

# Contract Cover Sheet

**Note: Shaded areas are for County Executive review.**

Department Sheriff Office	Contract/Addendum #: <span style="font-size: 1.5em; font-weight: bold;">12883</span>																				
1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Contract</th> <th style="width: 50%;">Addendum</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center; font-size: 0.8em;">If Addendum, please include original contract number</td> </tr> <tr> <td><input type="checkbox"/> POS</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lease</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lessor</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Intergovernmental</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Purchase of Property</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Property Sale</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Contract	Addendum	If Addendum, please include original contract number		<input type="checkbox"/> POS	<input type="checkbox"/>	<input checked="" type="checkbox"/> Grant	<input type="checkbox"/>	<input type="checkbox"/> Co Lease	<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: 10/28/2016 – 12/2/2016																					
4. Amount of Contract or Addendum: \$1,205																					
5. Purpose: request approval to accept grant funding from the State of WI Crisis Intervention Team and Crisis Intervention Partners for specialized crisis intervention training specifically for law enforcement, administered by NAMI Wisconsin.																					
6. Vendor or Funding Source: NAMI Wisconsin																					
7. MUNIS Vendor Code: 5544																					
8. Bid/RFP Number: RFP Bid Number																					
9. Requisition Number:																					
10. 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																					
11. Are funds included in the budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
12. Account No. & Amount, Org & Obj. SHRFSEC (NEW) OT <span style="float: right;">Amount \$1,205</span> Account No. & Amount, Org & Obj. SHRFSEC (NEW Revenue) <span style="float: right;">Amount \$1,205</span> Account No. & Amount, Org & Obj. _____ <span style="float: right;">Amount \$ _____</span>																					
13. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year -- no requisition required																					
14. 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 2016 RES-255																					
15. Does Domestic Partner equal benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
16. Director's Approval:																					

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<u>Mg</u> Received	_____	<u>10-7-16</u>	_____	NAMI Wisconsin 4233 W. Beltline HWY, Madison, WI, 53711  <b>Contact Person</b> Stacey Mohr  <b>Phone No.</b> 608.268.6000  <b>E-mail Address</b> stacey@namiwisconsin.org	
<u>AG</u> Controller	_____	_____	<u>10/12/16</u>		
<u>JJ</u> Corporation Counsel	_____	<u>10-13-16</u>	<u>10/13/16</u>		
<u>SL</u> Risk Management	_____	<u>10/17/16</u>	<u>10/17/16</u>		
<u>CW</u> Purchasing	_____	<u>10/18/16</u>	<u>10/18/16</u>		
_____ County Executive	_____	_____	_____		

**Footnotes:**

1.

<b>Return to:</b> Name/Title: Lillian Radivojevich Phone: 608.284.4801 E-mail Address: radivojevich@danesherriff.com	Dept.: Sheriff's Office Mail Address: PSB, 115 W. Doty Street, Madison, WI, 53703
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**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 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 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: 10-7-16

Signed: 

Telephone Number \_\_\_\_\_

Print Name: \_\_\_\_\_

**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).



A Community Initiative to Improve Crisis Interventions

Memorandum of Understanding

As part of a statewide initiative to expand and strengthen Crisis Intervention Team (CIT) and Crisis Intervention Partners (CIP) in WI, grant funds are available to fund local CIT, CIT Advanced/Special Topics trainings, and CIP Trainings. This MOU outlines factors that are essential for sustainability including connecting the CIT&CIP community and tracking outcomes. We appreciate your work to strengthen CIT&CIP in WI and look forward to partnering with you.

Upon approval of funding for CIT/CIP training events, grantee agrees to abide by the following requirements:

Grantee Requirements:

- 1. Local partnerships are essential to the success of CIT. Grantee will submit a roster containing their coordinating committee/steering committee with contact information who are involved in coordinate the training.
2. A roster of speakers and presenters, including contact information, will be submitted within 30 days of completed training.
3. A roster of attendees, including contact information, who have completed the training will be submitted within 30 days to NAMI Wisconsin.
4. The CIT&CIP Wisconsin Pre and Post evaluations will be administered to all participants and data will be submitted to NAMI Wisconsin within 30 days of completed training.
5. The CIT&CIP Wisconsin pins and patches will be administered to all participants who have completed training, along with the Welcome to the CIT&CIP Community resource cards.
6. No fee will be charged for those attending the training.

Payment of Approved Grant Funds:

Funding will be provided to cover costs outlined in accepted budget for the CIT/CIP training that will take place on November 28th December 2nd, 2016. in Dane County.

The partial amount of funding, \$1,205.00, will be issued upon receipt of a signed MOU. Please note, by signing this MOU you are required to send NAMI Wisconsin the listed items above (1-6) on completion of the training.

In the event that the grantee does not meet these expectations, the grantee is required to return funds to NAMI Wisconsin.

Funds are provided by the state of Wisconsin CIT/CIP Expansion Grant administered by NAMI Wisconsin.

The undersigned agree to the above listed terms of this MOU.

Signature of Sheriff, DANE COUNTY SHERIFF, Date 10/6/16

Signature of Stacey Mohr, Stacey Mohr, CIT/CIP Program Director, NAMI Wisconsin, Date 8/29/16

For Questions, Please Contact: Stacey Mohr, CIT/CIP Program Director
NAMI Wisconsin, 4233 W. Beltline Hwy. Madison WI, 53711 or email to stacey@namiwisconsin.org.
Ph:608-268-6000.

Visit www.citwisconsin.org for more information on Crisis Intervention programs