

**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. 9th St, Milwaukee, WI 53233, hereinafter designated as "County" and Ross Innovative Employment Solutions, 6550 N. 76th St, Milwaukee, WI 53223, 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.

Ross Innovative Employment Solutions

By: _____ Date: _____

(Print name and title of signer)

Milwaukee County Department of Child Support Services

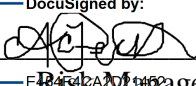
By: _____ Date: _____
Jim Sullivan, Director

Approved with regards to County Ordinance Chapter 42:

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

Reviewed by:

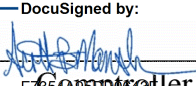
Approved for execution:

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

DocuSigned by:
By:  Date: 10/26/2015
Corporation Counsel

Approved:

Approved:

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

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. 10th Street, Milwaukee WI 53233 (County) and Ross Innovative Employment Solutions (W-2 Agency), 6550 N. 76th Street, Milwaukee WI 53223, 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

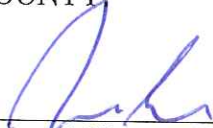
This document constitutes the entire Contract of the parties. This Contract supersedes all oral agreements and negotiations and all writings not herein referred to and incorporated. This Contract may be executed in two or more counterparts, each of which shall be deemed as original.

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

W-2 AGENCY:



Ross Innovative Employment Solutions

DATE: 2/28/13

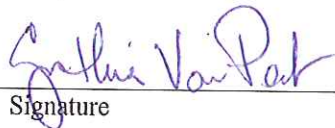
DATE: 1-2-13

Approved as to form & independent contractor
status by Milwaukee County Corporation
Counsel on 2/27/2013
Date



Signature

Approved as to insurance requirements by
Milwaukee County Risk Management on
2/26/13
Date



Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/11/2015

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).

PRODUCER Aon Risk Insurance Services West, Inc. Phoenix AZ Office 2555 East Camelback Rd. Suite 700 Phoenix AZ 85016 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105	
	E-MAIL ADDRESS:	
INSURED Providence Service Corporation 64 E Broadway Tucson AZ 85701 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company NAIC # 22667	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER: 570058032767** **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EPLG2739372A	05/15/2015	05/15/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAL H08854105	05/15/2015	05/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR48151164 (AOS) RWCC48151176 (WI only)	05/15/2015 05/15/2015	05/15/2016 05/15/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 See Attached Named Insured List. RE: Location: 6550 N. 76th Street, Milwaukee, WI 53223. Milwaukee County Child Support Services is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability Policies.

CERTIFICATE HOLDER

CANCELLATION

Milwaukee County Child Support Services 901 North 9th Street, Room 101 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. AUTHORIZED REPRESENTATIVE
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Holder Identifier : PSC

Certificate No : 570058032767





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Providence Service Corporation	
POLICY NUMBER See Certificate Number: 570058032767		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570058032767	NAIC CODE		

ADDITIONAL REMARKS

<p>THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance</p>
<p>Named Insured Schedule (page 1 of 4)</p>
<p>Providence Service Corporation:</p> <p>A to Z In-Home Tutoring LLC Alphacare Resources, Inc. - Dormant Americanwork, Inc. Camelot Care Centers, Inc. Charter LCI Corporation Children's Behavioral Health, Inc. Choices Group, Inc. College Community Services Cypress Management Services, Inc. Dockside Services, Inc Drawbridges Counseling Services, LLC - Dormant Family-Based Strategies, Inc. - Dormant Family Preservation Services, Inc. (VA) Family Preservation Services of Florida, Inc. Family Preservation Services of North Carolina, Inc. Family Preservation Services of Washington, D.C., Inc Family Preservation Services of West Virginia, Inc. Maple Services, LLC - Dormant Maple Star Colorado - WORK COMP POLICY ONLY Maple Star Nevada Maple Star Oregon, Inc MerryMeeting Center for Child Development (MCCD) OASIS Comprehensive Foster Care LLC Providence Community Corrections, Inc. f/k/a Camelot Care Corporation Providence Community Services, Inc. f/ka Pottsville Behavioral Counseling Group Providence Community Services, Inc. dba Ross Innovative Employment Solutions and Ross IES Providence Community Services, LLC f/k/a Providence of CA, LLC f/k/a Aspen MSO, LLC Providence Human Services of Massachusetts, LLC (dba Valley Psychiatric Service) Providence Human Services of Washington, Inc.dba Aces Community Services f/k/a Maple Star Washington, Inc. Providence Management Corporation of Florida Providence of Arizona, Inc Providence of Idaho, LLC dba ACES Community Services Providence Service Corporation of Alabama Providence Service Corporation of Delaware Providence Service Corporation of Maine Providence Service Corporation of New Jersey, Inc. -Dissolved Providence Service Corporation of Oklahoma Providence Service Corporation of Texas</p>
<p>-CONTINUED -</p>



