

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		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.
95915		XXXXX		455-419-50

NAME OF VENDOR	ADDRESS
Alzheimer's Disease & Related Disorders Association Of SE WI Inc	620 S 76th Street Milwaukee, WI 53214

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		\$ 50,000.00

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
2019	01	0001	790	7931	A5AZ		8123				\$50,000.00

PURPOSE OF CONTRACT

Purchase of service contract for Alzheimer's counseling services 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 _____

XXX 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 Prepared By	_____ Date	_____ Accountant Title
 Signature of County Administrator	11/09/18 Date	Assistant Director Fiscal Title