

CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)											
Mail to: 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								CONTRACT TYPE			
								Professional Service - Operating			
								Professional Service - Capital			
								Purchase of Service			
								Preliminary		Final	
DEPARTMENT NAME								AGENCY NO.		DEPARTMENT (HIGH) ORG	
								790		7900	
VENDOR INFORMATION											
VENDOR NO.				ORDER TYPE		NEW or	AMEND	CONTRACT NO.			
96984						XXXXX		261-418-24			
NAME OF VENDOR						ADDRESS					
Legal Action of Wisconsin Inc						230 West Wells Street Room 800 Milwaukee, WI 53203					
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
		begin date	end date	(IN MONTHS)		CHANGE		AMOUNT			
		01/01/18	12/31/18	12				\$ 348,562.00			
ACCOUNTING INFORMATION											
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	01	0001	790	7931	A5SB		8123				\$155,946.00
2018	02	0001	790	7931	A5SB		8123				\$103,654.00
2018	03	0001	790	7931	A5SB		8123				\$23,090.00
2018	04	0001	790	7931	A5SB		8123				\$ 47,911.00
2018	05	0001	790	7931	A5SB		8123				\$ 17,961.00
PURPOSE OF CONTRACT											
Purchase of service contracts for Elderly services for time period 1/01/17-12/31/17											
Was County Board approval received prior to contract execution or contract amendment or extension?											
<input type="checkbox"/> XXXXXX		If YES, give County Board File No. <u>17-763</u>				Date Approved					
<input type="checkbox"/>		If NO, why is County Board approval not required?									
Was Contract fully executed prior to work being performed (all signatures received)?										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Is Vendor a certified professional service DBE?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Nasrin Wertz				11/02/17		Accountant					
Prepared By				Date		Title					
<i>Samta Bhatnagar</i>				11/7/17		Interim Director					
Signature of County Administrator				Date		Title					

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								Professional Service - Operating			
								Professional Service - Capital			
								Purchase of Service		X	
DEPARTMENT NAME				AGENCY NO.		DEPARTMENT (HIGH) ORG					
Department on Aging				790		7900					
VENDOR INFORMATION											
VENDOR NO.				ORDER TYPE		NEW or	AMEND	CONTRACT NO.			
97504						XXXXX		251-418-23			
NAME OF VENDOR						ADDRESS					
Interfaith Older Adult Program						600 W Virginia Street Suite 300 Milwaukee, WI 53204-1551					
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
		begin date	end date	(IN MONTHS)		CHANGE		AMOUNT			
		01/01/18	06/01/18	5 + possible monthly extensions through 12/31/18				\$495,000.00			
ACCOUNTING INFORMATION											
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/Amendment
2018	01	0001	790	7934	0000		8123				\$149,818.00
2018	02	0001	790	7934	A5BU		8123				\$ 37,152.00
2018	03	0001	790	7934	A5CS		8123				\$ 140,998.00
2018	04	0001	790	7934	A5DU		8123				\$ 138,818.00
2018	05	0001	790	7967	A5WP		8123				\$ 21,285.00
2018	06	0001	790	7967	A5WP		8123				\$ 6,929.00
PURPOSE OF CONTRACT											
Purchase of service contracts for programs at five County-owned Senior Centers (Rose, McGovern, Washington, Wilson, and Kelly) for the time period 1/01/2018 to 6/1/2018.											
Per 2018 Adopted Budget Amendment 1A033, the amount shall not exceed \$495,000 for the initial period of 1/1/2018 through 6/1/2018. This amount is due to higher utility costs in the winter months. The County may extend this Contract for one-month periods through 12/31/2018 for additional compensation of \$89,695.29 per month pending the County Board's authorization of a transfer of funds from contingency.											
Was County Board approval received prior to contract execution or contract amendment or extension?											
<input checked="" type="checkbox"/>		If YES, give County Board File No. <u>pending 17-7 63</u> Date Approved <u>Anticipated 12/14/17</u>									
<input type="checkbox"/>		If NO, why is County Board approval not required? _____									
Was Contract fully executed prior to work being performed (all signatures received)?										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Is Vendor a certified professional service DBE?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Nasrin Wertz				11/02/17		Accountant					
Prepared By				Date		Title					
<i>Samta Bhatnagar</i>				11-10-2017		Assistant Fiscal Director					
Signature of County Administrator				Date		Title					

