EXHIBIT 1

Milwaukee County Department on Aging Description of Proposed Programs and Services Funding Period: January 1, 2016 to December 31 2016

1.0	General Program Information	
1.01	Program Title or Type of Service Provided:	Family Caregiver Support Network and Alzheimer's Disease Direct Service
1.02	Agency Name:	Interfaith Older Adult Programs, Inc.
1.03	Address of Primary Office:	600 W. Virginia Street, Suite 300 Milwaukee WI, 53204
1.04	Phone Number: (414) 220-8600	Fax: (414) 291-7510
1.05	Office Hours: 8:30 AM to 4:30 PM	Email: rolson@interfaithmilw.org
	Official(s) Authorized by the Board of Directors to Signature: Stephanie Sue Stein, Interim Execution Signature:	tive Director
1.07	Staff Contact for the Program: Name/Title: Rachel Olson, Director	Fax: (414) 291-7510
	Phone Number: (414) 220-8601	Email: rolson@interfaithmilw.org
1.08	Type of Agency:	Nonprofit
1.09	Federal ID Number: 39-1217963	State Tax Exempt Number: ES 15376
1.10	Type of Request:	Continuation
1.11	Amount of Department on Aging Request:	\$545,158
1.12	Total Agency Budget:	\$8,890.719
1.13	Proposed Cost Per Unit:	N/A
1.14	Proposed Units Provided:	N/A

4.0 Revised Budget Sur	mmary			Revision Date	12/31/2016 to reflect	MCDA-015 additional funding
		Page 1		Contract Period	1/1/2016 to 12/31/2	2016
Aganava Intoufaith	Older Adult Programs	8-				
Agency: Interfaith	Older Adult Programs			Program/Service	Family Caregiver S COMBINED	upport Network
	1	2	3	4	5	6
	Department	Non-Fede	ral Match			
ITEM	on Aging	(10% of Pro		Program	All Other	Total
	Request	Cash	In-Kind	Revenue	Resources	
1. PERSONNEL						
A. Wages & Salaries	122,635	23,850			0	146,485
B. Fringe (34.8 %)	32,889	5,588			0	38,477
C. Other (Describe)	155 504	20, 120				
SUBTOTAL	155,524	29,438	0		0	184,962
2. TRAVEL EXPENSES						
A. Local	2,167				200	2,367
B. Out of Town	2,107				200	2,507
SUBTOTAL	2,167	0	0	(200	2367
3. FACILITIES EXPENSE						
A. Rent	50,772					50,772
B. Utilities	3,577					3,577
C. Other (Describe)						
SUBTOTAL	54,349	0	0		0	54,349
4 ODED ATING EVDENCE	TC					
4. OPERATING EXPENSE A. Office Supplies	8,355			1	96	8,451
B. Consumable Supplies	5,367		5,074		3,603	14,044
C. Telephone	1,470		2,07.		356	2,560
D. Postage	8,592					8,592
E. Equipment	1,000					1,000
F. Other (Describe)*	36,609					36,609
SUBTOTAL	61,393	0	5,074	(4,789	71,256
*See attached budget forms						
5. MISCELLANEOUS	222					
A. Staff Training	900					900
B. Consultant Fees C. Audit	1,027				98	12,328 1,125
D. Other (Describe)*	228,300				90	228,300
SUBTOTAL	242,555	0	0	(98	242,653
*see attached budget forms		,-				212,003
6. INDIRECT COSTS						
A. Indirect Costs (Form 4	.1) 29,170					29,170
B. Other (Describe)						
SUBTOTAL	29,170	0	0		0	29,170
7. COLUMN TOTAL FOR						
ALL COSTS	545,158	29,438	5,074		5,087	584,757
8. TOTAL NON-FEDERAL		29,438	5,074			34,512
9. PROFIT FACTOR	0.00%				0.00%	0.00%
		intion of I. W.	d Mat-1-	I Inita J W		
*Provide source of Non-Fede	erai Casn match or aescr	ipiion oj In-Kin	a Maich:	United Way	Advertising Agenc	У

^{**} Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP documents for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

\$41,560

5,074

4.0 Revised Budget Summary Page 2 **Revision Date** 12/31/2016 -- to reflect additional funding 1/1/2016 to 12/31/2016 Contract Period Agency: Interfaith Older Adult Programs Family Caregiver Support Network Program/Service TTTLE III --NFCSP 4 6 5 Non-Federal Match Department Program All Other ITEM (10% of Program Costs) on Aging Total Revenue Resources Request Cash In-Kind 1. PERSONNEL A. Wages & Salaries 110,882 23,850 134,732 B. Fringe (20.8 %) 29,993 5,588 0 35,581 C. Other (Describe) 0 **SUBTOTAL** 140,875 29,438 0 170,313 2. TRAVEL EXPENSES A. Local 2,167 200 2,367 B. Out of Town 2,167 0 0 0 SUBTOTAL 200 2367 3. FACILITIES EXPENSE A. Rent 50,772 50,772 3,577 **B.** Utilities 3,57 C. Other (Describe) 54,349 **SUBTOTAL** 0 0 0 0 54,349 4. OPERATING EXPENSES 8,355 A. Office Supplies 96 8,451 4,867 **B.** Consumable Supplies 5,074 3,603 13,544 1,470 C. Telephone 356 2,560 8,592 D. Postage 8,592 E. Equipment F. Other (Describe)* 23,284 5,074 4.789 33,147 **SUBTOTAL** *See attached budget forms 5. MISCELLANEOUS 900 A. Staff Training 900 2,328 **B.** Consultant Fees 2,328 1,027 C. Audit 1.027 60,300 D. Other (Describe)* 60,300 64,555 0 0 0 64,555 **SUBTOTAL** 98 *NFCSP Respite Care 6. INDIRECT COSTS 14,770 A. Indirect Costs (Form 4.1) 14,770 B. Other (Describe) 14,770 **SUBTOTAL** 14,770 7. COLUMN TOTAL FOR ALL COSTS 300,000 29,438 5,074 0 5,087 339,599 29,438 5,074 8. TOTAL NON-FEDERAL 34,512 9. PROFIT FACTOR 0.00% 0.00% 0.00%

^{*}Provide source of Non-Federal Cash match or description of In-Kind Match: United Way

Advertising Agency

^{\$41,560} 5,074

^{**} Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP documents for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

DocuSign Envelope ID: F988A0E9-41C0-45D2-87FC-1D4618198789 MCDA-015 4.0 Revised Budget Summary Page 3 **Revision Date** 12/31/2016 -- to reflect additional funding Contract Period 1/1/2016 to 12/31/2016 Agency: **Interfaith Older Adult Programs** Program/Service Family Caregiver Support Network **ALZHEIMERS** 4 5 6 Department Non-Federal Match Program All Other **ITEM** on Aging (10% of Program Costs) Total Revenue Resources Request Cash In-Kind 1. PERSONNEL A. Wages & Salaries 11,753 11,753 B. Fringe (34.8 %) 2,896 0 2,896 C. Other (Describe) 14,649 0 **SUBTOTAL** 0 14,649 2. TRAVEL EXPENSES A. Local B. Out of Town 0 0 SUBTOTAL 0 3. FACILITIES EXPENSE A. Rent 0 B. Utilities 0 C. Other (Describe) 0 0 **SUBTOTAL** 0 0 0 4. OPERATING EXPENSES A. Office Supplies 500 **B.** Consumable Supplies 500 C. Telephone D. Postage E. Equipment 1,000 1,000 F. Other (Describe)* 36,609 36,609 38,109 0 **SUBTOTAL** 38,109 *Outreach: Marketing, Advertising, Promtion 5. MISCELLANEOUS A. Staff Training 10,000 **B.** Consultant Fees 10,000 C. Audit 98 D. Other (Describe)* 168,000 168,000 178,000 0 0 **SUBTOTAL** 178,000 *Alzheimer's Care 6. INDIRECT COSTS 14,400 A. Indirect Costs (Form 4.1) 14,400 B. Other (Describe)

14,400

0

14,400

245,158

SUBTOTAL

7. COLUMN TOTAL FOR

ALL COSTS 0 245,158 8. TOTAL NON-FEDERAL 0.00% 9. PROFIT FACTOR 0.00% 0.00%

^{*}Provide source of Non-Federal Cash match or description of In-Kind Matc United Way Advertising Agency \$41.560 5.074

^{**} Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP documents for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)



DocuSign Envelope ID: F988A0E9-41C0-45D2-87FC-1D4618198789 COMMUNITY BUSINESS DEVELOPMENT PARTNERS **MILWAUKEE COUNTY**

DBE Participation Recommendation/Wavier Request

To be completed by project owner. Please, direct questions regarding this form to CBDP, 414-278-4747 or

CBDP@milwaukeeCountyWi.gov

FUNDING SOURCE		
	lly Funded, what percent	
CONTACT INFORMATION		
Contract Administrator: Gary W. Portenier Phone:		_Date: _ February 17, 2017
Email Address_gary.portenier@milwaukeecountywi.gov Fund: Multiple	Agency: Dept. on Aging	_Org No
PROJECT INFORMATION		
Project Name: Family Caregiver Support and Alzheimer's Disease Direct Services	Project No.: 416-52	
Contract Scope/Project Description (attach scope/description of work or	estimating sheet):	
Family Caregiver Support helps family caregivers by offering information, education, and support	ort services to assist both caregi	ivers of older adults and older
adults caring for grandchildren or disabled adult children. Alzheimer's Direct Services helps det	ermine eligibility and arranges	services for older adults with
Alzheimer's disease. The amendment is based upon the \$7,000 increase in AFSCP funds from V	Visconsin DHS for Alzheimer's	s direct services.
Contracting Opportunities (List NAICS codes): None		
*Cour	nty Board File No. 98-197(a) (a	a)
RFP/BID will be used (Yes/No) Yes Advertising Date: Not required*	Bid/Proposal Due Date:	August 21, 2015
TYPE OF PROJECT		
Professional Services Estimated Amount	Recommended	DBE Participation
\$		%
	R	Recommended
<u>Construction Related</u> <u>Estimated Amount</u> <u>Estimated Amount</u>	ed Allowance DE	BE Participation
\$ \$ <u></u>		%
		%
APPROVALS		
Is county board approval required? Yes No Resolution	n #: <u>TBD</u>	(attach resolution)
WAIVER REQUEST		
Request for a goal of 0% requires signature of department head,	a full scope of project	t and explanation.
Explanation: The county will contract with nonprofit Interfaith Older Adult Programs to make	anage OAA family caregiver su	upport & AFCSP direct services.
Subcontracting with a DBE certified vendor is not possible given the contractive has ended and	d the award is to fully reimburs	se Interfaith for actual costs.
Holly Davis		2/27/2017
Department on Aging Holly Davis Department/Division Administrator Name Comparison Administrator Name Comparison Administrator Name	е	Date
CBDP USE ONLY		
Concur with Recommendation, or provide the following	u doale.	
This contract is exempt from the DBE goal: X Yes No	g godis	
DocuSigned by:		
Approved: Kick Norvis	2/ Date:	27/2017
DBE-12 (07/07/14) Previous Editions Obsolete		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2016

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(les) 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 floruer ill fleu of such t			
PRODUCER		CONTACT Cortney Moderacki	
UNICO Group, Inc.		PHONE (402) 434-7200 FAX (A/C, No, Ext): (402) 434-7200	34-7272
1128 Lincoln Mall		E-MAIL ADDRESS: cmoderacki@unicogroup.com	
Suite 200	t.	INSURER(S) AFFORDING COVERAGE	NAIC #
Lincoln NE	68508	INSURER A:Philadelphia Indemnity	18058
INSURED		INSURER B Midwest Family Mutual Ins Co.	23574
Interfaith Older Adult Pr	rograms, Inc.	INSURER C:	
600 W. Virginia Street		INSURER D:	
Suite 300		INSURER E :	
Milwaukee WI	53204	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:17-18 All	Lines 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.

