CONTRA	ACT FOR	M 1684 R5 (Refe	er to ADMINI	ISTRATIVE N	/IANUAL Se	ection 1.13, fo	or procedures	s)		_			
Mail to:			CONTRACT TYPE										
Preliminary:	Office of the	Comptroller, Co	Professional Service - Operating										
Final:		Comptroller, Acc	Professional Service - Capital										
	Community E	Business Develo		P		e of Service							
DEDARENE	a free bank street	<del></del>	Preliminary			Final							
DEPARTME	NI NAME	<del>-</del>	AGENCY NO.	·	DEPAR	TMENT (HIGH) ORG							
<del> </del>									790	<del></del>		7900	
VENDOR	INFORMAT	•			-	· 1		T	<del> </del>			<del></del>	
· .	VE	ENDOR NO.			ORDE	R TYPE	NEW or	AMEND	-	CONTR	RACT N	O	
96984							XXXXX			261-4	18-24		
NAME OF VEN	NDOR .					<u> </u>		<del></del>	ADDRESS			<u>'                                    </u>	
Legal Act	tion of Wis	consin Inc				230 We	st Wells	s Street	Room 800		31		
						Milwauk	kee , WI	53203					
TAVI	D.NO.		EFFECTIVE	DATEC:		LENGT	THE CONT	EDAOT	1 ANGLICATION	DNII / DO		TOTAL COURTS OF	
· ·	.D. NO.	begin date	EFFECTIVE	end d	ate		H OF CONT N MONTHS		AMENDMENT C	ANGE	ILLAR	TOTAL CONTRACT	
40001111	TINO INFO	01/01/	/18	12/3	1/18		12					\$ 348,562.00	
	TING INFO	RIVIATION .		I				I	· · · · · · · · · · · · · · · · · · ·	T ==		Amount to be	
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Report Cat	Units	Expended/ Amendment	
2018	01	0001	790	7931	A5SB	!	8123	-				\$155,946.00	
2018	02	0001	790	7931	A5SB		8123	<u>.</u>		i.		\$103,654.00	
2018	03	0001	790	7931	A5SB		8123					\$23,090.00	
2018	04	0001	790	7931	A5SB		8123					\$ 47,911.00	
2018	05	0001	790	7931	A5SB		8123					\$ 17,961.00	
		ļ 	<u> </u>		<u> </u>		<u>,</u>	<u>.</u> .					
	OF CONT	RACT ontracts for E		, ,			= .0.0						
					·								
Was Count	y Board appr	oval received	prior to co	ontract ex	ecution o	r contract	amendme	ent or ext	ension?				
	XXXXXX	If YES, give	e County	Board File	e No.	17	-76.	<u>3</u>	Date Approved	d			
		If NO, why	is County	y Board ap	proval n	ot required	1?						
Was Contra	act fully exec	uted prior to w	vork being	performe	ed (all sig	natures re	eceived)?				XXXX	YES NO	
ls Vendor a	certified pro	fessional servi	ice DBE?			_						YES xxx NO	
Nasrin W	′ertz			11/0:	2/17		Accoun	tant					
Prepared B				Date	•	Accountant Title							
	' <b>y</b>					_	ritio					]	
Saml	ta Bh	etnagar	L	11/7/	17		Interim [	Director					

CONTRA	CT FOR	1684 R5 (Refe	er to ADMINI	STRATIVE N	/ANUAL Se	ection 1.13, fo	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										Professional Service - Operating					
Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse									Professional Service - Capital Purchase of Service						
Community Business Development Partners, 8th Floor City Campus										X					
DEPARTMENT NAME												Final TMENT (HIGH) ORG			
Department on Aging									AGENCY NO. 790			7900			
VENDOR I	NFORMAT	ION													
		ENDOR NO.			ORDE	R TYPE	NEW or	AMEND		CONTR	ACT NO	D			
97504							XXXXX			251-41	  8-23				
NAME OF VEN	DOR						7,700,70	l .	ADDRESS	201 1	<u> </u>				
Interfaith	Older Adu	It Program				600 W	Virginia	Street S	Suite 300						
						Milwauk	kee , WI	53204-	1551						
TAVI	D. NO.	· · · · · · · · · · · · · · · · · · ·	EFFOTI /F	DATES		LENCT	TH OF CONT	DACT	AMENDMENT C	WIV. DO	IIAD I	TOTAL CONTRACT			
TAX I.I	D. NO.	begin date	EFFECTIVE	end d	ate	(1	IN MONTHS ossible mo	)	CHA		LLAR	TOTAL CONTRACT AMOUNT			
		01/01/	/18	06/0	1/18		ns through					\$495,000.00			
ACCOUNT	ING INFO	RMATION								I	1	Amount to be			
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Report Cat	Units	Expended/ Amendment			
2018	01	0001	790	7934	0000		8123					\$149,818.00			
2018	02	0001	790	7934	A5BU		8123					\$ 37,152.00			
2018	03	0001	790	7934	A5CS		8123					\$ 140,998.00			
2018	04	0001	790	7934	A5DU		8123					\$ 138,818.00			
2018	05	0001	790	7967	A5WP		8123	<u>;</u>			ļ	\$ 21,285.00			
2018	06	0001	790	7967	A5WP		8123					\$ 6,929.00			
	OF CONT														
		ontracts for p iod 1/01/2018			county-c	wned Se	nior Cen	ters (Ro	se, McGovern	, Washi	ngton,	, Wilson, and			
Dor 2019 /	\dontod Du	dant Amondi	mont 1 A (	022 tha	omount	chall not	avacad ¢	405 000	for the initial	poriod o	£ 1/1/	2019 through			
1	•	_		•					may extend t	-		_			
1			_	•				•	•			thorization of a			
1'	•	contingency				· /									
Was County	y Board appi	roval received	prior to c	ontract ex	ecution (	or contrac	t amendm	ent or ex	tension?						
