

FIRST EXTENSION TO AGREEMENT

This Amendment to Agreement (this "Amendment") is hereby made and entered into effective as of the 1st day of January, 2019 (the "Effective Date"), by and between MILWAUKEE COUNTY, as represented by its DEPARTMENT ON AGING (the "County") and UNITED COMMUNITY CENTER ("Contractor"). Referenced together, the County and Contractor shall be referred to as the "Parties" to this Amendment.

WITNESSETH:

WHEREAS, the County and Contractor are Parties to that certain agreement dated January 9, 2018 (the "Underlying Agreement") pursuant to which the Contractor must perform the services set forth in the Underlying Agreement; and

WHEREAS, the Underlying Agreement terminates as of the Effective Date; and

WHEREAS, the Milwaukee County Board of Supervisors has given the County the authority to grant two (2) one (1) year extensions for purchase of service contracts (File no. 98-197); and

WHEREAS, the Parties desire to extend the Underlying Agreement in accordance with its terms; and

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

AGREEMENT:

1. **EXTENSTION**. The Parties hereby extend the term of the Underlying Agreement for one (1) year, or through December 31, 2019.
2. **COMPENSATION**. Throughout the period of January 1, 2019 through December 31, 2019, the total compensation paid by County to Contractor shall not exceed \$373,189 unless agreed to by County in advance in writing.
3. **UPDATED PROGRAM INFORMATION**. The parties agree to updated goals and program budgets. These goals and objectives are incorporated by Reference.
4. **ADVANCE**. Funds may be advanced to Contractor as set forth in section 46.036 (3) (f) Wisconsin Statutes. The advance payment provision applies only when requested by Contractor. The advance payment shall be repaid to County upon demand. If Contractor fails to repay the advance as described, County shall have the right to withhold any payments due Contractor from County sufficient to cover the amount of the advance payment. Advance payments by County shall not exceed one-twelfth (1/12th) of the Contract award. If advance payments exceed \$10,000, Contractor shall provide County with a surety bond for an amount equal to the amount of the advance payment as set forth in section 46.036 (3) (f) Wisconsin Statutes. No advance exceeding \$10,000 will be made without Contractor first providing the surety bond to County.

5. **AUDIT.** The Parties agree that Audit Requirements included in the Underlying Agreement shall remain in full force and effect, and all deadlines included in the Underlying Agreement shall be modified to reflect the one year extension and shall now be on or before June 30, 2019.

6. **CONTRACT EXTENSION.** The Parties agree that at the option of County, and with the agreement of the Contractor, this contract may be extended for one (1) additional year without Request for Proposal. This extension will be contingent upon the satisfactory performance by the Contractor, sufficient funding, and approval by the Milwaukee County Board of Supervisors, if necessary.

7. **OTHER TERMS AND CONDITIONS.** Except as specifically modified or amended herein, all other terms and conditions of the Underlying Agreement, as amended by the Amendment, shall remain in full force and effect.

8. **CONFLICT.** In the event of a conflict between the terms and conditions of the Underlying Agreement and the terms and conditions of this Amendment, the terms and conditions of this Amendment shall control.

IN WITNESS WHEREOF, the Parties hereto have set their hands as follows:

United Community Center

DocuSigned by:
By: Ricardo Diaz Date: 12/20/2018
B72359BD20F240B
Ricardo Diaz, Executive Director

Department on Aging

DocuSigned by:
By: Holly Davis Date: 12/18/2018
ED77D76FE5D7434
Holly Davis, Executive Director

Approved with regards to County Ordinance Chapter 42:

DocuSigned by:
By: Rik Norrie Date: 12/21/2018
AD4C84D4023FE450...
Community Business Development Partners

Approved for execution:

Reviewed by:

DocuSigned by:
By: Paul D. Englitsch Date: 12/24/2018
57104007A18A423...
Corporation Counsel

DocuSigned by:
By: Paul Schwegel Date: 12/21/2018
480D50B2E68949A
Risk Management

Approved by:

Approved by:

DocuSigned by:
By: Chris Date: 12/28/2018
831C9742338E428
County Executive Chris Abele

DocuSigned by:
By: Scott B. Manske Date: 12/26/2018
F2FF9C00D50848B
Comptroller Scott B. Manske

The County has executed this Agreement pursuant to Wis. Stats. § 59.52(31)(b):

DocuSigned by:
By: Paul D. Englitsch Date: 12/31/2018
57104007A18A423...
Corporation Counsel

TBE Participation Recommendation

CONTACT INFORMATION

Contract Administrator: Ayame Metzger Phone: 414-289-6547 Date: 10/19/18

Email Address: Ayame.metzger@milwaukeecountywi.gov Dept: Aging Grant \$\$: – Federal Older Americans Act funding and State BCA funding _____ Org No. 7900

PROJECT INFORMATION

Project Name: _____ Programs in United Community Center Senior Center _____ Project No.: 418-18

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

The program provides a gathering place to decrease isolation, enhance social contacts, provide educational and cultural programming, offer hot and nutritious mid-day meals, and provide linkages to community resources. Service provider must offer senior center, transportation, nutrition site supervision, and catering services to one common location.

Contracting Opportunities (List NAICS codes): _____

TYPE OF PROJECT

Contract Value: __\$373,189 Contract Type: Purchase of Services

EXPLANATION

Request for a goal of 0% requires signature of department head. Check boxes below. Check all that applies.

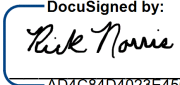
- A. \$10,000 or less
- B. Rental or Lease
- C. Governmental Agency or Institution
- D. ¹Non-Profit (No subcontract)
- E. Purchasing or Renewal of software license
- F. ²Contract Extension/Amendment
- G. ³Specialized
- H. Only one individual assigned to the contract
- I. The nature (scope of work) of contract doesn't have subcontracting opportunities
- J. ⁴Grants
- K. No funding use by Milwaukee County
- L. Special License or Certificate required
- M. Other _____

Department/Division Administrator Name: Jon Janowski Signature:  Date: 10/19/18

CBDP USE ONLY

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

This contract is exempt from a participation goal: ^X Yes _____ No _____

Approved:  _____ Date: 12/21/2018
AD4C84D4023E450...

Note: 1 Non-Profit is not subcontracting work. 2 Must have the original Participation agreement. 3. No known TBE firms available. 4 No subcontracting to a non-profit entity. 5 A non-Milwaukee County entity is funding the project.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Robertson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 650 Milwaukee, WI 53202	CONTACT NAME: PHONE (A/C, No, Ext): (414) 271-3575		FAX (A/C, No): (414) 271-0196
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED United Community Center Inc 1028 South 9th Street Milwaukee, WI 53204	INSURER A : PHILADELPHIA INSURANCE COMPANIES		18058
	INSURER B : THE HANOVER INSURANCE COMPANY		22292
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

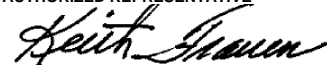
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR <input checked="checked" type="checkbox"/> Sexual Abuse \$1M/1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1844231	07/01/2018	07/01/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="checked" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="checked" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1844231	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="checked" type="checkbox"/> RETENTION \$ 0			PHUB636503	07/01/2018	07/01/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> N / A						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liab			PHPK1844231	07/01/2018	07/01/2019		1,000,000
B	D & O - Non Profit			LH1A795076	12/10/2017	12/10/2018		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Milwaukee County Department on Aging is an additional insured on the general liability & auto liability in regards to the contract with the above named insured. The General Liability coverage includes Waiver of Subrogation.

CERTIFICATE HOLDER **CANCELLATION**

Milwaukee County Department on Aging 1220 W. Vliet Street, Suite 302 Milwaukee, WI 53205	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER M3 Insurance Solutions, Inc. 1425 Discovery Parkway Wauwatosa WI 53226	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Brianna Schwanke</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 262-524-6026</td> <td>FAX (A/C. No): 608-273-1725</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: brianna.schwanke@m3ins.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : United Wisconsin</td> <td style="text-align: right;">NAIC # 29157</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Brianna Schwanke		PHONE (A/C. No. Ext): 262-524-6026	FAX (A/C. No): 608-273-1725	E-MAIL ADDRESS: brianna.schwanke@m3ins.com		INSURER(S) AFFORDING COVERAGE		INSURER A : United Wisconsin	NAIC # 29157	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
CONTACT NAME: Brianna Schwanke																					
PHONE (A/C. No. Ext): 262-524-6026	FAX (A/C. No): 608-273-1725																				
E-MAIL ADDRESS: brianna.schwanke@m3ins.com																					
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INSURER A : United Wisconsin	NAIC # 29157																				
INSURER B :																					
INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED United Community Center 1028 South 9th Street Milwaukee WI 53204	UNITCOM-01																				


COVERAGES **CERTIFICATE NUMBER: 60485907** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	0400168536	7/1/2018	7/1/2019	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Waiver of subrogation in favor of Milwaukee County Department of Aging Care applies to the workers compensation policy.

CERTIFICATE HOLDER Milwaukee County Department of Aging Care 1220 W. Vliet St., Ste. 302 Milwaukee WI 53205	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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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			
								Preliminary	Final	x	x
DEPARTMENT NAME								AGENCY NO.		DEPARTMENT (HIGH) ORG	
Aging								790		7900	
VENDOR INFORMATION											
VENDOR NO.				ORDER TYPE		NEW or	AMEND	CONTRACT NO.			
97618						XXXXXX		261-419-18			
NAME OF VENDOR						ADDRESS					
United Community Center Inc						1028 South 9th Street Milwaukee , WI 53204					
TAX I.D. NO.		EFFECTIVE DATES:		LENGTH OF CONTRACT		AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT			
		begin date	end date	(IN MONTHS)		CHANGE		AMOUNT			
		01/01/19	12/31/19	12				\$ 373,189.00			
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	A5SC		8123				\$77,189.00
2019	02	0001	790	7931	A5SC		8123				\$129,000.00
2019	03	0001	790	7932	A5SM		8123				\$28,000.00
2019	04	0001	790	7932	A5SM		8123				\$ 139,000.00
PURPOSE OF CONTRACT											
Purchase of service contract for transportation, nutrition site & senior center management, and catering for Milwaukee County elderly serviced by UCC 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 fully executed prior to work being performed (all signatures received)?										xxxx YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Vendor a certified professional service DBE?										<input type="checkbox"/> YES <input type="checkbox"/> NO	
Nasrin Wertz				Accountant							
Prepared By				Title							
				11/09/18							
				Signature of County Administrator				Assistant Fiscal Director			
				Title							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Robertson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 650 Milwaukee, WI 53202	CONTACT NAME: PHONE (A/C, No, Ext): (414) 271-3575	FAX (A/C, No): (414) 271-0196
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : THE HANOVER INSURANCE COMPANY		22292
INSURER B : Allmerica Financial Benefit		41840
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

 United Community Center Inc
 1028 South 9th Street
 Milwaukee, WI 53204

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse \$1M/1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZH1A973404	07/01/2017	07/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AW1A973428	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UH1A973406	07/01/2017	07/01/2018	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liab			ZH1A973404	07/01/2017	07/01/2018		1,000,000
A	D & O - Non Profit			LH1A795076-01	12/10/2016	12/10/2017		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Milwaukee County Department on Aging is an additional insured on the general liability & auto liability in regards to the contract with the above named insured. The General Liability coverage includes Waiver of Subrogation.

