

# CONTRACT COVERSHEET

NOTE: Shaded areas are for County Executive review.

<b>DEPARTMENT</b> Emergency Management	<b>CONTRACT/ADDENDUM #:</b> 12254																											
1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Contract</td> <td style="width: 40%; text-align: center;">If Addendum, please include original contract number</td> <td style="width: 30%; text-align: center;">Addendum</td> </tr> <tr> <td style="text-align: center;">↓</td> <td></td> <td style="text-align: center;">↓</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">POS</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Co Lesse</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Co Lessor</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Intergovernmental</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Purchase of Property</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Property Sale</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Other:</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Contract	If Addendum, please include original contract number	Addendum	↓		↓	<input type="checkbox"/>	POS	<input type="checkbox"/>	<input type="checkbox"/>	Co Lesse	<input type="checkbox"/>	<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"/>
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2. This contract is discretionary <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																												
3. Term of Contract or Addendum: From: <u>1/1/15</u> To: <u>12/31/15</u>																												
4. Amount of Contract or Addendum <b>\$3,500</b>																												
5. Purpose: To accept a grant supporting the Dane County Medical Reserve Corps volunteer recruiting and training efforts.																												
6. Vendor or Funding Source: <b>National Association of County and City Health Officials</b>																												
7. MUNIS Vendor Code: <b>5532</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 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. _____ 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. Lath</i> <i>SL</i>																												

### CONTRACT REVIEW/APPROVALS

Initials	Ftnt	Date In	Date Out
<u>Wg</u> Received	_____	<u>1-14-15</u>	_____
<u>ca</u> Controller	_____	<u>1/15/15</u>	<u>1/15/15</u>
<u>Kg</u> Corporation Counsel	_____	<u>1/16/15</u>	<u>1/20/15</u>
<u>sl</u> Risk Management	_____	<u>1/15/15</u>	<u>1/16/15</u>
<u>sl</u> ADA Coordinator	_____	<u>1/15/15</u>	<u>1/16/15</u>
<u>ca</u> Purchasing Agent	_____	<u>1/20/15</u>	<u>1/20/15</u>
_____ County Executive	_____	_____	_____

### VENDOR

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

**Footnotes:**

1. \_\_\_\_\_
2. \_\_\_\_\_

<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: 1/12/15

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).

**National Association of County and City Health Officials  
Agreement**

National Association of County and City Health Officials  
1100 17<sup>th</sup> Street, NW, 7th Floor, Washington, DC 20036-4636  
(202)783-5550 FAX (202)783-1583

**CONTRACT # MRC 15 - 0529**

This Agreement is entered into, effective as of the date of the later signature indicated below (the 'Effective Date'), by and between the **National Association of County and City Health Officials** ('NACCHO'), with its principal place of business at 1100 17<sup>th</sup> St., N.W., 7<sup>th</sup> Floor, Washington, DC 20036, and **County of Dane - Department of Emergency Management** ('Organization'), with its principal place of business at **115 W Doty St Rm 2107, Madison, Wisconsin 53703**

WHEREAS, NACCHO has received a grant from the Department of Health and Human Services (Grant # 5 MRCSG101005-04-00, CFDA # 93.008) (the 'Grant') to build the capacity of local Medical Reserve Corps ('MRC') units;

WHEREAS, pursuant to the terms of the Grant, NACCHO has agreed, among other things, to provide support to MRC units and to encourage these units to provide certain information to the Office of the Assistance Secretary for Preparedness and Response's Division of the Civilian Volunteer Medical Reserve Corps ('ASPR/DCVMRC');

WHEREAS, Organization either houses or is itself an MRC unit that is registered in good standing with the ASPR/DCVMRC;

WHEREAS, pursuant to the terms of the Grant, NACCHO desires to provide funding to Organization in exchange for Organization agreeing, among other things, to undertake the activities indicated in their capacity building application or oversee such activities and to provide certain information to the ASPR/DCVMRC.

NOW, THEREFORE, NACCHO and Organization, intending to be legally bound, in consideration of the promises and mutual covenants and obligations contained herein, hereby agree as follows:

1. **ORGANIZATION'S OBLIGATIONS:** In consideration for the payment described in Section 3, below, Organization agrees, during the Term of this Agreement, to be an MRC Unit in Good Standing by meeting the following criteria below. If Organization houses an MRC Unit, Organization will ensure that the unit is an MRC Unit in Good Standing by meeting the following criteria below.

