

Res 310
Significant

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department Executive	Contract/Addendum #: 5166D																				
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; font-size: small;">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 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 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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<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: 11/1/16 - 10/31/19																					
4. Amount of Contract or Addendum: \$98,842+/year																					
5. Purpose: Renewal of Employment Contract																					
6. Vendor or Funding Source: Mary Ann (Mickey) Beil																					
7. MUNIS Vendor Code: 14760																					
8. Bid/RFP Number:																					
9. If grant: Funds Positions? <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
11. Account No. & Amount, Org & Obj. _____ Amount \$ _____ Account No. & Amount, Org & Obj. _____ Amount \$ _____ Account No. & Amount, Org & Obj. _____ Amount \$ _____																					
12. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year _____																					
13. 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 <u>Res 310</u>																					
14. Does Domestic Partner equal benefits requirement apply? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
15. Director's Approval:																					

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
Received	_____	<u>10/5/16</u>	_____	Mary Ann Beil	Contact Person
Controller	_____	_____	<u>10/6/16</u>		
Corporation Counsel	_____	<u>10-6-16</u>	<u>10-6-16</u>		
Risk Management	_____	<u>10/6/16</u>	<u>10/10/16</u>		
Purchasing	_____	<u>10/10/16</u>	<u>10/10/16</u>		
_____ County Executive	_____	_____	_____	Phone No.	E-mail Address

Footnotes:
1.
2.

Return to: Name/Title: Michelle Goldade	Dept.: Admin/Room 425 CCB
Phone: _____	Mail Address: _____
E-mail Address: _____	

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: 10/6/16

Signed: 

Telephone Number 266-4114

Print Name: Joshua Wescott

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: 10/17/16

Signature: 

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

Date: 10/4/16

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
Addendum to Employment Services Agreement

THIS ADDENDUM ("Addendum") made and entered into by and between the County of Dane ("EMPLOYER"), and Mary Ann Beil ("EMPLOYEE"),

WHEREAS, the EMPLOYER and the EMPLOYEE have by a separate document entitled Employment Services Agreement (hereinafter "Original Agreement") previously entered into a contractual relationship, and

WHEREAS, EMPLOYER and the EMPLOYEE entered into an Addendum of Agreement (the "Previous Addendum") which extended the Original Agreement for three (3) years ending October 31, 2016;

WHEREAS, EMPLOYER and the EMPLOYEE now wish to extend the term of the Original Agreement and the Previous Addendum for three (3) additional years commencing at the expiration of the extended term on October 31, 2016 and ending at 11:59 p.m. on October 31, 2019.

NOW, THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is acknowledged by each party for itself, EMPLOYER and EMPLOYEE do agree as follows:

1. The Original Agreement shall remain in full force and effect unchanged in any manner by this Addendum to Employment Services Agreement except for those changes expressly set forth herein. This Addendum shall control only to the extent of any conflict between the terms of the Original and this Addendum and the Previous Addendum.
2. Paragraph 6 of the Original Amendment is amended to provide that the term of agreement shall expire at 11:59 p.m. on October 31, 2019.
3. Paragraph 15 of the Original Amendment is amended to provide that the direct compensation shall be paid to the Employee at a rate equivalent to \$98,842.00, per year.

IN WITNESS WHEREOF, EMPLOYER and EMPLOYEE have executed this Agreement effective as of the day and date by which Employer's authorized representative and EMPLOYEE have affixed their respective signatures, as indicated below.

FOR EMPLOYER:

Date: _____

Joe Parisi, County Executive

BY EMPLOYEE:

Date: 10/5/16

Mary Ann Beil
Mary Ann Beil, Employee

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