CONTRA	ACT FOR	M 1684 R5 (Re	fer to ADMIN	ISTRATIVE I	MANUAL S	ection 1.13, f	or procedure	s)						
CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures) Mail to:									CONTRACT TYPE					
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus DEPARTMENT NAME									Professional Service - Operating					
									Professional Service - Capital Purchase of Service x					
									Preliminary	1		Final	X	
									AGENCY NO.	125/25/2000		TMENT (HIGH		
Aging				790 7900										
VENDOR INFORMATION														
VENDOR NO. ORDE							NEW or	AMEND	CONTRACT NO.					
18991								xxxxx		415-4	19-56			
NAME OF VENDOR									ADDRES	S			-1775	
Able Acce	ess Transp	ortation LL	.C			2620 W Silver Spring Dr								
							Milwaukee , WI 53209							
TAYI	D NO		EFFECTIVE	DATES:		LENGT	TH OF CONT	ВАСТ	AMENDMENT	ONLY: DO	ILAD	TOTAL CON	ITBACT	
TAX I.D. NO. EFFECTIVE begin date				end date		(IN MONTHS)			AMENDMENT ONLY: DOLLAR CHANGE			AMOU	1 1 1 1 1 1 1	
01/01/19 ACCOUNTING INFORMATION			12/3	1/19	12			\$ 20,000.00			\$1,430,460.00			
	TING INFO	RMATION				<u> </u>		<u> </u>		T	1	Amount	o he	
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Report Cat	Units	Expend Amendr	led/	
2019	01	0001	790	7931	A5GT		8123	1				\$99,354	1.00	
2019	02	0001	790	7931	A5GT		8123					\$392,81	6.00	
2019	03	0001	790	7931	A5GT		8123					\$295,19	2.00	
2019	04	0001	790	7931	A5Ak		8123					\$ 297,2	07.00	
2019	05	0001	790	7931	A5Ak		8123					\$ 325,8	91.00	
2019	06	001	790	7931	A5Ak		8123					\$ 20,0	00.00	
	OF CONT						regional							
1		ded by \$20,0	•			OII SEIVIC	es loi se	111015 1111	Milwaukee C	ounty no	111 170	17 1 9 -12/3	719.	
Was Count	y Board app	roval received	prior to c	ontract ex	ecution	or contract	amendm	ent or ext	tension?					
	XXXXX If YES, give County Board File No.					Date Approved								
i		If NO, why	/ is County	/ Board ap	proval n	ot require	d?							
Was Contra	act fully exe	cuted prior to	work bein	g perform	ed (all si	gnatures r	eceived)?				XXX	YES	NO	
Is Vendor a certified professional service DBE?												YES xxx	NO	
Nasrin Wertz 09/11/					1/19	Accounting Supervisor								
Prepared By Date						Title								
Samta Bhatnagar				09/11/19		Assistant Fiscal Director								
Signature of County Administrator Date						Title								
	-													