	CT FOR	VI 1684 R5 (Rei	er to ADMINI	STRATIVE M	IANUAL S	ection 1.13, fo	r procedures	5)	•					
Mail to: Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse										CONTRACT TYPE Professional Service - Operating				
Final: Office of the Comptroller, Contract Signatures, Room 301 Courthouse									Professional Service - Operating Professional Service - Capital X					
Community Business Development Partners, 8th Floor City Campus										Purchase of Service				
DEPARTMENT NAME									The second secon			Final TMENT (HIG	H) ORG	
DAS - Fac	cilities Man	agement							119	5		5741		
VENDOR I	NFORMAT	ION				Torres and						101120		
VENDOR NO. ORDI							R TYPE NEW or AMEND			CONTRACT NO.				
NAME OF VEN	DOR								ADDRES	S				
IBC Engin	eering Se	rvices, Inc.				N 8 W2	2195 Jo	hnson !	Drive Suite	180				
						Waukes	sha WI s	53186						
TAX I.	D. NO.		EFFECTIVE	DATES:		LENGT	'H OF CONT	RACT	AMENDMEN	ONLY: DO	LLAR	TOTAL CO	NTRACT	
begin date			end date		(IN MONTHS)			CHANGE			AMOL	JNT		
NO COLINA	Malviear	06/01	/17	12/3	1/17		6					\$ 104	,525.00	
Year to be	ING INFOR									Report	10	Amount		
Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	b Number	Cat	Units	Expen Amend		
2017		1400	120	1400			6146	WI	P255012			\$ 14,7	724.00	
							·							
	OF CONT											13000		
Sherman F	Park Boys &	Girls Club	HVAC Re	enovation	S				FEE	INCREA	\SE #1	I		
Was Count	y Board appr	oval receive	d prior to c	ontract ex	ecution (or contract	amendm	ent or ext	tension?					
	X] IF VEC. 5	ivo Coverb	Doord Cit	- N-	Dond F	Pacciva	Poviou	Data Assault	. m.ul				
] 11 165, gi	ve County	board Fill	e No.	ON 7/		Review	Date Approv	rea	7			
		If NO, wh	y is Count	y Board a _l	oproval r									
Was Contra	act fully exec	cuted prior to	work bein	g perform	ed (all si	gnatures r	eceived)?				Х	YES	NO	
ls Vendor a	certified pro	fessional sei	rvice DBE?	?								YESX	Ои	
Courtney	D. Hardy			06/0	1/17		Clerica	l Specia	alist					
Prepared B		^ ^		Date		_	Title	· opeoic	1101	<u> </u>				
		De Sh		6/1	/17		Directo	·VESEC	Dos Facili	tion Mee:		unt.		
Signature o	f County Adı	ministrator		Date	, , [_	Title	AEGES	Das - Facili	ues Mana	ageme	भार		
	-													