	CLUSIONS AND CONDITIONS OF SUCH	POLICI					
INSR LTR	TYPE OF INSURANCE	INSD V	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	<u> </u>
	X COMMERCIAL GENERAL LIABILITY						\$ 1,000,000
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			PHPK1570669	1/1/2017	1/1/2018	MED EXP (Any one person)	5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:					Human Services Deluxe	<pre>\$ Included</pre>
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	X ANY AUTO					BODILY INJURY (Per person)	\$
^	ALL OWNED SCHEDULED AUTOS AUTOS		PHPK1570669	1/1/2017	1/1/2018	BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							<u></u>
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
А	EXCESS LIAB CLAIMS-MADE		PHUB561653	1/1/2017	1/1/2018	AGGREGATE	\$ 5,000,000
	DED X RETENTION\$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	_
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$ 100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	WCWI0560079585	1/1/2017	1/1/2018	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Professional Liability		PHPK1570669	1/1/2017	1/1/2018	Each incident \$1,000,000	Agg\$3,000,000
A	Employee Dishonesty		PHPK1570669	1/1/2017	1/1/2018	Limit \$50,000	Ded - \$1,000
	·						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Milwaukee County Dept. on Aging, ATIMA, is included as an additional insured where required by written contract as respects the General Liability and Auto Liability coverage. Waiver of Subrogation applies in favor of Milwaukee County Department on Aging.

CERTIFICATE HOLDER	CANCELLATION
Milwaukee County Dept. on Aging 1220 W. Vliet Street Milwaukee, WI 53205	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MIIWadkee, WI 55205	AUTHORIZED REPRESENTATIVE
	Carl Zeutzius/CM

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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 Preliminary Preliminary Preliminary Final DEPARTMENT NAME DEPARTMENT ON AGING VENDOR INFORMATION VENDOR NO. ORDER TYPE NEW or AMEND Professional Service - Operating Prof		CT FOR	M 1684 R5 (Refe	er to ADMINI	STRATIVE N	MANUAL S	ection 1.13, fo	or procedures)	-				
Final Office of the Comprovine: Accounts Payable, Room 301 Courthouse	Mail to	Office of the	Comptaller Co	atroot Sign	aturos Bo	om 201 C	authausa			Droi				
Purchase of Service NXXXX H YES, give County Board approval required? Preliminary Final NXXXX Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give County Board approval required? Purchase of Service NXXXX YES, give NXXX	_													
DEPARTMENT NAME	rillai.													
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DEPARTMENT ON AGING 790 7900												1		
VENDOR INFORMATION	DEPARTMEN	IT NAME		•	* * *			<u> </u>	X			DEPAR		H) ORG
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	VENDOR I	NFORMAT	ION				in sample. T				· · · · · · · · · · · · · · · · · · ·		<u> </u>	j
NAME OF VENDOR ADDRESS		VE	ENDOR NO.			ORDE	R TYPE	NEW or	AMEND		CONTR	ACT N	0.	
NTERFAITH OLDER ADULT PROGRAM, INC 600 West Virginia Street Suite 300 Milwaukee WI 53204-1551	97504								xxxxx		251-4	16-52		
Milwaukee WI	NAME OF VEN	DOR		-						ADDRESS				
Milwaukee WI	INTERFA	ITH OLDE	R ADULT F	PROGR	AM, INC	,	600 We	est Virgir	nia Stre	et Suite 300				
TAX I D. NO. Degin date D					,			·						
Despin date Service Contracts For Elderly Services For Time Period 1/1/16-12/31/16 1/2 \$7,000.00 \$ 545.158.00			Day .				IVIIIVVACI	Yee	V I		1001			
ACCOUNTING INFORMATION	TAX I.	D. NO.		EFFECTIVE		late	1					LLAR		
ACCOUNTING INFORMATION		· · ·	01/01	/16	12/3	1/16		12		\$7 A	nn nn		© 545	158 00
Vest to be Expended Line No Fund Agency Org Unit Activity Function Object Job Number Report Cat Units Expended Expended Cat Units Expended Expended Cat Units Expended Cat	ACCOUNT	ING INFO		10	12/0	., 10			-	Ψί,σ	00.00		Ι Ψ	100.00
2016	Year to be			Agency	Org Unit	Activity	Function	Object	Jo	b Number		Units	Expen	ded/
2016 02 0001 790 7931 A5MS 8123 \$172,158.00	2016	01	0001	790	7931	A5BU	8123							
2016 03 0001 790 7931 A5MS 8123				-				\ 				-		
PURPOSE OF CONTRACT Purchase of Service Contracts For Elderly Services For Time Period 1/1/16-12/31/16 Was County Board approval received prior to contract execution or contract amendment or extension? XXXX If YES, give County Board File No. 15-766 Date Approved If NO, why is County Board approval not required? Was Contract fully executed prior to work being performed (all signatures received)? XXXX YES NO Nasrin Wertz Prepared By Holly Davis Date Date Title Director							i		<u> </u>					
PURPOSE OF CONTRACT Purchase of Service Contracts For Elderly Services For Time Period 1/1/16-12/31/16 Was County Board approval received prior to contract execution or contract amendment or extension? XXXX	2010	03	0001	790	7901	AOIVIO	0123					ļ	Ψ10,00	0.00
PURPOSE OF CONTRACT Purchase of Service Contracts For Elderly Services For Time Period 1/1/16-12/31/16 Was County Board approval received prior to contract execution or contract amendment or extension? XXXX)									
PURPOSE OF CONTRACT Purchase of Service Contracts For Elderly Services For Time Period 1/1/16-12/31/16 Was County Board approval received prior to contract execution or contract amendment or extension? XXXX					!							ـ		
Purchase of Service Contracts For Elderly Services For Time Period 1/1/16-12/31/16 Was County Board approval received prior to contract execution or contract amendment or extension? XXXXX If YES, give County Board File No. 15-766 Date Approved If NO, why is County Board approval not required? Was Contract fully executed prior to work being performed (all signatures received)? Is Vendor a certified professional service DBE? Nasrin Wertz Prepared By Holly Davis Date Date Title Director	4	ŧ.			į									
Was County Board approval received prior to contract execution or contract amendment or extension? XXXX														<u>. 194.</u>
If NO, why is County Board File No. 15-766 Date Approved If NO, why is County Board approval not required? Was Contract fully executed prior to work being performed (all signatures received)? Is Vendor a certified professional service DBE? Nasrin Wertz O2/13/17 Prepared By Holly Davis Date Title Title Director		or dervice C	ontracts (or	·	Oel vices	TO THE	ie i enou	17 17 10-12	2,01710		a			
If NO, why is County Board approval not required? Was Contract fully executed prior to work being performed (all signatures received)? Is Vendor a certified professional service DBE? Nasrin Wertz Prepared By Holly Davis Date 02/13/17 Director	Was County	Board appr	oval received	prior to c	ontract ex	ecution o	or contract	amendm	ent or ext	ension?				
Was Contract fully executed prior to work being performed (all signatures received)? Is Vendor a certified professional service DBE? Nasrin Wertz Prepared By Holly Davis Date 02/13/17 Director		XXXX	If YES, giv	e County	Board File	e No.	15-766			Date Approve	d			
Was Contract fully executed prior to work being performed (all signatures received)? Is Vendor a certified professional service DBE? Nasrin Wertz Prepared By Holly Davis Date 02/13/17 Director			If NO, why	is Count	v Board ar	oproval n	ot require	d?						
Nasrin Wertz Prepared By Holly Davis 02/13/17 Date 102/13/17 Director	Was Contra	ct fully exec										XXX	YES	NO
Prepared By Holly Davis Date Title O2/13/17 Director	ls Vendor a	certified pro	fessional serv	rice DBE?	1								YES XX]NO
Prepared By Holly Davis Date Title O2/13/17 Director	,				02/1	3/17	7	_						
Holly Davis 02/13/17 Director	<u> </u>		 		i	JI I I	J		untant					
business and the second	Prepared B	Y Ho	elly Da	vis			7							
Signature of County Administrator Date Title		,	1		02/1	3/17		Direc	ctor					
	Signature o	f County Adr	ministrator		Date		_	Title			-			

Contract Amendment

This agreement is made and entered into by and between Milwaukee County Department on Aging, 1220 West Vliet Street, Milwaukee, WI 53205, hereinafter referred to as COUNTY, and Interfaith Older Adult Programs, Inc., hereinafter referred to as CONTRACTOR, pursuant to Chapters 53 and 46.09 of the General Ordinances of Milwaukee County.

The purpose of this agreement is to amend the 2016 Purchase of Service contract between COUNTY and the CONTRACTOR to provide <u>Family Caregiver Support and Alzheimer's Disease Direct Services</u> (Contract No. 251-416-52). It is expressly understood and agreed by COUNTY and CONTRACTOR that, unless otherwise provided below, all terms, conditions, and provisions of the contract remain unchanged and in effect for all services provided under the contract and this amendment.

PROVISIONS

- Effective upon execution of this amendment between COUNTY and CONTRACTOR, COUNTY shall increase the amount of the contract award by \$7,000 for a revised award of \$545,158; and
- 2. CONTRACTOR agrees to submit revised Exhibit I page 1, 3.0 Program Staffing Information, 4.0 Budget Summary, and all financial and service reports, exhibits, or other documentation required by COUNTY for administration of this amendment.