	Х	If YES, give	e County	Board File	e No.	pending	g 17-7 <u></u> 6	3	_Date Approve	Ŀ	Antici	ipated 12/14/17			
		If NO, why	is Count	v Board ar	oproval n	ot require	d?								
Was Contra	act fully exec	cuted prior to v			-	•					XXXX	YES NO			
ls Vendor a	certified pro	ofessional serv	ice DBE?	}								YES xxx NO			
Nasrin W	ertz	•		11/0	2/17	]	Accoun	tant							
Prepared B	-			Date		J	Title	· ·							
Sam	ita Bl	raturas	yeu.	11-10	-2017		Assistar	nt Fiscal	Director						
	f County Adı	ministrator 9	,	Date		-	Title		<u>-</u>						

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CONTRA	CT FOR	<b>M</b> 1684 R5 (Ref	er to ADMINI	STRATIVE N	/ANUAL Se	ection 1.13, fo	or procedures	s)						
Mail to:			CONTRACT TYPE											
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse										Professional Service - Operating				
Final:		Comptroller, Ac	Professional Service - Capital											
	Community E	Business Develo	opment Par	tners, 8th F	Floor City (	Campus				. P		e of Service Final		
<del></del>				Preliminary										
DEPARTMEN	IT NAME	<del></del> - ·	AGENCY NO.		DEPAR	TMENT (HIGH) ORG								
									790		<u></u> ,	7900		
VENDOR I					0000	D TVDE		· · · · · · · · · · · · · · · · · · ·	•	OONITÓ	A OT N			
	VE	Endor No.			ORDE	R TYPE	NEW or	AMEND		CONTŔ	ACT N	J. ·		
95599							XXXXX			251-41	8-33			
NAME OF VEN	DOR .								ADDRESS	21.				
Goodwill I	ndustries	of Southea	stern Wi	isconsin	,Inc	P.O Bo	x 78564							
						Milwaul	kee , WI	53278-	-0564					
TAX I.I	D. NO.	begin date	EFFECTIVE	DATES: end d	ate .		TH OF CONT IN MONTHS		AMENDMENT C	NLY DO	LLAR	TOTAL CONTRACT AMOUNT		
		01/01	/18	12/3	1/18		12				·	\$ 1,082,903.00		
ACCOUNT	ING INFO	RMATION							· .					
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Report Cat	Units	Amount to be Expended/ Amendment		
2018	01	0001	790	7931	A5HM		8123				i	\$133,228.00		
2018	02	0001	790	7932	A5HM		8123					\$ 259,256.00		
2018	03	0001	790_	7932	A5HM		8123	-				\$ 690,419.00		
			<u> </u>			<u> </u>		1						
				<u> </u>										
DUDDOOF	OF CONT	DACT	<u> </u>	<u> </u>				<u> </u>	•					
PURPOSE		ontracts for l	Elada adele a a	unulana fa	n time o m	asiad 1/0:	1/10 10/0	1// 0	·			<u> </u>		
			·											
Was County	Board appr	oval received	prior to c	ontract ex	ecution c	or contract	amendm	ent or ext	ension?					
	XXXXX	If YES, giv	e County	Board File	e No.	17	-76	3_	Date Approve	d				
		If NO, why	is Count	/ Board ar	oproval n	ot require	d?							