1. Have 501c(3) or comparable status or be housed in an organization capable of and willing to receive federal funds on its behalf;
  2. Monitors and provide updates to the MRC Unit's profile on the MRC web site no less often than once every three months;
  3. Provides the ASPR/DCVMRC with regular updates of programs and plans;
  4. Actively works towards National Incident Management System ("NIMS") compliance;
  5. Agrees to participate in MRC Unit Technical Assistance assessments;
  6. Utilizes capacity building award funds for approved purposes, and as indicated in their capacity building award application;
  7. Maintains Registered status with the ASPR/DCVMRC; and
  8. Agrees to complete program/event/activity evaluations provided by NACCHO
2. **TERM OF AGREEMENT**: The term of the Agreement shall be begin on **January 9, 2015** and shall continue until **July 31, 2015** (the "Term").
3. **PAYMENT FOR SERVICES**: In consideration for the agreements by Organization set forth in Section 1, above, NACCHO shall pay Organization Three thousand Five Hundred Dollars (\$3500.00). Payment will be made before the expiration of the Term of the Agreement.
4. **REVISIONS AND AMENDMENTS**: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. **ASSIGNMENT**: Organization may not assign this Agreement nor delegate any duties herein without the expressed written approval of NACCHO.
6. **INTERFERING CONDITIONS**: Organization shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Organization's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Organization of said duties and responsibilities under this Agreement.
7. **RESOLUTION OF DISPUTES**: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Organization, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Organization and NACCHO in relation to the actual costs

incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

8. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties and supersedes and replaces any and all previous understandings, commitments, or agreements, oral or written.

9. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, that part, term or provision shall be restated to effectuate the parties' intentions, and the validity of the remaining portions or provisions shall not be affected.

10. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law rules).

11. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Organization's use of funds under this Agreement is subject to the directives of and full compliance with 45 C.F.R. Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations) and OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations). It is the Organization's responsibility to understand and comply with all requirements set forth therein.

12. DEBARRED OR SUSPENDED ORGANIZATIONS: Pursuant to OMB Circular A-110, Organization certifies to the best of its knowledge that its is not presently and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."

13. AUDITING: Organization agrees to permit independent auditors to have access to its books, records and financial statements for the purpose of monitoring compliance with this contract.

14. NOTICE: All notices under this Agreement shall be in writing and shall be sent via facsimile and first class mail, postage prepaid, to the addresses below. Either party may update its address by providing written notice to the other party pursuant to the terms of this provision.

FOR NACCHO:

National Association of County and City Health Officials  
Attn: Naccho MRC Team  
1100 17<sup>th</sup> Street, N.W., 7<sup>th</sup> Floor  
Washington, D.C. 20036  
Tel. (202) 873-5550

Fax (202) 783-1583  
Email: [mrc@naccho.org](mailto:mrc@naccho.org)

FOR CONTRACTOR:

TO ORGANIZATION:

County of Dane - Department of Emergency Management  
David Janda  
Deputy Emergency Management Director  
115 W Doty St Rm 2107  
Madison, Wisconsin 53703  
Tel. 6082664330

15. **AUTHORITY TO BIND PARTY:** Each party hereby represents and warrants that the person signing this Agreement on its behalf as the authority to bind such party.

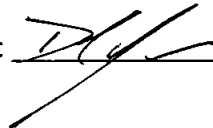
NACCHO:

ORGANIZATION:

Authorized Signature:

Authorized Signature:

By: \_\_\_\_\_

By:  \_\_\_\_\_

Name: Dawn P. Richardson,  
JD, MA

Name: David Janda

Organization: National Association  
of County and City  
Health Officials

Organization: County of Dane -  
Department of  
Emergency  
Management

Address: 1100 17<sup>th</sup> Street, NW  
Washington, DC  
20036

Address: 115 W Doty St Rm  
2107  
Madison, Wisconsin  
53703

Phone: 202-507-4264

Phone: 6082664330

Fax: 202-783-1583

Fax: 6082664500

EIN: 52-1426663

EIN: 396005684

Date:

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Date:

1-12-15

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CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that **County of Dane - Department of Emergency Management** has not been debarred or suspended pursuant to OMB Circular A-110 and will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689 'Debarment and Suspension.'

Signature of Authorized Certifying Official	Title
Organization	Date Signed