AUTHORIZATIONS

COUNTY enters into this Contract as authorized by the Milwaukee County Board of Supervisors and ratified by the Milwaukee County Executive. CONTRACTOR enters into this Contract pursuant to and by authority of its Board of Directors at its meeting on 2/15/2017

IN WITNESS WHEREOF, this agreement shall be effective upon the date of execution of this agreement by all parties as provided below:

Rick Norris	Date: _	2/27/2017	
e: CBDP Director	_		
viewed by Risk Management:			
Paul Schwegel 480D50B2E68040A	Date: _	3/1/2017	
e:Safety Manager	_		
proved as to Execution:			
Paul D. Euglitsch	Date: _	3/3/2017	
e:Deputy Corporation Counsel	_		
ntractor Representative: Stephenie Stein 14E400F57504432			
Stephonie Stein 14E400F67604432	Date: _	3/3/2017	
e:Interim Executive Director	_		
waukee County Department on Aging:			
Holly Davis	Date: _	3/17/2017	

Contract No. 251-416-52

Approved as to funds available per Wisco	onsin Sta	atutes Section 59.255(2)(e):
By: F7364A06DB0643E	_ Date: _	3/17/2017
Title: Comptroller	_	
Milwaukee County Executive:		
By:Chris Abele	_ Date: _	
Approved as to Wis. Stats. §59.42		
By:	_ Date: _	
Title:	_	

EXHIBIT 1

Milwaukee County Department on Aging Description of Proposed Programs and Services Funding Period January 1, 2016 to December 31, 2016

1.0 General Program Information	
1.01 Program Title or Type of Service Provided	Family Caregiver Support and Alzheimer's Disease Direct Service
1.02 Agency Name	Interfaith Older Adult Programs
1.03 Address of Primary Office:	600 W. Virginia Street, Suite 300 Milwaukee WI 53204
1.04 Phone Number (414) 771-7500	Fax# (414) 291-7510
1.05 Office Hours 8:30am – 4:30pm	E-mail rolson@interfaithmilw.org
1.06 Official(s) Authorized by the Board of Directors to S	이번 경기 아름다면 모든 사람들은 그들은 이 경험 그들은 그 없다.
Name, Title Lisa Bittman, Executive Director	Signature Soc But
Name, Title Lisa Bittman, Executive Director Name, Title Janet McMahon, Sr. Dir. for Program Operations	Signature Gust MMake
.1.07 Staff Contact for the Programs	
Name, Title Rachel Olson, Director Phone Number (414) 220-8601	Fax# (414) 291-7510 E-mail rolson@interfaithmilw.org
1.08 Type of Agency (please check all those that apply):	✓ Non-Profit
1.09 Federal ID No. 39-1217963	State Tax Exempt No. ES 15376
1.10 Type of Request: Continuation	
1.11 Amount of Department on Aging Request	\$538,158
1.12 Total Agency Budget	\$8,890,719
1.13 Proposed Cost Per Unit 1.14 Proposed Unites Provided	NA NA



DocuSign Envelope ID: F988A0E9-41C0-45D2-87FC-1D4618198789 COMMUNITY BUSINESS DEVELOPMENT PARTNERS **MILWAUKEE COUNTY**

DBE Participation Recommendation/Wavier Request

To be completed by project owner. Please, direct questions regarding this form to CBDP, 414-278-4747 or

CBDP@milwaukeeCountyWi.gov

FUNDING SOURCE	
	derally Funded, what percentage? 55.7% % es WisDOT) Other: DHHS and Wisc. DHS
CONTACT INFORMAT	
Contract Administrator: Gary W. Portenier Phone	
Email Address gary.portenier@milwaukeecountywi.gov Fund: Multiple	Agency: Dept. on Aging Org No. 7900
PROJECT INFORMAT	ION
Project Name: Family Caregiver Support and Alzheimer's Disease Direct Services	Project No.: 416-52
Contract Scope/Project Description (attach scope/description of work	or estimating sheet):
Family Caregiver Support helps family caregivers by offering information, education, and st	upport services to assist both caregivers of older adults and older
adults caring for grandchildren or disabled adult children. Alzheimer's Direct Services helps	s determine eligibility and arranges services for older adults with
Alzheimer's disease. Original award was approved under File No. 15-766. The amendment	is based on increased direct services award from Wisconsin DHS.
Contracting Opportunities (List NAICS codes): None	
*(County Board File No. 98-197(a) (a)
RFP/BID will be used (Yes/No) Yes Advertising Date: Not required*	Bid/Proposal Due Date: August 21, 2015
TYPE OF PROJECT	Т
Professional Services Estimated Amount	Recommended DBE Participation
\$	<u></u> %
	Recommended
· · · · · · · · · · · · · · · · · · ·	mated Allowance DBE Participation
\$ \$ <u></u>	%
	%
APPROVALS	
Is county board approval required? Yes No Resol	ution #: TBD (attach resolution)
WAIVER REQUEST	
Request for a goal of 0% requires signature of department he	ead, a full scope of project and explanation.
Explanation: The county will contract with nonprofit Interfaith Older Adult Programs to	to manage OAA family caregiver support & AFCSP direct service
Subcontracting with a DBE certified vendor places undue burdens on the agency, increasing	g administrative oversight and reducing programs and services.
Gary Portenier	August 9, 2016
Department on Aging Gary W. Portenier Department/Division Administrator Name Signal Signal	August 8, 2016 ature Date
CBDP USE ONLY	
Concur with Recommendation , or provide the follow	wing goals:%
This contract is exempt from the DBE goal: X Yes No	g godio
DocuSigned by:	
Approved: Kick Norris	8/10/2016 Date:
DBE-12 (07/07/14) Previous Editions Obsolete	

	NAICS	
*	CODE	DESCRIPTION
\dashv	212319	Other Crushed & Broken Stone Mining & Quarrying
\neg	212321	Construction Sand & Gravel Mining
\dashv	212322	Industrial Sand Mining
\dashv	236117	New Housing Operative Builders
\dashv	236118	Residential Remodelers
\dashv	236210	Industrial Building Construction
\dashv	236220	Commercial & Institutional Building Construction
\dashv	237110	Water & Sewer Line & Related Structures Construction
\dashv	237120	Oil & Gas Pipeline & Related Structures Construction
\dashv	237130	Power & Communication Line & Related Structures Construction
\dashv	237310	Highway, Street & Bridge Construction
\dashv	237990	Other Heavy & Civil Engineering Construction
\dashv	238110	Poured Concrete Foundation & Structure Contractors
\dashv	238120	Structural Steel and Precast Concrete Contractors
\dashv	238130	Framing Contractors
\dashv		•
-	238140	Masonry Contractors
_	238150	Glass and Glazing Contractors
_	238160	Roofing Contractors
_	238170	Siding Contractors Other Foundation Structure & Building Futerior Contractors
_	238190	Other Foundation, Structure & Building Exterior Contractors
_	238210	Electrical Contractors & Other Wiring Installation Contractors
_	238220	Plumbing, Heating & Air-Conditioning Contractors
_	238290	Other Building Equipment Contractors
_	238310	Drywall & Insulation Contractors
_	238320	Painting and Wall Covering Contractors
_	238330	Flooring Contractors
	238340	Tile & Terrazzo Contractors
	238350	Finish Carpentry Contractors
	238390	Other Building Finishing Contractors
	238910	Site Preparation Contractors
	238990	All Other Specialty Trade Contractors
	323114	Quick Printing
	323116	Manifold Business Forms Printing
	323117	Books Printing
	323119	Other Commercial Printing
	325998	All Other Miscellaneous Chemical Product & Preparation Manufacturing
	327215	Glass Product Manufacturing Made of Purchased Glass
	327320	Ready-Mix Concrete Manufacturing
	331210	Iron & Steel Pipe & Tube Manufacturing from Purchased Steel
	332116	Metal Stamping
	332311	Prefabricated Metal Building & Component Manufacturing
	332312	Fabricated Structural Metal Manufacturing
	332321	Metal Window & Door Manufacturing
\dashv	332322	Sheet Metal Work Manufacturing
	332323	Ornamental & Architectural Metal Work Manufacturing
	332510	Hardware Manufacturing
	423210	Furniture Merchant Wholesalers
\dashv	423310	Lumber, Plywood, Millwork & Wood Panel Merchant Wholesalers
\dashv	423320	Brick, Stone & Related Construction Material Merchant Wholesalers
\dashv	423330	Roofing, Siding & Insulation Material Merchant Wholesalers
\dashv	423390	Other Construction Material Merchant Wholesalers
\dashv	423510	Metal Service Centers & Other Metal Merchant Wholesalers
	423610	Electrical Apparatus & Equipment, Wiring Supplies & Related Equipment Merchant
\dashv	423690	Wholesalers Other Electronic Parts & Equipment Merchant Wholesalers
\dashv	423710	Hardware Merchant Wholesalers
- 1		Plumbing & Heating Equipment & Supplies (Hydronics) Merchant Wholesalers
\neg	423720	

423740	Refrigeration Equipment & Supplies Merchant Wholesalers
423840	Industrial Supplies Merchant Wholesalers
443120	Computer & Software Stores
445299	All Other Specialty Food Stores
453110	Florists
453210	Office Supplies and Stationery Stores
453998	All Other Miscellaneous Store Retailers (except Tobacco Stores)
454210	Vending Machine Operators
454390	All Other Direct Selling Establishments
485991	Special Needs Transportation
485999	All Other Transit & Ground Passenger Transportation
488410	Motor Vehicle Towing
492110	Couriers & Express Delivery Services
492210	Local Messengers & Local Delivery
493110	General Warehousing & Storage
517110	Wired Telecommunications Carriers (except Satellite)
017110	vinea releasimmente camero (except catenite)
523120	Security Brokers and Dealers
523930	Investment Advice
524210	Insurance Agents, Brokers and Service
524291	Claims Adjusting
524292	Third Party Administration of Insurance
532490	Equipment Rental and Leasing, NEC
541110	Office Administrative Services
541211	Accounting, Auditing and Bookkeeping
541213	Tax Return Preparation Services
541219	Accounting Services/Other
541310	Architectural Services
541320	Landscape Architectural Services
1 3 11 3 2	
541330	Engineering Services
541340	Drafting Services
541360	Geophysical Surveying & Mapping Services
541370	
541380	Testing Laboratories
541410	Interior Designs Services
541420	Industrial Design Services
541430	Commercial Art and Graphic Design / Graphic Design Services
541511	Custom Computer Programming Services
541512	Computer Systems Design Services
541513	Computer Facilities Management Services
541611	Management Consulting Services
541613	Marketing Consulting Services
<u> </u>	
541618	Other Management Consulting Services
541620	Environmental Services
541730	Landscape Services (lawn care, sod laying, seeding, installations, etc.)
541810	Advertising Agencies
541820	Public Relations Services
541860	Direct Mail Advertising Services
541910	Educational Research Commercial
541922	Photographic Services
541930	
561110	
561210	Facilities Support Services
561220	Temporary Help Services
561320 561410	Temporary Help Services Computer Process/Data Preparation and Processing
561439	Photocopying and Duplicating Services
561440	
561510	
1 1 301010	Thatal Againate

561	520	Tour Operators
	611	Investigation Services
501	<u> </u>	
561	612	Security Guards and Patrol Services
		·
561	621	Security Systems Services
561	720	Janitorial/Building Cleaning and Maintenance Services
	730	Ornamental Shrub & Tree Services (tree planting/removal, trimming, pruning)
561	740	Carpet and Upholstery Cleaning Service
	990	All Other Business Support Services
	119	Local Trucking w/o Storage
	910	Asbestos/Lead Abatement, Remediation Services
	998	Sanitary Services
	610	Home Health Care Services
621	999	Health and Allied Services, NEC
624	110	Child and Youth Services
624	190	Individual and Family Social Services
624	310	Vocational Rehabilitation Services
722	2110	Full Service Restaurants
722	211	Retail Bakeries
722	213	Eating Places
	2410	Drinking Places Alcoholic Beverages
811	121	Automotive Body, Paint and Interior Repair
812	990	Shoe Repair Shops and Shoeshine parlors
813	319	Other Social Advocacy Organizations

Note: For a comprehensive listing of NAICS codes please go to the address, http://www.census.gov/eos/www/naics/index.html



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2015

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		CONTACT Cortney Moderacki	
UNICO Group, Inc.		PHONE (402) 434-7200 FAX (A/C, No): (402)	434-7272
4435 O Street		E-MAIL ADDRESS: cmoderacki@unicogroup.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Lincoln NE	68510	INSURER A:Philadelphia Indemnity	18058
INSURED		INSURER B Midwest Family Mutual Ins Co.	23574
Interfaith Older Adult	Programs, Inc.	INSURER C:	
600 W. Virginia Street		INSURER D :	
Suite 300		INSURER E :	
Milwaukee WI	53204	INSURER F:	
	OPPRISONATE MUMBER 16 17 311	Time BEVIOLON NUMBER.	

