Dane County Contract Cover Sheet Revised 06/2021

Human Services /CYF

Dept./Division

Res 244

Contract # Admin will assign

BAF # 21175 Acct: Mgr: Budget Y/N: n

14191A

Vendor Nam	FAIRWAYS APARTMENTS L	LC C/O WI MANAGEMENT COMPANY	MUNIS#	23116	6 Type of Contract			act
	RENEWAL OF	LEASE WITH FAIRWA	YS APARTI	MENTS.		Dane Co	ounty	Contract
Brief Contra	ct FOR APT LOCA	ATED AT 3301 LEOPO				Intergo		
Title/Descript	ion FITCHBURG W	/I \$260 PER MONTH				County		
						County		
Contract Ter	m 1/1/2022 - 1	12/31/2023				Purchas		Property
Contract						Grant	y Sai	G
Amount	\$ 6,240.00					Other		
D 1	2		W		4.	_		
	Contact Information		Vendor Co			l lanagement Co	omnoni	Ino
Name Phone #	Spring Larson, Contract 608-242		Name Phone #	Ani		-271-595		inc.
Email	dcdhscontracts@co		Email			Inge@wimci.co		
Purchasing C		,			,	9=@		
· uronaomig								
		r – Best Judgment (1 q	•	•				
	☐ Between \$11,000	0 - \$37,000 (\$0 - \$25,00	00 Public W	orks) (3 qu	otes requi	red)		
Purchasing	Over \$37,000 (\$2	25,000 Public Works) (F	ormal RFB/I	RFP require	ed)	RFB/RFP	#	
Authority	☐ Bid Waiver – \$37	7,000 or under (\$25,000	or under Pu	ıblic Works))			
	☐ Bid Waiver – Ov	er \$37,000 (N/A to Publi	c Works)					
	☐ N/A – Grants, Le	ases, Intergovernment	al, Property	Purchase	/Sale, Oth	er		
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MUNIS Rea.	Req#	Org:	Obj:		Proj:			
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Goldade, Michelle

From: Goldade, Michelle

Sent: Tuesday, November 9, 2021 11:23 AM

To: Hicklin, Charles; Rogan, Megan; Lowndes, Daniel

Cc: Oby, Joe

Subject: Contract #14191A

Attachments: 14191A.pdf

Tracking: Recipient Read Response

 Hicklin, Charles
 Read: 11/9/2021 12:44 PM
 Approve: 11/9/2021 12:44 PM

 Rogan, Megan
 Read: 11/9/2021 11:25 AM
 Approve: 11/9/2021 11:25 AM

 Lowndes, Daniel
 Read: 11/9/2021 11:24 AM
 Approve: 11/9/2021 11:36 AM

Oby, Joe

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #14191A

Department: Human Services

Vendor: Fairways Apartments c/o Wisconsin Management Company

Contract Description: JFF Lease Renewal for apartment located at 3301 Leopold Way, #112 (Res 244)

Contract Term: 1/1/22 - 12/31/23

Contract Amount: \$6,240.00

Michelle Goldade

Administrative Manager
Dane County Department of Administration
Room 425, City-County Building
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703

PH: 608/266-4941 Fax: 608/266-4425 TDD: Call WI Relay 711

Please Note: I currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays in accordance with COVID 19 response guidelines.

1 2021 RES-244 2

AUTHORIZING LEASE AT LEOPOLD WAY #112 FOR JOINING FORCES FOR FAMILIES PROGRAM - DCDHS - PEI DIVISION

4 5 6 Dane County Department of Human Services (DCDHS) Prevention & Early Intervention 7 Division (PEI) is involved in a program of providing localized services in communities 8

identified as needing those services the most. One program is the Joining Forces for Families (JFF) Program which works together with local partners to meet the needs of children and families through creative problem solving, advocacy and resource connection. This program leases office space in a building located at 3301 Leopold Way, #112, Fitchburg, Wisconsin which is owned by The Fairways and managed by

Wisconsin Management Company, Inc.

