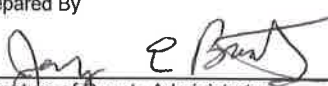


CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)																	
Mail to: Preliminary: Office of the Comptroller, Courthouse Room 301 Final: Accounts Payable, Courthouse Room 301 <u>and</u> Community Business Development Partners, City Campus - 8th Floor						CONTRACT TYPE Professional Service - Operating <input checked="" type="checkbox"/> X Professional Service - Capital <input type="checkbox"/> Purchase of Service <input type="checkbox"/> Preliminary <input type="checkbox"/> Final <input type="checkbox"/>											
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												AGENCY NO.			DEPARTMENT (HIGH) ORG		
UW-EXTENSION												991			9910		
VENDOR INFORMATION																	
VENDOR NO.				ORDER TYPE	NEW or	AMEND	CONTRACT NO.										
70708					X		MILW	2020A									
NAME OF VENDOR						ADDRESS											
UNIVERSITY OF WISCONSIN EXTENSION						Office of Financial Services											
						432 N Lake Street											
						Madison, WI 53706											
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT									
		begin date end date		(IN MONTHS)		CHANGE		AMOUNT									
391-80-5963		01/01/20 12/31/20		12						\$ 230,500.00							
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						
2020	01		991	9910			6148				\$ 230,500.00						
PURPOSE OF CONTRACT																	
For salary support of 5 local Extension staff to deliver educational services aligned to County priorities. (Agriculture educator, 4-H Program Coordinator, Communities educator, Health & Well-Being educator, & Positive Youth Development educator.) Includes professional development, travel & supplies, temp & intern staff, and one STEM Coordinator.																	
Was County Board approval received prior to contract execution or contract amendment or extension? <input checked="" type="checkbox"/> X If YES, give County Board File No. <u>19-850</u> Date Approved _____ <input type="checkbox"/> If NO, why is County Board approval not required? _____																	
Was Contract fully executed prior to work being performed (all signatures received)? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
Is Vendor a certified professional service DBE? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
Tami Griffin <input type="text"/> Prepared By Date				Senior Executive Assistant Title													
 Signature of County Administrator Date				10/30/2019 Extension Milwaukee County Director Title													