

**AMENDMENT NO. 4
PROFESSIONAL SERVICE CONTRACT
NEWPORT GROUP, INC.**

This **Amendment No. 4**, to the Professional Service Contract dated December 1, 2029 (as previously amended, the "**Contract**") is made as of January 1, 2025 (the "**Effective Date**"), by and between the **Milwaukee County**, a Wisconsin municipal body corporate, represented by its Department of Human Resources (the "**County**") and **Newport Group Inc.** (the "**Contractor**"), collectively referred to as the "**Parties**".

ACCORDINGLY, intending to be legally bound, the Parties agree as follows:

- 1. EXTENSION.** The Parties hereby agree to extend the term of the Contract Agreement through December 31, 2025.
- 2. COMPENSATION.** Milwaukee County agrees to add an additional \$70,000.00 for year 2025. The total contract amount shall not exceed \$299,100.00.
- 3. EXHIBIT B.** The following language is hereby added to Exhibit B:

Section (3) Maximum Limit Reimbursement Rates.

(a) Maximum Limits-Travel Mileage Reimbursement

Travel mileage reimbursements shall adhere to the maximum limits as outlined in the IRS Standard Mileage Rates, as provided by the Internal Revenue Service (IRS). [Standard mileage rates | Internal Revenue Service](#)

(b) Daily Maximum Limit- Meal and Incidental Reimbursement

Per diem rates shall not exceed the maximum limits outlined in the General Services Administration (GSA). [Per diem rates | GSA](#)

(c) Daily Maximum Limit- Lodging Reimbursement.

Per diem rates shall not exceed the maximum limits outlined in the General Services Administration (GSA). [Per diem rates | GSA](#)

3. OTHER TERMS AND CONDITIONS. Except as set forth above, the Contract remains unchanged and in full force and effect. This Amendment is made a part of and incorporates the terms and conditions of the Contract. If there is a conflict between the terms of the Contract and this Amendment, this Amendment will control.

The following Parties hereby execute this Amendment:

FOR MILWAUKEE COUNTY:

FOR _____:

BY: _____ DATE: _____

BY: _____ DATE: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DEPARTMENT: _____

REVIEWED AS TO INSURANCE REQUIREMENTS:

**APPROVED WITH REGARDS TO COUNTY
ORDINANCE CHAPTER 42:**

BY: _____ DATE: _____

Risk Manager
Office of Risk Management

BY: _____ DATE: _____

Office of Economic Inclusion

**APPROVED AS TO FUNDS AVAILABLE PER
WISCONSIN STATUTES §59.255(2)(e):**

**APPROVED REGARDING FORM AND
INDEPENDENT CONTRACTOR STATUS:**

BY: _____ DATE: _____

Milwaukee County Comptroller
Office of the Comptroller

BY: _____ DATE: _____

Corporation Counsel
Office of Corporation Counsel

**REVIEWED AND APPROVED BY THE COUNTY
EXECUTIVE:**

**APPROVED AS COMPLIANT UNDER
§59.42(2)(b)5, STATS.:**

BY: _____ DATE: _____

David Crowley, County Executive
Office of the County Executive

BY: _____ DATE: _____

Corporation Counsel
Office of Corporation Counsel