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The current lease expires on December 31, 2021 and JFF desires to continue leasing the space for another two years, through December 31, 2023. The Fairways has agreed to extend the lease for two years under the same terms and provisions of the current lease and remain at the current discounted rental rate of \$260 per month for the 2 bedroom/office space unit. The annual rental rate is \$3,120 which does not include

20 electricity, telephone or internet. 21

NOW, THEREFORE, BE IT RESOLVED that Dane County extend the current Lease with The Fairways / Wisconsin Management Company, Inc. under the terms summarized above; and

BE IT FURTHER RESOLVED that the Dane County Executive and County Clerk are hereby authorized to execute the above described Lease Renewal Addendums for 2022 and 2023 on behalf of Dane County.



Wisconsin Management Company, II 4801 Tradewinds Parkw Madison, WI 537

LEASE RENEWAL ADDENDUM

10/11/2021

Dane County dba Joining Forces for Families 3301 Leopold Way #112 Fitchburg, WI 53713

We appreciate having you as a resident and hope that you have enjoyed your home with us.

On the anniversary of each resident's occupancy, we review the rent structure. As your living expenses have increased during the past year, so have our operating expenses. The rising cost of real estate taxes, insurance, labor and materia are the major contributors to our increased operating expenses. It is never easy to raise rents, but it is a necessary fact to maintain our property standards. Our records indicate your lease will be expiring on 12/31/2021. At this time, we are able to offer you the following renewal terms:

1. You may sign a 12-month lease renewal for \$260.00 per month.

This includes your base rent of \$260.00

Description	Amount
Rental Income	\$260.00

Change in lease language Form 300 section 5 referencing holdover costs:

Per WI statute 704.27, landlord reserves the right to recover as minimum damages twice the rental value apportions on a daily basis for the time the tenant remains in possession.

All other terms and conditions of your prior lease including addenda will remain the same. By checking "Yes" below and signing this renewal, you are agreeing to the terms listed above.

This renewal offer must be returned to the office on or before 12/15/2021. If we do not receive this form back, we will consider you to not be renewing your lease and will begin showing your apartment to prospective residents.

Once again, we would like to thank you for your past association and look forward to your continued residency.

Sincerely,

Wisconsin Management Company, Inc.

This Addendum becomes a permanent, legal part of your lease once signed and accepted by Wisconsin Management Company. All persons residing in the unit must sign this renewal and understand that by signing this renewal I/we are acknowledging that the persons listed on the renewal are the same persons residing in the unit and that there have been no changes.

	Yes, I (we) would like	e lo renew.		
	NO, I (we) DO NOT	wish to renew our	lease.	
Acceptance by Wisconsin Management:		MV		
Occupant Name Printed <u>Dane County</u> dba Jo Date	pining Forces for Families	0	Occupant S	Signature
Phone Number	Email Address			
Occupant Name Printed	Occupant Signature		Date	1.2
Phone Number	Email Address :			
Occupant Name Printed	Occupant Signature		Dale	
Phone Number :	Email Address .			
Occupant Name Printed	Occupant Signature		Dale	
Phone Number :	Email Address			
Occupant Name Printed	Occupant Signature		Date	
Phone Number.	Email Address			
Occupant Name Printed	Occupant Signature		Date	
Phone Number	Email Address ;			

