| CONTRA | ACT FOR | RM 1684 R5 (Re | efer to ADMIN | IISTRATIVE | MANUAL S | Section 1.13. | for procedure | es) | | | | | | |
|--|---------------|------------------------------------|---------------|-------------|-----------|--------------------------------|--|------------|----------------------------------|--------------|---------|------------------------------------|------------------------|--|
| CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures) Mail to: | | | | | | | | | CONTRACT TYPE | | | | | |
| Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse | | | | | | | | | Professional Service - Operating | | | | | |
| Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus | | | | | | | | | Professional Service - Capital | | | | | |
| | | | | | | | | | | Р | urchase | of Service | × | |
| | | | | | | | | | Preliminary | | | | Х | |
| DEPARTME | NT NAME | | | | | AGENCY NO. | | | TMENT (HIGI | H) ORG | | | | |
| Aging | | | | | | | | | 790 | | | 7900 | | |
| VENDOR | INFORMA | TION | | | | | | | | | | | | |
| VENDOR NO. ORDE | | | | | | | NEW or | AMEND | | CONTRACT NO. | | | | |
| 97504 NAME OF VENDOR | | | | | | | xxxxx | | | 403-419-71 | | | | |
| | | | | | | | ADDRESS | | | | | | | |
| Linicon In | 0 | | | | | 600 W | Virginia | St Suite | 100 | | | | | |
| Unison Inc. | | | | | | | 600 W Virginia St Suite 400 | | | | | | | |
| | | | | | | Milwaul | kee , WI | 53204 | | | | | | |
| | 5 110 | | EEEEOT" | DATES | | 1510 | | | AMENDMENT | 01111 DO | | TOTAL 001 | UTD LOT | |
| TAX I.D. NO. | | begin date EFFECTIVE DATES: end da | | | late | LENGTH OF CONTRACT (IN MONTHS) | | | AMENDMENT ONLY: DOLLAR CHANGE | | | TOTAL CONTRACT AMOUNT \$ 67,500.00 | | |
| | | 01/01/19 12/3 | | | 1/10 | 12 | | | | | | | | |
| ACCOUNT | TING INFO | RMATION | 710 | 12/0 | 17 10 | | 12 | TO REPORT | | | | Ψ 07, | 300.00 | |
| Year to be | | | | | | | | | | Report | | Amount | | |
| Expended | Line No | Fund | Agency | Org Unit | Activity | Function | Object | Jo | b Number | Cat | Units | | Expended/ Amendment | |
| 2019 | 01 | 0001 | 790 | 7962 | A5ER | | 8123 | | | | | \$67,500.00 | | |
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| PURPOSE | OF CON | TRACT | | | | | | | | hen v | | | | |
| | | | ovide out | treach in | nublic h | ousing to | Milwauk | ee Coun | ty seniors be | tween 1/ | 01/19- | -12/31/19 | | |
| l aronaco . | 01 001 1100 1 | onti dot to pi | oriae ear | arouoir iir | pasiis ii | ouchig to | ······································ | 00 00a., | ity comore so | | 0 11 10 | 12/01/10 | | |
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| Mos Count | y Poord one | roval received | l prior to o | ontract ov | ocution (| or contract | amondm | ont or out | onoion? | | | | | |
| vvas Count | у Боаго арр | novan received | i prior to c | ontiact ex | eculion | or contract | amenum | eni or exi | ension | | | | | |
| If YES, give County Board File No. | | | | | | | Date Approved | | | | | | | |
| in 120, give county bound incive. | | | | | | | gr colors 8000 Error 1000 | | | | | | | |
| | XXX | If NO, why | is County | y Board ap | proval n | ot require | d? | Under \$ | 3100,000.00 | | | | | |
| Was Contract fully executed prior to work being performed (all signatures received)? | | | | | | | | | | -10 | XXXX | YES | NO | |
| ls Vendor a | certified pro | ofessional ser | vice DBE? | | | | | | | YES xxx | NO | | | |
| 11000 200000000000000000000000000000000 | | | | | | 1 | | | | | | | 100 W (SP40) | |
| Nasrin W | ertz | | | | | | Accoun | tant | | | | | | |
| Prepared B | | | | Date | | J 18 | Title | | | | | | | |
| 1 × | 0.4 | 1 | | 11/0 | 0/10 | 1 | | | | | | | | |
| Sounta Bhatmagar 11/09/18 | | | | | | | Assistant Director Fiscal | | | | | | | |
| Signature o | f County Ad | ministrator | | Date | | | Title | | | | | | | |
| | | | | | | | | | | | | | | |