

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 <input checked="" type="checkbox"/> x Preliminary <input type="checkbox"/> Final <input checked="" type="checkbox"/> x
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DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Aging	790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
95599		XXXXX		251-419-33

NAME OF VENDOR	ADDRESS
Goodwill Industries of Southeastern Wisconsin, Inc	P.O Box 78564 Milwaukee , WI 53278-0564

TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	01/01/19 12/31/19	12		\$ 1,162,903.00

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
2019	01	0001	790	7932	A5HM		8123				\$133,228.00
2019	02	0001	790	7932	A5HM		8123				\$ 259,256.00
2019	03	0001	790	7932	A5HM		8123				\$ 690,419.00
2019	04	0001	790	7932	A5HM		8123				\$ 80,000.00

PURPOSE OF CONTRACT

Purchase of service contract to provide home delivered meals and case management 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?

XXXXX If YES, give County Board File No. _____ 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	
Prepared By	Date
<i>Santa Bhatnagar</i>	11/09/18
Signature of County Administrator	Date

Accountant	
Title	
Assistant Director Fiscal	
Title	