

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		x	
	Preliminary		Final	x
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG		
Aging	790	7900		

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.	
97618		XXXXXX		261-419-18	
NAME OF VENDOR		ADDRESS			
United Community Center Inc		1028 South 9th Street Milwaukee , WI 53204			
TAX I.D. NO.	EFFECTIVE DATES: begin date	end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	01/01/19	12/31/19	12		\$ 373,189.00

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
2019	01	0001	790	7931	A5SC		8123				\$77,189.00
2019	02	0001	790	7931	A5SC		8123				\$129,000.00
2019	03	0001	790	7932	A5SM		8123				\$28,000.00
2019	04	0001	790	7932	A5SM		8123				\$ 139,000.00

PURPOSE OF CONTRACT

Purchase of service contract for transportation, nutrition site & senior center management, and catering for Milwaukee County elderly serviced by UCC for time period 1/01/19-12/31/19.

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

XXXXXX If YES, give County Board File No. _____ 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

Nasrin Wertz	<input type="text"/>	Accountant
Prepared By	Date	Title
<i>Santa Bhattacharya</i>	11/09/18	Assistant Fiscal Director
Signature of County Administrator	Date	Title