

Contract Cover Sheet

Res 626

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES	Contract/Addendum #: 11525D																				
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Contract</th> <th style="width: 50%;">Addendum</th> </tr> <tr> <td colspan="2" style="text-align: center;">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 type="checkbox"/> Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" 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> </table>	Contract	Addendum	If Addendum, please include original contract number		<input type="checkbox"/> POS	<input type="checkbox"/>	<input type="checkbox"/> Grant	<input type="checkbox"/>	<input checked="" 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: 5-1-17 to 12-31-17																					
4. Amount of Contract or Addendum: \$4200⁰⁰																					
5. Purpose: NA – Not required when Human Services signs.																					

6. Vendor or Funding Source: Fiduciary Real Estate Development Inc / Fairway Apartments
7. MUNIS Vendor Code: 23116
8. Bid/RFP Number:
9. Requisition Number:
10. 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
11. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

12. Account No. & Amount, Org & Obj. _____ Amount \$ _____
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 _____

14. Is a resolution needed? Yes No If yes, please attach a copy of the Resolution. **626 attached**
 If Resolution has already been approved by the County Board, Resolution No. & date of adoption _____

15. Does Domestic Partner equal benefits requirement apply? Yes No

16. Director's Approval: *[Signature]*

	a. Dane County Res. #	Approvals	Initials	Date
Human Services Only	b. HSD Res. ID#	g. Accountant	<i>kc</i>	3-3-17
	c. Program Manager Name	h. Supervisor	<i>[Signature]</i>	3/14/15
	d. Current Contract Amount	i. To Provider	<i>sl</i>	3-16-17
	e. Adjustment Amount	j. From Provider		
	f. Revised Contract Amount	k. Corporation Counsel	<i>Dut</i>	3-15-17

Contract Review/Approvals				Vendor	
Initials	Fntnt	Date In	Date Out	Vendor Name/Address	
<i>Mg</i> Received		<u>3-28-17</u>		Fairway Apartments Contact Person 2301 Traceway Dr Fitchburg WI 53713 Phone No. 608-271-5955 E-mail Address	
<i>cb</i> Controller			<u>3/29/17</u>		
N/A Corporation Counsel		See "k" above			
<i>[Signature]</i> Risk Management		<u>3/29/17</u>	<u>3/29/17</u>		
<i>[Signature]</i> Purchasing		<u>4/3/17</u>	<u>4/3/17</u>		
County Executive					

Footnotes: **BAF 17049**


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
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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 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: 3-16-17

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: 3-16-17

Signature: 

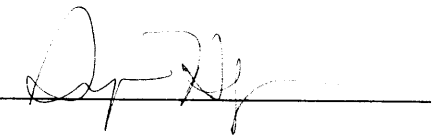
2. **Director of Administration** Contract is in the best interest of the County.
Comments:

Date: _____

Signature: _____

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

Date: 2-17-15

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).

RENEWAL OF LEASE AGREEMENT

As you know, your lease is renewing on 05/1/2017.

We request that you sign this copy of the lease renewal and return it to the Fairways Apartments, LLC Leasing Office no later than 03/01/2017.

A copy of this letter will be returned to you after it is signed in our office. If your future plans are uncertain, please call the Leasing Office. We enjoyed having you as a resident here at Fairways Apartments, LLC during the past year.

This renewal form is an addendum to your original lease.

Lessee(s):

Dane County Dba Early Childhood Initiative

Lessor (Owner's leasing agent):

Fiduciary Real Estate Development, Inc., Lessor's Agent for Service of Process: Fiduciary Real Estate Development, Inc. 789 North Water Street, Suite 200, Milwaukee, WI 53202 Lessor's Agent for Maintenance, Management, Receiving Notices and Collection of Rent: Same as stated on original Lease Agreement.

For the apartment located at: 3301 Leopold Way #108, Fitchburg, WI 53713

The lease is hereby extended for an additional term of: **8 months**

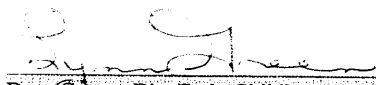
This is an addendum to and made part of your original lease and/or Renewal of Lease Agreement beginning at 12:00 Noon on the first day of ~~May 2017~~ and ending at 12:00 Noon on the last day of ~~December 2017~~.

All terms and conditions of the original lease shall remain in effect upon the first of each month.


- Rent due per month shall be **\$525.00** due upon the first of each month. The monthly rent to be paid during the term of this Lease includes fees for the following: extra garage or parking, pet(s), short term.

If Lessee shall leave any property on the premises after vacating or abandonment of the premises, Lessee shall be deemed to have abandoned the property, and Lessor shall have the right to dispose of said property as provided by law.

Lessee(s):


 Dane County Dba Early Childhood Initiative _____
 Date 3/16/17

 JOE PARISI, County Executive
 (when applicable)

Fiduciary Real Estate Development, Inc.
 Authorized Agent

 Authorized Signature _____
 Date 3/16/17

 SCOTT MCDONELL, County Clerk
 (when applicable)

The undersigned hereby personally guarantees payment of any and all sums due or to become due to Lessor by Lessee(s) performance of all covenants and other obligations by Lessee under the terms and condition of Lease.

 Date