COVERAGES CERTIFICATE NUMBER: 16-17 All Lines 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.

INSR LTR	TYPE OF INSURANCE	ADDL S	UBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	CLAIMS-MADE X OCCUR		PHPK1418564	1/1/2016	1/1/2017	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
l	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 3,000,000
	X POLICY PRO- JECT LOC					\$
	AUTOMOBILE LIABILITY		·			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	X ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED SCHEDULED AUTOS		PHPK1418564	1/1/2016	1/1/2017	BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
l						\$
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 5,000,000
A	EXCESS LIAB CLAIMS-MADE		1			AGGREGATE \$ 5,000,000
	DED X RETENTION\$ 10,000		PHUB521207	1/1/2016	1/1/2017	. \$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT \$ 100,000
l	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"'^	WCWI0560079585	1/1/2016	1/1/2017	E.L. DISEASE - EA EMPLOYEE \$ 100,000
	if yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PHPK1418564	1/1/2016	1/1/2017	Each incident \$1,000,000 Agg \$3,000,000
	Employee Dishonesty		PHPK1418564	1/1/2016	1/1/2017	Limit \$50,000 Ded - \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Milwaukee County Dept. on Aging, ATIMA, is included as an additional insured where required by written
contract as respects the General Liability and Auto Liability coverage. Waiver of Subrogation applies in
favor of Milwaukee County Department on Aging.

<u> </u>	
Milwaukee County Dept. on Aging 1220 W. Vliet Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Milwaukee, WI 53205	AUTHORIZED REPRESENTATIVE
	Carl Zeutzius/AE

CANCELLATION

ACORD 25 (2010/05)

CERTIFICATE HOLDER

CONTRA	ACT FOR	M 1684 R5 (Refe	er to ADMIN	STRATIVE I	MANUAL S	ection 1.13, fo	or procedure:	s)				
Mail to:			,							CONTRA		The state of the s
Preliminary:		Comptroller, Co	-						Professional Service - Operating			
Final:		Comptroller, Ac Business Develo	-			Professional Service - Capital Purchase of Service XXXXX						
	Community L	ousilless Develo	phineiit i a	illiers, our i	loor City	Campus					uicilas	e of Service AAAAA
Prelim												Final
DEPARTMEN	NT NAME	•							AGENCY NO.	4,11	DEPAR	TMENT (HIGH) ORG
DEPARTMENT ON AGING 790												7900
VENDOR	INFORMAT	ION	44.	<u> </u>	<u> </u>			· · · · ·		100		
VENDOR NO. ORDER TYPE NEW or AMEND										CONTR	ACT N	o. 1
97504	•							xxxxx		251-4 1	16-52	
NAME OF VEN	IDOR	Sive in Williams		The second of			1 1 1		ADDRESS			
INTEDEA		R ADULT F	PAGE	AM INC		600 \/	et Virgir	nia Stra	et Suite 300			***
IIV I EINI A	IIII OLDL	IN ADOLT I	NOGN	AIVI, IIVC	,							
						Milwaul	kee V	VI	53204	-1551		
	•								<u> </u>			
TAX I.	D. NO.	begin date	EFFECTIVE	DATES: end d	ate		H OF CONT IN MONTHS		AMENDMENT C	ONLY, DO NGE		TOTAL CONTRACT AMOUNT
		01/01/	/16	12/3	1/16		40		000.0	00.00		6 500 450 00
ACCOUNT	TING INFO		10	12/3	1/10	l	12	w.	<u> </u>	00.00		\$ 538,158.00
Year to be	4 2 3 4 4	MATION		great feasi feasi. Pinggreat film in	1	· ·				Panort		Amount to be
Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Report Cat	Units	Expended/ Amendment
2016	01	0001	790	7931	A5BU	8123						\$300,000.00
2016	02	0001	790	7931	A5MS	8123						\$172,158.00
2016	03	0001	790	7931	A5MS	8123						\$66,000.00
	9											
PURPOSE	OF CONT	RACT	1000	l Haran San	<u> </u>	<u> </u>				<u> </u>		
		Contracts For	Elderly	Services	For Tim	e Period	1/1/16-12	2/31/16	·			<u> </u>
	•		·						•			
		•										
										•		
			4.	:								·
Was County	y Board appr	oval received	prior to co	ontract ex	ecution c	or contract	amendme	ent or ext	ension?			·
}	XXXX	 	. 0	D		15 766			D-4- 4	r		
		│ If YES, giv	e County	Board File	e No.	<u>15-766</u>		•	Date Approved	1		
		If NO, why	is County	/ Board ar	proval n	ot required	1 ?					
Was Contra	act fully exec	cuted prior to v									XXX	YES NO
	·	fessional serv	_				·					YES XX NO
is venuora	ceruneu pro	iessivilai seiv	ICE DDE !			-		-				LIES VY INO
Nasrin W	eltz			08/0	4/16	;	Accoun	tant				
Prepared B				Date			Title	iain				
	08/04/16 Jatasian Binarten											
	interim Director											
Signature of County Administrator Date Title												

Contract Amendment

This agreement is made and entered into by and between Milwaukee County Department on Aging, 1220 West Vliet Street, Milwaukee, WI 53205, hereinafter referred to as COUNTY, and Interfaith Older Adult Programs, Inc., hereinafter referred to as CONTRACTOR, pursuant to Chapters 53 and 46.09 of the General Ordinances of Milwaukee County.

The purpose of this agreement is to amend the 2016 Purchase of Service contract between COUNTY and the CONTRACTOR to provide <u>Family Caregiver Support and Alzheimer's Disease Direct Services</u> (Contract No. 251-416-52). It is expressly understood and agreed by COUNTY and CONTRACTOR that, unless otherwise provided below, all terms, conditions, and provisions of the contract remain unchanged and in effect for all services provided under the contract and this amendment.

PROVISIONS

- Effective upon execution of this amendment between COUNTY and CONTRACTOR, COUNTY shall increase the amount of the contract award by \$66,000 for a revised award of \$538,158; and
- 2. CONTRACTOR agrees to submit revised Exhibit I page 1, 3.0 Program Staffing Information, 4.0 Budget Summary, and all financial and service reports, exhibits, or other documentation required by COUNTY for administration of this amendment.

AUTHORIZATIONS

COUNTY enters into this Contract as authorized by the Milwaukee County Board of Supervisors and ratified by the Milwaukee County Executive. CONTRACTOR enters into this Contract pursuant to and by authority of its Board of Directors at its meeting on September 2015

IN WITNESS WHEREOF, this agreement shall be effective upon the date of execution of this agreement by all parties as provided below:

By:	_Date:	8/10/2016	
CBDP Director Title:			
Reviewed by Risk Management:			
By:	_Date:	8/12/2016	
Title:	_		
Approved as to Execution:			
By: Collect Foly By: Berbadanteardar	_Date:	8/16/2016	
Interim Corporation Counsel			
Contractor Representative:			
By: Lisa Bittman	_Date:	8/18/2016	
Executive Director Γitle:			
Milwaukee County Department on Aging	:		
By: Gory Portenier 335101AA398B444	Date:	8/18/2016	
Firle: Program Planning Coordinator			

Approved as to funds available per Wisconsin Statutes Section 59.255(2)(e):

By: F7354A95DB0043E	_ Date: .	8/19/2016
Comptroller Title:	_	
Milwaukee County Executive:		
By:	_ Date: _	9/27/2016
Chris Abele		
Approved as to Wis. Stats. §59.42		
By: Colleen Foley	_ Date: _	9/30/2016
Title:	_	

Contract No. 251-416-52

EXHIBIT 1

Milwaukee County Department on Aging Description of Proposed Programs and Services Funding Period January 1, 2016 to December 31, 2016

1.0 General Program	n Information						
1.01 Program Title o	or Type of Service Provided	Family Caregiver Support and Alzheimer's Disease Direct Service					
1.02 Agency Name		Interfaith Older Adult Programs, Inc.					
1.03 Address of Prin	nary Office:	600 W. Virginia Street, Suite 300 Milwaukee WI 53204					
1.04 Phone Number	(414) 771-7500	Fax# (414) 291-7510					
1.05 Office Hours	8:30am – 4:30pm	E-mail pbruce@interfaithmilw.org					
1.06 Official(s) Auth	norized by the Board of Directors to S	Sign Contracts/Reports for the Agency:					
Name, Title	Lisa Bittman, Executive Director	Signature Jisa Bithner					
Name, Title	Janet McMahon, Sr. Dir. for Program Operations	Signature Jul Me Me hon					
1.07 Staff Contact fo	or the Programs						
(414) 291-7510 Name, Title	Pat Bruce, Director	Fax# (414) 291-7510					
Phone Number	er (414) 220-8601	E-mail pbruce@interfaithmilw.org					
1.08 Type of Agency	y (please check all those that apply):	✓ Non-Profit					
1.09 Federal ID No.	39-1217963	State Tax Exempt No. ES 15376					
1.10 Type of Reques	et: ~ Continuation						
1.11 Amount of Department on Aging Request \$472,158							
1.12 Total Agency B	Budget	\$8,890,719					
1.13 Proposed Cost1.14 Proposed Unite		NA NA					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2014

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).

