

TBE Participation Recommendation

CONTACT INFORMATION

Contract Administrator: Jon Janowski Phone: 289-6073 Date: 10-30-17
Email Address jonathan.janowski@milwaukeecountywi.gov Dept: Dept on Aging Grant \$\$: Family
Caregiver Support – AFSCP funds from State of Wisconsin Org No. 7900

PROJECT INFORMATION

Project Name: Family Caregiver Support Project No.: 417-52

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

Family Caregiver Support helps family caregivers by offering information, education, and support services to assist both caregivers of older adults and older adults caring for grandchildren or disabled adult children. Alheimers Direct Services helps determine eligibility and arranges services for older adults with Alheimers disease. The amendment is based upon a \$33,000 increase in AFSCP funds from Wisconsin DHS for Alheimers direct services.

Contracting Opportunities (List NAICS codes): None

TYPE OF PROJECT

Professional Services Estimated Amount \$ _____

Construction Services Estimated Amount \$ _____

Non For Profit Services Estimated Amount \$ _____

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

Based upon the remaining term of the contract subcontracting opportunities are severely impaired

Department/Division Administrator Name Jon Janowski Signature Jon Janowski

Date 10-30-17

CBDP USE ONLY

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

This contract is exempt from a participation goal: Yes No

Approved: _____ Date: _____