



COMMUNITY BUSINESS DEVELOPMENT PARTNERS MILWAUKEE COUNTY

Participation Recommendation

To be completed by project owner. Please, direct questions regarding this form to CDBP, 414-278-4851 or
cbdpcompliance@milwaukeecountywi.gov

FUNDING SOURCE

___ Local ___ X ___ State ___ Federal ___ Grant If Federally Funded, what percentage? ___ %
Federal Source of Funds: ___ FAA ___ FTA ___ DOT (includes WisDOT) ___ Other: _____

CONTACT INFORMATION

Contract Administrator: Eloisa Gómez Phone: 414-256-4640 Date: November 1, 2016
Email Address eloisa.gomez@ces.uwex.edu Fund: _____ Agency: 991 Org No. 9910

PROJECT INFORMATION

Project Name: UW Extension Project No.: _____

Contract Scope/Project Description (attach scope/description of work or estimating sheet):

Milwaukee County partnership has held a long standing partnership with the UW System to provide educational resources to county residents, organizations, businesses, units of county government and municipalities. WI State statutes 59.56 defines this partnership. Through this arrangement, a variety of educational programs are provided in Milwaukee County through the UW Extension educators. The Professional Services Contract covers a portion of four faculty members, some support staffing, supplies, and professional development. The UW System is a not for profit entity.

Contracting Opportunities (List NAICS codes): _____

___ RFP/BID will be used (Yes/No) NO Advertising Date: _____ Bid/Proposal Due Date: _____

TYPE OF PROJECT

<u>Professional Services</u>	<u>Estimated Amount</u>	<u>Recommended Participation</u>	
	<u>\$ 175,212</u>	<u>0 %</u>	
<u>Construction Related</u>	<u>Estimated Amount</u>	<u>Estimated Allowance</u>	<u>Recommended Participation</u>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

APPROVALS

Is county board approval required? Yes Resolution #: _____ (attach resolution)

WAIVER REQUEST

Request for a goal of 0% requires signature of department head, a full scope of project and explanation.

Explanation: There is no subcontracting opportunity. All services will be performed by UW Extension staff.

Eloisa Gómez Department/Division Administrator Name Signature Eloisa Gomez Date 11/1/16

CBDP USE ONLY

Concur with Recommendation RN, or provide the following goals: _____ %

This contract is exempt from a participation goal: ___ Yes ___ No

DocuSigned by: Rick Morris Approved: _____ Date: 11/7/2016