

Res 61

# CONTRACT COVERSHEET

NOTE: Shaded areas are for County Executive review.

|  |  |  |  |
|--|--|--|--|
| DEPARTMENT<br><b>Dane County Emergency Management</b>  |  | CONTRACT/ADDENDUM #:<br><b>12388</b>                                   |  |
| 1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS   |  | Contract Addendum  |  |
| 2. This contract is discretionary <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | If Addendum, please include original contract number                   |  |
| 3. Term of Contract or Addendum: From: <u>05/15/2015</u> To: <u>06/30/2015</u>   |  | <input type="checkbox"/> POS <input type="checkbox"/>                  |  |
| 4. Amount of Contract or Addendum <b>\$5,950.00</b>  |  | <input type="checkbox"/> Co Lesse <input type="checkbox"/>             |  |
| 5. Purpose:<br>This training grant award will be used to deliver "HazMat Response Training/HazMat IQ." This is a specialized proprietary HazMat training program taught by nationally recognized instructors. Course participants will learn how to quickly assess and categorize a HazMat incident. |  | <input type="checkbox"/> Co Lessor <input type="checkbox"/>            |  |
|  |  | <input type="checkbox"/> Intergovernmental <input type="checkbox"/>    |  |
|  |  | <input type="checkbox"/> Purchase of Property <input type="checkbox"/> |  |
|  |  | <input type="checkbox"/> Property Sale <input type="checkbox"/>        |  |
|  |  | <input type="checkbox"/> Other: <input type="checkbox"/>               |  |
| 6. Vendor or Funding Source: Wisconsin Department of Military Affairs Division of Emergency Management   |  |  |  |
| 7. MUNIS Vendor Code: <b>1692</b>  |  |  |  |
| 8. Bid/RFP Number:   |  |  |  |
| 9. If grant: Funds Positions? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Will require on-going or matching funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |  |  |
| 10. Are funds included in the budget? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |  |
| 11. Account No. & Amount, Org. & Obj. <u>EMHAZMAT 31133</u>  |  | Amount \$ <u>5,950.00</u>  |  |
| Account No. & Amount, Org. & Obj. _____  |  | Amount \$ _____  |  |
| Account No. & Amount, Org. & Obj. _____  |  | Amount \$ _____  |  |
| 12. Is a resolution needed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please attach a copy of the Resolution.<br>If Resolution has already been approved by the County Board, Resolution No. & date of adoption _____  |  |  |  |
| 13. Does Domestic Partner equal benefits requirement apply? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |  |
| 14. Director's Approval <i>Charles Satula</i>  |  |  |  |

## CONTRACT REVIEW/APPROVALS

| Initials  |                     | Ftnt | Date In        | Date Out       |
|-----------|---------------------|------|----------------|----------------|
| <i>MS</i> | Received            |      | <u>5-26-15</u> |                |
| <i>CS</i> | Controller          |      |                | <u>5/26/15</u> |
| <i>CS</i> | Corporation Counsel |      | <u>5/27/15</u> | <u>5/27/15</u> |
| <i>CS</i> | Risk Management     |      | <u>5/26/15</u> | <u>5/26/15</u> |
| <i>CS</i> | ADA Coordinator     |      | <u>5/26/15</u> | <u>5/26/15</u> |
| <i>CS</i> | Purchasing Agent    |      |                | <u>5/26/15</u> |
|           | County Executive    |      |                |                |

## VENDOR

|   |  |
|---|--|
| Vendor Name & Address   |  |
| Wisconsin Department of Military Affairs<br>Division of Emergency Management<br>2400 Wright Street, Madison, WI 53707 |  |
| Contact Person  |  |
| Brian Satula  |  |
| Phone No.   |  |
| 608-242-3232  |  |
| E-mail Address  |  |

