures
- Increase Operating Revenues
- Decrease Operating Revenues

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

|                                   | Expenditure or Revenue Category | Current Year | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| <b>Operating Budget</b>           | Expenditure                     | 0            | 0               |
|                                   | Revenue                         | 0            | 0               |
|                                   | Net Cost                        | 0            | 0               |
| <b>Capital Improvement Budget</b> | Expenditure                     |              |                 |
|                                   | Revenue                         |              |                 |
|                                   | Net Cost                        |              |                 |

### DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. <sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of Child Support Services requests the Judiciary, Safety, and General Services Committee's authorization for the Department to execute extensions of contracts with the County's W2 providers to provide on-site child support services for one year. This contract provides the option for the parties to extend them by mutual agreement.

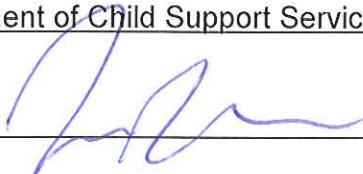
B. There are no direct costs, savings or anticipated revenues associated with this action in the current budget year.

C. There is no budgetary impact associated with this contract in the current year or subsequent year, as the Department has budgeted for this extension in 2016.

D. No further assumptions are made.

Department/Prepared By Department of Child Support Services, Jim Sullivan, Director

Authorized Signature

  
\_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

Did CDBP Review?<sup>2</sup>  Yes  No  Not Required

<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

<sup>2</sup> Community Business Development Partners' review is required on all professional service and public work construction contracts.

**CONTRACT FORM** 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

|   |   |
|---|---|
| Mail to:<br>Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse<br>Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse<br>Community Business Development Partners, 8th Floor City Campus | <b>CONTRACT TYPE</b><br>Professional Service - Operating<br>Professional Service - Capital<br>Purchase of Service <span style="float: right;">X</span><br>Preliminary <span style="margin-left: 20px;">X</span> Final |
|---|---|

|   |                          |                                      |
|---|--------------------------|--------------------------------------|
| DEPARTMENT NAME<br><b>Child Support Enforcement</b> | AGENCY NO.<br><b>243</b> | DEPARTMENT (HIGH) ORG<br><b>2430</b> |
|---|--------------------------|--------------------------------------|

**VENDOR INFORMATION**

| VENDOR NO. | ORDER TYPE | NEW or | AMEND | CONTRACT NO. |
|------------|------------|--------|-------|--------------|
|            |            | X      |       |              |

|                                  |   |
|----------------------------------|---|
| NAME OF VENDOR<br><b>Maximus</b> | ADDRESS<br><b>4201 N 27th ST. 4th Floor<br/>Milwaukee, WI 53216</b> |
|----------------------------------|---|

| TAX I.D. NO. | EFFECTIVE DATES:                                      | LENGTH OF CONTRACT (IN MONTHS) | AMENDMENT ONLY: DOLLAR CHANGE | TOTAL CONTRACT AMOUNT |
|--------------|---|--------------------------------|-------------------------------|-----------------------|
|              | begin date: <b>01/01/13</b> end date: <b>12/31/16</b> | <b>48</b>                      |                               | <b>\$ 75,000.00</b>   |

**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 |
|---------------------|---------|------------------|--------|----------|----------|----------|--------|------------|------------|-------|----------------------------------|
| 2013                | 01      | 0001             | 243    | 2440     |          |          | 2999   |            |            |       | \$ 18,750.00                     |
| 2014                | 02      | 0001             | 243    | 2440     |          |          | 2999   |            |            |       | \$ 18,750.00                     |
| 2015                | 03      | 0001             | 243    | 2440     |          |          | 2999   |            |            |       | \$ 18,750.00                     |
| 2016                | 04      | 0001             | 243    | 2440     |          |          | 2999   |            |            |       | \$ 18,750.00                     |
|                     |         | Revenue Contract |        |          |          |          |        |            |            |       |                                  |

**PURPOSE OF CONTRACT**

Child Support Services contracts with each of the W2 providers, allowing a child support staff person to be located at each site to gather data, review cases and take appropriate action when possible for child support payers and payees. This is an extension of County Board File Number 13-67, approved 2/7/13.

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

If YES, give County Board File No. 13-67 Date Approved 02/07/13

If NO, why is County Board approval not required? \_\_\_\_\_

Was Contract fully executed prior to work being performed (all signatures received)?  YES  NO

Is Vendor a certified professional service DBE?  YES  NO

|                                   |      |          |
|-----------------------------------|------|----------|
| Prepared By                       | Date | Title    |
|                                   |      |          |
| Signature of County Administrator | Date | Director |
|                                   |      |          |
|                                   |      | Title    |

## Certificate Of Completion

Envelope Number: A8261451DC7F4D22BA3A5679707AF9B1  
 Subject: Please DocuSign these documents: W2 Contract Extension-Maximus  
 Source Envelope:  
 Document Pages: 11  
 Certificate Pages: 5  
 AutoNav: Enabled  
 Envelopeld Stamping: Enabled

Status: Completed

Envelope Originator:  
 Cheryl Berry  
 901 N 9th St  
 Ste 301  
 Milwaukee, WI 53233  
 cheryl.berry@milwaukeecountywi.gov  
 IP Address: 204.194.251.5

## Record Tracking

Status: Original  
 10/20/2015 4:37:15 PM CT

Holder: Cheryl Berry  
 cheryl.berry@milwaukeecountywi.gov

Location: DocuSign

## Signer Events

### Signature

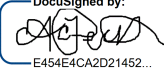
### Timestamp

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...  
 Using IP Address: 204.194.251.5

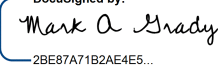
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 Viewed: 10/21/2015 9:45:15 AM CT  
 Signed: 10/21/2015 9:45:28 AM CT

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 CT  
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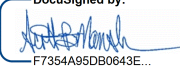
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 Signed: 10/21/2015 9:55:07 AM CT

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


DocuSigned by:  
  
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 Using IP Address: 204.194.251.5

Sent: 10/21/2015 9:55:09 AM CT  
 Viewed: 10/26/2015 2:42:27 PM CT  
 Signed: 10/26/2015 2:42:50 PM CT

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

DocuSigned by:  
  
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 Using IP Address: 204.194.251.5

Sent: 10/26/2015 2:42:53 PM CT  
 Viewed: 10/27/2015 2:19:53 PM CT  
 Signed: 10/27/2015 2:22:23 PM CT

| Signer Events  | Signature  | Timestamp  |
|--|--|--|
| Cheryl Berry<br>cheryl.berry@milwaukeecountywi.gov<br>Executive Assistant - Child Support<br>Milwaukee County<br>Security Level: Email, Account Authentication (None)<br>Electronic Record and Signature Disclosure:<br>Not Offered<br>ID: | <br><br>Using IP Address: 204.194.251.5 | Sent: 10/27/2015 2:22:26 PM CT<br>Viewed: 10/27/2015 2:22:41 PM CT<br>Signed: 10/27/2015 2:22:49 PM CT |

| 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 | 10/27/2015 2:22:26 PM CT |
| Certified Delivered | Security Checked | 10/27/2015 2:22:41 PM CT |
| Signing Complete    | Security Checked | 10/27/2015 2:22:49 PM CT |
| Completed           | Security Checked | 10/27/2015 2:22:49 PM CT |

| Electronic Record and Signature Disclosure |
|--|
|--|

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**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.

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