NONSTANDARD RENTAL PROVISIONS

Tenant's Initials:			
	deductions allowable und	EDUCTIONS - In addition to the sta ler Wis. Stats 704.28, Landlord may eposit, if not paid by tenant(s) by th	deduct the following
Tenant's Initials:			
	Mitigation costs allowabl not limited to, advertising	e under Chapter 704 of the Wiscons costs, rental commissions, sublet fo	sin Statues, including, ees and/or showing fee
	the end of the tenancy; cl	nanging locks, or replacing keys if a narges for replacement keys and/or t of the loss of keys by tenant(s) or ants.	re-keying during the te
	Cost of replacing any gareturned by tenant(s), and	rage opener or other access card is d/or the cost of recoding any access	sues by landlord and r mechanism.
	Holdover rent, unpaid NS lease agreement.	SF Fees, or any other unpaid amour	nts as provided in your
	Repayment of promotion	al offers or rental incentives.	
	Late fees or unearned di	scounts as provided in the lease ag	reement.
	cleaning and/or replacem	It of pet damage, including but not li ent, replacement of woodwork, dam emises as a direct result of having a	nage lo any other secti
	associated with removing painting or other damage	they will be held liable for the cost of and remedying any smoke damage is within the . This liability extends to result of smoking inside the unit.	e, related cleaning,
	Unpaid parking rent and	any applicable sales tax.	
		sposing of personal property left behaviored from the premises.	nind by the Tenant afte
Tenant's Initials:			
	reasonable times, withou	PREMISES - A landlord may enter a t advance notice to tenant, to investi that adversely affects the premises	igate or correct a
Tenant's Initials:			
	out form at the time keys and return it to Landlord v	Tenant(s) acknowledges receipt of are released and agrees to complet within seven (7) days of occupancy. s receiving voter registration information	te check-in form in deta If in the City of Madis
The undersigned have r the Landlord has identifi	read and understand the Nonstand ied and discussed each of the abo	lard Rental Provisions stated above ve provisions with the Tenant(s).	. Tenant(s) confirms th
Resident	Date	Resident	Date
Rexident	Date Date	Resident	Date
For Wisconsin Manage	ement Company, Inc. Date		

Lead Paint Disclosure - Housing Rentals & Leases Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

	Q	Lead War	ning Statem	ent [©]	
LANDLORI	D'S DISCLOSURE (initial)		- marine and all attended to the first for the first		
(;	a) Presence of lead-based pa	int or lead-bas	ed paint hazards	(check one below):	
	Known lead-based p	aint and/or lea	d-based paint ha	zards are present in tl	he housing (explain):
	Landlord has no kno	wledge of lead	-based paint and	l/or lead-based paint l	nazards in the housing
(b) Records and reports availa	able to the land	llord (check one	below):	
	Landlord has provide paint and/or lead based	ed the Tenant v paint hazards	with all available in the housing (li	records and reports p st documents below)	pertaining to lead-base :
	Landlord has no repo	orts or records	pertaining to lea	nd-based paint and/or	lead-based paint haza
TENANT'S	ACKNOWLEDGMENT (init	tial)			
				rmation listed above.	
	(d) Tenant	has received	the pamphlet <i>Pro</i>	otect Your Family fron	n Lead in Your Home.
AGENT'S A	ACKNOWLEDGMENT (initia	al)			
is aware of	his/her responsibility to en			llord's obligations und	der 42 U.S.C. 4852(d) a
CERTIFICA	TION OF ACCURACY		teres in an explanation		
The followin information	g parties have reviewed the i provided by the signatory is	nformation ab true and accur	ove and certify, t ate:	o the best of the knov	vledge, that the
esident		Date	Resident	4.2	Date
esident	1 . Q.	Date	Resident		Date
or WisconsiA	Management Company, Inc	Date			

- 1. ACKNOWLEDGMENT CONCERNING INSURANCE OR DAMAGE WAIVER. Lessee acknowledges that Landlord does not maintain insurance to protect Lessee against personal injury, loss of damage to Lessee's personal property or belongings, or cover Lessee's own liability for injury loss or damage Lessee, its occupants or guests may cause others. Lessee acknowledges that Lessee is required to maintain a liability insurance policy at its own expense.
- 2. INSURANCE REQUIRED. Lessee shall insure or otherwise protect itself against losses by fire, theft or other cause to any personal property of Lessee, its agents, employees or officers, which is in the Leased Premises.
- 3. NO MUTUAL INDEMNIFICATION. Lessor and Lessee shall be responsible for the consequences of its own acts, errors or omissions and those of its employees, boards, commissions, agencies, officers and representatives and each party shall be responsible for any losses, claims and liabilities which are attributable to such acts, errors or omissions including providing its own defense. In situations of joint liability, Lessor and Lessee shall be responsible for consequences of its own acts, errors or omissions and those of its employees, agents, boards, commissions, agencies, officers and representatives. It is not the intent of the Lessor and Lessee to impose liability beyond that imposed by state statutes.
- 4. Lessee's employees shall accompany guests in the common areas of the building at all times.
- 5. This addendum shall apply to all redacted portions of the lease concerning Lessee's insurance obligations.

