





193






Res 389
Significant

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES/BADGER PRAIRIE HEALTH CARE CENTER		Contract/Addendum #: 82723A		
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract Addendum POS <input type="checkbox"/> <input checked="" type="checkbox"/> Grant <input type="checkbox"/> <input type="checkbox"/> Lease <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Term of Contract or Addendum: 01/01/15-12/31/15				
4. Amount of Contract or Addendum: \$109,650				
5. Purpose: NA - Not required when Human Services signs.				
6. Vendor or Funding Source: University of Wisconsin Medical Foundation Vendor #: 8214				
7. If grant: Funds Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Please give account codes and related \$ amounts. Code: BPHCPFS 31926 \$109,650 Code: _____ \$ _____				
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a resolution been prepared/submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Resolution				
10. Director's Approval: 				

Human Services Only	a. Dane County Res. #		Approvals	Initials	Date
	b. HSD Res. ID#	204 RES-389	g. Accountant		10/16/14
	c. Program Manager Name	BPHCC Admin.	h. Supervisor		10/24/14
	d. Current Contract Amount		i. To Provider		11-3-14
	e. Adjustment Amount		j. From Provider		
	f. Revised Contract Amount		k. Corporation Counsel		12-1-14

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
	Received	12-3-14		UW Medical Foundation	
	Controller		12/4/14	Contact Person	
NA	Corporation Counsel	See "k" above		Donna Cole, Division Administrator	
	Risk Management	12/3/14	12/3/14	Phone No. 7974 UW Health Ct	
	ADA Coordinator	12/3/14	12/3/14	608-265-3015 Middleton WI	
	Purchasing Agent	12/3/14	12/3/14	E-mail Address 53562	
	County Executive			dmcole@medicine.wisc.edu	

Footnotes:

- RES 191 DID NOT ADDRESS EXTENSIONS, LAST YEAR.
-

Return to: Name/Title: Spring Larson, CCA Phone: (608) 242-6391 E-mail Address: Larson.spring@countyofdane.com	Dept.: Human Services Mail Address: 1202 Northport Drive
--	---

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 copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
- is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- 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 copy¹

Date: 12-2-14

Signed: 

Telephone Number 242-6469

Print Name: Lynn Green

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: 12-2-14

Signature: 

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

Date: 12/3/14

Signature: 

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

Date: 12-1-14

Signature: 


¹ 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).



Badger Prairie Health Care Center

Dane County Executive – Joe Parisi
Human Services Director-Lynn Green
Badger Prairie Health Care Center Interim Administrator – Dee Heller

TO: Joe Parisi
County Executive

FROM: Rayanne Pedretti 
Senior Accountant

DATE: October 15, 2014

RE: University of Wisconsin Medical Foundation

Description:

Badger Prairie contracts with the University of Wisconsin Medical Foundation for physician services to its residents. This awards a contract extension for 2015, the first of a possible four (4) one (1) year extensions.

Amount: \$109,650

Funding Source: Funds are included in the 2015 budget.

ADDENDUM OF AGREEMENT

THIS ADDENDUM, made and entered into effective as of the date by which both parties hereto have executed this document, by and between the County of Dane (hereinafter referred to as "County") and University of Wisconsin Medical Foundation (hereinafter, "Provider").

WITNESSETH:

WHEREAS Provider and County, by a separate document (hereinafter, the "Master Agreement"), Purchase of Services Agreement No. 82723, have previously entered into a contractual relationship pursuant to which Provider has agreed to provide the County certain services more fully described in the Master Agreement; and

WHEREAS County and Provider wish to amend the Master Agreement in order to extend the term of the contract as provided for in the Master Agreement. This is the first extension of a possible maximum of four (4) one-year extensions.

NOW, THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is hereby acknowledged by each party for itself, the parties do agree as follows:

1. The Master Agreement shall remain in full force and effect unchanged in any manner by this addendum except as changes are expressly set forth herein. This addendum shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum.
2. The term of the contract is extended through December 31, 2015 to continue the program for another year, at an annual maximum cost of \$109,650.


IN WITNESS WHEREOF, the parties, by their respective authorized representatives, have set their hands and seals as of the dates set forth below.

FOR COUNTY:

Date Signed: _____

JOE PARISI, County Executive
(when applicable)

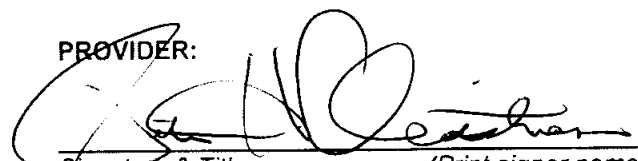
Date Signed: 12-2-14



LYNN GREEN, Director, Department of Human Services
(when applicable)

PROVIDER:

Date Signed: 11/24/14



Signature & Title (Print signer name here)
University of Wisconsin Medical Foundation
Peter H. Christman, Executive Vice President / COO