Was Contra	ct fully exec	cuted prior to				•					xxxx	YES NO		
Is Vendor a	certified pro	fessional serv	ice DBE?									YES xxx NO		
Nasrin W	ertz			11/0	2/17		Accoun	itant						
Prepared By				Date		J	Title							
Samt	ou Bh	atnace	u	11/7	17		Assistar	nt Directo	or Fiscal					
Signature o	f County Adr	ministrato()		Date		=	Title							

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Mail to:	CIFOR	M 1684 R5 (Rei	er to ADMINI	STRATIVE M	IANUAL SE	ection 1.13, fo	or procedures	<u> </u>	<u> </u>	CONTR	ACT TV	PF
<u>Mail to</u> : Preliminary:	Office of the	Comptroller, Co	CONTRACT TYPE Professional Service - Operating									
Final:		Comptroller, Ad	Professional Service - Capital									
	Community I	Business Devel	Purchase of Service									
				Preliminary			Final					
DEPARTMEN	IT NAME	: <u>-</u>	•						AGENCY NO. DEPARTMENT (HIG			TMENT (HIGH) ORG
									790			7900
VENDOR I	NFORMA	TION		- 1				'.				
	V	ENDOR NO.		+2	ORDE	R TYPE	NEW or	AMEND		CONTE	RACT N	0.
97504							XXXXX			251-4	18-52	
NAME OF VEN	DOR								ADDRESS			
Interfaith	Older Adu	ılt Program				600 W	Virginia	Street S	Suite 300			
	Name of the state					Milwaul	kee , WI	53204	-1551			
	· · · · · · · · · · · · · · · · · · ·											1 220 19 -
TAX I.	D. NO.		EFFECTIVE		-1-		TH OF CONT		AMENDMENT	ONLY: DO	LLAR	TOTAL CONTRACT
· ·		begin date		end d		,	IN MONTHS	<u>' :</u>	, CH2	<del></del>		
40001111	TINO INFO	01/01	/18	12/3	1/18		12					\$ 571,158.00
ACCOUNT	ING INFO	RIVIATION		<u>.                                    </u>	<u> </u>			ļ	······································	Report		Amount to be
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	bb Number	Cat	Units	Expended/ Amendment
2018	01	0001	790	7931	A5BU		8123				ļ 	\$300,000.00
2018	02	0001	790	7931	A5MS		8123			1		\$ 271,158.00
								ļ		<u> </u>		
						: -						
PURPOSE	OF CON	TRACT	<u> </u>								•	
ruiciiase i	OI SELVICE C	contracts for	Lidelly Se	ervices to	i time p	enou mo	1710-1270					
Was Count	y Board app	roval received	prior to c	ontract ex	ecution o	or contract	amendm	ent or ext	tension?			
	xxxxxx	lf YES, gi	ve County	Board File	e No.	17	-76	<u>3</u>	_Date Approve	d		
		If NO, wh	v is Count	v Board ar	oproval n	ot require	d?					
Was Contra	act fully exe	cuted prior to		•				- ::			XXXX	YES NO
Is Vendor a	certified pro	ofessional ser	vice DBE?	•								YES XXX NO
Nasrin W	ert <del>z</del>			11/0	2/17		Accoun	tant				
Prepared B		<u> </u>	<u> </u>	Date		_	Title	- milk	<u> </u>		-	
Samt	a Bl	atnage	is.	11/7/	17-		Assistar	nt Fisical	Director			
							Title					

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CONTRA	CT FOR	<b>M</b> 1684 R5 (Ref	er to ADMINI	STRATIVE M	íANUAL Se	ection 1.13, fo	or procedures	)				
Mail to:			CONTRACT TYPE									
Preliminary:		Comptroller, Co	Professional Service - Operating									
Final:		Comptroller, Ac	Professional Service - Capital  Purchase of Service									
	Community E	Business Develo	B. E. S									
DEPARTMEN	JT NAME	<del> </del>	Preliminary Final AGENCY NO. DEPARTMENT (H			rinai TMENT (HIGH) ORG						
DEI ARTIMEI	TT TOTAL					7900						
VENDOD		TION.	<del></del>						790		<del></del>	7900
VENDOR I		ENDOR NO.		•	ORDE	R TYPE	NEW or	AMEND		CONTR	ACT NO	
						,,,,,_	11	7		<del></del>	····	<u></u>
97618		<del> ,</del>					XXXXX			261-41	18-18	
NAME OF VEN	DOR 	<u> </u>	<u> </u>				· .		ADDRESS	· · · · · · · · · · · · · · · · · · ·		· · · · ·
United Co	mmunity	Center Inc				1028 S	outh 9th	Street				
						Milwaul	kee , Wl	53204				
TAX I.D. NO. EFFECTIVE DATES: begin date end date							TH OF CONT IN MONTHS		AMENDMENT C	ONLY: DO NIGE	LLAR	TOTAL CONTRACT AMOUNT
		01/01	/18	12/3	1/18		12					\$ 373,189.00
ACCOUNT	TING INFO	RMATION										
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	01	0001	790	7931	A5SC	j	8123					\$50,540.00
2018	02	0001	790	7931	A5SC		8123					\$137,226.00
2018	03	0001	790	7931	A5SC		8123					\$18,423.00
2018	04	0001	790	7932	A5SM		8123					\$ 139,000.00
2018	05	0001	790	7932	A5SM		8124					\$ 28,000.00
											i	
PURPOSE	OF CONT	TRACT		:		_		· · · · · · · · · · · · · · · · · · ·				
Purchase	of service o	contracts for	Elderly se	ervices fo	r time p	eriod 1/0	1/18-12/3	31/18.				
