

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.
97504		XXXXX		251-419-52

NAME OF VENDOR	ADDRESS
Unison, Inc	600 W Virginia Street Suite 300 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		\$ 571,249.00

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	A5BU		8123				\$295,213.00
2019	02	0001	790	7931	A5MS		8123				\$ 271,158.00
2019	03	0001	790	7931	A5BU		8123				\$ 4,878.00

PURPOSE OF CONTRACT

Purchase of service contracts for: Family Care Network Support (\$300,091) and Alzheimer's services (\$271,158) for Milwaukee County residents 60 years and older between 1/01/19-12/31/19.

Was County Board approval received prior to contract execution or contract amendment or extension?

XXXXXX 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)? xxx YES NO

Is Vendor a certified professional service DBE? YES NO

Nasrin Wertz Prepared By Signature of County Administrator	<input style="width: 100px; height: 20px;" type="text"/> Date 11/09/18 Date	Accountant Title Assistant Fiscal Director Title
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