## Footnotes:

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|  |   |
|--|---|
| <b>Return To:</b> Name/Title: <u>David Bursack</u> | Dept.: <u>Emergency Management</u>            |
| Phone: <u>608-266-9051</u>                         | Mail Address: <u>115 W Doty St, Room 2107</u> |
| E-mail: <u>bursack@countyofdane.com</u>            | <u>Madison, WI 53703</u>                      |

**CERTIFICATION**

The attached contract: (Check as many as apply)

- ☒ conforms to Dane County's standard Purchase of Services Agreement form in all respects
- ☐ conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy<sup>1</sup>
- ☒ is a non-standard contract which has been reviewed or developed by corporation counsel which has not been changed since that review/development
- ☐ is a non-standard contract previously reviewed or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy<sup>1</sup>
- ☐ is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- ☐ contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- ☐ contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- ☐ contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- ☐ contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy<sup>1</sup>

Date: 5/19/2015 Signed: Daniel M. Bursack

Telephone Number: (608) 266-9051 Print Name: DAVID M. BURSACK

**MAJOR CONTRACTS REVIEW (DCO Sect. 25.20)** This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

**EXECUTIVE SUMMARY** (Attach additional pages, if needed).

1. **Department Head** ☐ Contract is in the best interest of the County.  
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

2. **Director of Administration** ☐ Contract is in the best interest of the County.  
Comments:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

3. **Corporation Counsel** ☐ Contract is in the best interest of the County.  
Comments:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<sup>1</sup>A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract my means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).



**STATE OF WISCONSIN**  
**DEPARTMENT OF MILITARY AFFAIRS**  
 DIVISION OF EMERGENCY MANAGEMENT

Brian M. Satula  
 Administrator

Scott Walker  
 Governor

**State Hazardous Materials Emergency Response Training Grant Award**  
**Hazardous Materials Emergency Response Training/HazMat IQ**  
**2015-HM-GPR-01-10541**

Wisconsin Emergency Management (WEM), hereby awards to **Dane County**, (hereinafter referred to as the **Grantee**), the amount of **\$5,950** for Emergency Response Training projects pursuant to Wisconsin Statutes § 20.465(3)(dt).

This grant may be used until **June 30, 2015** for the programs consistent with the budget and general conditions in Attachment A, subject to any limitations or conditions set forth in Attachments B and/or C, if included.

The Grantee shall administer the programs or projects for which this grant is awarded in accordance with the applicable rules, regulations, and conditions of WEM. The submitted application is hereby incorporated as reference into this award.

*This grant shall become effective, and funds may be obligated (unless otherwise specified in Attachments A and/or B) when the Grantee signs and returns one copy of this grant award to Wisconsin Emergency Management.*

BY: \_\_\_\_\_

**BRIAN M. SATULA**

Administrator  
 Wisconsin Emergency Management

5/13/2015

Date

The Grantee, **Dane County**, hereby signifies its acceptance of the above-described grant on the terms and conditions set forth above or incorporated by reference therein.

GRANTEE: **Dane County**

BY: \_\_\_\_\_

NAME: **Joseph Parisi**

TITLE: **County Executive**

Date

Completion of this signed grant award within 30 days of the date of the award is required for release of funds.

**WISCONSIN EMERGENCY MANAGEMENT  
ATTACHMENT A**

**APPROVED FY'15 STATE HAZARDOUS MATERIALS TRAINING GRANT AWARD**

Grantee: **Dane County**

Project Title: **Hazardous Materials Emergency Response Training/  
HazMat IQ**

**"CFDA" number  
465.310 GPR**

Grant Period: From **May 15, 2015** To **June 30, 2015**

Grant Number: **2015-HM-GPR-01-10541**

**APPROVED BUDGET**

|                               | <u>State</u> |
|-------------------------------|--------------|
| Travel (Including Training)   |              |
| Equipment                     |              |
| Supplies & Operating Expenses |              |
| Consultants                   | \$5,950.00   |
| Other                         |              |