NA/a a Carret	v Doord one	roval received	l nrior to o	ontract ov		r contract	amondm	ont or ev	tonsion?			
vvas Count	у воаго арр	rovai received	i prior to c	ontiact ex	eculion	or contract	. amenum	ent or ex	(CHSIOH !			
	xxxxxx	If YES, giv	ve County	Board File	e No.	17"	76_	3	_Date Approve	d		
		If NO, why	y is County	y Board ar	oproval n	ot require	d?					
Was Contra	act fully exe	cuted prior to	work bein	g performe	ed (all sig	gnatures r	eceived)?				XXXX	YES NO
is Vendor a	certified pro	ofessional ser	vice DBE?			_						YESNO
  Nasrin W	'ertz			11/0	2/17		Accoun	tant				
Prepared B			• •	Date		-	Title			-		
Sanit	a Bhe	alraga	<i>&gt;</i>	<u> </u>	2017			nt Fiscal	Director			
Signature o	of County Ad	ministrat <b>⊌</b> r		Date			Title					

CONTRA	ACT FOR	M 1684 R5 (Ref	er to ADMIN	ISTRATIVE N	MANUAL S	ection 1.13, fo	or procedures	s)							
Mail to:										CONTRACT TYPE					
Preliminary:	Office of the	Professional Service - Operating													
Final:	Office of the	F	ce - Capital												
	Community		, F		of Service	<u> </u>									
DEDARTME	NIT NIABAE		Preliminary DEPAR			Final	<u> </u>								
DEPARTME	IN I. INAIVIE		· · · · · ·			DEPAR	TMENT (HIG	n) UKG							
			790		<u>.                                    </u>	7900	<u> </u>								
VENDOR	INFORMA	TION			, —		·	<del>,</del>	1			<u> </u>			
!	V	ENDOR NO.	<u> </u>		ORDE	R TYPE	NEW or	AMEND		CONTR	RACT N	<b>0</b> . "."			
90580							XXXXX	1		415-4	18-13				
NAME OF VEN	IDOR		1				AAAAA	<del></del>	ADDRESS		10-10	<u> </u>			
Tropoit E	vnroco In					424 \\	oborny S	·troot							
TTANSIL ⊑.	xpress, Inc	ý,					cherry S			· —					
						Milwaul	kee , Wl	53212							
TAXI	,D. NO.	begin date	EFFECTIVE	DATES: end d	late		TH OF CONT IN MONTHS		AMENDMENT (	ONLY: DO ANGE	LLAR	TOTAL CO			
	•	01/01	/18	12/3	1/18		12					\$ 1,407,161.00			
ACCOUN	TING INFO	RMATION													
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Report Cat	Units	Amount Expend	ded/		
2018	01	0001	790	7931	A5GT		8123					\$269,44	45.00		
2018	02	0001	790	7931	A5GT		8123					\$222,72	25.00		
2018	03	0001	790	7931	A5GT		8123					\$277,55	51.00		
2018	04	0001	790	7931	A5Ak		8123					\$ 311,5	549.00		
2018	. 05	0001	790	7931	A5Ak		8123					\$ 325,8	391.00		
	:														
PURPOSE	OF CONT	RACT								<u> </u>					
Purchase	of service o	contracts for l	Elderly se	ervices fo	r time p	eriod 1/0	1/18-12/3	31/18							
}															
Was Count	v Board app	roval received	prior to c	ontract ex	ecution c	r contract	amendme	ent or ext	ension?						
		1	•												
	XXXXX	∫ If YES, giv -	e County	Board File	e No.	_//	-76	<u> </u>	Date Approve	d		<del></del>	<del></del>		
		If NO, why	is County	/ Board ap	proval n	ot require	d?								
Was Contra	act fully exec	cuted prior to v	work being	g performe	ed (all sig	natures re	eceived)?	<del></del>			xxx	YES	NO		
l Is Vendor a	certified pro	ofessional serv	ice DBE?									YES xxx	1no		
	•			·- ·-		1							1		
Nasrin W				11/0	2/17		Accoun	tant_							
Prepared B	-			Date		7	Title								
		rtnaga	3	11/7/	17	_	Assistan	t Fiscal	Director		<u> </u>				
Signature o	f County Ad	ministrat		Date			Title								

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