

<b>CONTRACT FORM</b> 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)												
<b>Mail to:</b> 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								<b>CONTRACT TYPE</b>				
								Professional Service - Operating				
								Professional Service - Capital				
								Purchase of Service				
								x				
								Preliminary			Final	<input checked="" type="checkbox"/>
<b>DEPARTMENT NAME</b>								<b>AGENCY NO.</b>		<b>DEPARTMENT (HIGH) ORG</b>		
<i>Aging</i>								790		7900		
<b>VENDOR INFORMATION</b>												
VENDOR NO.				ORDER TYPE		NEW or	AMEND	CONTRACT NO.				
96984							XXX	261-419-24				
<b>NAME OF VENDOR</b>						<b>ADDRESS</b>						
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		AMOUNT		
		begin date	end date	(IN MONTHS)		CHANGE		AMOUNT		AMOUNT		
		01/01/19	12/31/19	12		\$ 28,374.00		\$ 405,088.00				
<b>ACCOUNTING INFORMATION</b>												
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	A5SB		8123				\$155,946.00	
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				\$ 47,911.00	
2019	05	0001	790	7931	A5SB		8123				\$ 55,487.00	
2019	06	0001	790	7967	A5WS		8123				\$ 19,000.00	
<b>PURPOSE OF CONTRACT</b>												
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?												
<input type="checkbox"/> XXXXXX		If YES, give County Board File No. _____ Date Approved _____										
<input type="checkbox"/>		If NO, why is County Board approval not required? _____										
Was Contract <b>fully</b> executed prior to work being performed (all signatures received)?										<input type="checkbox"/> xxxx YES <input type="checkbox"/> NO		
Is Vendor a certified professional service DBE?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> xxx NO		
Nasrin Wertz				04/08/19								
Prepared By				Date		Accountant						
<i>Samta Bhattacharya</i>				4.9.19								
Signature of County Administrator				Date		Assistant Director Fiscal						
						Title						

