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

Mail to:
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse
Community Business Development Partners, 8th Floor City Campus

CONTRACT TYPE	
Professional Service - Operating	
Professional Service - Capital	
Purchase of Service	
Preliminary	Final

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

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
97504		XXXXX		251-418-30

NAME OF VENDOR	ADDRESS
Interfaith Older Adult Program	600 W Virginia Street Suite 300
	Milwaukee , WI 53204-1551

TAX I.D. NO.	EFFECTIVE DATES: begin date	end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	01/01/18	12/31/18	12		$ 180,000.00

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	01	0001	790	7932	A5SM		8123				$180,000.00

PURPOSE OF CONTRACT

Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18

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

[XXXXXX] If YES, give County Board File No. 17-793 Date Approved

[ ] If NO, why is County Board approval not required?

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

Is Vendor a certified professional service DBE? [ ] YES [XXX] NO

Nasrin Wertz	11/02/17	Accountant
Prepared By	Date	Title
Samta Bhatnagar	11/7/2017	Assistant Director Fiscal
Signature of County Administrator	Date	Title