	" " 	0100110110			
PRODUCER	The state of	1 1 0	tituanii vii	CONTACT Cortney Moderacki	
UNICO Group				PHONE (402) 434-7200 FAX (A/C; No): (402)	2) 434-7272
4435 O Street				E-MAIL ADDRESS: cmoderacki@unicogroup.com	
				INSURER(S) AFFORDING COVERAGE	NAIC #
Lincoln	NE	68510		INSURER A: Philadelphia Indemnity	18058
INSURED				INSURER B Midwest Family Mutual Ins Co.	23574
Interfaith Older	Adult P	rograms, In	nc.	INSURER C:	
600 W. Virginia	Street			INSURER D:	
Suite 300				INSURER E:	
Milwaukee	WI	53204		INSURER F:	
00)(55,1050		EDTIEIO ATE AU	MPED 15 16 311	Times COT DELVIOLENCE	

COVERAGES CERTIFICATE NUMBER: 15-16 All Lines COI 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY	1					DAMAGE TO RENTED S 100,000
A	CLAIMS-MADE X OCCUR			PHPK1275822	1/1/2015	1/1/2016	MED EXP (Any one person) \$ 5,000
		1					PERSONAL & ADV INJURY \$ 1,000,000
	<u> </u>					-	GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	X POLICY PRO- LOC			1 7		44.0	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,000,000
A.	X ANY AUTO					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BODILY INJURY (Per person) \$
	ALL OWNED SCHEDULED AUTOS			PHPK1275822	1/1/2015	1/1/2016	BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS	11 11					PROPERTY DAMAGE \$
		٠		para emily full transition of para-			\$
	X UMBRELLA LIAB X OCCUR	28.00	11.		And the property of the second		EACH OCCURRENCE \$ 5,000,000
Α	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED X RETENTIONS 10,000	<u> </u>		PHUB485593	1/1/2015	1/1/2016	s
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$ 100,000
	(Mandatory in NH)	77		WCWI0560079585	1/1/2015	1/1/2016	E.L. DISEASE - EA EMPLOYEE \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>			ļ		EL DISEASE - POLICY LIMIT \$ 500,000
Α	Professional Liability			PHPK1275822	1/1/2015	1/1/2016	Each incident \$1,000,000 Agg\$3,000,000
A	Employee Dishonesty			PHPK1275822	1/1/2015	1/1/2016	Limit \$50,000 Ded - \$1,000
			ŀ	<u> </u>			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Milwaukee County Dept. on Aging, ATIMA, is included as an additional insured where required by written
contract as respects the General Liability and Auto Liability coverage. Waiver of Subrogation in favor of
Milwaukee County Department on Aging.

CERTIFICATE HOLDER	CANCELLATION
Milwaukee County Dept. on Aging 1220 W. Vliet Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Milwaukee, WI 53205	AUTHORIZED REPRESENTATIVE
	Carl Zeutzius/CM

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Mail to:										CONTRACT TYPE				
Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse										Professional Service - Operating				
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Interfaith Old	ier Adult H	rograms, Inc	3.			600 West Virginia Street Suite 300								
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Is Vendor a certified professional service DBE?														
44400045														
WENDY WOODRUFF 11/13/2015						ACCOUNTANT								
Prepared By Date 11/13/2015							Title							
								ASSISTANT DIRECTOR - FISCAL & SUPPORT SERVICES						
Signature of	County Ad	dministrator		Date			Title						-	

Milwaukee County Department on Aging 2016 Purchase of Service Contract Grant Supported Programs and Services

Contract Number <u>251-416-52</u>

Service Family Caregiver Support and Alzheimer's Disease Direct Services

This Contract is made and entered between Milwaukee County, a Wisconsin municipal body corporate, represented by the Milwaukee County Department on Aging, 1220 West Vliet Street Suite 302, Milwaukee, WI 53205 (hereinafter called County) and Interfaith Older Adult Programs, Inc. (hereinafter called Contractor), and whose primary business address for the purposes of this Contract is:

Interfaith Older Adult Programs, Inc.

600 W. Virginia St., Suite 300
Milwaukee, WI 53204

1. <u>Dates of Performance</u>

This Contract is for the period of January 1, 2016 through December 31, 2016, or until such time as provided herein.

2. Scope of Service

Contractor shall specifically perform all of the services and achieve the objectives as set forth in the proposal submitted by Contractor to County, which is attached hereto as Exhibit I, Description of Proposed Programs and Services, and incorporated by reference. Contractor shall perform all services provided under this Contract in the manner prescribed by the relevant Program/Service Guidelines or Specifications, which are herein incorporated by reference and made a part of this Contract as if physically attached hereto.

3. Staffing and Delivery of Programs/Services

- A. Contractor shall provide all personnel required to perform the programs or services under this Contract. Such personnel shall not be employees of County, or have any other contractual relationships with County. Any replacement of personnel listed in Contractor's proposal shall be by persons of like qualifications, which shall be attested to by Contractor. Whenever possible, notification of replacement of personnel shall be provided to County prior to replacement.
- B. Contractor will provide proper supervision to all employees providing programs or services under this Contract. Current job descriptions shall be kept on file for positions funded under this Contract, and each employee will be given a job description at the time of employment and whenever the job description is amended.

- C. Except as provided herein and relevant Program/Service Guidelines or Specifications, Contractor shall determine the methods, procedures, and personnel policies to be used in providing programs and services to eligible clients.
- D. This Contract in its entirety is at all times subject to such local, state, and federal laws and administrative regulations as exist at the time this Contract is executed and as shall become effective after execution but prior to termination of this Contract. Contractor shall comply with all federal, state, and local laws and regulations and shall maintain in good standing all licenses, permits, and certifications relating to the programs and services referred to herein.
- E. All clients served by Contractor under this Contract must meet County's eligibility requirements as described in the relevant Program/Service Guidelines or Specifications. It is understood that the final authority for determining client eligibility and the amount of services to be provided to individual clients rests with County and that Contractor will not be reimbursed for services provided to ineligible clients.
- F. Contractor agrees that the programs and services described in Exhibit I will be available to eligible clients throughout the period of this Contract and to accept all clients referred by County as long as funds made possible through this Contract are available.
- G. Contractor shall maintain a log of complaints and provide County a copy of any written complaint made to Contractor regarding any of the services furnished hereunder and will inform County in writing of the actions taken by Contractor to resolve such complaints.

4. Equipment

- A. Contractor agrees that all items of equipment purchased with funds provided by County under this Contract shall be used for the programs and services purchased through this Contract or as otherwise may be specified in Exhibit I. Contractor further agrees to provide to County a copy of an invoice for all items of equipment purchased, to periodically inventory said equipment, and to maintain property and content insurance, including fire, vandalism, and theft, to cover the replacement value of said items.
- B. Should County funding cease for the programs or services for which the equipment was purchased under this Contract, or if Contractor should cease using said equipment for the purposes for which it was originally purchased, Contractor agrees either to (1) turn over said equipment to County for distribution to other approved programs or services for older persons; or (2) dispose of said equipment in such other fashion as may be mutually agreed by Contractor and County.

5. Fiscal Administration

Contractor shall observe the following policies and practices with regard to all funds received from County pursuant to this agreement:

- A. Contractor agrees to identify the total cost of the program or service funded under this Contract.
- B. Contractor shall provide to County an agency-wide budget, disclosing all of Contractor's anticipated revenues and expenditures for the period of this Contract.

- C. Funds received by the Contractor under this Contract may not be co-mingled with funds from other sources.
- D. Contractor shall maintain a uniform double entry accounting system and a management information system compatible with cost accounting and control systems.
- E. Contractor agrees to comply with the allowable cost policies and procedures as established by the Wisconsin Department of Health Services.

6. Compensation

- A. Contractor shall be compensated for work performed as stated in Exhibit I, Description of Proposed Programs and Services, attached hereto and made a part of this Contract. Contractor recognizes that the total service needs of the community may not be met and shall provide programs and services within the specific amounts stated in Exhibit I. County is unable to guarantee the volume of services funded by this Contract. Under no circumstances shall payments under this Contract exceed the amount(s) authorized for this Contract by the Milwaukee County Board of Supervisors. The parties agree that section 66.0135, Wisconsin Statutes, Prompt Pay Law, shall not apply to payment for programs and services provided hereunder.
- B. Funds may be advanced to Contractor as set forth in section 46.036 (3) (f) Wisconsin Statutes. The advance payment provision applies only when requested by Contractor. The advance payment shall be repaid to County upon demand. If Contractor fails to repay the advance as described, County shall have the right to withhold any payments due Contractor from County sufficient to cover the amount of the advance payment.
- C. Advance payments by County shall not exceed two twelfths (2/12ths) of the Contract award. If advance payments exceed \$10,000, Contractor shall provide County with a surety bond for an amount equal to the amount of the advance payment as set forth in section 46.036 (3) (f) Wisconsin Statutes.
- D. County shall recover from Contractor money paid in excess of the conditions of this Contract. Repayment shall be made in full within thirty (30) days after County has made written demand to Contractor for repayment. County may recover repayments due to County from any subsequent payments due to Contractor now, or from future contracts, or any other service agreement with County. County shall charge interest on outstanding repayments due County as set forth in section 46.09 (4) (d) General Ordinances of Milwaukee County.
- E. No funds within this Contract may be used to supplant Medical Assistance, Health Maintenance Organization (HMO), or Preferred Provider Organization (PPO) funded services.
- F. County and Contractor acknowledge that funding of this Contract is completely dependent upon state and federal grants and contracts. The obligation of the County to purchase the services described herein is contingent upon present state and federal grants and contracts continuing at their present levels. Should such funding sources terminate or be reduced, County reserves the right, in its sole discretion, either to terminate this agreement or revise the scope of services being purchased to reflect any reduction in such funding. It is further recognized and agreed by County and Contractor that the programs and services provided under this Contract are subject to all provisions

of said federal and state grants and contracts, and Contractor agrees to comply with all such provisions for the period of this Contract, including all applicable provisions of the standard State/County contract.

7. Billing and Reporting

- A. Contractor shall provide County with monthly billings and reports for programs and services provided under this contract by the fifth (5th) working day of the month following the month in which services are provided. Contractor shall submit billings and reports on the forms and according to the manner specified by County.
- B. County shall make payment only for those line items as are specified in the approved budget as contained in Exhibit I. Expenditures for any single line item may not exceed the amount in the approved program budget by more than \$500 without written authorization by County and the submission of a revised budget by Contractor on the prescribed form.
- C. Within thirty (30) days of the receipt of all required billings and reports, County shall make payment to Contractor of the net amount due.

8. Record Keeping and Access to Records

- A. Contractor shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, and cost of services covered by this Contract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm Contractor's compliance with law and the Program/Service Guidelines or Specifications for this Contract. Access to information shall include computerized data and/or other electronic information used by the Contractor, made available in formats suitable for data analysis, such as queries, using conventional software programs.
- B. Contractor shall maintain written verification of programs and services provided under this Contract, including the dates of programs and services performed for all of the purchased programs and services rendered, as specified by County. Contractor shall maintain clearly identified and readily accessible documentation of costs supported by properly executed payrolls, time records, invoices, contracts, vouchers, or other official documentation evidencing in proper detail the nature and propriety of the programs and services provided. Contractor shall retain all such records for a period of at least four (4) years from the date of issuance of the certified financial and compliance audit. Records shall be retained beyond the four-year requirement if an audit is in progress or exceptions identified in prior audits have not been resolved.
- C. It is agreed that County representatives, including representatives of the Department on Aging, the Office of the Comptroller, or representatives of appropriate state or federal agencies, including the Wisconsin Department of Health Services, shall have the right of access to program, financial, and such other records of Contractor or Contractor's subcontractors as may be necessary to evaluate or confirm Contractor's cost estimates, rates, and charges for programs and services provided under this Contract or as may be necessary to evaluate or confirm Contractor's delivery of the programs and services in compliance with the Program/Service Guidelines or Specifications for this Contract.