CERTIFICATE HOLDER

CANCELLATION

Milwaukee County Department on Aging
 1220 W. Vliet Street, Suite 302
 Milwaukee, WI 53205

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



ZH1 A973404 01

**The Hanover Insurance Company (A Stock Company)
440 Lincoln Street, Worcester, MA 01653-0002
Commercial Line Policy
Common Declarations**

CM

Policy Number	From	Policy Period To	Coverage is Provided in the:	Agency Code
ZH1 A973404 01	07/01/2017	07/01/2018	The Hanover Insurance Company	3808777

Named Insured and Address :

UNITED COMMUNITY CENTER INC
1028 SOUTH 9TH STREET
MILWAUKEE WI 53204

Agent :

ROBERTSON-RYAN AND ASSOC.
TWO PLAZA EAST SUITE 650
330 EAST KILBOURN AVENUE
MILWAUKEE WI 53202

Branch : Wisconsin**Policy Period :** From 07/01/2017 To 07/01/2018

12:01 A.M. Standard Time at Your Mailing Address Shown Above.

Business Description: Human Service Organization**Legal Entity:** Non Profit

In Consideration of the premium, insurance is provided the Named Insured with respect to those premises described in the attached schedule(s) for which a specific limit of insurance is shown, This is subject to all terms of this policy including Common Policy Conditions. Coverage Parts, Forms and Endorsements may be subject to adjustment and/or a policy minimum premium.

**Commercial Property Coverage
Commercial General Liability Coverage
Professional Liability Coverage
Commercial Inland Marine Coverage
Commercial Crime Coverage
Commercial Auto Coverage
Total Surcharges Premium
Additional Premium For Policy Minimum
** Total**

****INCLUDES PREMIUM, IF ANY, FOR TERRORISM; REFER TO DISCLOSURE NOTICE**

Countersigned _____ By _____

4 Pay - 25% Down

Group Number ZHC

401-0151 01/05

Page 1

Issued 06/28/2017

Original Insured



UNITED COMMUNITY CENTER
INC

ZH1 A973404 01

ROBERTSON-RYAN AND ASSOC.

Commercial General Liability Coverage Part Declaration

Audit Frequency: Annual

Limits of Insurance:

General Aggregate Limit	\$3,000,000
Products-Completed Operations Aggregate Limit	\$3,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit, Any One Person	\$10,000
General Liability Deductible:	
Total Advance Commercial General Liability Premium	

THIS POLICY CONTAINS AGGREGATE LIMITS; REFER TO SECTION III - LIMITS OF INSURANCE FOR DETAILS

Forms Applicable to General Liability Coverage Parts:

*Asterisk denotes new or changed form

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
421-0022	12/90	Asbestos Liability Exclusion
421-0037	06/95	Lead Poisoning Liability Exclusion
421-0361	06/15	Other Coverage Amendment
421-0366	07/16	Abuse or Molestation Exclusion
* 421-0456	07/07	Medical Payments - Restaurants
421-0548	09/08	Exclusion - Professional Services
421-0550	09/08	Additional Insured-Human Services Organizations
421-0551	09/08	Special Events Limitation Endorsement
421-0552	07/16	Physical Abuse, Sexual Misconduct Or Sexual Molestation Liability Coverage Endorsement (Occurrence - Separate Aggregate)
421-0555	09/08	Innocent Party Defense Coverage Endorsement
421-0582	09/08	Additional Supplementary Payments Endorsement - Human Services
421-0595	09/08	Human Services Broadened Named Insured Endorsement
421-0598	09/08	Supplementary Payments - Image Restoration Endorsement
421-2915	06/15	Commercial General Liability Broadening Endorsement
421-2921	06/15	Commercial General Liability Enhancement Endorsement - Human Services
* 421-3566	07/16	Important Notice To Policyholders
CG 00 01	04/13	Commercial General Liability Coverage Form - Occurrence
CG 01 24	01/93	Wisconsin Changes - Amendments of Policy Conditions
CG 04 35	12/07	Employee Benefits Liability Coverage
CG 21 06	05/14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception
CG 21 47	12/07	Employment - Related Practices Exclusion

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SUMMARY OF COVERAGES

1.	Additional Insured by Contract, Agreement or Permit	Included
2.	Additional Insured – Primary and Non-Contributory	Included
3.	Blanket Waiver of Subrogation	Included
4.	Bodily Injury Redefined	Included
5.	Broad Form Property Damage – Borrowed Equipment, Customers Goods & Use of Elevators	Included
6.	Knowledge of Occurrence	Included
7.	Liberalization Clause	Included
8.	Medical Payments – Extended Reporting Period	Included
9.	Newly Acquired or Formed Organizations - Covered until end of policy period	Included
10.	Non-owned Watercraft	51 ft.
11.	Supplementary Payments Increased Limits	
	- Bail Bonds	\$2,500
	- Loss of Earnings	\$1000
12.	Unintentional Failure to Disclose Hazards	Included
13.	Unintentional Failure to Notify	Included

This endorsement amends coverages provided under the Commercial General Liability Coverage Part through new coverages, higher limits and broader coverage grants.

1. Additional Insured by Contract, Agreement or Permit

The following is added to **SECTION II – WHO IS AN INSURED**:

Additional Insured by Contract, Agreement or Permit

- a. Any person or organization with whom you agreed in a written contract, written agreement or permit that such person or organization to add an additional insured on your policy is an additional insured only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf, but only with respect to:

- (1) "Your work" for the additional insured(s) designated in the contract, agreement or permit;
- (2) Premises you own, rent, lease or occupy; or
- (3) Your maintenance, operation or use of equipment leased to you.
- b. The insurance afforded to such additional insured described above:
- (1) Only applies to the extent permitted by law; and
- (2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured.

- (3) Applies on a primary basis if that is required by the written contract, written agreement or permit.
- (4) Will not be broader than coverage provided to any other insured.
- (5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.
- c. This provision does not apply:
- (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
- (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
- (3) To any lessor of equipment:
- (a) After the equipment lease expires; or
- (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor
- (4) To any:
- (a) Owners or other interests from. whom land has been leased which takes place after the lease for the land expires; or
- (b) Managers or lessors of premises if:
- (i) The occurrence takes place after you cease to be a tenant in that premises; or
- (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
- (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and

advertising injury" involved the rendering of or failure to render any professional services by or for you.

- d. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:

1. Required by the contract, agreement or permit described in Paragraph a.; or
2. Available under the applicable Limits of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

2. Additional Insured – Primary and Non-Contributory

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 4. **Other insurance**:

Additional Insured – Primary and Non-Contributory

If you agree in a written contract, written agreement or permit that the insurance provided to any person or organization included as an Additional Insured under **SECTION II – WHO IS AN INSURED**, is primary and non-contributory, the following applies:

If other valid and collectible insurance is available to the Additional Insured for a loss covered under Coverages **A** or **B** of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary to other insurance that is available to the Additional Insured which covers the

Additional Insured as a Named Insured. We will not seek contribution from any other insurance available to the Additional Insured except:

- (1) For the sole negligence of the Additional Insured;
- (2) When the Additional Insured is an Additional Insured under another primary liability policy; or
- (3) when b. below applies.

If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

- (1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is Fire insurance for premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner;
 - (c) That is insurance purchased by the Additional Insured to cover the Additional Insured's liability as a tenant for "property damage" to premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other Insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each

insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first. If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers

3. Blanket Waiver of Subrogation

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us**:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damage under this coverage form. The damage must arise out of your activities under a written contract with that person or organization. This waiver applies only to the extent that subrogation is waived under a written contract executed prior to the "occurrence" or offense giving rise to such payments.

4. Bodily Injury Redefined

SECTION V – DEFINITIONS, Definition 3. "bodily injury" is replaced by the following:

3. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

5. Broad Form Property Damage – Borrowed Equipment, Customers Goods, Use of Elevators

- a. **SECTION I – COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Paragraph 2. **Exclusions** subparagraph j. is amended as follows:

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraphs (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor do they apply to the use of elevators at premises you own, rent, lease or occupy.

- b. The following is added to **SECTION V – DEFINITIONS**:

24. "Customers goods" means property of your customer on your premises for the purpose of being:

- a. worked on; or
- b. used in your manufacturing process.
- c. The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent

6. Knowledge of Occurrence

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit:**

- e. Notice of an "occurrence", offense, claim or "suit" will be considered knowledge of the insured if reported to an individual named insured, partner, executive officer or an "employee" designated by you to give us such a notice.

7. Liberalization Clause

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**

Liberalization Clause

If we adopt any revision that would broaden the coverage under this Coverage Form without additional premium, within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.

8. Medical Payments – Extended Reporting Period

- a. **SECTION I – COVERAGES, COVERAGE C – MEDICAL PAYMENTS**, Paragraph 1. **Insuring Agreement**, subparagraph a.(3)(b) is replaced by the following:

- (b) The expenses are incurred and reported to us within three years of the date of the accident; and

- b. This coverage does not apply if **COVERAGE C – MEDICAL PAYMENTS** is excluded either by the provisions of the Coverage Part or by endorsement.

9. Newly Acquired Or Formed Organizations

SECTION II – WHO IS AN INSURED, Paragraph 3.a. is replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period.

10. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. **Exclusions**, subparagraph g.(2) is replaced by the following:

g. Aircraft, Auto Or Watercraft

(2) A watercraft you do not own that is:

- (a) Less than 51 feet long; and
- (b) Not being used to carry persons or property for a charge;

This provision applies to any person who, with your consent, either uses or is responsible for the use of a watercraft.

11. Supplementary Payments Increased Limits

SECTION I – SUPPLEMENTARY PAYMENTS COVERAGES A AND B, Paragraphs 1.b. and 1.d. are replaced by the following:

1.b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

1.d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1000 a day because of time off from work.

12. Unintentional Failure to Disclose Hazards

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 6. **Representations:**

We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.

13. Unintentional Failure to Notify

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit:**

Your rights afforded under this policy shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury" or "property damage" is not covered under this policy.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Vizance, Inc. 1320 Walnut Ridge Dr. Ste. 200 Hartland, WI 53029	CONTACT NAME: PHONE (A/C, No, Ext): (262) 367-8611	FAX (A/C, No): (262) 367-8529
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED United Community Center 1028 S. 9th St. Milwaukee, WI 53204	INSURER A : United Heartland	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE D AUTOS ONLY <input type="checkbox"/> SCHEDULE D AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	0400160749	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A waiver of subrogation applies in favor of Milwaukee County for Workers Compensation when required by written contract.

CERTIFICATE HOLDER Milwaukee County Department on Aging 1220 W. Vliet St., Ste. 302 Milwaukee, WI 53205	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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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	
	Preliminary	Final
DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
	790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.	
97618		XXXXX		261-418-18	
NAME OF VENDOR		ADDRESS			
United Community Center Inc		1028 South 9th Street			
		Milwaukee , WI 53204			
TAX I.D. NO.	EFFECTIVE DATES:		LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR	TOTAL CONTRACT
	begin date	end date	(IN MONTHS)	CHANGE	AMOUNT
	01/01/18	12/31/18	12		\$ 373,189.00

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
2018	01	0001	790	7931	A5SC		8123				\$50,540.00
2018	02	0001	790	7931	A5SC		8123				\$137,226.00
2018	03	0001	790	7931	A5SC		8123				\$18,423.00
2018	04	0001	790	7932	A5SM		8123				\$ 139,000.00
2018	05	0001	790	7932	A5SM		8124				\$ 28,000.00

PURPOSE OF CONTRACT

Purchase of service contracts for Elderly services for time period 1/01/18-12/31/18.

