

Res #23  
Significant

# CONTRACT COVERSHEET

NOTE: Shaded areas are for County Executive review.

DEPARTMENT <b>Administration</b>	CONTRACT/ADDENDUM #: <b>10789 A</b>																				
1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Contract</td> <td style="width:50%; border-bottom: 1px solid black;">Addendum</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">If Addendum, please include original contract number</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">POS <input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Co Lesse <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Co Lessor <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Intergovernmental <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Purchase of Property <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Property Sale <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Other: <input type="checkbox"/></td> </tr> </table>	Contract	Addendum	↓	↓	↓	If Addendum, please include original contract number	<input type="checkbox"/>	POS <input checked="" type="checkbox"/>	<input type="checkbox"/>	Co Lesse <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 type="checkbox"/> YES <input type="checkbox"/> NO																					
3. Term of Contract or Addendum: From: <u>1/1/2015</u> To: <u>12/31/2016</u>																					
4. Amount of Contract or Addendum <b>568,070.28</b>																					
5. Purpose: To continue to provide Dental insurance to Dane county employees and retirees.																					
6. Vendor or Funding Source: <b>Delta Dental of Wisconsin</b>																					
7. MUNIS Vendor Code: <b>2022</b>																					
8. Bid/RFP Number: <b>111035</b>																					
9. 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 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. 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 _____																					
13. Does Domestic Partner equal benefits requirement apply? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																					
14. Director's Approval																					

### CONTRACT REVIEW/APPROVALS

Initials	Ftnt	Date In	Date Out
<u>MA</u> Received	_____	<u>11-18-14</u>	_____
<u>CH</u> Controller	_____	_____	<u>11/19/14</u>
<u>AL</u> Corporation Counsel	_____	<u>11/19/14</u>	<u>11/20/14</u>
<u>AV</u> Risk Management	_____	<u>11/21/14</u>	<u>11/21/14</u>
<u>AV</u> ADA Coordinator	_____	<u>11/21/14</u>	<u>11/21/14</u>
<u>CA</u> Purchasing Agent	_____	<u>11/21/14</u>	<u>11/21/14</u>
_____ County Executive	_____	_____	_____

### VENDOR

Vendor Name & Address
Contact Person
Phone No.
E-mail Address

### Footnotes:

1. \_\_\_\_\_
2. \_\_\_\_\_

<b>Return To:</b>	Name/Title: <u>Amy Utzig, Human Resources Director</u> Dept.: <u>Employee Relations</u>
	Phone: <u>266-9253</u> Mail Address: <u>210 Martin Luther King Jr Blvd, 418</u>
	E-mail: <u>utzig@countyofdane.com</u> <u>Madison WI 53703</u>

**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 which has not been changed since that review/development
- is a non-standard contract previously reviewed 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: 11/18/14 Signed:   
 Telephone Number: 266-4519 Print Name: Travis Myren

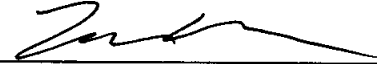
**MAJOR CONTRACTS REVIEW (DCO Sect. 25.20)** This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

**EXECUTIVE SUMMARY** *(Attach additional pages, if needed).*

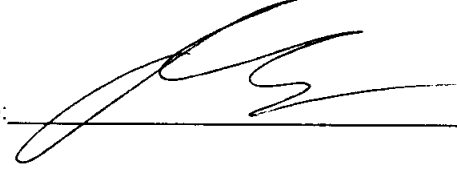
1. **Department Head**  Contract is in the best interest of the County.  
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Date: 11/18/14 Signature: 

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

Date: 11/19/14 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 my means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

ADDENDUM OF AGREEMENT

**THIS ADDENDUM**, made and entered into effective as of the date by which both parties hereto have executed this document, by and between the County of Dane (hereinafter referred to as "County") and **Delta Dental Plan Of Wisconsin** hereinafter, "Provider").

**WITNESSETH:**

**WHEREAS** Provider and County, by a separate document (hereinafter, the "Master Agreement"), Purchase of Services Agreement No. 10789, have previously entered into a contractual relationship pursuant to which Provider to provide dental insurance, and

**WHEREAS** County and Provider wish to amend the Master Agreement in order to **[extend the term of the contract]** *[identify other changes desired]* extend the term of the contract.

**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 hereby acknowledged by each party for itself, the parties do agree as follows:

- 1. The Master Agreement shall remain in full force and effect unchanged in any manner by this addendum except as changes are expressly set forth herein. This addendum shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum.
- 2. The term of the contract is extended through December 31, 2016 to continue the program for Dental insurance, at an additional cost of \$0 for 2015, and not to exceed 8% for 2016 rates. *[or state such other change to the Master Agreement as is desired.]*

**IN WITNESS WHEREOF**, the parties, by their respective authorized representatives, have set their hands and seals as of the dates set forth below.

**FOR COUNTY:**

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FOR PROVIDER:**

Date Signed: 11/14/14 \_\_\_\_\_  