I have read, understand and agree to comply with the preceding provisions.

Resident	Date	Resident	Date
Resident	Date	Resident	Date
Resident	Date	Resident	Date
an	Bune		<i>ti</i>
Owner or Owner's Repres	sentative 0	Date	

Addendum to Lease Agreement #2

Tenant: Dane County dba Joining Forces for Families

Building address: 3301 Leopold Way, Apt. 112, Fitchburg, WI 53713

This Addendum is a permanent, legal addition to the lease agreement in which Landlord and Tenant wish to address and/or clarify specific language contained in the lease.

As to line 91, item 1 regarding residential purposes only, Landlord is fully aware and acknowledges that the Tenant's purpose is not residential. Landlord leases the premises as an office space to Tenant for purposes of operation of a County program providing social services to the surrounding community.

As to lines 105 and 106 regarding signs or placards on the premises, Landlord allows Tenant to attach, exhibit or display signs or placards identifying and/or directing clients to the Joining Forces for Families office.

	- Sharr	
andlord:	9000	Date:
Tenant:		Date:

Entrus page Acknowledgment Concerning Insurance or Damage Waiver. 4. Subrogation Allowed, You and we agree that subjugation is allowed by You acknowledge that we do not maintain insurance to protect all parties and that this agreement superseder any language to the you against personal injury, loss or damage to your personal contrary in the Lease Contract, property or belongings, or to cover your own liability for injury, 5. Your Insurance Coverage, You have purchased the required personal loss or damage you (or your occupants or guests) may cause others. You also acknowledge that by not maintaining your own liability insurance from the insurance company of your choosing listed policy of personal limbility insurance, you may be responsible to below that is licensed to do business in this state, and have provided us with written proof of this insurance prior to the execution and others (including us) or the full cost of any injury, loss or damage commencement of the Lease Contract. You will provide additional caused by your actions or the actions of your occupants or guests. proof of insurance in the figure at our request. You understand that you are required to maintain a liability insurance policy, which provides limits of liability to third parties in an amount not less than \$ 100,000.00 per occurrence. You Insurance Company understand and agree to maintain at all times during the Term of the Lease Contract and any renewal periods a policy of personal liability insurance satisfying the requirements listed below, at your sole expense. 6. Default, My default under the terms of this Addendum shall be deemed an impediate and material default under the terms of the Lease 2. Required Policy, You are required to purchase and maintain Control, and we shall be entitled to exercise all rights and remedies personal liability insurance covering us, you, your occupants and under the law. guests, for personal injury and property damage any of you cause to third parties (including damage to our property), in a minimum Miscellingous. Except as specifically stated in this Addendum, all other policy coverage amount of \$ 100,000.00, from a cartier with an terms and conditions of the Lease Contract shall remain unchanged, in AM Best rating of A-YII or better, licensed to do business in the event of any conflict between the terms of this Addendum and the Wisconsin. The carrier is required to provide notice to us within terms of the Lease Supract, the terms of this Addendum shall control. 30 days of any cancellation, non-renewal, or material change in your coverage. We retain the right to hold you responsible for any Special Provisions: loss in excess of your insurance coverage. 3. We may provide you with information of an insurance program that we make available to residents which provides you with an opportunity to buy limbitly and renter's insurance from a preferred company, However, you are free to contract for the required insurance with a provider of your choosing, I have read, understand and agree to comply with the preceding provisions. Regident Date Resident Date

Owner or Owner's Representative Date

Date

Date

Initials: (Temant)

Resident

Resident

12 (Landlord)

Date

Date

Resident

Resident

Storage Units

Lessee agrees to pay to Lessor the monthly sum of \$0.00 for the storage facility designated as #. It is agreed to that the resident listed above shall accept the use of the storage facilities for the length of occupancy. Resident agrees to hold the owners and managers harmless for the safety of the contents in the storage, and resident is storing these items at their own risk, unless damage is caused by negligent acts or omissions of the Landford. The resident holds responsibility for labeling and securing the accepted storage facility and will remove all items at the time the unit is vacated. Any unwanted items left in the storage facility after resident has vacated their unit will be forfeited and the resident will be appropriately charged for the labor of the community staff to remove any Items that are left. Items in unlocked storage facilities can and will be removed by the community staff at any time.

