

**Participation Recommendation**

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

**FUNDING SOURCE**

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

**CONTACT INFORMATION**

Contract Administrator: Jerry Braatz Phone: 262-548-7786 Date: October 22, 2020  
 Email Address jerold.braatz@wisc.edu Fund:     Agency: 991 Org No. 9910

**PROJECT INFORMATION**

Project Name: Extension-Milwaukee County (aka UW Extension) Project No.: \_\_\_\_\_

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

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

Contracting Opportunities (List NAICS codes): \_\_\_\_\_

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

**TYPE OF PROJECT**

<u>Professional Services</u>	<u>Estimated Amount</u>		<u>Recommended Participation</u>
	\$ <u>231,850</u>		<u>0</u> %
<u>Construction Related</u>	<u>Estimated Amount</u>	<u>Estimated Allowance</u>	<u>Recommended Participation</u>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

**APPROVALS**

Is county board approval required? **Yes** Resolution #: 20-782 (**attach resolution**)

**WAIVER REQUEST**

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

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

\_\_\_\_\_ Jerry Braatz \_\_\_\_\_ Jerold Braatz \_\_\_\_\_ 10/28/2020  
 Department/Division Administrator Name Signature Date

**CBDP USE ONLY**

Concur with Recommendation  \_\_\_\_\_, or provide the following goals:  \_\_\_\_\_ %

This contract is exempt from a participation goal:  Yes  No

Approved: Lamont Robinson Date: 10/30/2020