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

XXXXXX If YES, give County Board File No. 17-763 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	11/02/17 Date	Accountant Title
Samita Bhatnagar Signature of County Administrator	11/7/2017 Date	Assistant Fiscal Director Title

TBE Participation Recommendation

CONTACT INFORMATION

Contract Administrator: Jon Janowski Phone: 414-289-6073 Date: 10-30-17
 Email Address jonathan.janowski@milwaukeecountywi.gov Dept: Aging
 Grant \$\$: Programs in United Community Center Senior Center – Federal Older Americans Act funding and State BCA
funding Org No. 7900

PROJECT INFORMATION

Project Name: Programs in United Community Center Senior Center
 Project No.: 418-18

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

The program provides a gathering place to decrease isolation, enhance social contacts, provide educational and cultural programming, offer hot and nutritious mid-day meals, and provide linkages to community resources. Service provider must offer senior center, transportation, nutrition site supervision, and catering services to one common location.


Contracting Opportunities (List NAICS codes): None

TYPE OF PROJECT

<u>Professional Services</u>	Estimated Amount \$ _____
<u>Construction Services</u>	Estimated Amount \$ _____
<u>Non For Profit Services</u>	Estimated Amount \$ _____

Subcontracting places undue burdens on the agency, increasing administrative oversight and reducing programs and services.

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

Department/Division Administrator Name Jon Janowski Signature 
 Date 10-30-17

CBDP USE ONLY

Concur with Recommendation _____, or provide the following goals: _____ %
 This contract is exempt from a participation goal: Yes No

DocuSigned by:

Rick Norris

AD4C84D4023E450...

Approved: _____

Date: 12/19/2017

EXHIBIT I

Milwaukee County Department On Aging
Descriptions of Proposed Programs and Services
Funding Period 1/1/2018 to 12/31/2018

1.0 General Program Information

1.01 Program Title or Type of Service to be provided: Catering Services

1.02 Agency Name: United Community Center

1.03 Address of Primary Office: 1028 S. 9th. Street

Milwaukee, WI 53204

1.04 Phone Number: (414) 384-3100 Fax #: (414) 645-0165

Monday - Friday

1.05 Office Hours: 8:00am - 4:00pm E-mail: hhernandez@unitedcc.org

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

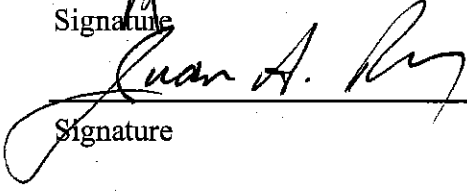
Ricardo Diaz, Executive Director

Name, Title

Signature 

Juan A. Ruiz, Deputy Director

Name, Title

Signature 

1.07 Staff Contact for the Program

Name, Title: Hector Hernandez, Program Director

1.08 Type of Agency (please check those that apply)

Public: Non-Profit: X Proprietary:

1.09 Federal ID No. 39-1146191 State Tax Exempt No. ES 11043

1.10 Type of Request: New: Continuation: X

1.11 Amount of Department on Aging Request: \$139,000.00

1.12 Total Agency Budget: \$23,128,751.00

1.13 Proposed Cost Per Unit of Service: \$245

1.14 Proposed Units to be Provided: 315

EXHIBIT I

Milwaukee County Department On Aging
Descriptions of Proposed Programs and Services
Funding Period 1/1/2018 to 12/31/2018

1.0 General Program Information

1.01 Program Title or Type of Service to be provided: Nutrition Site Supervision

1.02 Agency Name: United Community Center

1.03 Address of Primary Office: 1028 S. 9th. Street
Milwaukee, WI 53204

1.04 Phone Number: (414) 384-3100 Fax #: (414) 645-0165

Monday - Friday

1.05 Office Hours: 8:00am - 4:00pm E-mail: hhernandez@unitedcc.org

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

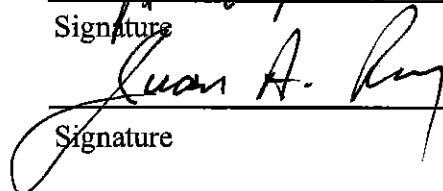
Ricardo Diaz, Executive Director

Name, Title

Signature 

Juan A. Ruiz, Deputy Director

Name, Title

Signature 

1.07 Staff Contact for the Program

Name, Title: Hector Hernandez, Program Director

1.08 Type of Agency (please check those that apply)

Public: Non-Profit: Proprietary:

1.09 Federal ID No. 39-1146191 State Tax Exempt No. ES 11043

1.10 Type of Request: New: Continuation:

1.11 Amount of Department on Aging Request: \$28,000.00

1.12 Total Agency Budget: \$23,128,751.00

1.13 Proposed Cost Per Unit of Service: \$89

1.14 Proposed Units to be Provided: 315

EXHIBIT I

Milwaukee County Department On Aging
Descriptions of Proposed Programs and Services
Funding Period 1/1/2018 to 12/31/2018

1.0 General Program Information

1.01 Program Title or Type of Service to be provided: Senior Center

1.02 Agency Name: United Community Center

1.03 Address of Primary Office: 1028 S. 9th. Street

Milwaukee, WI 53204

1.04 Phone Number: (414) 384-3100 Fax #: (414) 645-0165

Monday - Friday

1.05 Office Hours: 8:00am - 4:00pm E-mail: hhernandez@unitedcc.org

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

Ricardo Diaz, Executive Director

Name, Title

Signature

Juan A. Ruiz, Deputy Director

Name, Title

Signature

1.07 Staff Contact for the Program

Name, Title: Hector Hernandez, Program Director

1.08 Type of Agency (please check those that apply)

Public: Non-Profit: X Proprietary:

1.09 Federal ID No. 39-1146191 State Tax Exempt No. ES 11043

1.10 Type of Request: New: Continuation: X

1.11 Amount of Department on Aging Request: \$77,189.00

1.12 Total Agency Budget: \$23,128,751.00

1.13 Proposed Cost Per Unit of Service: \$245

1.14 Proposed Units to be Provided: 315

EXHIBIT I

Milwaukee County Department On Aging
Descriptions of Proposed Programs and Services
Funding Period 1/1/2018 to 12/31/2018

1.0 General Program Information

1.01 Program Title or Type of Service to be provided: Group Transportation

1.02 Agency Name: United Community Center

1.03 Address of Primary Office: 1028 S. 9th. Street

Milwaukee, WI 53204

1.04 Phone Number: (414) 384-3100 Fax #: (414) 645-0165

Monday - Friday

1.05 Office Hours: 8:00am - 4:00pm E-mail: hhernandez@unitedcc

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency

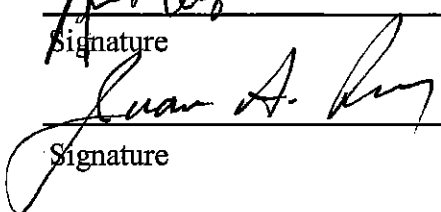
Ricardo Diaz, Executive Director

Name, Title


Signature

Juan A. Ruiz, Deputy Director

Name, Title


Signature

1.07 Staff Contact for the Program

Name, Title: Hector Hernandez, Program Director

1.08 Type of Agency (please check those that apply)

Public: _____ Non-Profit: X Proprietary: _____

1.09 Federal ID No. 39-1146191 State Tax Exempt No. ES 1104

1.10 Type of Request: New: _____ Continuation: X

1.11 Amount of Department on Aging Request: \$129,000.00

1.12 Total Agency Budget: \$23,128,751.00

1.13 Proposed Cost Per Unit of Service: \$410

1.14 Proposed Units to be Provided: 315

**Milwaukee County Department on Aging
2018 Purchase of Service Contract
Grant Supported Programs and Services**

Contract Number 261-418-18
Service Programs in United Community Center Senior Center

This Contract is made and entered between Milwaukee County, a Wisconsin municipal body corporate, represented by the Milwaukee County Department on Aging, 1220 West Vliet Street Suite 302, Milwaukee, WI 53205 (hereinafter called County) and United Community Center Inc. (hereinafter called Contractor), and whose primary business address for the purposes of this Contract is:

1028 S. 9th St.
Milwaukee, WI 53204

1. Dates of Performance

This Contract is for the period of January 1, 2018 through December 31, 2018, or until such time as provided herein.

2. Scope of Service

Contractor shall specifically perform all of the services and achieve the objectives as set forth in the proposal submitted by Contractor to County, which is attached hereto as Exhibit I, Description of Proposed Programs and Services, and incorporated by reference. Contractor shall perform all services provided under this Contract in the manner prescribed by the relevant Program/Service Guidelines or Specifications, which are herein incorporated by reference and made a part of this Contract as if physically attached hereto.

3. Staffing and Delivery of Programs/Services

- A. Contractor shall provide all personnel required to perform the programs or services under this Contract. Such personnel shall not be employees of County, or have any other contractual relationships with County. Any replacement of personnel listed in Contractor's proposal shall be by persons of like qualifications, which shall be attested to by Contractor. Whenever possible, notification of replacement of personnel shall be provided to County prior to replacement.
- B. Contractor will provide proper supervision to all employees providing programs or services under this Contract. Current job descriptions shall be kept on file for positions funded under this Contract, and each employee will be given a job description at the time of employment and whenever the job description is amended.

- C. Except as provided herein and relevant Program/Service Guidelines or Specifications, Contractor shall determine the methods, procedures, and personnel policies to be used in providing programs and services to eligible clients.
- D. This Contract in its entirety is at all times subject to such local, state, and federal laws and administrative regulations as exist at the time this Contract is executed and as shall become effective after execution but prior to termination of this Contract. Contractor shall comply with all federal, state, and local laws and regulations and shall maintain in good standing all licenses, permits, and certifications relating to the programs and services referred to herein.
- E. All clients served by Contractor under this Contract must meet County's eligibility requirements as described in the relevant Program/Service Guidelines or Specifications. It is understood that the final authority for determining client eligibility and the amount of services to be provided to individual clients rests with County and that Contractor will not be reimbursed for services provided to ineligible clients.
- F. Contractor agrees that the programs and services described in Exhibit I will be available to eligible clients throughout the period of this Contract and to accept all clients referred by County as long as funds made possible through this Contract are available.
- G. Contractor shall maintain a log of complaints and provide County a copy of any written complaint made to Contractor regarding any of the services furnished hereunder and will inform County in writing of the actions taken by Contractor to resolve such complaints.

4. Equipment

- A. Contractor agrees that all items of equipment purchased with funds provided by County under this Contract shall be used for the programs and services purchased through this Contract or as otherwise may be specified in Exhibit I. Contractor further agrees to provide to County a copy of an invoice for all items of equipment purchased, to periodically inventory said equipment, and to maintain property and content insurance, including fire, vandalism, and theft, to cover the replacement value of said items.
- B. Should County funding cease for the programs or services for which the equipment was purchased under this Contract, or if Contractor should cease using said equipment for the purposes for which it was originally purchased, Contractor agrees either to (1) turn over said equipment to County for distribution to other approved programs or services for older persons; or (2) dispose of said equipment in such other fashion as may be mutually agreed by Contractor and County.

