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# Contract Cover Sheet

Res 548

**Note: Shaded areas are for County Executive review.**

Department: HUMAN SERVICES		Contract/Addendum #: <u>83689B</u>	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		<b>Contract</b> <span style="float:right"><b>Addendum</b></span>	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Addendum, please include original contract number	
3. Term of Contract or Addendum: <u>1/1/17 - 12/31/17</u>		<input type="checkbox"/> POS <input checked="" type="checkbox"/>	
4. Amount of Contract or Addendum: <u>\$ 79,258</u>		<input type="checkbox"/> Grant <input type="checkbox"/>	
5. Purpose: NA – Not required when Human Services signs.		<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"/>	

6. Vendor or Funding Source: Journey mental Health Center

7. MUNIS Vendor Code: 5152

8. Bid/RFP Number:

9. Requisition Number:

10. If grant: Funds Positions?  Yes  No Will require on-going or matching funds?  Yes  No

11. Are funds included in the budget?  Yes  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. 548  
 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: *Sydney Sheehan*

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant	<u>SL</u>	<u>2/9/17</u>
	c. Program Manager Name <u>Campbell</u>	h. Supervisor	<u>JN</u>	<u>2-13-17</u>
	d. Current Contract Amount <u>11,270,059</u>	i. To Provider	<u>SL</u>	<u>2-13-17</u>
	e. Adjustment Amount <u>79,258</u>	j. From Provider	<u>SL</u>	<u>2-24-17</u>
	f. Revised Contract Amount <u>11,349,317</u>	k. Corporation Counsel	<u>SL</u>	<u>2-24-17</u>

Contract Review/Approvals				Vendor
Initials	Ftnt	Date In	Date Out	Vendor Name/Address
<u>MA</u> Received		<u>2-28-17</u>		Contact Person  Phone No.  E-mail Address
<u>AL</u> Controller			<u>3/2/17</u>	
<u>N/A</u> Corporation Counsel	See "k" above			
<u>✓</u> Risk Management		<u>3/3/17</u>	<u>3/3/17</u>	
<u>CC</u> Purchasing		<u>3/2/17</u>	<u>3/2/17</u>	
County Executive				

Footnotes:  
 1. budget requested  
 2. budget requested

Return to: Name/Title: <u>Spring Larson, CCA</u> Phone: <u>608-242-6391</u> E-mail Address: <u>Larson.spring@countyofdane.com</u>	Dept.: <u>Human Services</u> Mail Address: <u>1202 Northport Drive</u>
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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 copy<sup>1</sup>
- 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 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: 2-27-17

Signed: [Signature]

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: 2-27-17

Signature: [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: 2-24-17

Signature: [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 by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

M 27-17

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and **Journey Mental Health Center, 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. **83689** (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 2017</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2017</u>
\$11,270,059	\$79,258	\$11,349,317

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.

FOR PROVIDER:

Date Signed: 02-17-2017

*M. Brady*  
 Signature  
Lynn A. Brady  
 Print Name and Title of Signer

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

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Print Name and Title of Signer

FOR COUNTY:

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

JOE PARISI, County Executive  
(when applicable)

Date Signed: 2-27-17

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