9. <u>Inspection of Premises</u>

Contractor shall allow visual inspection of Contractor premises to County representatives and to authorized representatives of any other local, state, or federal government unit. Inspection shall be permitted without formal notice at any time programs and services are being furnished.

10. Audit Requirements

A. Unless waived by County, Contractor shall submit to County, on or before **June 30**, **2017**, or such later date that is mutually acceptable to Contractor and County, two (2) original copies of a certified financial and compliance audit for calendar year 2016 performed by an independent certified public accountant (CPA) licensed to practice by the State of Wisconsin. CPA audit reports are required under section 46.036 (4) (c) Wisconsin Statutes. Requests for waiver and/or extension must be in writing and submitted before the original due date of the audit. Contractor's audit report shall comply with the following conditions and requirements:

Non-profit Contractors who received aggregate federal financial assistance of \$500,000 or more, either directly or indirectly, shall submit to County two (2) original copies of a certified audit for calendar year 2016 performed in accordance with the Office of Management and Budget (OMB) <u>Circular A-133</u>, <u>Audits of States</u>, <u>Local Governments and Non-Profit Organizations</u>. The audit submitted by Contractor shall be conducted in conformance with the following standards:

- (a) Wisconsin Department of Health Services, <u>DHS Audit Guide</u>, <u>2014 Revision</u> (or later);
- (b) Standards applicable to financial audits contained in <u>Government Auditing</u>
 <u>Standards (GAS)</u> promulgated by the Comptroller General of the United States;
 and
- (c) <u>Generally Accepted Auditing Standards (GAAS)</u> adopted by the American Institute of Certified Public Accountants (AICPA).

Contractor shall also submit to County, on or before June 30, 2017 a statement acknowledging that Contractor received aggregate federal funding of \$500,000 or more for calendar year 2016.

For-profit Contractors who received \$25,000 or more of aggregate federal financial assistance, either directly or indirectly, and non-profit Contractors who received \$25,000 or more of aggregate federal financial assistance, either directly or indirectly, but less than \$500,000 of aggregate federal financial assistance, either directly or indirectly, for calendar year 2016, shall submit to County, two (2) original copies of a certified audit for calendar year 2016 conducted in accordance with the following standards:

- (d) Wisconsin Department of Health Services, <u>DHS Audit Guide</u>, <u>2014 Revision</u> (or later)
- (e) Standards applicable to financial audits contained in <u>Government Auditing</u>
 <u>Standards (GAS)</u> promulgated by the Comptroller General of the United States;
 and

(f) <u>Generally Accepted Auditing Standards (GAAS)</u> adopted by the American Institute of Certified Public Accountants (AICPA).

Contractor shall also submit to County, on or before June 30, 2017, a statement acknowledging that Contractor <u>did not</u> receive aggregate federal funding of \$500,000 or more for calendar year 2016.

Regardless of status or format, all CPA audits and reports referenced above shall contain the following Financial Statements, Schedules, and Auditor's Reports:

(1) Financial Statements for the Entire Organization:

- a. Comparative Balance Sheet for Total Agency.
- b. Comparative Statement of Operations for Total Agency.
- c. Statement of Changes in Financial Position or Statement of Cash Flows for Total Agency.
- d. Supplemental schedule of program revenues and expenses identified by funding source for each program or service referenced in Exhibit I, including non-federal matching share, if required, and client contributions.
- e. Notes to financial statements, including units of service, if applicable, provided by contract (if not disclosed on the face of the financial statements), and disclosure of related party transactions, if any, and the source of the non-federal matching share, if such matching share is required.

(2) Auditor's Reports:

- a. Report on the financial position, results of operations, and changes in the financial position or Statement of Cash Flows for the entire agency.
- Report on Compliance, including compliance with applicable laws and regulations, and any subsequent revisions, and compliance with material financial terms and conditions of this Contract, including allowance of program costs.
- c. Report on Evaluation of Internal Accounting Controls. A copy of any management letter or equivalent document issued in conjunction with the audit shall be provided to County.
- d. Findings of non-compliance.
- e. Schedule of questioned costs and the potential amount of repayment prior to offsetting any unrelated items.
- f. Schedule of Federal and State Awards broken down by contract year. The schedule shall identify the contract number and the program name from Exhibit I of the contract. Each care or service under County Contract must be reported as a separate item by contract year.

g. A report on the status of action(s) taken on prior audit findings.

(3) General

The following is a summary of the general laws, rules, and regulations with which the auditor should be familiar in order to satisfactorily complete the audit.

- a. GAO, <u>Standards for Audit of Governmental Organizations</u>, <u>Programs</u>, <u>Activities and Functions</u>
- b. AICPA, Generally Accepted Auditing Standards
- c. OMB Circular A-133, <u>Audits of States, Local Governments, and Non-Profit Organizations</u>
- d. OMB Circular A-133, 2015 Compliance Supplement
- e. OMB Circular A-122, Cost Principles For Nonprofit Organizations
- f. OMB Circular A-87, <u>Cost Principles for State, Local and Indian Tribal Governments</u>
- g. Wisconsin State Statutes, Section 46.036, Purchase of Care and Services
- h. Wisconsin Department of Administration, <u>State Single Audit Guidelines</u> Current Revision
- i. Wisconsin Department of Health Services, <u>DHS Audit Guide</u>, <u>2014 Revision</u> (or later)
- j. Wisconsin Department of Health Services, <u>Allowable Cost Policy Manual</u> Current Revision
- B. Contractor hereby authorizes and directs its Certified Public Accountant, if requested, to share all work papers, reports, and other materials generated during the audit with County, including the Department on Aging and the Department of Audit, or their designees, and with representatives of Federal and State funding agencies, including the Wisconsin Department of Health Services. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media that document the audit work. Contractor shall require its CPA to retain work papers for a period of at least four (4) years following the latter of contract termination or receipt, by County, of the certified audit report.
- C. Contractor and County mutually agree that the County Director of Audits, as well as state and federal officials, reserve the right to review certified audit reports or financial statements, including supporting work papers or financial statements, and perform additional audit work as deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews.
- D. Contractor agrees that County is entitled to repayment of amounts identified as a result of the audit required under this section, and acknowledges that failure to repay such

amounts may result in legal action as determined by Milwaukee County Corporation Counsel. County shall charge interest on any outstanding repayments as set forth in section 46.09 (4) (d) (8) General Ordinances of Milwaukee County.

- E. Contractor's reporting on a fiscal year other than a calendar year shall be considered in compliance with audit requirements upon submittal of the following:
 - (1) Filing of contractor's fiscal year audit, meeting the audit requirements in Sections 10 A. (1), (2) and (3) above within 180 calendar days of the fiscal year closing.
 - (2) Schedules of revenues and expenses identified by funding source for each program or activity referenced in Exhibit I of the Contract. The schedules shall be reviewed and compiled by Contractor's auditor(s) with all information required in Section 10 A. (2) a. above for the period from the close of Contractor's fiscal year through the end of the calendar year, on or before **June 30, 2017**, or such later date that is mutually acceptable to Contractor and County.
- F. Contractor agrees to submit to County plans for correcting weaknesses identified in Contractor's audit.
- G. Contractor agrees to cooperate with County in the implementation of County's Audit Fraud Hotline by posting notices to be provided by County in areas where all employees, including those employed by subcontractor, associated with this Contract will have access to the notices for the duration of this Contract.
- H. Contractor, and its CPA, shall maintain records for audit purposes for a period of at least four (4) years following the latter of contract termination or receipt, by County, of the certified audit report. Records shall be maintained beyond the minimum requirement if an audit is in progress or exceptions identified in prior audits have not been resolved.
- I. Contractors who subcontract with other providers for the provision of programs and services are required by federal and state regulations to monitor their subrecipients.

Contractors shall have on file, and available for review by County, copies of subrecipient's CPA audit reports and financial statements. The Contractor shall maintain all such records for a period of at least four (4) years following the latter of contract termination or submission of the certified audit report. The records shall be retained beyond the four-year period if an audit is in progress or exceptions have not been resolved.

Subrecipient shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, or cost of services covered by the subcontract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm subrecipient's compliance with law and the Program/Service Guidelines or Specifications for this contract and the subcontract. Access to information shall include computerized data and/or other electronic information used by the Contractor, made available in formats suitable for data analysis, such as queries, using conventional software programs.

It is agreed that County representatives, including representatives of the Department on Aging and the Office of the Comptroller, or representatives of appropriate state or federal agencies, including the Wisconsin Department of Health Services, shall have the right of access to program, financial, and such other records of subrecipient as may be requested to evaluate or confirm subrecipient's cost estimates, rates, and charges for programs and services, or as may be necessary to evaluate or confirm subrecipient's delivery of programs and services in compliance with the Program/Service Guidelines or specifications for this contract and the subcontract.

Subrecipient shall maintain written verification of programs and services provided under the subcontract, including the dates of services provided for all of the purchased services rendered, as specified by County. The subrecipient shall maintain clearly identified and readily accessible documentation of costs supported by properly executed payrolls, time records, invoices, contracts, vouchers, or other official documentation evidencing in proper detail the nature and propriety of the services provided. The subrecipient shall maintain all such records for a period of at least four years following the latter of contract termination or submission of the certified audit report. The records shall be retained beyond the four-year period if an audit is in progress or exceptions have not been resolved.

Subrecipient shall allow visual inspection of subrecipient's premises to County representatives and to representatives of any other unit of local, state, or federal government. Inspection shall be permitted without formal notice at any time care and services are being furnished.

J. Failure on the part of the Contractor to comply with these requirements shall result in withholding of any payments otherwise due Contractor from County and ineligibility for future contracts with County until such time as these requirements are met.

11. Non-Discrimination and Equal Employment Opportunity

- A. Contractor agrees to comply with Title VI of the Civil Rights Act of 1964 (P. L. 88-352), and that no eligible client shall be unlawfully denied services or be subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in section 51.01 (5) Wisconsin Statutes.
- B. Contractor agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in section 51.01 (5) Wisconsin Statutes. Contractor agrees to comply with the provisions of section 56.17 of the General Ordinances of Milwaukee County and which is hereby incorporated by reference as though fully set forth herein.

12. <u>Indemnity</u>

A. The Contractor agrees to the fullest extent permitted by law, to indemnify, defend, and hold harmless, the County, and its agents, officers, and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including statutory benefits under Workers' Compensation laws, suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its

- (their) agents which may arise out of or are connected with the activities covered by this Contract.
- B. Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U. S. patent and copyright infringement regarding computer programs involved in the performance of the programs and services covered by this Contract.
- C. Contractor agrees to indemnify County for any amount(s) County may be required to repay to the Wisconsin Department of Health Services by virtue of payments made to Contractor by County under this Contract that the Department of Health Services determines to be overpayments or inappropriate payment.