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Providence Service Corporation	
POLICY NUMBER See Certificate Number: 570058032767		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570058032767	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insured Schedule (page 2 of 4)

Providence Service Corporation - Continued:

Raystown Developmental Services, Inc.
Ride Plus, LLC
Rio Grande Management Company, L.L.C.
Social Service Providers Captive Insurance Company
The Providence Service Corporation
Providence Community Services, Inc. dba The Redco Group, Inc
Transitional Family Services, Inc.
W.D. Management, L.L.C

LogistiCare Subsidiaries:

Automated Dispatch Solutions, Inc
Gainesville Technology Services, Inc
Health Trans, Inc
LGCT Ware, Inc.
LogistiCare, Inc.
LogistiCare, Inc. 401K Plan
LogistiCare Solutions, LLC
LogistiCare Solutions Independent Practice Association, LLC
Online Communications, Inc.
Provado Insurance Services, Inc.
Provado Insurance Services Purchasing Group, Inc.
Provado Technologies, LLC
Red Top Transportation, Inc.
The LogistiCare Foundation, Inc.

Canada Subsidiaries:

WCG International Consultants, Ltd.
0798576 B.C LTD. (B.C. Canada)
Aboriginal Jobwave, Inc. (B.C. Canada)
Jobwave Alberta LTD (Alberta Canada)
Jobwave Ontario LTD. (Ontario Canada)
PSC Of Canada Exchange Corporation (B.C. Canada)
PSC Of Canada Holdings Corporation (B.C. Canada)



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Providence Service Corporation	
POLICY NUMBER See Certificate Number: 570058032767			
CARRIER See Certificate Number: 570058032767	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insured Schedule (page 3 of 4)

Matrix Subsidiaries:

- Ascender
- CCHN Group Holdings, Inc.
- CCHN Holdings, Inc.
- Community Care Health Network, Inc. (DE)
- dba: Matrix Medical Network
- Matrix Medical Network of Arizona, LLC
- Matrix Medical Network of Arkansas, PA
- Matrix Medical Network of Colorado L.L.C.
- Matrix Medical Network of Florida, L.L.C.
- Matrix Medical Network of Georgia, L.L.C.
- Matrix Medical Network of Idaho L.L.C. - Dormat
- Matrix Medical Network of Indiana, P.C.
- Matrix Medical Network of Kansas, P.A.
- Matrix Medical Network of Kentucky, LLC
- Matrix Medical Network of Michigan, PC
- Matrix Medical Network of Missouri L.L.C.
- Matrix Medical Network of Nevada, LLC
- Matrix Medical Network of New Jersey, P.C.
- Matrix Medical Network of New Mexico L.L.C.
- Matrix Medical Network of North Carolina, PC
- Matrix Medical Network of Oklahoma, L.L.C.
- Matrix Medical Network of Oregon L.L.C.
- Matrix Medical Network of Tennessee, P.C.
- Matrix Medical Network of Utah, L.L.C.
- Matrix Medical Network of Virginia L.L.C.
- Matrix Medical Network of Washington L.L.C.
- Matrix Medical Network of West Virginia, P.C.
- Matrix Medical Network of Wisconsin, S.C.
- Matrix Medical of New York, P.C.
- Mission Medical Group of Alabama, L.L.C.
- dba: Mission Medical Group
- Mission Medical Group of Kansas, P.A.
- DBA: Mission Medical Group
- Mission Medical Group of Louisiana, L.L.C.
- dba: Mission Medical Group
- Mission Medical Group, LLC (MO) - Dormat
- dba: Mission Medical Group
- Mission Medical Group, P.A. (MS)
- MMN of Texas, L.L.C. - Dormat
- MMNRA, LLC (DE)

-CONTINUED -



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Providence Service Corporation	
POLICY NUMBER See Certificate Number: 570058032767		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570058032767	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insured Schedule (page 4 of 4)

Matrix Subsidiaries Continued:

Regional Physician Services California, P.C.
 dba: Matrix Medical Network
 Regional Physician Services Connecticut, P.C.
 dba: Matrix Medical Network
 Regional Physician Services Florida, P.A.
 dba: Matrix Medical Network - Dormat
 Regional Physician Services Idaho, P.C.
 Regional Physician Services North Carolina, P.C.
 dba: Mission Medical Group - Dormat
 Regional Physician Services of Illinois P.C.
 dba: Matrix Medical Network
 Regional Physician Services of Massachusetts, P.C. dba: Matrix Medical Network
 Regional Physician Services of Minnesota P.C.
 dba: Matrix Medical Network
 Regional Physician Services of Ohio,
 Professional Corporation
 Regional Physician Services Pennsylvania P.C.
 dba: Matrix Medical Network
 Regional Physician Services Rhode Island, P.C.
 Regional Physician Services South Carolina, P.C.
 dba: Mission Medical Group
 Regional Physician Services Tennessee, P.C.
 dba: Mission Medical Group - Dormat
 Regional Physician Services Texas, P.A.
 Regional Physician Services, NJ, P.C.
 dba: Matrix Medical Network - Dormat
 Regional Physician Services, P.C. (NY)
 Votiva Health, LLC (DE)