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								Professional Service - Operating			
								Professional Service - Capital			
								Purchase of Service			
DEPARTMENT NAME								AGENCY NO.		DEPARTMENT (HIGH) ORG	
								790		7900	
VENDOR INFORMATION											
VENDOR NO.				ORDER TYPE		NEW or	AMEND	CONTRACT NO.			
95599						XXXXX		251-418-33			
NAME OF VENDOR						ADDRESS					
Goodwill Industries of Southeastern Wisconsin, Inc						P.O Box 78564 Milwaukee , WI 53278-0564					
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
		begin date end date		(IN MONTHS)		CHANGE		AMOUNT			
		01/01/18 12/31/18		12				\$ 1,082,903.00			
ACCOUNTING INFORMATION											
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	01	0001	790	7931	A5HM		8123				\$133,228.00
2018	02	0001	790	7932	A5HM		8123				\$ 259,256.00
2018	03	0001	790	7932	A5HM		8123				\$ 690,419.00
PURPOSE OF CONTRACT											
Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18											
Was County Board approval received prior to contract execution or contract amendment or extension?											
<input type="checkbox"/> XXXXX		If YES, give County Board File No. <u>17-763</u>				Date Approved					
<input type="checkbox"/>		If NO, why is County Board approval not required?									
Was Contract fully executed prior to work being performed (all signatures received)?											
										xxx YES <input type="checkbox"/> NO	
Is Vendor a certified professional service DBE?											
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Nasrin Wertz				11/02/17		Accountant					
Prepared By				Date		Title					
<i>Samta Bhatnagar</i>				11/7/17		Assistant Director Fiscal					
Signature of County Administrator				Date		Title					

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	Professional Service - Operating	
	Professional Service - Capital	
	Purchase of Service	
	Preliminary	Final
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
	790	7900

VENDOR INFORMATION			
VENDOR NO.	ORDER TYPE	NEW or AMEND	CONTRACT NO.
97504		XXXXXX	251-418-52

NAME OF VENDOR		ADDRESS	
Interfaith Older Adult Program		600 W Virginia Street Suite 300 Milwaukee, WI 53204-1551	
TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE
	01/01/18 12/31/18	12	TOTAL CONTRACT AMOUNT \$ 571,158.00

ACCOUNTING INFORMATION											
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	01	0001	790	7931	A5BU		8123				\$300,000.00
2018	02	0001	790	7931	A5MS		8123				\$ 271,158.00

PURPOSE OF CONTRACT
 Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18.

Was County Board approval received prior to contract execution or contract amendment or extension?

XXXXXX If YES, give County Board File No. 17-763 Date Approved _____

If NO, why is County Board approval not required? _____

Was Contract fully executed prior to work being performed (all signatures received)? YES NO

Is Vendor a certified professional service DBE? YES NO

Nasrin Wertz	11/02/17	Accountant
Prepared By	Date	Title
<i>Samta Bhatnagar</i>	11/7/17	Assistant Fiscal Director
Signature of County Administrator	Date	Title

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	Professional Service - Operating	
	Professional Service - Capital	
	Purchase of Service	
	Preliminary	Final
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
	790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
97618		XXXXX		261-418-18
NAME OF VENDOR		ADDRESS		
United Community Center Inc		1028 South 9th Street		
		Milwaukee , WI 53204		
TAX I.D. NO.	EFFECTIVE DATES:	LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR	TOTAL CONTRACT
	begin date end date	(IN MONTHS)	CHANGE	AMOUNT
	01/01/18 12/31/18	12		\$ 373,189.00

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	01	0001	790	7931	A5SC		8123				\$50,540.00
2018	02	0001	790	7931	A5SC		8123				\$137,226.00
2018	03	0001	790	7931	A5SC		8123				\$18,423.00
2018	04	0001	790	7932	A5SM		8123				\$ 139,000.00
2018	05	0001	790	7932	A5SM		8124				\$ 28,000.00

PURPOSE OF CONTRACT

Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18.

Was County Board approval received prior to contract execution or contract amendment or extension?

XXXXXX If YES, give County Board File No. 17-763 Date Approved _____

If NO, why is County Board approval not required? _____

Was Contract fully executed prior to work being performed (all signatures received)? YES NO

Is Vendor a certified professional service DBE? YES NO

Nasrin Wertz	11/02/17	Accountant
Prepared By	Date	Title
<i>Samita Blatnagar</i>	11/7/2017	Assistant Fiscal Director
Signature of County Administrator	Date	Title

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						Professional Service - Operating					
						Professional Service - Capital					
						Purchase of Service					
						Preliminary		Final			
DEPARTMENT NAME						AGENCY NO.			DEPARTMENT (HIGH) ORG		
						790			7900		
VENDOR INFORMATION											
VENDOR NO.				ORDER TYPE		NEW or	AMEND	CONTRACT NO.			
90580						XXXXX		415-418-13			
NAME OF VENDOR						ADDRESS					
Transit Express, Inc.						424 W cherry Street Milwaukee , WI 53212					
TAX I.D. NO.		EFFECTIVE DATES		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
		begin date	end date	(IN MONTHS)		CHANGE		AMOUNT			
		01/01/18	12/31/18	12				\$ 1,407,161.00			
ACCOUNTING INFORMATION											
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	01	0001	790	7931	A5GT		8123				\$269,445.00
2018	02	0001	790	7931	A5GT		8123				\$222,725.00
2018	03	0001	790	7931	A5GT		8123				\$277,551.00
2018	04	0001	790	7931	A5Ak		8123				\$ 311,549.00
2018	05	0001	790	7931	A5Ak		8123				\$ 325,891.00
PURPOSE OF CONTRACT											
Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18											
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										<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Is Vendor a certified professional service DBE?											
										<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Nasrin Wertz				11/02/17		Accountant					
Prepared By				Date		Title					
<i>Samta Bhatnagar</i>				11/7/17		Assistant Fiscal Director					
Signature of County Administrator				Date		Title					