

Participation Recommendation

To be completed by project owner. Please, direct questions regarding this form to CBDP, 414-278-4851 or
cbdpcompliance@milwaukeecountywi.gov

FUNDING SOURCE

___ Local X State ___ Federal ___ Grant If Federally Funded, what percentage? ___ %
Federal Source of Funds: ___ FAA ___ FTA ___ DOT (includes WisDOT) ___ Other: _____

CONTACT INFORMATION

Contract Administrator: Tedi Winnett Phone: 414-615-0525 Date: December 6, 2018
Email Address tedi.winnett@ces.uwex.edu Fund: _____ Agency: 991 Org No. 9910

PROJECT INFORMATION

Project Name: UW Extension Project No.: _____

Contract Scope/Project Description (attach scope/description of work or estimating sheet):

Milwaukee County has held a long standing partnership with the UW System to provide educational resources to county residents, organizations, businesses, units of county government and municipalities. WI State statutes 59.56 defines this partnership. Through this arrangement, a variety of educational programs are provided in Milwaukee County through UW Extension educators. The Professional Services Contract is a fee for services that include staffing, supplies, and professional development. The UW System is a not for profit entity.

Contracting Opportunities (List NAICS codes): _____

___ RFP/BID will be used (Yes/No) NO Advertising Date: _____ Bid/Proposal Due Date: _____

TYPE OF PROJECT

<u>Professional Services</u>	<u>Estimated Amount</u>	<u>Recommended Participation</u>
	\$ <u>241,961</u>	<u>0</u> %
<u>Construction Related</u>	<u>Estimated Amount</u>	<u>Estimated Allowance</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
		<u>Recommended Participation</u>
		_____ %
		_____ %

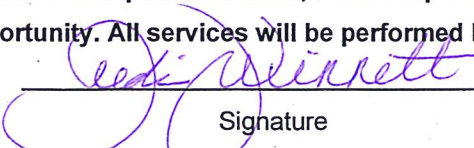
APPROVALS

Is county board approval required? Yes Resolution #: 18-942 (attach resolution)

WAIVER REQUEST

Request for a goal of 0% requires signature of department head, a full scope of project and explanation.

Explanation: **There is no subcontracting opportunity. All services will be performed by UW Extension staff.**

Tedi Winnett  12/7/18
Department/Division Administrator Name Signature Date

CBDP USE ONLY

Concur with Recommendation _____, or provide the following goals: _____ %

This contract is exempt from a participation goal: ___ Yes ___ No

DocuSigned by:

Approved: _____

12/18/2018

Date: _____

Certificate Of Completion

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Milwaukee, WI 53203

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Signer Events

Community Business Development Partners

Rick.Norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication
(None)

Signature

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In Person Signer Events

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Timestamp

Editor Delivery Events

Status

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Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

12/18/2018 12:44:10 PM

Certified Delivered

Security Checked

12/18/2018 1:49:20 PM

Signing Complete

Security Checked

12/18/2018 1:49:49 PM

Completed

Security Checked

12/18/2018 1:49:49 PM

Payment Events

Status

Timestamps