5. Fiscal Administration

Contractor shall observe the following policies and practices with regard to all funds received from County pursuant to this agreement:

- A. Contractor agrees to identify the total cost of the program or service funded under this Contract.
- B. Contractor shall provide to County an agency-wide budget, disclosing all of Contractor's anticipated revenues and expenditures for the period of this Contract.

- C. Funds received by the Contractor under this Contract may not be co-mingled with funds from other sources.
- D. Contractor shall maintain a uniform double entry accounting system and a management information system compatible with cost accounting and control systems.
- E. Contractor agrees to comply with the allowable cost policies and procedures as established by the Wisconsin Department of Health Services.

6. Compensation

- A. Contractor shall be compensated for work performed as stated in Exhibit I, Description of Proposed Programs and Services, attached hereto and made a part of this Contract. Contractor recognizes that the total service needs of the community may not be met and shall provide programs and services within the specific amounts stated in Exhibit I. County is unable to guarantee the volume of services funded by this Contract. Under no circumstances shall payments under this Contract exceed the amount(s) authorized for this Contract by the Milwaukee County Board of Supervisors. The parties agree that section 66.0135, Wisconsin Statutes, Prompt Pay Law, shall not apply to payment for programs and services provided hereunder.
- B. Funds may be advanced to Contractor as set forth in section 46.036 (3) (f) Wisconsin Statutes. The advance payment provision applies only when requested by Contractor. The advance payment shall be repaid to County upon demand. If Contractor fails to repay the advance as described, County shall have the right to withhold any payments due Contractor from County sufficient to cover the amount of the advance payment.
- C. Advance payments by County shall not exceed one-twelfth (1/12th) of the Contract award. If advance payments exceed \$10,000, Contractor shall provide County with a surety bond for an amount equal to the amount of the advance payment as set forth in section 46.036 (3) (f) Wisconsin Statutes.
- D. County shall recover from Contractor money paid in excess of the conditions of this Contract. Repayment shall be made in full within thirty (30) days after County has made written demand to Contractor for repayment. County may recover repayments due to County from any subsequent payments due to Contractor now, or from future contracts, or any other service agreement with County. County shall charge interest on outstanding repayments due County as set forth in section 46.09 (4) (d) General Ordinances of Milwaukee County.
- E. No funds within this Contract may be used to supplant Medical Assistance, Health Maintenance Organization (HMO), or Preferred Provider Organization (PPO) funded services.
- F. County and Contractor acknowledge that funding of this Contract is completely dependent upon state and federal grants and contracts. The obligation of the County to purchase the services described herein is contingent upon present state and federal grants and contracts continuing at their present levels. Should such funding sources terminate or be reduced, County reserves the right, in its sole discretion, either to terminate this agreement or revise the scope of services being purchased to reflect any reduction in such funding. It is further recognized and agreed by County and Contractor that the programs and services provided under this Contract are subject to all provisions

of said federal and state grants and contracts, and Contractor agrees to comply with all such provisions for the period of this Contract, including all applicable provisions of the standard State/County contract.

7. Billing and Reporting

- A. Contractor shall provide County with monthly billings and reports for programs and services provided under this contract by the fifth (5th) working day of the month following the month in which services are provided. Contractor shall submit billings and reports on the forms and according to the manner specified by County.
- B. County shall make payment only for those line items as are specified in the approved budget as contained in Exhibit I. Expenditures for any single line item may not exceed the amount in the approved program budget by more than \$500 without written authorization by County and the submission of a revised budget by Contractor on the prescribed form.
- C. Within thirty (30) days of the receipt of all required billings and reports, County shall make payment to Contractor of the net amount due.

8. Record Keeping and Access to Records

- A. Contractor shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, and cost of services covered by this Contract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm Contractor's compliance with law and the Program/Service Guidelines or Specifications for this Contract. Access to information shall include computerized data and/or other electronic information used by the Contractor, made available in formats suitable for data analysis, such as queries, using conventional software programs.
- B. Contractor shall maintain written verification of programs and services provided under this Contract, including the dates of programs and services performed for all of the purchased programs and services rendered, as specified by County. Contractor shall maintain clearly identified and readily accessible documentation of costs supported by properly executed payrolls, time records, invoices, contracts, vouchers, or other official documentation evidencing in proper detail the nature and propriety of the programs and services provided. Contractor shall retain all such records for a period of at least four (4) years from the date of issuance of the certified financial and compliance audit. Records shall be retained beyond the four-year requirement if an audit is in progress or exceptions identified in prior audits have not been resolved.
- C. It is agreed that County representatives, including representatives of the Department on Aging, the Office of the Comptroller, or representatives of appropriate state or federal agencies, including the Wisconsin Department of Health Services, shall have the right of access to program, financial, and such other records of Contractor or Contractor's subcontractors as may be necessary to evaluate or confirm Contractor's cost estimates, rates, and charges for programs and services provided under this Contract or as may be necessary to evaluate or confirm Contractor's delivery of the programs and services in compliance with the Program/Service Guidelines or Specifications for this Contract.

9. Inspection of Premises

Contractor shall allow visual inspection of Contractor premises to County representatives and to authorized representatives of any other local, state, or federal government unit. Inspection shall be permitted without formal notice at any time programs and services are being furnished.

10. Audit Requirements

- A. Unless waived by County, Contractor shall submit to County, on or before **June 30, 2019**, or such later date that is mutually acceptable to Contractor and County, two (2) original copies of a certified financial and compliance audit for calendar year 2018 performed by an independent certified public accountant (CPA) licensed to practice by the State of Wisconsin. CPA audit reports are required under section 46.036 (4) (c) Wisconsin Statutes. Requests for waiver and/or extension must be in writing and submitted before the original due date of the audit. Contractor's audit report shall comply with the following conditions and requirements:

Non-profit Contractors who received aggregate federal financial assistance of \$500,000 or more, either directly or indirectly, shall submit to County two (2) original copies of a certified audit for calendar year 2018 performed in accordance with the Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments and Non-Profit Organizations. The audit submitted by Contractor shall be conducted in conformance with the following standards:

- (a) Wisconsin Department of Health Services, DHS Audit Guide, 2015 Revision (or later);
- (b) Standards applicable to financial audits contained in Government Auditing Standards (GAS) promulgated by the Comptroller General of the United States; and
- (c) Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

Contractor shall also submit to County, on or before June 30, 2019 a statement acknowledging that Contractor received aggregate federal funding of \$500,000 or more for calendar year 2018.

For-profit Contractors who received \$25,000 or more of aggregate federal financial assistance, either directly or indirectly, and non-profit Contractors who received \$25,000 or more of aggregate federal financial assistance, either directly or indirectly, but less than \$500,000 of aggregate federal financial assistance, either directly or indirectly, for calendar year 2018, shall submit to County, two (2) original copies of a certified audit for calendar year 2018 conducted in accordance with the following standards:

- (d) Wisconsin Department of Health Services, DHS Audit Guide, 2015 Revision (or later)
- (e) Standards applicable to financial audits contained in Government Auditing Standards (GAS) promulgated by the Comptroller General of the United States; and

- (f) Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

Contractor shall also submit to County, on or before June 30, 2019, a statement acknowledging that Contractor did not receive aggregate federal funding of \$500,000 or more for calendar year 2018.

Regardless of status or format, all CPA audits and reports referenced above shall contain the following Financial Statements, Schedules, and Auditor's Reports:

(1) Financial Statements for the Entire Organization:

- a. Comparative Balance Sheet for Total Agency.
- b. Comparative Statement of Operations for Total Agency.
- c. Statement of Changes in Financial Position or Statement of Cash Flows for Total Agency.
- d. Supplemental schedule of program revenues and expenses identified by funding source for each program or service referenced in Exhibit I, including non-federal matching share, if required, and client contributions.
- e. Notes to financial statements, including units of service, if applicable, provided by contract (if not disclosed on the face of the financial statements), and disclosure of related party transactions, if any, and the source of the non-federal matching share, if such matching share is required.

(2) Auditor's Reports:

- a. Report on the financial position, results of operations, and changes in the financial position or Statement of Cash Flows for the entire agency.
- b. Report on Compliance, including compliance with applicable laws and regulations, and any subsequent revisions, and compliance with material financial terms and conditions of this Contract, including allowance of program costs.
- c. Report on Evaluation of Internal Accounting Controls. A copy of any management letter or equivalent document issued in conjunction with the audit shall be provided to County.
- d. Findings of non-compliance.
- e. Schedule of questioned costs and the potential amount of repayment prior to offsetting any unrelated items.
- f. Schedule of Federal and State Awards broken down by contract year. The schedule shall identify the contract number and the program name from Exhibit I of the contract. Each care or service under County Contract must be reported as a separate item by contract year.

- g. A report on the status of action(s) taken on prior audit findings.

(3) General

The following is a summary of the general laws, rules, and regulations with which the auditor should be familiar in order to satisfactorily complete the audit.

- a. GAO, Standards for Audit of Governmental Organizations, Programs, Activities and Functions
 - b. AICPA, Generally Accepted Auditing Standards
 - c. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations
 - d. OMB Circular A-133, 2015 Compliance Supplement
 - e. OMB Circular A-122, Cost Principles For Nonprofit Organizations
 - f. OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments
 - g. Wisconsin State Statutes, Section 46.036, Purchase of Care and Services
 - h. Wisconsin Department of Administration, State Single Audit Guidelines – Current Revision
 - i. Wisconsin Department of Health Services, DHS Audit Guide, 2015 Revision (or later)
 - j. Wisconsin Department of Health Services, Allowable Cost Policy Manual - Current Revision
- B. Contractor hereby authorizes and directs its Certified Public Accountant, if requested, to share all work papers, reports, and other materials generated during the audit with County, including the Department on Aging and the Department of Audit, or their designees, and with representatives of Federal and State funding agencies, including the Wisconsin Department of Health Services. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media that document the audit work. Contractor shall require its CPA to retain work papers for a period of at least four (4) years following the latter of contract termination or receipt, by County, of the certified audit report.
- C. The Contractor, its officers, directors, agents, partners and employees shall allow the County Audit Services Division and department contract administrators (collectively referred to as Designated Personnel) and any other party the Designated Personnel may name, with or without notice, to audit, examine and make copies of any and all records of the Contractor related to the performance of the Contract for a period of up to three (3) years following the date of last payment. Any subcontractors or other parties performing work on this Contract will be bound by the same terms and responsibilities as the Contractor. All subcontracts or other agreements for work performed on this Contract will include written notice that the subcontractors or other parties understand

and will comply with the terms and responsibilities. Any and all county contracts and solicitations for contracts shall include a statement that the contractor and any subcontractors understand and will abide by the requirements of this chapter.