—Liability- Resident shall-be liable-te-	Landlord-for-damones-sustained	-to-tho-L-nessed-Promisee-or-to-Res	idont's-person-or-property-as-a-result
cof-Resident's failure to con	rply-with-the-terms-of-this-Adden		learly-boyend-the-teriant's-control.
Resident	Date	Resident	Date
Resident	Date	Resident	Date
Resident	Date	Resident	Date
For Wisconsin Manage	DUNCE priment Company, Inc	Date	





LEASE RENEWAL ADDENDUM

10/11/2021

Dane County dba Joining Forces for Families 3301 Leopold Way #112 Fitchburg, WI 53713

We appreciate having you as a resident and hope that you have enjoyed your home with us.

On the anniversary of each resident's occupancy, we review the rent structure. As your living expenses have increased during the past year, so have our operating expenses. The rising cost of real estate taxes, insurance, labor and materials are the major contributors to our increased operating expenses. It is never easy to raise rents, but it is a necessary factor to maintain our property standards. Our records indicate your lease will be expiring on 12/31/2022. At this time, we are able to offer you the following renewal terms:

to maintain our property standards able to offer you the following rene	s. Our records indicate your lease v ewal terms:	vill be expiring on 12/3	1/2022. At this time, we are
1 You may sign a 12- month leas	e renewal for \$260 00 per month.		
This includes your base rent of \$2	60.00		
Description Rent	Amount \$260.00		
Change in lease language Form 3	00 section 5 referencing holdover o	osts	
Per WI statute 704.27, land on a daily basis for the tim	lord reserves the right to recover as a e the tenant remains in possession.	minimum damages twic	e the rental value apportioned
All other terms and conditions of y signing this renewal, you are agree	our prior lease including addenda weing to the terms listed above.	vill remain the same. B	y checking "Yes" below and
This renewal offer must be returned consider you to not be renewing you	ed to the office on or before 11/10/20 our lease and will begin showing yo	022. If we do not recei ur apartment to prospe	ve this form back, we will ctive residents.
Once again, we would like to than residency	k you for your past association and	look forward to your co	ntinued
Sincerely, Wisconsin Management Company	, Inc.		
Management Company. All pers	manent, legal part of your lease of sons residing in the unit must sig ging that the persons listed on th o changes.	n this renewal and ur	nderstand that by signing
	v		Mun
Yos, I (we) would like to renew.	Acceptance by Wisconsin	Management:	TVVX.
Initial Here to acknowledge re	ceipt of Fire Education from the City of Madi	son	10
Occupant Name Printed : _Dane County	dba Joining Forces for Families Occup	oant Signature	Date
Phone Number	Email Address		
Occupant Name Printed	Occupant Signature		Date
Phone Number	Email Address		
Occupant Name Printed	Occupant Signature	Date	
Phone Number :	Email Address		
Occupant Name Printed	Occupant Signature	Dale	
Phone Number	Email Address	We	
Occupant Name Printed	Occupant Signature	Date	
Phone Number :	Email Address :		

