

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"/>	
	Preliminary	Final <input checked="" type="checkbox"/>

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
<i>Aging</i>	790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
97504		XXXXX		251-419-23

NAME OF VENDOR	ADDRESS
<i>Unison</i>	600 W Virginia Street Suite 400 Milwaukee , WI 53204-1551

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		\$ 672,867.00

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	7934	0000		8123				\$158,997.00
2019	02	0001	790	7934			8123				\$ 260,982.00
2019	03	0001	790	7934	A5CS		8123				\$ 188,888.00
2019	04	0001	790	7934	A5WP		8123				\$ 64,000.00

PURPOSE OF CONTRACT

Purchase of service contracts for Elderly services for time period 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

Samita Bhargava

Signature of County Administrator Date

Accountant

Title

Assistant Director Fiscal

Title