- D. Contractor agrees that County is entitled to repayment of amounts identified as a result of the audit required under this section, and acknowledges that failure to repay such amounts may result in legal action as determined by Milwaukee County Corporation Counsel. County shall charge interest on any outstanding repayments as set forth in section 46.09 (4) (d) (8) General Ordinances of Milwaukee County.
- E. Contractor's reporting on a fiscal year other than a calendar year shall be considered in compliance with audit requirements upon submittal of the following:
 - (1) Filing of contractor's fiscal year audit, meeting the audit requirements in Sections 10 A. (1), (2) and (3) above within 180 calendar days of the fiscal year closing.
 - (2) Schedules of revenues and expenses identified by funding source for each program or activity referenced in Exhibit I of the Contract. The schedules shall be reviewed and compiled by Contractor's auditor(s) with all information required in Section 10 A. (2) a. above for the period from the close of Contractor's fiscal year through the end of the calendar year, on or before **June 30, 2019**, or such later date that is mutually acceptable to Contractor and County.
- F. Contractor agrees to submit to County plans for correcting weaknesses identified in Contractor's audit.
- G. Contractor agrees to cooperate with County in the implementation of County's Audit Fraud Hotline by posting notices to be provided by County in areas where all employees, including those employed by subcontractor, associated with this Contract will have access to the notices for the duration of this Contract.
- H. Contractor, and its CPA, shall maintain records for audit purposes for a period of at least four (4) years following the latter of contract termination or receipt, by County, of the certified audit report. Records shall be maintained beyond the minimum requirement if an audit is in progress or exceptions identified in prior audits have not been resolved.
- I. Contractors who subcontract with other providers for the provision of programs and services are required by federal and state regulations to monitor their subrecipients.

Contractors shall have on file, and available for review by County, copies of subrecipient's CPA audit reports and financial statements. The Contractor shall maintain all such records for a period of at least four (4) years following the latter of contract termination or submission of the certified audit report. The records shall be retained beyond the four-year period if an audit is in progress or exceptions have not been resolved.

Subrecipient shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, or cost of services covered by the subcontract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm subrecipient's compliance with law and the Program/Service Guidelines or

Specifications for this contract and the subcontract. Access to information shall include computerized data and/or other electronic information used by the Contractor, made available in formats suitable for data analysis, such as queries, using conventional software programs.

It is agreed that County representatives, including representatives of the Department on Aging and the Office of the Comptroller, or representatives of appropriate state or federal agencies, including the Wisconsin Department of Health Services, shall have the right of access to program, financial, and such other records of subrecipient as may be requested to evaluate or confirm subrecipient's cost estimates, rates, and charges for programs and services, or as may be necessary to evaluate or confirm subrecipient's delivery of programs and services in compliance with the Program/Service Guidelines or specifications for this contract and the subcontract.

Subrecipient shall maintain written verification of programs and services provided under the subcontract, including the dates of services provided for all of the purchased services rendered, as specified by County. The subrecipient shall maintain clearly identified and readily accessible documentation of costs supported by properly executed payrolls, time records, invoices, contracts, vouchers, or other official documentation evidencing in proper detail the nature and propriety of the services provided. The subrecipient shall maintain all such records for a period of at least four years following the latter of contract termination or submission of the certified audit report. The records shall be retained beyond the four-year period if an audit is in progress or exceptions have not been resolved.

Subrecipient shall allow visual inspection of subrecipient's premises to County representatives and to representatives of any other unit of local, state, or federal government. Inspection shall be permitted without formal notice at any time care and services are being furnished.

- J. Failure on the part of the Contractor to comply with these requirements shall result in withholding of any payments otherwise due Contractor from County and ineligibility for future contracts with County until such time as these requirements are met.

11. Non-Discrimination and Equal Employment Opportunity

In the performance of work or execution of this contract, the Contractor shall not discriminate against any employee or applicant for employment because of race, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, which shall include but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeships. The Contractor will post in conspicuous places, available for employment, notices to be provided by the County setting forth the provisions of the nondiscriminatory clause. A violation of this provision shall be sufficient cause for the County to terminate the Contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the Contractor for use in completing the contract.

The Contractor agrees that it will strive to implement the principles of equal employment opportunities through an effective affirmative action program, and will so certify prior to

the award of the Contract, which program shall have as its objective to increase the utilization of women, minorities and handicapped persons, and other protected groups, at all levels of employment in all divisions of the contractor's workforce, where these groups may have been previously under-utilized and under-represented. The Contractor also agrees that in the event of any dispute as to compliance with the aforesaid requirements, it shall be his/her responsibility to show that he/she has met all such requirements.

The Contractor agrees that it will strive to implement the principles of active and aggressive efforts to assist Milwaukee County in meeting or exceeding its overall annual goal of participation of target enterprise firms.

When a violation of the non-discrimination, equal opportunity or Affirmative Action provisions of this section has been determined by County, Contractor shall immediately be informed of the violation and directed to take all action necessary to halt the violation, as well as such action as may be necessary to correct, if possible, any injustice to any person adversely affected by the violation, and immediately take steps to prevent further violations.

If, after notice of a violation to Contractor, further violations of the section are committed during the term of the Contract, County may terminate the Contract without liability for the uncompleted portion or any materials or services purchased or paid for by the Contractor for use in completing the Contract, or it may permit Contractor to complete the Contract, but, in either event, Contractor shall be ineligible to bid on any future contracts let by County.

12. Indemnity

- A. The Contractor agrees to the fullest extent permitted by law, to indemnify, defend, and hold harmless, the County, and its agents, officers, and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including statutory benefits under Workers' Compensation laws, suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this Contract.
- B. Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on patent and copyright infringement regarding computer programs involved in the performance of the programs and services covered by this Contract.
- C. Contractor agrees to indemnify County for any amount(s) County may be required to repay to the Wisconsin Department of Health Services by virtue of payments made to Contractor by County under this Contract that the Department of Health Services determines to be overpayments or inappropriate payment.

13. Insurance

- A. Contractor agrees to maintain policies of insurance and proof of financial responsibility to cover costs as may arise from claims for damages to property of and/or claims which may arise out of or result from Contractors activities, by whomever performed, in such coverage and amounts as required and approved by the County. Acceptable

proof of such coverage shall be furnished to the County prior to commencement of activities under this contract. A Certificate of Insurance shall be submitted for review for each successive period of coverage for the duration of this contract, unless otherwise specified by the County, in the minimum amounts specified below:

<u>Type of Coverage</u>	<u>Minimum Limits</u>
Wisconsin Workers Compensation or Proof of All States coverage	Statutory/Waiver of Subrogation
Employers Liability	\$100,000/\$500,000/\$100,000
Commercial General Liability Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal, Contractual & Products/Completed Operations)	\$1,000,000 per Occurrence \$2,000,000 General Aggregate
Automobile Liability Bodily Injury & Property Damage All Autos-Owned, non-owned and/or hired Uninsured Motorists	\$1,000,000 per Accident per Wisconsin Requirements
Professional Liability	\$1,000,000 per Occurrence \$1,000,000 General Aggregate

Milwaukee County shall be named as an Additional Insured on the General and Automobile Liability policies as respects the services provided in this agreement. A Waiver of Subrogation shall be afforded to Milwaukee County on the Workers' Compensation policy. A thirty (30) day written notice of cancellation or non-renewal shall be afforded to Milwaukee County.

The insurance specified above shall be placed with a Carrier approved to do business in the State of Wisconsin. All carriers must be A rated or better per AM Best's Rating Guide. Any deviations or waiver of required coverages or minimums shall be submitted in writing and approved by Milwaukee County's Risk Manager as a condition of this agreement.

A certificate of insurance shall be submitted for review to Milwaukee County for each successive period of coverage for the duration of this agreement.

14. Bonding Requirement

- A. A Fidelity bond covering employee dishonesty shall be evidenced covering every officer, director, agent, or employee of the Contractor who is authorized to receive or deposit funds under this Contract or who is authorized to issue financial documents, checks, or other instruments of payment for costs related to the programs and services provided under this Contract.

- B. The bond form shall be on a commercial blanket basis in the minimum occurrence amount of \$10,000, or 10% of the total amount of the contract award, whichever is greater. A Contractor who provides services under multiple contracts with the Department on Aging shall evidence the Fidelity bond in the occurrence amount applicable to the dollar amount of the largest single contract with the Department. The period of coverage shall be no less than for the period of this Contract, if not on a continuous basis, with a discovery period of not less than one year subsequent to cancellation or termination of the bond. The bond shall stipulate that the Contractor be given thirty (30) days advance notice by the surety prior to making any material change in, or cancellation of, the bond. The advance notice shall be by certified mail. The Contractor may procure fidelity coverage in a comprehensive crime policy, including money and security coverage as outlined in Section 13 A. above.

15. Withholding of Payments

Failure of Contractor to comply with Contract requirements may result in withholding or forfeiture of any payments otherwise due Contractor from County by virtue of any County obligation to Contractor until such time as the Contract requirements are met.

16. Contract Termination

- A. County or Contractor may terminate this Contract for any reason, with or without cause, following thirty (30) days written notice, unless an earlier date is determined by County to be essential to the safety and well-being of the clients covered by this Contract with the exception of those facilities which must meet the notification requirements as applicable in Chapter 50 licensing. Failure to comply with any part of this Contract may be considered cause for early termination by the offended party. In the event of termination, the County will only be liable for programs and services rendered through the date of termination and not for the uncompleted portion or any materials or services purchased or paid for by Contractor for use in completing this Contract.
- B. Contractor shall notify County, in writing, whenever it is unable to provide the required quality or quantity of programs and services. Upon such notification, County and Contractor shall determine whether such inability to provide the required quality or quantity of programs and services will require a revision or early termination of this Contract.
- C. Notwithstanding any other right of termination, County reserves the right to immediately terminate, or reduce in scope, its obligations under this contract in the event that the sources of funding to the County derived through State or Federal grants or contracts is terminated or reduced. This right of immediate termination for loss of funding applies even if Contractor has not been paid for services previously rendered.
- D. County reserves the right to withdraw any qualified recipient from the program, service, institution, or facility of the Contractor at any time when in the judgment of County it is in the best interest of County or the qualified recipient to do so.

17. Advertising

Contractor shall not publicly advertise through any media during the course of this Contract for the purpose of soliciting eligible persons to be recipients of programs or services provided through this Contract without the advance written consent of County. All brochures,

announcements, press releases, and other items used to promote services provided through this Contract must acknowledge that County funds these services.

18. Coordination of Services

Contractor agrees to coordinate its service efforts with other health and human service providers to eliminate unnecessary duplication of services.

19. Client Contributions

A. Where required by the relevant Program/Service Guidelines or Specifications, Contractor shall provide clients receiving services under this Contract the opportunity to voluntarily and confidentially contribute toward the cost of services they receive. All solicitations to contribute must be approved in advance by County. Under no circumstances shall any otherwise eligible client be denied service under this Contract because of a failure to contribute toward the cost of the services provided.

B. Contractor agrees to report to County all funds contributed by clients and to record and document such contributions consistent with the accounting requirements for other funds received and expended under this Contract.

C. Contractor agrees that any and all client contributions will be used as provided in the budget contained in Exhibit I or to provide additional services to eligible clients under this Contract in the same manner and at a cost equivalent to other services purchased through this Contract. Contractor further agrees that all funds raised through client contributions that remain unspent at the end of this Contract must be spent in a manner approved by County or reimbursed to County.

20. Modifications

Contractor recognizes the right of County to make reasonable modifications in the programs and services purchased under this Contract. Contractor shall be notified in writing two weeks prior to any such modifications.

21. Contract Renegotiation or Revision

A. This Contract may be renegotiated in the event of changes required by law, regulations, court action, or inability of either party to perform as committed in this Contract.