NONSTANDARD RENTAL PROVISIONS

Tenant's Initials:			
	deductions allowable un	DEDUCTIONS - In addition to the standa der Wis. Stats 704.28, Landlord may de eposit, if not paid by tenant(s) by the e	duct the following
Tenant's Initials;			
	Mitigation costs allowab not limited to, advertising	le under Chapter 704 of the Wisconsin g costs, rental commissions, sublet fees	Statues, including, and/or showing fee
	the end of the tenancy; o	changing locks, or replacing keys if all ke charges for replacement keys and/or re- lt of the loss of keys by tenant(s) or othe lants.	keying during the te
	Cost of replacing any gareturned by tenant(s), an	arage opener or other access card issue d/or the cost of recoding any access mo	es by landlord and r echanism.
	Holdover rent, unpaid N lease agreement.	SF Fees, or any other unpaid amounts	as provided in your
	Repayment of promotion	nal offers or rental incentives.	
	Late fees or unearned d	iscounts as provided in the lease agree	ment.
	cleaning and/or replacen	ult of pet damage, including but not limit nent, replacement of woodwork, damag emises as a direct result of having a pet	e to any other secti
	associated with removing painting or other damage	t they will be held liable for the cost of the grand remedying any smoke damage, resewithin the . This liability extends to we result of smoking inside the unit.	elated cleaning,
	Unpaid parking rent and	any applicable sales tax.	
		sposing of personal property left behind evicted from the premises.	by the Tenant afte
Tenant's Initials:			
	reasonable times, withou	PREMISES - A landlord may enter a ter t advance notice to tenant, to investigat that adversely affects the premises or o	e or correct a
Tenant's Initials:			
	out form at the time keys and return it to Landlord	Tenant(s) acknowledges receipt of che are released and agrees to complete co within seven (7) days of occupancy. If i s receiving voter registration information	heck-in form in deta n the City of Madis
	read and understand the Nonstand ied and discussed each of the abo	dard Rental Provisions stated above. To be provisions with the Tenant(s).	enant(s) confirms th
Resident	Date	Resident	Date
Resident	Date	Resident	Date
For Wisconsin Manage	ement Controlliny, Inc. Date		

Lead Paint Disclosure - Housing Rentals & Leases Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

LANDLORD'S DISCLOSURE (initial)
(a) Presence of lead-based paint or lead-based paint hazards (check one below):
Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)
Landlord has no knowledge of lead-based paint and/or lead-based paint hazards in the housing
(b) Records and reports available to the landlord (check one below):
Landlord has provided the Tenant with all available records and reports pertaining to lead-base paint and/or lead based paint hazards in the housing (list documents below):
Landlord has no reports or records pertaining to lead-based paint and/or lead-based paint had in the housing.
TENANT'S ACKNOWLEDGMENT (initial)
(c) Tenant has received copies of all information listed above.
(d) Tenant has received the pamphlet Protect Your Family from Lead in Your Home
AGENT'S ACKNOWLEDGMENT (initial)
(e) Agent has informed the Landlord of the Landlord's obligations under 42 U.S.C. 4852(d) his/her responsibility to ensure compliance.
CERTIFICATION OF ACCURACY
The following parties have reviewed the information above and certify, to the best of the knowledge, that the information provided by the signatory is true and accurate:
esident Date Resident Date
Date Resident Date
or Wisconsin Management Company, Inc.

- 1. ACKNOWLEDGMENT CONCERNING INSURANCE OR DAMAGE WAIVER. Lessee acknowledges that Landlord does not maintain insurance to protect Lessee against personal injury, loss or damage to Lessee's personal property or belongings, or cover Lessee's own liability for injury loss or damage Lessee, its occupants or guests may cause others. Lessee acknowledges that Lessee is required to maintain a liability insurance policy at its own expense.
- 2. INSURANCE REQUIRED. Lessee shall insure or otherwise protect itself against losses by fire, theft or other cause to any personal property of Lessee, its agents, employees or officers, which is in the Leased Premises.
- 3. NO MUTUAL INDEMNIFICATION. Lessor and Lessee shall be responsible for the consequences of its own acts, errors or omissions and those of its employees, boards, commissions, agencies, officers and representatives and each party shall be responsible for any losses, claims and liabilities which are attributable to such acts, errors or omissions including providing its own defense. In situations of joint liability, Lessor and Lessee shall be responsible for consequences of its own acts, errors or omissions and those of its employees, agents, boards, commissions, agencies, officers and representatives. It is not the intent of the Lessor and Lessee to impose liability beyond that imposed by state statutes.
- 4. Lessee's employees shall accompany guests in the common areas of the building at all times.
- 5. This addendum shall apply to all redacted portions of the lease concerning Lessee's insurance obligations.

I have read, understand and agree to comply with the preceding provisions.

