

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

| Department Land & Water Resources | Contract/Addendum #: 12029/B | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------------|----------|--|--|------------------------------|-------------------------------------|--------------------------------|--------------------------|-----------------------------------|--------------------------|------------------------------------|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|--------------------------------|--------------------------|
| 1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input 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: small;">If Addendum, please include original contract number</td> </tr> <tr> <td><input type="checkbox"/> POS</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input 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 checked="" type="checkbox"/> | <input 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"/> |
| Contract | | Addendum | | | | | | | | | | | | | | | | | | | |
| If Addendum, please include original contract number | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> POS | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input 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"/> | | | | | | | | | | | | | | | | | | | | |
| 2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
| 3. Term of Contract or Addendum: 3/18/16 to 12/31/16 | | | | | | | | | | | | | | | | | | | | | |
| 4. Amount of Contract or Addendum: \$14,000 | | | | | | | | | | | | | | | | | | | | | |
| 5. Purpose: Provide additional support during the permitting process of the Nutrient Concentration System and to conduct a Mixing Zone Study. | | | | | | | | | | | | | | | | | | | | | |
| 6. Vendor or Funding Source: Strand Associates Inc | | | | | | | | | | | | | | | | | | | | | |
| 7. MUNIS Vendor Code: 7467 | | | | | | | | | | | | | | | | | | | | | |
| 8. Bid/RFP Number: RFP #114064 | | | | | | | | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
| 12. Account No. & Amount, Org & Obj. <u> LWLEGACY 57308 </u> Amount \$ <u> 14,000 </u> Account No. & Amount, Org & Obj. _____ Amount \$ _____ Account No. & Amount, Org & Obj. _____ Amount \$ _____ | | | | | | | | | | | | | | | | | | | | | |
| 13. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year -add to PO#20141533- | | | | | | | | | | | | | | | | | | | | | |
| 14. Is a resolution needed? <input type="checkbox"/> Yes <input checked="" 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 _____ | | | | | | | | | | | | | | | | | | | | | |
| 15. Does Domestic Partner equal benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | |
| 16. Director's Approval: <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | | |

| Contract Review/Approvals | | | | Vendor |
|---------------------------|-------|---------|----------|------------------------|
| Initials | Ftnt | Date In | Date Out | Vendor Name |
| _____ Received | _____ | _____ | _____ | Strand Associates Inc. |
| _____ Controller | _____ | _____ | _____ | Contact Person |
| _____ Corporation Counsel | _____ | _____ | _____ | Randy Wirtz |
| _____ Risk Management | _____ | _____ | _____ | Phone No. |
| _____ Purchasing | _____ | _____ | _____ | 608-251-2129 x1102 |
| _____ County Executive | _____ | _____ | _____ | E-mail Address |
| | | | | Randy.Wirtz@strand.com |

Footnotes:

- 1.
- 2.

| | |
|---|--|
| Return to: Name/Title: Janet Crary/Account Clerk II Phone: 224-3757 E-mail Address: crary@countyofdane.com | Dept.: Land & Water Resources Mail Address: 5201 Fen Oak Drive, #208 Madison, WI 53718 |
|---|--|

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: 3-22-16

Signed: Kevin Connors

Telephone Number 224-3731

Print Name: Kevin Connors

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: _____

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).

COUNTY OF DANE
Amendment No. 2 to the
Purchase of Services Agreement
dated August 21, 2014

THIS IS AMENDMENT NO. 2 TO THE REFERENCED AGREEMENT, made and entered into, by and between the County of Dane (hereafter referred to as "COUNTY") and Strand Associates Inc.® (hereafter, "PROVIDER")

WITNESSETH:

WHEREAS COUNTY and PROVIDER mutually agree that the following provisions are hereby incorporated into and made a part of the original Agreement for process support and permitting assistance for the Springfield Digester Nutrient Concentration System.

In SCHEDULE "A," after Phase One—RFP/Contract Process Support, ADD the following

"Amendment No. 2:

- * Provide additional support during the Request for Proposal process and as requested by COUNTY.
- * Mixing Zone Study
 - Develop mixing zone study plan and submit to WDNR via e-mail.
 - Complete mixing zone study fieldwork.
 - Prepare and submit mixing zone study documentation to WDNR.
 - Respond to WDNR and COUNTY questions."

In SCHEDULE "B"

Under item I., ADD the following:

"\$14,000 - Amendment No. 2 Services"

Under item III., CHANGE 63,700 to "\$77,700."

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this Amendment to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

FOR PROVIDER:

Date Signed: _____

Matthew Richards
MATTHEW S. RICHARDS, Corporate Secretary

Date Signed: _____

3/18/16

* * *

FOR COUNTY:

Date Signed: _____

JOSEPH PARISI, County Executive

Date Signed: _____

SCOTT MCDONNELL, County Clerk

*[print name and title, below signature line of any person signing this document]

rev. 04/13