B. This contract may be revised in a written amendment signed by the authorized representatives of both parties.

22. Independent Contractor

Nothing contained in this Contract shall constitute or be construed to create a partnership, joint venture, or employer-employee relationship between County or its successors or assigns and Contractor or its successors or assigns. In entering into this Contract and in acting in compliance herewith, Contractor is at all times acting and performing as an independent contractor duly authorized to perform the acts required of it hereunder.

23. Subcontracts

Assignment of any portion of the services by subcontract is prohibited except upon prior written approval of County.

24. Assignment Limitation

This Contract shall be binding upon and inure to the benefit of the parties and their successors and assigns provided, however, that neither party could assign its obligations hereunder without the prior written consent of the other.

25. Resolution of Disputes

Contractor may appeal the decisions of County in accordance with section 46.036 (7) Wisconsin Statutes.

26. Prohibited Practices

- A. During the period of this Contract, Contractor shall not hire, retain, or utilize for compensation, any member, officer, or employee of the Department of Aging representing County or any person who to the knowledge of Contractor has a conflict of interest. No employee of the Department on Aging representing County shall be an officer, member of the Board of Directors, or have a proprietary interest in Contractor's business.
- B. Contractor shall furnish County with written disclosure of any financial interest, purchase or lease agreements, employment relationship, or professional services/consultant relationship which any of Contractor's employees, officers, board members, stockholders, or members of their immediate family may have with respect to any supplier to Contractor of goods and services under this Contract.
- C. Contractor attests that it is familiar with Milwaukee County's Code of Ethics (Chapter 9 of the General Ordinances of Milwaukee County) which states in part, "No person shall offer or give to any public official or employee, directly or indirectly, and no public official or employee shall solicit or accept from any person, directly or indirectly, anything of value if it could reasonably be expected to influence the public official's or employee's vote, official actions or judgment, or could reasonably be considered as a reward for any official action or inaction or omission by of the public official or employee."
- D. The use or disclosure by any party of any information concerning eligible clients who receive services from Contractor for any purpose not connected with the administration of Contractor's or County's responsibilities under this Contract is prohibited, except with the informed written consent of the eligible client or the guardian of the client.

27. Certification Regarding Contractor Debarment or Suspension

Contractor certifies to the best of its knowledge and belief, that it and its principals; (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining,

attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offences enumerated in (2) of this certification; and (4) have not within a three-year period preceding this contract had one or more public transactions (Federal, state or local) terminated for cause or default.

By: _____
(Signature of Official Authorized to Sign Contract)

Date: _____

28. Certification Regarding Lobbying

Contractor certifies, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, land, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By: _____
(Signature of Official Authorized to Sign Contract)

Date: _____

For: _____
(Name of Grantee)

(Title of Grant Program)

29. Political Activity of Employees

Where applicable, Contractor shall comply with the provisions of the Hatch Act, which limit the political activity of employees who work in federally funded programs.

30. Notices

Notices to County provided for in this Contract shall be sufficient if sent by certified or registered mail, postage prepaid, and notices to Contractor shall be sufficient if sent by certified or registered mail, postage prepaid, to the respective addresses stated in this Contract or to such other respective addresses as the parties may designate to each other in writing. Contractor agrees, that in conduct of its meetings, it will be guided by Wisconsin Statutes 19.81 et. seq.

31. Health Insurance Portability and Accountability Act of 1996

County and Contractor agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and shall undertake any actions needed to protect individually identifiable health information (45 C.F.R. 164.501) as required under current or future HIPAA regulations as determined by the U.S. Department of Health and Human Services and the Wisconsin Department of Health Services.

County and Contractor agree that changes to the Contract that would be necessary for one or both parties to meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) shall be made upon discussion and execution of a Contract amendment containing the necessary changes. Neither party shall withhold agreement to modifications to the Contract necessary for one or both parties to comply with HIPAA.

32. Contract Content

The entire Contract of the parties, with all attached exhibits and assurances, together with the relevant Program/Service Guidelines or Specifications and Exhibit I as negotiated is contained herein. This Contract supersedes all oral agreements and negotiations and all writings not herein referred to and incorporated. This Contract may be executed in two or more counterparts, each of which shall be deemed as original.


33. Approval

It is expressly understood and agreed that the parties' obligations hereunder are subject to state approval and federal concurrence with this Contract.

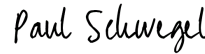
County enters into this Contract as authorized under ss. 59.17 (2) (b) 4, 59.255 (2) (e), and 59.42 (2) (b) 5 Wisconsin Statutes. Contractor enters into this Contract pursuant to and by authority of its Board of Directors at its meeting on _____.

In witness whereof, this Contract shall be effective as of the 1st day of January, 2018, or such other date as may be provided on page 1, upon the execution of this Contract as provided below.

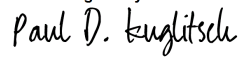
Approved as to Chapter 42 DBE Provision by Community Business Development Partners:

DocuSigned by:
By:  Date: 12/19/2017
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Title: CBDP Director

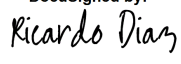
Reviewed by Risk Management:

DocuSigned by:
By:  Date: 12/20/2017
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Title: Safety Manager


Approved as to Execution:

DocuSigned by:
By:  Date: 12/22/2017
2BE87A71B2AE4E5...
Title: Deputy Corporation Counsel

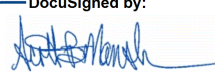
Contractor Representative:

DocuSigned by:
By:  Date: 1/3/2018
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Title: Executive Director

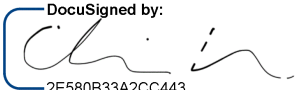
Milwaukee County Department on Aging:

DocuSigned by:
By:  Date: 1/4/2018
ED77D76FE5D7434...
Title: Director

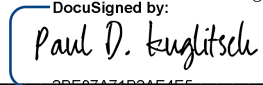
Approved as to funds available per Wisconsin Statutes Section 59.255(2)(e):

DocuSigned by:
By:  Date: 1/4/2018
F7354A95DB0643E...
Title: Comptroller

Milwaukee County Executive:

DocuSigned by:

By: _____ Date: 1/4/2018
Chris Abele

Approved as to Wis. Stats. §59.42

DocuSigned by:

By: _____ Date: 1/9/2018
Title: Deputy Corporation Counsel

Contract No. 261-418-18

4.0 Budget Summary

Provider Name : **United Community Center, Inc** Contract Period: 1/1/2018 - 12/31/2018
 Program Service: Catering Services

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash In-Kind		Program Revenue	All Other Resources	Total
1. PERSONNEL						
A. Wages & Salaries						
B. Fringe (____%)						
C. Other (Describe)						
SUBTOTAL						
2. TRAVEL EXPENSES						
A. Local						
B. Out of Town						
SUBTOTAL						
3. FACILITIES EXPENSES						
A. Rent						
B. Utilities						
C. Other (Describe)						
SUBTOTAL						
4. OPERATING EXPENSES						
A. Office Supplies						
B. Consumable Supplies						
C. Telephone						
D. Postage						
E. Equipment						
F. Catering	\$139,000.00					\$139,000.00
G. Other (Describe)						
SUBTOTAL	\$139,000.00					\$139,000.00
5. MISCELLANEOUS						
A. Staff Training						
B. Office Supplies						
C. Consultant Fees						
D. Audit						
E. Other (Describe)						
SUBTOTAL						
6. INDIRECT COSTS						
A. Indirect costs (Form 4.1)						
B. Other (Describe)						
SUBTOTAL						
7. COLUMN TOTAL FOR ALL COSTS	\$139,000.00		\$0.00		\$0.00	\$139,000.00
8. TOTAL NON-FEDERAL						
9. PROFIT FACTOR						

*Provider source of Non-Federal Cash match or description of In-Kind Match:

**Indirect cost must be reported by agencies that provide more than one program, service, or activity. See the RFP document for a more detailed definition. 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

4.0 Budget Summary

Contract Period: 1/1/2018 - 12/31/2018
 Provider Name : United Community Center, Inc Program Service: Consolidated Budget

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash	In-Kind	Program Revenue	All Other Resources	Total
<u>1. PERSONNEL</u>						
A. Wages & Salaries	\$154,451.00		\$29,090.00		\$137,221.00	\$320,762.00
B. Fringe (____%)			\$5,696.00		\$67,770.00	\$73,466.00
C. Other (Describe)						
SUBTOTAL	\$154,451.00		\$34,786.00		\$204,991.00	\$394,228.00
<u>2. TRAVEL EXPENSES</u>						
A. Local	\$1,474.00				\$300.00	\$1,774.00
B. Out of Town					\$400.00	\$400.00
SUBTOTAL	\$1,474.00				\$700.00	\$2,174.00
<u>3. FACILITIES EXPENSES</u>						
A. Rent	\$26,439.00				\$16,618.00	\$43,057.00
B. Utilities	\$2,300.00					\$2,300.00
C. Other (Describe)						
SUBTOTAL	\$28,739.00				\$16,618.00	\$45,357.00
<u>4. OPERATING EXPENSES</u>						
A. Office Supplies	\$1,428.00				\$200.00	\$1,628.00
B. Consumable Supplies	\$12,179.00				\$4,500.00	\$16,679.00
C. Telephone	\$3,300.00				\$600.00	\$3,900.00
D. Postage	\$697.00				\$150.00	\$847.00
E. Equipment	\$2,041.00				\$300.00	\$2,341.00
F. Catering	\$139,000.00					\$139,000.00
G. Other (Describe)	\$1,189.00				\$133.00	\$1,322.00
SUBTOTAL	\$159,834.00				\$5,883.00	\$165,717.00
<u>5. MISCELLANEOUS</u>						
A. Staff Training	\$100.00					\$100.00
C. Consultant Fees					\$200.00	\$200.00
D. Audit	\$1,525.00				\$750.00	\$2,275.00
E. Other (Describe)						
SUBTOTAL	\$1,625.00				\$950.00	\$2,575.00
<u>6. INDIRECT COSTS</u>						
A. Indirect costs (Form 4.1)	\$27,066.00				\$28,224.00	\$55,290.00
B. Other (Describe)						
SUBTOTAL	\$27,066.00				\$28,224.00	\$55,290.00
<u>7. COLUMN TOTAL FOR ALL COSTS</u>						
	\$373,189.00		\$34,786.00		\$257,366.00	\$665,341.00
<u>8. TOTAL NON-FEDERAL</u>						
<u>9. PROFIT FACTOR</u>						

*Provider source of Non-Federal Cash match or description of In-Kind Match:

**Indirect cost must be reported by agencies that provide more than one program, service, or activity. See the RFP document for a more detailed definition. 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

4.0 Budget SummaryProvider Name : United Community Center, Inc.Contract Period: 1/1/2018 - 12/31/2018Program Service: Senior Center