13. <u>Insurance</u>

A. Contractor agrees to provide and maintain proof of financial responsibility to cover costs as may arise from claims of tort and/or vicarious liability due to its actions or omissions or the actions or omissions of its employees. Such evidence shall include coverage for Worker's Compensation claims, as required by the State of Wisconsin, Employers Liability, General and Automobile Liability, and Comprehensive Crime Coverage in the following minimum amounts:

Type of Coverage	Minimum Limits					
Wisconsin Workers Compensation or Proof of All States coverage	Statutory					
Employers Liability	\$100,000/\$500,000/\$100,000					
Commercial General Liability Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal, Contractual & Products/Completed Operations)	\$1,000,000 per Occurrence \$1,000,000 General Aggregate					
Automobile Liability Bodily Injury & Property Damage All Autos-Owned, non-owned and/or hired	\$1,000,000 per Accident					
Uninsured Motorists	per Wisconsin Requirements					
Comprehensive Crime Coverage To include Fidelity, Theft, Money & Securities, Inside & Outside to protect the loss of funds by embezzlement, theft, fire, etc.	Fidelity per Occurrence: Fidelity coverage consistent with requirements under 14 below. \$5,000 Money and Securities, Inside and Outside.					

B. County, As Its Interests May Appear, shall be named as Additional Insured for General and Automobile Liability and be afforded a thirty (30) day written notice of cancellation or non-renewal. Disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or

restrictive additional insured endorsement will not be acceptable. Contractor shall submit a certificate of insurance indicating the above coverage for the duration of this Contract and for review and approval by County. Contractor shall provide an updated certificate to County when changes occur in agents or coverage during the duration of this Contract.

- C. A Waiver of Subrogation for Workers Compensation by endorsement in favor of Milwaukee County is required to be furnished. Additional insured endorsements for General and Auto Liability, the endorsement for the Waiver of Subrogation for Workers Compensation and the insurance certificate indicating the above coverage are all required to be submitted for review and approval of the County. Coverage shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide.
- D. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to County if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the County for approval prior to the commencement of activities under this Contract.
- E. Contractor shall notify County immediately upon the commencement of any litigation against the Contractor where there is any possibility that County may be made a party thereto.

14. <u>Bonding Requirement</u>

- A. A Fidelity bond covering employee dishonesty shall be evidenced covering every officer, director, agent, or employee of the Contractor who is authorized to receive or deposit funds under this Contract or who is authorized to issue financial documents, checks, or other instruments of payment for costs related to the programs and services provided under this Contract.
- B. The bond form shall be on a commercial blanket basis in the minimum occurrence amount of \$10,000, or 10% of the total amount of the contract award, whichever is greater. A Contractor who provides services under multiple contracts with the Department on Aging shall evidence the Fidelity bond in the occurrence amount applicable to the dollar amount of the largest single contract with the Department. The period of coverage shall be no less than for the period of this Contract, if not on a continuous basis, with a discovery period of not less than one year subsequent to cancellation or termination of the bond. The bond shall stipulate that the Contractor be given thirty (30) days advance notice by the surety prior to making any material change in, or cancellation of, the bond. The advance notice shall be by certified mail. The Contractor may procure fidelity coverage in a comprehensive crime policy, including money and security coverage as outlined in Section 13 A. above.

15. Withholding of Payments

Failure of Contractor to comply with Contract requirements may result in withholding or forfeiture of any payments otherwise due Contractor from County by virtue of any County obligation to Contractor until such time as the Contract requirements are met.

16. <u>Contract Termination</u>

- A. County or Contractor may terminate this Contract for any reason, with or without cause, following thirty (30) days written notice, unless an earlier date is determined by County to be essential to the safety and well-being of the clients covered by this Contract with the exception of those facilities which must meet the notification requirements as applicable in Chapter 50 licensing. Failure to comply with any part of this Contract may be considered cause for early termination by the offended party. In the event of termination, the County will only be liable for programs and services rendered through the date of termination and not for the uncompleted portion or any materials or services purchased or paid for by Contractor for use in completing this Contract.
- B. Contractor shall notify County, in writing, whenever it is unable to provide the required quality or quantity of programs and services. Upon such notification, County and Contractor shall determine whether such inability to provide the required quality or quantity of programs and services will require a revision or early termination of this Contract.
- C. Notwithstanding any other right of termination, County reserves the right to immediately terminate, or reduce in scope, its obligations under this contract in the event that the sources of funding to the County derived through State or Federal grants or contracts is terminated or reduced. This right of immediate termination for loss of funding applies even if Contractor has not been paid for services previously rendered.
- D. County reserves the right to withdraw any qualified recipient from the program, service, institution, or facility of the Contractor at any time when in the judgment of County it is in the best interest of County or the qualified recipient to do so.

17. Advertising

Contractor shall not publicly advertise through any media during the course of this Contract for the purpose of soliciting eligible persons to be recipients of programs or services provided through this Contract without the advance written consent of County. All brochures, announcements, press releases, and other items used to promote services provided through this Contract must acknowledge that County funds these services.

18. Coordination of Services

Contractor agrees to coordinate its service efforts with other health and human service providers to eliminate unnecessary duplication of services.

19. Client Contributions

A. Where required by the relevant Program/Service Guidelines or Specifications, Contractor shall provide clients receiving services under this Contract the opportunity to voluntarily and confidentially contribute toward the cost of services they receive. All solicitations to contribute must be approved in advance by County. Under no circumstances shall any otherwise eligible client be denied service under this Contract because of a failure to contribute toward the cost of the services provided.

- B. Contractor agrees to report to County all funds contributed by clients and to record and document such contributions consistent with the accounting requirements for other funds received and expended under this Contract.
- C. Contractor agrees that any and all client contributions will be used as provided in the budget contained in Exhibit I or to provide additional services to eligible clients under this Contract in the same manner and at a cost equivalent to other services purchased through this Contract. Contractor further agrees that all funds raised through client contributions that remain unspent at the end of this Contract must be spent in a manner approved by County or reimbursed to County.

20. <u>Modifications</u>

Contractor recognizes the right of County to make reasonable modifications in the programs and services purchased under this Contract. Contractor shall be notified in writing two weeks prior to any such modifications.

21. Contract Renegotiation or Revision

- A. 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.
- B. This contract may be revised in a written amendment signed by the authorized representatives of both parties.

22. Independent Contractor

Nothing contained in this Contract shall constitute or be construed to create a partnership, joint venture, or employer-employee relationship between County or its successors or assigns and Contractor or its successors or assigns. In entering into this Contract and in acting in compliance herewith, Contractor is at all times acting and performing as an independent contractor duly authorized to perform the acts required of it hereunder.

23. Subcontracts

Assignment of any portion of the services by subcontract is prohibited except upon prior written approval of County.

24. Assignment Limitation

This Contract shall be binding upon and inure to the benefit of the parties and their successors and assigns provided, however, that neither party could assign its obligations hereunder without the prior written consent of the other.

25. Resolution of Disputes

Contractor may appeal the decisions of County in accordance with section 46.036 (7) Wisconsin Statutes.

26. Prohibited Practices

- A. During the period of this Contract, Contractor shall not hire, retain, or utilize for compensation, any member, officer, or employee of the Department of Aging representing County or any person who to the knowledge of Contractor has a conflict of interest. No employee of the Department on Aging representing County shall be an officer, member of the Board of Directors, or have a proprietary interest in Contractor's business.
- B. Contractor shall furnish County with written disclosure of any financial interest, purchase or lease agreements, employment relationship, or professional services/consultant relationship which any of Contractor's employees, officers, board members, stockholders, or members of their immediate family may have with respect to any supplier to Contractor of goods and services under this Contract.
- C. Contractor attests that it is familiar with Milwaukee County's Code of Ethics (Chapter 9 of the General Ordinances of Milwaukee County) which states in part, "No person shall offer or give to any public official or employee, directly or indirectly, and no public official or employee shall solicit or accept from any person, directly or indirectly, anything of value if it could reasonably be expected to influence the public official's or employee's vote, official actions or judgment, or could reasonably be considered as a reward for any official action or inaction or omission by of the public official or employee."
- D. The use or disclosure by any party of any information concerning eligible clients who receive services from Contractor for any purpose not connected with the administration of Contractor's or County's responsibilities under this Contract is prohibited, except with the informed written consent of the eligible client or the guardian of the client.

27. <u>Certification Regarding Contractor Debarment or Suspension</u>

Contractor certifies to the best of its knowledge and belief, that it and its principals; (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offences enumerated in (2) of this certification; and (4) have not within a three-year period preceding this contract had one or more public transactions (Federal, state or local) terminated for cause or default.

	DocuSigned by:	
By:	Lisa Biltman	11/18/2015 Date:
•	(Signature of Official Authorized to Sign Contract)	

28. Certification Regarding Lobbying

Contractor certifies, to the best of his or her knowledge and belief, that:

- No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, land, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By:	Docusigned by: Lisa Billman 03497143EC18420	11/18/2015 Date:
	(Signature of Official Authorized to Sign Contract)	
For:	Interfaith Older Adult Programs, Inc.	
	(Name of Grantee)	
	Family Caregiver Support Network	
	(Title of Grant Program)	

29. Political Activity of Employees

Where applicable, Contractor shall comply with the provisions of the Hatch Act, which limit the political activity of employees who work in federally funded programs.

30. Notices

Notices to County provided for in this Contract shall be sufficient if sent by certified or registered mail, postage prepaid, and notices to Contractor 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. Contractor agrees, that in conduct of its meetings, it will be guided by Wisconsin Statutes 19.81 et. seq.

31. Health Insurance Portability and Accountability Act of 1996

County and Contractor agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and shall undertake any actions needed to protect individually identifiable health information (45 C.F.R. 164.501) as required under current or future HIPAA regulations as determined by the U.S. Department of Health and Human Services and the Wisconsin Department of Health Services.

County and Contractor agree that changes to the Contract that would be necessary for one or both parties to meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) shall be made upon discussion and execution of a Contract amendment containing the necessary changes. Neither party shall withhold agreement to modifications to the Contract necessary for one or both parties to comply with HIPAA.

32. Contract Content

The entire Contract of the parties, with all attached exhibits and assurances, together with the relevant Program/Service Guidelines or Specifications and Exhibit I as negotiated is contained herein. 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.

33. Approval

It is expressly understood and agreed that the parties' obligations hereunder are subject to state approval and federal concurrence with this Contract.