Resident	Date	Resident	Dars
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Addendum to Lease Agreement #2

Tenant: Dane County dba Joining Forces for Families

Building address: 3301 Leopold Way, Apt. 112, Fitchburg, WI 53713

This Addendum is a permanent, legal addition to the lease agreement in which Landlord and Tenant wish to address and/or clarify specific language contained in the lease.

As to line 91, item 1 regarding residential purposes only, Landlord is fully aware and acknowledges that the Tenant's purpose is not residential. Landlord leases the premises as an office space to Tenant for purposes of operation of a County program providing social services to the surrounding community.

As to lines 105 and 106 regarding signs or placards on the premises, Landlord allows Tenant to attach, exhibit or display signs or placards identifying and/or directing clients to the Joining Forces for Families office.

Landlord:	Thur	Date:
Candiord,	7.1	Date:
Tenant:		Date:
	In .	

- Entru page You acknowledge that we do not maintain insurance to protect you against personal injury, loss or damage to your personal property or belongings, or to cover your own liability for injury,
 - 2.
 - 3,

- Acknowledgment Concerning Insurance or Damage Waiver. 4. Subrogation Allowed. You and we agree that subjugation is allowed by all parties and that this agreement supersedes any language to the contrary in the Lease Contract,
- loss or damage you (or your occupants or guests) may cause 5. Your Insurance Coverage. You have surchased the required personal us nd nal

policy of personal limbility insurance, you may be responsible to others (including us) or the fill cost of any injury, loss or damage caused by your actions or the actions of your occupants or guests. You understand that you are required to maintain a liability insurance policy, which provides limits of liability to third parties in an amount not less than \$\frac{100}{100,000.00}\$ per occurrence. You understand and agree to maintain at all times during the Term of the Lease Contract and any renewal periods a policy of personal liability insurance satisfying the requirements listed below, at your sole expense. Required Policy. You are required to purchase and maintain personal liability insurance covering us, you, your occupants and guests, for personal injury and property damage any of you cause to third parties (including damage to our property), in a minimum policy coverage amount of \$\frac{100,000.00}{100,000,000}\$, from a carrier with an AM Best rating of A-YII or better, licensed to do business in Wisconsin. The carrier is required to provide notice to us within 30 days of any cancellation, non-renewal, or material change in your coverage. We retain the right to hold you responsible for any loss in excess of your insurance coverage. We may provide you with information of an insurance program that we make available to residents which provides you with an opportunity to buy liability and renter's insurance from a preferred company. However, you are free to contract for the required insurance with a provider of your choosing.		below that is licensed to do business in this state, and have provided with written proof of this insurance prior to the execution at commencement of the Least Contract. You will provide addition proof of insurance in the future at our request. Insurance Company: 5. Default. Any default under the terms of this Addendum shall be deemed an impediate and material default under the terms of the Least contract, and we shall be entitled to exercise all rights and remediating the law. 1. Miscellaneous. Except as specifically stated in this Addendum, all oth terms and conditions of the Lease Contract shall remain unchanged. If the event of any conflict between the terms of this Addendum and the terms of the Lease Contract, the terms of this Addendum shall control. Special Provisions:		
E have res	id, understand and agree to	comply with the preceding pr	ovisions.	
Resident	Date	Resident	Date	
Resident	Date	Resident	Date	
Resident	Date	Resident	Date	
Owner or Owner's Represent	ntíve	Date		

Initials: (Temant) \$ (Landland)

Storage Units

Lessee agrees to pay to Lessor the monthly sum of \$0.00 for the storage facility designated as #. It is agreed to that the resident listed above shall accept the use of the storage facilities for the length of occupancy. Resident agrees to hold the owners and managers harmless for the safety of the contents in the storage, and resident is storing these flows at their own risk, unless damage is caused by negligent acts or omissions of the Landford. The resident holds responsibility for labeling and securing the accepted storage facility and will remove all items at the time the unit is vacated. Any unwanted items left in the storage facility after resident has vacated their unit will be forfeited and the resident will be appropriately charged for the labor of the community staff to remove any Items that are left. Items in unlocked storage facilities can and will be removed by the community staff at any time.

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Resident	Date	Resident		Date
Resident	Date	Resident	-H 2-13-1/11 N	Date