	ACT FOR	RM 1684 R5 (Re	fer to ADMIN	ISTRATIVE	MANUAL S	ection 1.13, f	or procedure	s)						
Mail to:									CONTRACT TYPE					
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  DEPARTMENT NAME									Professional Service - Operating Professional Service - Capital					
												of Service		
									Preliminary		110-110-110-110-110-110-110-110-110-110		×	
									AGENCY NO.	Section 1 and 1 an		RTMENT (HIGH) ORG		
Aging									790 7900					
VENDOR														
VENDOR NO. ORDE							NEW or	AMEND	MEND CONTRACT NO.					
96984							xxxxx		261-419-24					
NAME OF VENDOR							ADDRESS							
Legal Action of Wisconsin Inc							230 West Wells Street Room 800							
							Milwaukee , WI 53203							
TAX I.D. NO. EFFECTIVE DATES:						LENGTH OF CONTRACT			AMENDMENT ONLY: DOLLAR			TOTAL CONTRACT		
		begin date		end date 12/31/19		(IN MONTHS)			CHANGE			AMOUNT		
ACCOUNT	TING INFO	01/01	/19	12/3	1/19		12					\$376,7	14.00	
Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Jo	Number Report Cat Units		Amount to be Expended/ Amendment			
2019	01	0001	790	7931	A5SB		8123					\$127,572.00		
2019	02	0001	790	7931	A5SB		8123					\$103,654.00		
2019	03	0001	790	7931	A5SB		8123					\$23,090.00		
2019	04	0001	790	7931	A5SB		8123					\$ 47,9	11.00	
2019	05	0001	790	7931	A5SB		8123					\$ 55,4	187.00	
2019	06	0001	790	7967	A5WS		8123					\$ 19,0	00.00	
PURPOSE									01115 1 6					
		eniors betwee				ough we	uicare Ot	ureach,	SHIP, benef	it special	ist grai	113 10 301	VICC	
Was County	y Board app	roval received	prior to c	ontract ex	ecution o	or contract	amendm	ent or ex	tension?					
XXXXXX If YES, give County Board File No.							Date Approved							
		If NO, why	is County	/ Board ap	oproval n	ot require	d?	e						
Was Contract fully executed prior to work being performed (all signatures received)?												YES	NO	
ls Vendor a	certified pro	ofessional ser	vice DBE?	•	-	•						YES xxx	NO	
Nasrin W	ertz			2/17	Accountant									
Prepared By	у		2	Date		•	Title							
Som	ta B	latrag	w	4 .	Assistan	t Fiscal	Director							
Signature o	T County Ad	ministrator //		Date			Title							