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash In-Kind		Program Revenue	All Other Resources	Total
<u>1. PERSONNEL</u>						
A. Wages & Salaries	\$40,578.00		\$8,576.00		\$77,846.00	\$127,000.00
B. Fringe (____%)	\$4,159.00				\$39,021.00	\$43,180.00
C. Other (Describe)						
SUBTOTAL	\$44,737.00		\$8,576.00		\$116,867.00	\$170,180.00
<u>2. TRAVEL EXPENSES</u>						
A. Local	\$774.00				\$300.00	\$1,074.00
B. Out of Town					\$400.00	\$400.00
SUBTOTAL	\$774.00				\$700.00	\$1,474.00
<u>3. FACILITIES EXPENSES</u>						
A. Rent	\$18,639.00				\$16,618.00	\$35,257.00
B. Utilities						
C. Other (Describe)						
SUBTOTAL	\$18,639.00				\$16,618.00	\$35,257.00
<u>4. OPERATING EXPENSES</u>						
A. Office Supplies	\$628.00				\$200.00	\$828.00
B. Consumable Supplies	\$1,204.00				\$500.00	\$1,704.00
C. Telephone	\$1,300.00				\$600.00	\$1,900.00
D. Postage	\$265.00				\$150.00	\$415.00
E. Equipment	\$841.00				\$300.00	\$1,141.00
F. Other (Describe)	\$1,189.00				\$133.00	\$1,322.00
SUBTOTAL	\$5,427.00				\$1,883.00	\$7,310.00
<u>5. MISCELLANEOUS</u>						
A. Staff Training						
B. Office Supplies						
C. Consultant Fees					\$200.00	\$200.00
D. Audit	\$625.00				\$750.00	\$1,375.00
E. Other (Describe)						
SUBTOTAL	\$625.00				\$950.00	\$1,575.00
<u>6. INDIRECT COSTS</u>						
A. Indirect costs (Form 4.1)	\$6,987.00				\$21,614.00	\$28,601.00
B. Other (Describe)						
SUBTOTAL	\$6,987.00				\$21,614.00	\$28,601.00
<u>7. COLUMN TOTAL FOR ALL COSTS</u>	\$77,189.00		\$8,576.00		\$158,632.00	\$244,397.00
<u>8. TOTAL NON-FEDERAL</u>						
<u>9. PROFIT FACTOR</u>						

*Provider source of Non-Federal Cash match or description of In-Kind Match:

**Indirect cost must be reported by agencies that provide more than one program, service, or activity. See the RFP document for a more detailed definition. 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

4.0 Budget Summary

Provider Name : **United Community Center, Inc.** Contract Period: **1/1/2018 - 12/31/2018**
 Program Service: **Group Transportation**

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash In-Kind		Program Revenue	All Other Resources	Total
1. PERSONNEL						
A. Wages & Salaries	\$69,103.00		\$14,497.00		\$38,550.00	\$122,150.00
B. Fringe (____%)	\$17,097.00		\$4,639.00		\$19,795.00	\$41,531.00
C. Other (Describe)						
SUBTOTAL	\$86,200.00		\$19,136.00		\$58,345.00	\$163,681.00
2. TRAVEL EXPENSES						
A. Local	\$600.00					\$600.00
B. Out of Town						
SUBTOTAL	\$600.00					\$600.00
3. FACILITIES EXPENSES						
A. Rent	\$6,000.00					\$6,000.00
B. Utilities	\$2,000.00					\$2,000.00
C. Other (Describe)						
SUBTOTAL	\$8,000.00					\$8,000.00
4. OPERATING EXPENSES						
A. Office Supplies	\$600.00					\$600.00
B. Consumable Supplies	\$14,475.00					\$14,475.00
C. Telephone	\$1,200.00					\$1,200.00
D. Postage	\$300.00					\$300.00
E. Equipment	\$1,200.00					\$1,200.00
F. Other (Describe)						
SUBTOTAL	\$17,775.00					\$17,775.00
5. MISCELLANEOUS						
A. Staff Training						
B. Office Supplies						
C. Consultant Fees						
D. Audit	\$300.00					\$300.00
E. Other (Describe)						
SUBTOTAL	\$300.00					\$300.00
6. INDIRECT COSTS						
A. Indirect costs (Form 4.1)	\$16,125.00				\$6,610.00	\$22,735.00
B. Other (Describe)						
SUBTOTAL	\$16,125.00				\$6,610.00	\$22,735.00
7. COLUMN TOTAL FOR ALL COSTS	\$129,000.00		\$19,136.00		\$64,955.00	\$213,091.00
8. TOTAL NON-FEDERAL						
9. PROFIT FACTOR						

*Provider source of Non-Federal Cash match or description of In-Kind Match:

**Indirect cost must be reported by agencies that provide more than one program, service, or activity. See the RFP document

4.0 Budget SummaryContract Period: 1/1/2018 - 12/31/2018Provider Name : United Community Center, IncProgram Service: Consolidated Budget

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash In-Kind		Program Revenue	All Other Resources	Total
1. PERSONNEL						
A. Wages & Salaries	\$154,451.00		\$29,090.00		\$137,221.00	\$320,762.00
B. Fringe (____%)			\$5,696.00		\$67,770.00	\$73,466.00
C. Other (Describe)						
SUBTOTAL	\$154,451.00		\$34,786.00		\$204,991.00	\$394,228.00
2. TRAVEL EXPENSES						
A. Local	\$1,474.00				\$300.00	\$1,774.00
B. Out of Town					\$400.00	\$400.00
SUBTOTAL	\$1,474.00				\$700.00	\$2,174.00
3. FACILITIES EXPENSES						
A. Rent	\$26,439.00				\$16,618.00	\$43,057.00
B. Utilities	\$2,300.00					\$2,300.00
C. Other (Describe)						
SUBTOTAL	\$28,739.00				\$16,618.00	\$45,357.00
4. OPERATING EXPENSES						
A. Office Supplies	\$1,428.00				\$200.00	\$1,628.00
B. Consumable Supplies	\$12,179.00				\$4,500.00	\$16,679.00
C. Telephone	\$3,300.00				\$600.00	\$3,900.00
D. Postage	\$697.00				\$150.00	\$847.00
E. Equipment	\$2,041.00				\$300.00	\$2,341.00
F. Catering	\$139,000.00					\$139,000.00
G. Other (Describe)	\$1,189.00				\$133.00	\$1,322.00
SUBTOTAL	\$159,834.00				\$5,883.00	\$165,717.00
5. MISCELLANEOUS						
A. Staff Training	\$100.00					\$100.00
C. Consultant Fees					\$200.00	\$200.00
D. Audit	\$1,525.00				\$750.00	\$2,275.00
E. Other (Describe)						
SUBTOTAL	\$1,625.00				\$950.00	\$2,575.00
6. INDIRECT COSTS						
A. Indirect costs (Form 4.1)	\$27,066.00				\$28,224.00	\$55,290.00
B. Other (Describe)						
SUBTOTAL	\$27,066.00				\$28,224.00	\$55,290.00
7. COLUMN TOTAL FOR ALL COSTS	\$373,189.00		\$34,786.00		\$257,366.00	\$665,341.00
8. TOTAL NON-FEDERAL						
9. PROFIT FACTOR						

*Provider source of Non-Federal Cash match or description of In-Kind Match:

**Indirect cost must be reported by agencies that provide more than one program, service, or activity. See the RFP document for a more detailed definition. 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

4.0 Budget Summary

Contract Period: 1/1/2018 - 12/31/2018
 Provider Name : United Community Center, Inc. Program Service: Meal Site Supervisor

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash In-Kind		Program Revenue	All Other Resources	Total
1. PERSONNEL						
A. Wages & Salaries	\$15,108.00		\$6,017.00		\$23,925.00	\$45,050.00
B. Fringe (____%)	\$4,406.00		\$1,057.00		\$9,854.00	\$15,317.00
C. Other (Describe)						
SUBTOTAL	\$19,514.00		\$7,074.00		\$33,779.00	\$60,367.00
2. TRAVEL EXPENSES						
A. Local	\$100.00					\$100.00
B. Out of Town						
SUBTOTAL	\$100.00					\$100.00
3. FACILITIES EXPENSES						
A. Rent	\$1,800.00					\$1,800.00
B. Utilities	\$300.00					\$300.00
C. Other (Describe)						
SUBTOTAL	\$2,100.00					\$2,100.00
4. OPERATING EXPENSES						
A. Office Supplies	\$200.00					\$200.00
B. Consumable Supplies	\$500.00					\$500.00
C. Telephone	\$800.00					\$800.00
D. Postage	\$132.00					\$132.00
E. Equipment						
F. Other (Describe)						
SUBTOTAL	\$1,362.00					\$1,632.00
5. MISCELLANEOUS						
A. Staff Training	\$100.00					\$100.00
B. Consultant Fees						
C. Audit	\$600.00					\$600.00
D. Other (Describe)						
SUBTOTAL	\$700.00					\$700.00
6. INDIRECT COSTS						
A. Indirect costs (Form 4.1)	\$3,954.00					\$3,954.00
B. Other (Describe)						
SUBTOTAL	\$3,954.00					\$3,954.00
7. COLUMN TOTAL FOR ALL COSTS	\$28,000.00		\$7,074.00		\$33,779.00	\$68,853.00
8. TOTAL NON-FEDERAL						
9. PROFIT FACTOR						

*Provider source of Non-Federal Cash match or description of In-Kind Match:

**Indirect cost must be reported by agencies that provide more than one program, service, or activity. See the RFP document for a more detailed definition. 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

Certificate Of Completion

Envelope Id: F6717C9392F04C0287D0EDFD028224F6

Status: Completed

Subject: United Community Center contract

Source Envelope:

Document Pages: 39

Signatures: 9

Envelope Originator:

Certificate Pages: 6

Initials: 0

Jon Janowski

AutoNav: Enabled

633 W. Wisconsin Ave.

Enveloped Stamping: Enabled

Suite 901

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53203

Jonathan.janowski@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

Status: Original

Holder: Jon Janowski

Location: DocuSign

11/20/2017 1:09:55 PM

Jonathan.janowski@milwaukeecountywi.gov

Signer Events

Signature

Timestamp

Community Business Development Partners

rick.norris@milwaukeecountywi.gov

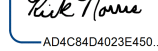
CBDP Director

Milwaukee County

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

DocuSigned by:



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Signed: 12/19/2017 3:01:27 PM

Using IP Address: 204.194.251.5

Paul Schwegel

paul.schwegel@milwaukeecountywi.gov

Safety Manager

Milwaukee County

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

DocuSigned by:



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Paul D. Kuglitsch

corpcounselsignature@milwcnty.com

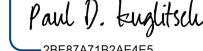
Deputy Corporation Counsel

Milwaukee County

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

DocuSigned by:



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Using IP Address: 107.207.182.147

Ricardo Diaz

ricardod@unitedcc.org

Executive Director

United Community Center

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 1/13/2014 2:42:07 PM

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Signed: 1/3/2018 2:59:22 PM

Using IP Address: 74.62.72.222

Signer Events	Signature	Timestamp
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Holly Davis
 holly.davis@milwaukeecountywi.gov
 Director
 Security Level: Email, Account Authentication (None)

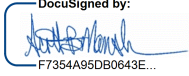
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 Using IP Address: 204.194.251.5

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 Signed: 1/4/2018 8:36:02 AM

Electronic Record and Signature Disclosure:
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 ID: 0c45f4b1-7ede-4a49-896f-4f5413e97696

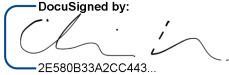
Scott B. Manske
 comptrollersignature@milwcnty.com
 Comptroller
 Milwaukee County
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 F7354A95DB0643E...
 Using IP Address: 204.194.251.5

Sent: 1/4/2018 8:36:06 AM
 Viewed: 1/4/2018 8:59:18 AM
 Signed: 1/4/2018 9:14:42 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

County Executive - Chris Abele
 cable@milwcnty.com
 County Executive
 Milwaukee County
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 2E580B33A2CC443...
 Using IP Address: 204.194.251.5

Sent: 1/4/2018 9:14:44 AM
 Viewed: 1/4/2018 11:00:09 AM
 Signed: 1/4/2018 11:00:28 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Paul D. Kuglitsch
 corpcounselsignature@milwcnty.com
 Deputy Corporation Counsel
 Milwaukee County
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 2BE87A71B2AE4E5...
 Using IP Address: 204.194.251.5

Sent: 1/4/2018 11:00:32 AM
 Viewed: 1/7/2018 12:17:00 AM
 Signed: 1/9/2018 1:21:23 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Ricardo Diaz
 ricardod@unitedcc.org
 Executive Director
 United Community Center
 Security Level: Email, Account Authentication (None)

COPIED

Sent: 1/9/2018 1:21:28 PM

Electronic Record and Signature Disclosure:
 Accepted: 1/13/2014 2:42:07 PM
 ID: 043915ae-2a78-424d-bb65-6e8f7461b946

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/9/2018 1:21:28 PM
Certified Delivered	Security Checked	1/9/2018 1:21:28 PM
Signing Complete	Security Checked	1/9/2018 1:21:28 PM
Completed	Security Checked	1/9/2018 1:21:28 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> • Allow per session cookies • Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.