**STATE TOTAL  
LOCAL CASH MATCH**

|                              |                   |
|------------------------------|-------------------|
| <b>TOTAL APPROVED BUDGET</b> | <b>\$5,950.00</b> |
|------------------------------|-------------------|

**AWARD GENERAL CONDITIONS**

1. Budget changes require prior approval from WEM.
2. To be allowable under a grant program, costs must be obligated (purchase order issued) or paid for services provided, during the grant performance period. If obligated by the end of the grant period, payment must be made within 30 days of the grant period ending date.
3. Grant funds will be disbursed by WEM on receipt of copies of paid vendor invoices and request for reimbursement (G-2 form). The G-2 form may be found at: <http://emergencymanagement.wi.gov/egrants/forms.asp>.
4. Recipients and subrecipients shall use their own procurement procedures and regulations, provided that the procurement conforms to the purchasing requirements identified under Wisconsin Statutes §§16.70 *et. seq.*
5. It is understood that the approved application, as amended by this award, along with any further program detail provided by the recipient to expand or clarify the initial application, becomes a part of the contractual agreement for this grant.
6. Reimbursement for travel (i.e. mileage, meals, and lodging) is limited to applicable state rates and timeframes.
7. The recipient and any sub-recipient(s) must comply with the Grant Announcement used to announce the funding opportunity.
8. The recipient and any sub-recipient(s) must comply with the Grant Award Documents.
9. The recipient and any sub-recipient(s) must cooperate with the WEM Compliance Monitors.

**WISCONSIN EMERGENCY MANAGEMENT**  
**ATTACHMENT B**  
**Award Special Conditions**

1. An instructor evaluation is required for each course funded under this award. Upload the document into the Egrants program report.
2. If funds are being used to hire personnel, submit the position description and if hiring an independent consultant or contractor, submit a contract detailing job specifications and deliverables. Upload the document into Egrants in the program report.
3. WEM requires a minimum of fifteen (15) students in order to be eligible for reimbursement, and twenty (20) students for courses requiring more than one instructor. The WEM Program/ Policy contact may waive this requirement in unique circumstances. The course sponsor must request and receive this approval in writing from the WEM Program/Policy contact prior to the course.
4. A class roster is required for each course funded under this award. Upload the document into the Egrants program report.

## ACKNOWLEDGEMENT NOTICE

Date: May 2015

Grantee: Dane County

Grant No. 2015-HM-GPR-01-10541

Project Title: Hazardous Materials Emergency Response Training/HazMat IQ

The following regulations and obligations (referenced below) apply to your grant award.

☒ **PROGRESS REPORTS** must be submitted on a scheduled basis into the Egrants system. Narrative reports on the status of your project are due on:

7/15/2015 - Final

☒ **FINANCIAL REPORTS (G-2)** Reports may be submitted monthly but, at a minimum, are due on:

7/15/2015 - Final

**PROGRESS REPORTS & FINANCIAL REPORTS NOTE:** Quarterly Reports due 04/12 include January, February, and March program activity. Quarterly Reports due 07/12 include April, May, and June program activity. Quarterly Reports due 10/12 include July, August, and September program activity. Quarterly Reports due 01/12 include October, November, and December program activity.

Reimbursements and grant modifications will be held if there are late program reports.

☐ **INVENTORY REPORT** should reflect final inventory in your records. All equipment purchases must be received, paid for, installed, and deployed before submitting report. Report is due in Egrants on or before:

☐ Complete and return a *W-9 Taxpayer Identification Number Verification Form* (enclosed).

☐ OTHER: \_\_\_\_\_

### **ACKNOWLEDGEMENT**

The materials referenced above were received and reviewed by the appropriate members of this organization. I also acknowledge receipt of the Grant Award and any attached Special Conditions. I understand that this grant is awarded subject to our compliance with all Conditions, Regulations, and Obligations described in the above materials.

5/19/2015  
Date

David M. Bursack, Project Director  
David Bursack