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

Named Insured Providence Service Corporation			Endorsement Number 1
Policy Symbol EPL	Policy Number G2739372A	Policy Period 05/15/2015 TO 05/15/2016	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

GENERAL LIABILITY COVERAGE PART

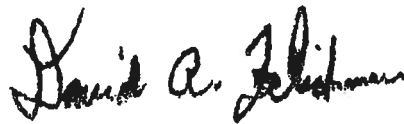
It is agreed that The Transfer of Right of Recovery Against Others To Us Condition N (Section IV CONDITIONS) is deleted in its entirety and replaced with the following:

SCHEDULE

Name of Person or Organization: Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

All other terms and conditions of this policy remain unchanged.



Authorized Representative

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
- Existing Staff Time Required
- Increase Operating Expenditures
(If checked, check one of two boxes below)
 - Absorbed Within Agency's Budget
 - Not Absorbed Within Agency's Budget
- Decrease Operating Expenditures
- Increase Operating Revenues
- Decrease Operating Revenues
- Increase Capital Expenditures
- Decrease Capital Expenditures
- Increase Capital Revenues
- Decrease Capital Revenues
- Use of contingent funds

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
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	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. ¹ 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.

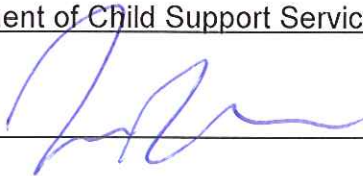
B. There are no direct costs, savings or anticipated revenues associated with this action in the current budget year.

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?² Yes No Not Required

¹ 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.

² 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: 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 <input checked="" type="checkbox"/>
	Preliminary <input checked="" type="checkbox"/> Final

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Child Support Enforcement	243	2430

VENDOR INFORMATION

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

NAME OF VENDOR	ADDRESS
Ross Innovative Employment Solutions	300 S. Riverside, Suite I St. Clair, MI 48079

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

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
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

Certificate Of Completion

Envelope Number: 648B4DB1600F4123B37421753454B04A
 Subject: Please DocuSign these documents: W2 Contract Extension-Ross
 Source Envelope:
 Document Pages: 15
 Certificate Pages: 5
 AutoNav: Enabled
 Envelopeld Stamping: Enabled

Status: Completed

Signatures: 4
 Initials: 1

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 4:49:08 PM CT

Holder: Cheryl Berry
 cheryl.berry@milwaukeecountywi.gov

Location: DocuSign

Signer Events

Signature

Timestamp

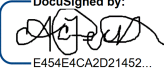
Rick Norris
 rick.norris@milwaukeecountywi.gov
 CBDP Director
 Milwaukee County
 Security Level: Email, Account Authentication (None)
 Electronic Record and Signature Disclosure:
 Not Offered
 ID:

DocuSigned by:

 AD4C84D4023E450...
 Using IP Address: 204.194.251.5

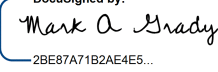
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 Viewed: 10/21/2015 9:44:22 AM CT
 Signed: 10/21/2015 9:45:08 AM CT

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
 ID: 55fe780a-2930-46fa-8578-dc7e4fbad47c

DocuSigned by:

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 Using IP Address: 204.194.251.5

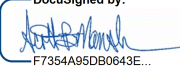
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 Viewed: 10/21/2015 9:53:18 AM CT
 Signed: 10/21/2015 9:53:45 AM CT

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 9:53:48 AM CT
 Viewed: 10/26/2015 2:41:44 PM CT
 Signed: 10/26/2015 2:42:11 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 2:42:13 PM CT
 Viewed: 10/27/2015 2:19:11 PM CT
 Signed: 10/27/2015 2:19:27 PM CT

Signer Events	Signature	Timestamp
Cheryl Berry cheryl.berry@milwaukeecountywi.gov Executive Assistant - Child Support Milwaukee County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered ID:	 Using IP Address: 204.194.251.5	Sent: 10/27/2015 2:19:30 PM CT Viewed: 10/27/2015 2:22:03 PM CT Signed: 10/27/2015 2:22:14 PM CT

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Notary Events	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/27/2015 2:19:30 PM CT
Certified Delivered	Security Checked	10/27/2015 2:22:03 PM CT
Signing Complete	Security Checked	10/27/2015 2:22:14 PM CT
Completed	Security Checked	10/27/2015 2:22:14 PM CT

Electronic Record and Signature Disclosure
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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To advise Wisconsin Milwaukee County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP

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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