

**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	<b>CONTRACT TYPE</b>			
	Professional Service - Operating			
	Professional Service - Capital			
	Purchase of Service		x	
	Preliminary		Final	x

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Aging	790	7900

**VENDOR INFORMATION**

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
97504		XXXXX		403-419-71

NAME OF VENDOR	ADDRESS
Unison Inc.	600 W Virginia St Suite 400 Milwaukee , WI 53204

TAX I.D. NO.	EFFECTIVE DATES: begin date                      end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	01/01/19                      12/31/19	12		\$ 67,500.00

**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
2019	01	0001	790	7962	A5ER		8123				\$67,500.00

**PURPOSE OF CONTRACT**

Purchase of service contract to provide outreach in public housing to Milwaukee County seniors between 1/01/19-12/31/19.

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

If YES, give County Board File No. \_\_\_\_\_ Date Approved \_\_\_\_\_

If NO, why is County Board approval not required? Under \$100,000.00

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	<input type="text"/>	Accountant
Prepared By	Date	Title
<i>Santa Bhataragar</i>	11/09/18	Assistant Director Fiscal
Signature of County Administrator	Date	Title