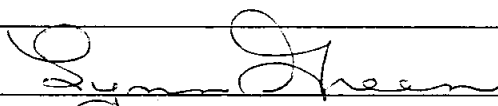


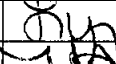
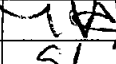

Contract Cover Sheet






Res 478

Note: Shaded areas are for County Executive review.

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Department: HUMAN SERVICES		Contract/Addendum #: 82955A	
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"/> Other <input type="checkbox"/>	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Term of Contract or Addendum: 1/1/15 - 12/31/15			
4. Amount of Contract or Addendum: \$ 61,982			
5. Purpose: NA - Not required when Human Services signs.			
6. Vendor or Funding Source: Tellurian UCAN Vendor #: 7721-9			
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: _____ \$ _____; Code: _____ \$ _____			
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a resolution been prepared/submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Resolution			
10. Does Domestic Partner Equal Benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11. Director's Approval: 			

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant		12/8/14
	c. Program Manager Name	h. Supervisor		12/12/14
	d. Current Contract Amount	i. To Provider	SL	12-15-14
	e. Adjustment Amount	j. From Provider	SL	12-19-14
	f. Revised Contract Amount	k. Corporation Counsel		12/19/14

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
	Received	12-26-14		Contact Person	
	Controller		1/8/14		
NA	Corporation Counsel	See "k" above		Phone No.	
	Risk Management	1/5/15	1/6/15		
	ADA Coordinator	1/5/15	1/6/15	E-mail Address	
	Purchasing Agent	1/9/15	1/9/15		
	County Executive				

Footnotes:
1. BUDGET NEEDED.

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: _____ 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: _____

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).

82955A

Approved Copy
DA 12.19.14
Page 1

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and **Tellurian UCAN, Inc.** (hereinafter "PROVIDER") as of the date representatives of both parties have affixed their respective signatures.

WHEREAS the COUNTY and PROVIDER have previously entered into a Purchase of Service Agreement No. **82955** (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

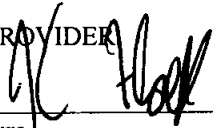
NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter by this addendum, except as specifically set forth herein. This addendum consists of two (2) pages.

<u>Current Cost</u> <u>for 2015</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2015</u>
\$2,411,631	\$61,982	\$2,473,613

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

Date Signed: 12/16/14

FOR PROVIDER



Signature
Kevin Florek, President & CEO
 Print Name and Title of Signer

Date Signed: _____

 Signature

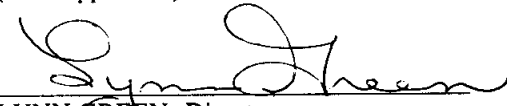
 Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

JOE PARISI, County Executive
 (when applicable)

Date Signed: 12-22-14



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