EXHIBIT I

**Milwaukee County Department on Aging
Descriptions of Proposed Programs and Services
Funding Period 1/1/2019__ to _12/31/2019**

1.0 General Program Information

1.01 Program Title or Type of Service to be Provided Senior Center, Meal site supervisor, Transportation and Cater

1.02 Agency Name: United Community Center

1.03 Address of Primary Office: 1028S. 9th St Milwaukee WI 53204

1.04 Phone Number (414)649-2840 FAX# (414)649-2824

1.05 Office Hours M-F 8:00 to 4:00 PM E-mail hhernandez@unitedcc.org

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

Name, Title Mr. Ricardo Diaz Signature _____

Name, Title Mr. Juan A. Ruiz Signature _____

1.07 Staff Contact for the Program:

Name, Title Hector Hernandez FAX# (414)649-2824

Phone Number (414)649-2840 E-mail hhernandez@unitedcc.org

1.08 Type of Agency (please check those that apply):

Public _____ Non-profit X Proprietary _____

Minority (owned, directed, or predominantly staffed by minority groups) X

1.09 Federal ID No. 39-1146191 State Tax Exempt No. 11043

1.10 Type of Request: New _____ Continuation X

1.11 Amount of Department on Aging Request: \$ \$410,189.00

1.12 Total Agency Budget: \$ #####

1.13 Proposed Cost Per Unit of Service: \$ \$410

1.14 Proposed Units to be Provided: 315

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g

org

4.2 Program Volume Data and Unit Rate Calculation

(Complete for Transportation or Persons with Developmental Disabilities programs only)

1. Name of Agency United Community Center
2. Name of Program/Service Transportation
3. Number of Program Operating Days M-F
4. Number of Program Operating Hours 6:30 AM to 6:30 PM
5. Specific Type of Unit of Services One Way rides
(See Program Specifications/Guidelines for Unit of Service Definitions)
6. Estimated Total Number of Unduplicated Clients to be Served
(Unduplicated clients counted only once no matter how many times served)

Monthly	600
Annually	7200
7. State law requires that purchase of service contracts must specify the anticipated absenteeism rate under such contracts. The absenteeism rate is defined as the rate the overall purchase clientele is expected to be absent at the scheduled time without prior planning.

Anticipated Monthly Absenteeism Rate	3 %
--------------------------------------	-----
8. Total Cost of Program/Service \$ 213091
(Include Department on Aging Request, Non-federal match, and Other Resources (4.0 Budget Summary))
9. Total Milwaukee County Department on Aging Units of Services for Entire Contract Period 7200
(Briefly describe the methodology used to determine total units of service)
10. Total Milwaukee County Department on Aging Request for Entire Contract Period \$ 129,000
(This amount should be included in 4.0 Budget Summary, Column 1 and should also be included on the cover page, Exhibit I, Line 1.11)
11. Unit Cost per Milwaukee County Department on Aging Funded Unit of Service \$ 17.91
(Divide Item Number 10, Total Milwaukee County Department on Aging Request, by Item Number 9, Total Milwaukee County Department on Aging Units of Service, with the unit cost shown on the cover page, Exhibit I, Line 1.13)
12. Other comments by applicant concerning client volume and cost of program/service. (Include in this section any unique characteristics of your agency and/or service which further clarify the amount and cost of service offered in this proposal. Attach any additional pages needed to answer this question.

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		
	Preliminary		Final
DEPARTMENT NAME		AGENCY NO.	DEPARTMENT (HIGH) ORG
		790	7900

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.		
97618			XXX	PO	790	0011777
NAME OF VENDOR				ADDRESS		
United Community Center Inc				1028 South 9th Street		
				Milwaukee , WI 53204		
TAX I.D. NO.	EFFECTIVE DATES:		LENGTH OF CONTRACT	AMENDMENT ONLY: DOLLAR	TOTAL CONTRACT	
	begin date	end date	(IN MONTHS)	CHANGE	AMOUNT	
	01/01/19	12/31/19	12 + now extending ¹²	\$ 373,189.00	\$ 746,378.00	

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	A5SC		8123				\$77,189.00
2019	02	0001	790	7931	A5SC		8123				\$129,000.00
2019	03	0001	790	7932	A5SM		8123				\$28,000.00
2019	04	0001	790	7932	A5SM		8123				\$ 139,000.00
2018	05	0001	790	7931	A5SC		8123				\$ 206,189.00
2018	06	0001	790	7932	A5SM		8123				\$ 167,000.00

PURPOSE OF CONTRACT

Purchase of service contract for transportation, nutrition site & senior center management, and catering for Milwaukee County elderly serviced by UCC for time period 1/01/19-12/31/19. This is first extension extending through 12/31/19 the 2018 purchase of services contract for catering services, nutrition site supervision, senior center, and group transportation services.

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)? xxxxx YES NO

Is Vendor a certified professional service DBE? YES NO

Nasrin Wertz

Prepared By Date

Santa Blahragu *12/27/18*

Signature of County Administrator Date

Accountant

Title

Assistant Fiscal Director

Title

Certificate Of Completion

Envelope Id: 7D844F50383A41809A7476DC99C45E88

Status: Completed

Subject: Please DocuSign: UCC Contract Extension 2019

Source Envelope:

Document Pages: 56

Signatures: 9

Envelope Originator:

Certificate Pages: 6

Initials: 0

Ayame Metzger

AutoNav: Enabled

633 W. Wisconsin Ave.

Envelopeld Stamping: Enabled

Suite 901

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53203

Ayame.Metzger@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

Status: Original

Holder: Ayame Metzger

Location: DocuSign

12/18/2018 10:44:48 AM

Ayame.Metzger@milwaukeecountywi.gov

Signer Events

Signature

Timestamp

Holly Davis

Holly.Davis@milwaukeecountywi.gov

Director

Security Level: Email, Account Authentication (None)

DocuSigned by:
Holly Davis
ED77D76FE5D7434...

Sent: 12/18/2018 10:54:05 AM

Viewed: 12/18/2018 11:05:53 AM

Signed: 12/18/2018 11:06:04 AM

Signature Adoption: Pre-selected Style
Using IP Address: 204.194.251.5

Electronic Record and Signature Disclosure:

Accepted: 12/18/2018 11:05:53 AM

ID: fa68b682-053a-432b-9af3-60ef3c4f046f

Ricardo Diaz

ricardod@unitedcc.org

Executive Director

United Community Center

Security Level: Email, Account Authentication (None)

DocuSigned by:
Ricardo Diaz
B72359BD20F240B...

Sent: 12/18/2018 10:54:05 AM

Viewed: 12/18/2018 11:00:43 AM

Signed: 12/20/2018 3:14:15 PM

Signature Adoption: Pre-selected Style
Using IP Address: 74.62.72.222

Electronic Record and Signature Disclosure:

Accepted: 1/13/2014 2:42:07 PM

ID: 043915ae-2a78-424d-bb65-6e8f7461b946

Community Business Development Partners

rick.norris@milwaukeecountywi.gov

CBDP Director

Milwaukee County

Security Level: Email, Account Authentication (None)

DocuSigned by:
Rick Norris
AD4C84D4023E450...

Sent: 12/20/2018 3:14:17 PM

Viewed: 12/21/2018 7:46:41 AM

Signed: 12/21/2018 7:46:54 AM

Signature Adoption: Drawn on Device
Using IP Address: 65.28.168.25

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Paul Schwegel

paul.schwegel@milwaukeecountywi.gov

Loss Control Manager

Milwaukee County

Security Level: Email, Account Authentication (None)

DocuSigned by:
Paul Schwegel
480D50B2E68949A...

Sent: 12/21/2018 7:46:57 AM

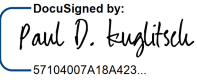
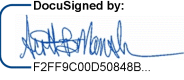
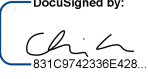
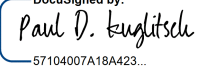
Viewed: 12/21/2018 8:00:32 AM

Signed: 12/21/2018 8:01:15 AM

Signature Adoption: Pre-selected Style
Using IP Address: 204.194.251.5

Electronic Record and Signature Disclosure:

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Signer Events	Signature	Timestamp
<p>Paul D. Kuglitsch corp counselsignature@milwaukeecountywi.gov Corporation Counsel Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>DocuSigned by:  57104007A18A423...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 24.209.114.9</p>	<p>Sent: 12/21/2018 8:01:17 AM Viewed: 12/24/2018 9:36:38 AM Signed: 12/24/2018 9:36:49 AM</p>
<p>Scott Manske - Comptroller comptrollersignature@milwaukeecountywi.gov Comptroller Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>DocuSigned by:  F2FF9C00D50848B...</p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 204.194.251.3</p>	<p>Sent: 12/24/2018 9:36:51 AM Viewed: 12/26/2018 1:30:53 PM Signed: 12/26/2018 1:59:29 PM</p>
<p>Chris Abele, County Executive cexsignature@milwaukeecountywi.gov County Executive Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>DocuSigned by:  831C9742336E428...</p> <p>Signature Adoption: Drawn on Device Using IP Address: 107.77.207.24 Signed using mobile</p>	<p>Sent: 12/26/2018 1:59:31 PM Viewed: 12/28/2018 3:48:26 PM Signed: 12/28/2018 3:48:37 PM</p>
<p>Paul D. Kuglitsch corp counselsignature@milwaukeecountywi.gov Corporation Counsel Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>DocuSigned by:  57104007A18A423...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3</p>	<p>Sent: 12/28/2018 3:48:40 PM Viewed: 12/31/2018 10:48:31 AM Signed: 12/31/2018 10:48:40 AM</p>

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
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	12/28/2018 3:48:40 PM
Certified Delivered	Security Checked	12/31/2018 10:48:32 AM
Signing Complete	Security Checked	12/31/2018 10:48:40 AM
Completed	Security Checked	12/31/2018 10:48:40 AM

Payment Events

Status

Timestamps

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- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

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