

Res 221

# CONTRACT COVERSHEET

NOTE: Shaded areas are for County Executive review.

DEPARTMENT <b>Emergency Management</b>		CONTRACT/ADDENDUM #: <b>12529</b>	
1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS		Contract	Addendum
2. This contract is discretionary <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		If Addendum, please include original contract number	
3. Term of Contract or Addendum: From: <u>7-1-15</u> To: <u>6-30-16</u>		<input type="checkbox"/> POS	<input type="checkbox"/>
4. Amount of Contract or Addendum <b>\$5,000</b>		<input type="checkbox"/> Co Lesse	<input type="checkbox"/>
5. Purpose: Funding support for Dane County's Medical Reserve Corps.		<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: <b>Wisconsin Division of Public Health</b>			
7. MUNIS Vendor Code: <b>3716</b>			
8. Bid/RFP Number: <b>n/a</b>			
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 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. _____		Amount \$ _____	
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. 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 A. Tulek Sr.</i>			

### CONTRACT REVIEW/APPROVALS

Initials		Ftnt	Date In	Date Out
<i>MA</i>	Received	_____	<u>9-3-15</u>	_____
<i>CS</i>	Controller	_____	_____	<u>9/9/15</u>
<i>CC</i>	Corporation Counsel	_____	<u>9/10/15</u>	<u>9/10/15</u>
<i>VA</i>	Risk Management	_____	<u>9/10/15</u>	<u>9/11/15</u>
<i>VA</i>	ADA Coordinator	_____	<u>9/10/15</u>	<u>9/11/15</u>
<i>CS</i>	Purchasing Agent	_____	_____	<u>9/9/15</u>
_____	County Executive	_____	_____	_____

### VENDOR

Vendor Name & Address	
Contact Person	
Phone No.	
E-mail Address	

### Footnotes:

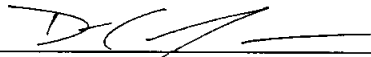
- \_\_\_\_\_
- \_\_\_\_\_

<b>Return To:</b> Name/Title: <u>David Janda</u>	Dept.: <u>Emergency Management</u>
Phone: <u>266-5950</u>	Mail Address: <u>PSB, Room 2107</u>
E-mail: <u>janda@countyofdane.com</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: 9-3-15 Signed:   
 Telephone Number: 266-5950 Print Name: David Janda

**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 by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

**Medical Reserve Corps Unit (MRC)****Scope of Work**

July 1, 2015-June 30, 2016

For the budget period of July 1, 2015-June 30, 2016, the Division of Public Health (DPH) will provide \$5,000.00 to each Wisconsin Medical Reserve Corps Unit via the Public Health Emergency Preparedness Program funds from the Centers for Disease Control and Prevention Cooperative Agreement.

This year's specific requirements are as follows:

1. If Capacity Building Awards are available for MRC units via NACCHO or an alternate designee of the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC), the MRC Unit must apply for the noncompetitive funding.

2. Enter qualifying unit activities monthly on the national MRC website. Unit profiles on the national website should be updated immediately when changes occur.

3. The MRC unit coordinator or a designee shall actively participate in WI MRC Alliance by:

- Joining/attending no less than 60% of WI MRC Alliance monthly conference calls or meetings. Conference calls are routinely scheduled monthly on the 2<sup>nd</sup> Monday from 1-3 PM. Face to Face meetings are scheduled as needed, most commonly 1-2 times per year. Scheduling conflicts should be communicated with the state MRC Coordinator
- Post resources to share on the DPH Partner Communications and Alerting (PCA) Portal in the MRC Alliance private site
- Attend Region V and/or state MRC conferences offered.
- Participate in Region V and National MRC phone calls/webinars as time allows.
- Contribute to Region V phone conferences as requested
- Direct volunteers to register on Wisconsin Emergency Assistance Volunteer Registry (WEAVR) and select the appropriate MRC unit to affiliate with.
- Maintain WEAVR local administration for MRC Unit (coordinator or designee) by frequently checking unit volunteer status, use WEAVR for communication with volunteers and incorporate WEAVR use during drills and exercises.
- Be knowledgeable about your MRC Unit's Regional Healthcare Coalition/s.

The Dane County MRC Unit agrees to the requirements for funds available from Office of Preparedness and Emergency Health Care for 2015-2016.

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Dane County Executive

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Date