County enters into this Contract as auth	orized b	y the Milwaukee County Board of Supervisors
and ratified by the Milwaukee County Ex	cecutive.	Contractor enters into this Contract pursuant 9-16-15
to and by authority of its Board of Direct	ors at its	s meeting on
•		ve as of the 1st day of January, 2016, or such the execution of this Contract as provided
Approved as to Chapter 42 DBE Provisi	on by Co	ommunity Business Development Partners:
By Rick Norris		
Title:		
Reviewed by Risk Management:		
By: E454E4CA2D21452	_ Date: _	11/16/2015
Director of Risk Management Title:		

Approved as to Execution: DocuSigned by:		
By: 2BE07A71B2AE4E5	Date:	11/17/2015
Dy	Daic.	
Title:	_	
Contractor Representative:		
By: Lisa Bittman	Date:	11/18/2015
Title:Executive Director	_	
Milwaukee County Department on Aging:		
By: Jonette N. Ams	Date:	11/18/2015
Title:	_	
Milwaukee County Comptroller:		
By: F7354A95DB0643E	Date:	11/19/2015
Scott Manske		
Milwaukee County Executive: —DocuSigned by:		
By: 25580B33A2CC443	Date:	12/22/2015
Chris Abele		
Approved as to Wis. Stats. \$59.42 Mark O. Grady By:	Date:	12/22/2015
Deputy Corporation Counsel Title:	- -	

Contract No. 251-416-52



Certificate Of Completion

Envelope Id: 10A7219B55874D9491F1E241F927275B

Subject: Please DocuSign: Family Caregiver Support and Alzheimer's Disease Direct Services

Source Envelope:

Signatures: 10 Document Pages: 20 **Envelope Originator:** Certificate Pages: 6 Initials: 0 **Gary Portenier** 901 N 9th St AutoNav: Enabled Ste 301

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53233

Status: Completed

gary.portenier@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

Status: Original Holder: Gary Portenier Location: DocuSign

DocuSigned by:

AD4C84D4023E450

Using IP Address: 204.194.251.5

Using IP Address: 204.194.251.5

Mark a Grady

Using IP Address: 204.194.251.5

2BE87A71B2AE4E5

Rick Mornis

11/16/2015 9:50:57 AM gary.portenier@milwaukeecountywi.gov

Signer Events Signature

Rick Norris

rick.norris@milwaukeecountywi.gov **CBDP** Director

Milwaukee County

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered

ID:

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

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

Mark A Grady

corpcounselsignature@milwcnty.com

Deputy Corporation Counsel

Milwaukee County

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure:

Not Offered

ID:

Lisa Bittman

DocuSigned by:

lbittman@interfaithmilw.org 03497143EC1B420..

Executive Director

Security Level: Email, Account Authentication

(None)

Lisa Bittman

Using IP Address: 74.87.92.178

Electronic Record and Signature Disclosure: Accepted: 2/7/2014 5:22:12 PM

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Signed: 11/18/2015 10:13:13 AM

Signer Events	Signature	Timestamp
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jonette.arms@milwaukeecountywi.gov	Jonette N. arms	Viewed: 11/18/2015 5:08:33 PM
Interim Director	FE851B0867464D9	Signed: 11/18/2015 5:13:34 PM
Milwaukee County	U.: IBAU 0044040545	
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Electronic Record and Signature Disclosure: Not Offered ID:		
Chris Abele	DocuSigned by:	Sent: 12/17/2015 12:03:03 PM
cabele@milwcnty.com	(In a	Viewed: 12/22/2015 11:16:57 AM
County Executive	2E580B33A2CC443	Signed: 12/22/2015 11:17:35 AM
Milwaukee County	Using IP Address: 204.194.251.5	
Security Level: Email, Account Authentication (None)	Using II Address. 204.104.201.3	
Electronic Record and Signature Disclosure: Not Offered ID:		
Mark A Grady	DocuSigned by:	Sent: 12/22/2015 11:17:38 AM
corpcounselsignature@milwcnty.com	Mark a Grady	Viewed: 12/22/2015 3:46:31 PM
Deputy Corporation Counsel	2BE87A71B2AE4E5	Signed: 12/22/2015 3:46:59 PM
Milwaukee County	Using IP Address: 204.194.251.5	
Security Level: Email, Account Authentication (None)	Using II Address. 204.104.201.3	
Electronic Record and Signature Disclosure: Not Offered ID:		
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Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Notary Events		Timestamp
Envelope Summary Events	Status	Timestamns

Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	12/22/2015 3:46:32 PM
Signing Complete	Security Checked	12/22/2015 3:46:59 PM
Completed	Security Checked	12/22/2015 3:46:59 PM

DocuSign Envelope ID: F988A0E9-41C0-45D2-87FC-1D4618198789

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Milwaukee County:

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:

To contact us by email send messages to: plee@milwcnty.com

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..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

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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:	 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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 available to me by Wisconsin Milwaukee County during the course of my relationship
 with you.



Certificate Of Completion

Envelope Id: 52052FFDCD50426EB7B2A52F0F797CB5

Subject: Please DocuSign: Amend Family Caregiver Support and Alzheimer's Disease Direct Services

Source Envelope:

Signatures: 10 Document Pages: 36 **Envelope Originator:** Certificate Pages: 6 Initials: 0 **Gary Portenier** 901 N 9th St AutoNav: Enabled Ste 301

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53233

Status: Completed

gary.portenier@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

Status: Original Holder: Gary Portenier Location: DocuSign

8/10/2016 11:02:23 AM gary.portenier@milwaukeecountywi.gov

Signer Events

Gary Portenier

gary.portenier@milwaukeecountywi.gov

Program Planning Coordinator

Milwaukee County Department on Aging

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

ID: Rick Norris

rick.norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Amy Pechacek

amy.pechacek@milwaukeecountywi.gov

Director of Risk Management

Milwaukee County

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure: Accepted: 2/25/2014 12:36:39 PM

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

Colleen Foley

colleen.foley@milwaukeecountywi.gov

Interim Corporation Counsel

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

ID:

Signature

Gary Portenier

Using IP Address: 204.194.251.5

DocuSigned by Rick Mornis

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Using IP Address: 204.194.251.3

Colleen Foley

Using IP Address: 204.194.251.5

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Sent: 8/16/2016 12:39:00 PM Viewed: 8/16/2016 12:50:03 PM Signed: 8/16/2016 12:51:38 PM

Agent Delivery Events

Intermediary Delivery Events

Certified Delivery Events

Signer Events	Signature	Timestamp
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lbittman@interfaithmilw.org	lisa Bittman	Viewed: 8/18/2016 9:19:40 AM
Executive Director	03497143EC1B420	Signed: 8/18/2016 9:20:29 AM
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Gary Portenier	DocuSigned by:	Sent: 8/18/2016 9:20:32 AM
gary.portenier@milwaukeecountywi.gov	Gary Portenier	Resent: 8/18/2016 2:37:31 PM
Program Planning Coordinator	335101AA39BB444	Viewed: 8/18/2016 2:37:50 PM
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Scott B. Manske	DocuSigned by:	Sent: 8/18/2016 2:38:44 PM
comptrollersignature@milwcnty.com	And Ballonah	Viewed: 8/19/2016 12:45:01 PM
Comptroller	F7354A95DB0643E	Signed: 8/19/2016 12:54:21 PM
Milwaukee County		
Security Level: Email, Account Authentication (None)	Using IP Address: 204.194.251.5	
Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:		
Chris Abele	DocuSigned by:	Sent: 9/23/2016 11:36:51 AM
cabele@milwcnty.com	Chan	Viewed: 9/27/2016 9:58:33 AM
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Milwaukee County	Helen ID Address 407 77 004 407	
Security Level: Email, Account Authentication (None)	Using IP Address: 107.77.204.187 Signed using mobile	
Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:		
Colleen Foley	DocuSigned by:	Sent: 9/28/2016 2:54:19 PM
colleen.foley@milwaukeecountywi.gov	Colleen Foley	Viewed: 9/29/2016 5:39:10 PM
Interim Corporation Counsel	CC96FF9883584BB	Signed: 9/30/2016 3:07:38 PM
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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp

Status

Status

Status

Timestamp

Timestamp

Timestamp

Certified Delivery Events

Gary Portenier

gary.portenier@milwaukeecountywi.gov

Program Planning Coordinator

Milwaukee County Department on Aging

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Carbon Copy Events

ID.

Colleen Foley

Milwaukee County

Status

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Timestamp

Sent: 8/19/2016 12:54:24 PM Viewed: 9/23/2016 11:36:51 AM

Status

COPIED

Timestamp

Sent: 9/28/2016 2:54:23 PM

(None)

corpcounselsignature@milwcnty.com
Deputy Corporation Counsel

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure: Not Offered via DocuSign

ID:

Notary Events Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/28/2016 2:54:24 PM
Certified Delivered	Security Checked	9/29/2016 5:39:11 PM
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Electronic Record and Signature Disclosure

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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:	 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.

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Subject: Please DocuSign: Amend Family Caregiver Support and Alzheimer's Disease Direct Services

Source Envelope:

Document Pages: 52

Supplemental Document Pages: 0

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Canada)

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Status: Sent

Envelope Originator:

Gary Portenier

633 W. Wisconsin Ave.

Suite 901

Milwaukee, WI 53203

gary.portenier@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

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gary.portenier@milwaukeecountywi.gov

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holly.davis@milwaukeecountywi.gov

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rick.norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication

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ID:

Paul Schwegel

paul.schwegel@milwaukeecountywi.gov

Safety Manager

Milwaukee County

Security Level: Email, Account Authentication

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Paul D. Kuglitsch

corpcounselsignature@milwcnty.com

Deputy Corporation Counsel

Milwaukee County

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Holly Davis

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DocuSigned by: Rick Mornis

AD4C84D4023E450.

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Sent: 2/27/2017 8:59:09 AM

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Paul Schwegel 480D50B2E68949A

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Sent: 2/27/2017 10:52:12 AM Viewed: 3/1/2017 7:37:59 AM

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Paul D. kuglitsch

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Stephanie Stein sstein@interfaithmilw.org

Interim Executive Director

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Accepted: 3/3/2017 8.44:46 AM ID: d55b7f2e-a996-4425-8e24-e1d168d64f53

Holly Davis

holly.davis@milwaukeecountywi.gov

Director

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(None)

Electronic Record and Signature Disclosure: Accepted: 3/17/2017 11:40:23 AM

ID: bd5cc49b-de01-4364-ad73-65d72315a3c2

Scott B. Manske

comptrollersignature@milwcnty.com

Comptroller

Milwaukee County

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

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ID:

Chris Abele

cabele@milwcnty.com

Security Level: Email, Account Authentication

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Paul D. Kuglitsch

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Signature

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Stephenie Stein

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Timestamp

Sent: 3/3/2017 8:07:28 AM Viewed: 3/3/2017 8:44:46 AM

Signed: 3/3/2017 8:48:42 AM

Sent: 3/3/2017 8:48:45 AM

Viewed: 3/17/2017 11:40:23 AM

Signed: 3/17/2017 11:40:51 AM

Using IP Address: 107.77.207.131

Signed using mobile

Holly Davis

ED77D76FE5D7434..

F7354A95DB0643E

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Sent: 3/17/2017 11:40:55 AM Viewed: 3/17/2017 3:36:52 PM

Signed: 3/17/2017 3:39:10 PM

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
3 ,		P
Intermediary Delivery Events	Status	Timestamp
intermediary Delivery Events	Status	rimestamp
	•	
Certified Delivery Events	Status	Timestamp
Gary Portenier		Sent: 3/17/2017 3:39:14 PM

Gary Portenier gary.portenier@milwaukeecountywi.gov Program Planning Coordinator Milwaukee County Department on Aging Security Level: Email, Account Authentication (None) **Certified Delivery Events**

Status

Timestamp

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Status

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Stephanie Stein

sstein@interfaithmilw.org

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Notary Events	Timestamp
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Envelope Summary Events Status Timestamps

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Payment Events Status **Timestamps**

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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:	 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.

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