


|   |         |  |          |                           |          |   |        |                                  |            |   |                                  |
|---|---------|--|----------|---------------------------|----------|---|--------|----------------------------------|------------|---|----------------------------------|
| <b>CONTRACT FORM</b> 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)  |         |  |          |                           |          |   |        |                                  |            |   |                                  |
| Mail to:<br>Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse<br>Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse<br>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  |                                  |
| <b>VENDOR INFORMATION</b>   |         |  |          |                           |          |   |        |                                  |            |   |                                  |
| VENDOR NO.  |         |  |          | ORDER TYPE                |          | NEW or  | AMEND  | CONTRACT NO.                     |            |   |                                  |
| 18991   |         |  |          |                           |          | XXXXX   |        | 415-419-56                       |            |   |                                  |
| NAME OF VENDOR  |         |  |          |                           |          | ADDRESS   |        |                                  |            |   |                                  |
| Able Access Transportation LLC  |         |  |          |                           |          | 2620 W Silver Spring Dr<br>Milwaukee , WI 53209 |        |                                  |            |   |                                  |
| TAX I.D. NO.  |         | EFFECTIVE DATES:   |          | LENGTH OF CONTRACT        |          | AMENDMENT ONLY: DOLLAR                          |        | TOTAL CONTRACT                   |            |   |                                  |
|   |         | begin date   | end date | (IN MONTHS)               |          | CHANGE  |        | AMOUNT                           |            |   |                                  |
|   |         | 01/01/19   | 12/31/19 | 12                        |          |   |        | \$1,410,460.00                   |            |   |                                  |
| <b>ACCOUNTING INFORMATION</b>   |         |  |          |                           |          |   |        |                                  |            |   |                                  |
| 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                      | A5GT     |   | 8123   |                                  |            |   | \$99,354.00                      |
| 2019  | 02      | 0001   | 790      | 7931                      | A5GT     |   | 8123   |                                  |            |   | \$392,816.00                     |
| 2019  | 03      | 0001   | 790      | 7931                      | A5GT     |   | 8123   |                                  |            |   | \$295,192.00                     |
| 2019  | 04      | 0001   | 790      | 7931                      | A5AK     |   | 8123   |                                  |            |   | \$ 163,979.00                    |
| 2019  | 04      | 0001   | 790      | 7931                      | A5AK     |   | 8123   |                                  |            |   | \$ 133,228.00                    |
| 2019  | 05      | 0001   | 790      | 7931                      | A5AK     |   | 8123   |                                  |            |   | \$ 325,891.00                    |
| <b>PURPOSE OF CONTRACT</b>  |         |  |          |                           |          |   |        |                                  |            |   |                                  |
| Purchase of service contract to provide transportation services to Milwaukee County seniors to meal sites, senior centers, medical appointments, and grocery stores between 1/01/19-12/31/19.   |         |  |          |                           |          |   |        |                                  |            |   |                                  |
| 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. _____ 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 type="checkbox"/> xxx YES <input type="checkbox"/> NO            |                                  |
| Is Vendor a certified professional service DBE?   |         |  |          |                           |          |   |        |                                  |            | <input type="checkbox"/> YES <input checked="" type="checkbox"/> xxx NO |                                  |
| Nasrin Wertz  |         |  |          | Accountant                |          |   |        |                                  |            |   |                                  |
| Prepared By   |         |  |          | Title                     |          |   |        |                                  |            |   |                                  |
|   |         |  |          | Assistant Fiscal Director |          |   |        |                                  |            |   |                                  |
| Signature of County Administrator   |         |  |          | Title                     |          |   |        |                                  |            |   |                                  |
|   |         |  |          |                           |          |   |        |                                  |            |   |                                  |