Dane County Contract Addendum Cover Sheet

Res 342 sigifnicant

BAF #	24060
Acct:	Seitz
Mgr:	Mennig
Budget	Y/N: Y

Revised 06/2021	uum					Contract # Admin will assign	15370 / 87220A
Dept./Div	vision	Hur	man Services /HAA	Vendor I	Name	Catholic Charities, In	c., Diocese of Madison
		Inc	reasing contract by \$200,000,	Vendor M	UNIS #	1227	
Brief Add Title/Desc		fun	ding coming from City of	Addendum	n Term	1/1/2024 - 12/31/2	2024
		Ma	dison's contribution	Amoun	t (\$)	\$ 200,000.00	
-							
Departme	nt Conta	act I	Information	Vendor Co	ontact In	formation	
Contact	Spring L	arso	on, Contract Coordination Assistant	Contact		Shawn Car	ney
Phone #			608-242-6391	Phone #		608-826-8	111
Email	dcd	lhsc	ontracts@countyofdane.com	Email		scarney@ccma	dison.org
Purchasi	ng Office	er					

Pur	chase Orde	er – Maintenance	or New PO			
	PO Mainte	enance Needed	Org: 80366	Obj: 36205	Proj:	\$ 200,000.00
	PO#	20240646	Org:	Obj:	Proj:	
	No PO Ma	intenance Neede	ed – this addendun	n does not change th	e dollar amoun	t of the contract.
	New PO /	Req. Submitted	Org:	Obj:	Proj:	
	Req#		Org:	Obj:	Proj:	

Budget Amendment Image: A Budget Amendment has been requested via a Funds Transfer or Resolution. Upon addendum approval and budget amendment completion, the department shall update the requisition in MUNIS accordingly.

Total Contracte	d Amount – Lis	t the Original contract info, th	ien subsequent addend	a including t	his new addendum
	Addendum #	Term	Amount	I	Resolution
A resolution is required when the	Original	1/1/2024 - 12/31/2024	\$ 491,902.00	None	Res#
total contracted amount first	А	1/1/2024 - 12/31/2024	\$ 200,000.00	None	Res# 2023 - 342
exceeds \$100,000.				🗌 None	Res#
Additional resolutions are then				🗌 None	Res#
required whenever the sum(s) of any				🗌 None	Res#
additional addenda exceed(s) \$100,000				None	Res#
	Total Co	ntracted Amount	\$ 691,902.00		

Contract Language Pre-Approval – prior to in	ternal routing, this contract has been reviewe	d/approved by:
Corporation Counsel:	🗌 Risk Management:	□ No Pre-Approval

APPROVAL	APP	ROVAL – Contra	cts Exceeding \$100,000
Dept. Head / Authorized Designee	Director of A	dministration	Corporation Counsel
Apta M. Sheukenere			CRB 2/23/24
APPROVAL – Internal Contract I	Review – Routed	Electronically -	- Approvals Will Be Attached
DOA: Date In: <u>3/1/24</u> Date	Out:	Controller, Purc	hasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Sent: To: Cc: Subject: Attachments:	Goldade, Michelle Monday, March 4, 2024 12:2 Hicklin, Charles; Rogan, Meg Stavn, Stephanie; Oby, Joe Contract #15370 15370.pdf		
Tracking:	Recipient	Read	Response
	Hicklin, Charles	Read: 3/4/2024 1:35 PM	Approve: 3/4/2024 1:35 PM
	Rogan, Megan	Read: 3/4/2024 1:06 PM	Approve: 3/4/2024 1:06 PM
	Gault, David	Read: 3/4/2024 1:00 PM	Approve: 3/4/2024 1:01 PM
	Stavn, Stephanie		
	Oby, Joe		

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #15370 Department: Human Services Vendor: Catholic Charities Contract Description: Operation of The Beacon (Res 342) Contract Term: 1/1/24 – 12/31/24 Contract Amount: \$200,000.00

Thanks much, Michelle

Michelle Goldade

Administrative Manager Dane County Department of Administration Room 425, City-County Building 210 Martin Luther King, Jr. Boulevard Madison, WI 53703 PH: 608/266-4941 Fax: 608/266-4945 TDD: Call WI Relay 711

Please note: I am currently working a modified schedule. I work in office Mondays and Wednesdays and work remotely Tuesday, Thursdays and Fridays.

1		2023 RES -342	
2 3		F OF FUNDS FROM THE CITY OF	
3 4		ONS OF THE BEACON DAY RES	
5	•••=••••	DCDHS – HAA DIVISION	
6			
7 8 9	Way, and Catholic Charitie	a public-private partnership between s, Inc., Diocese of Madison to oper iencing homelessness in Dane Con	
10			
11 12 13		ize the receipt of the City of Madisc rship and to amend the contract for onding amount.	
14			
15		TRESOLVED that Dane County at	
16 17	from the City of Madison to	support operations of The Beacon	a day resource center in 2024; and
18	BE IT FURTHER RESOLV	ED that the following revenue acco	ount be added to the Housing
19		vision of the Department of Human	
20		County General Fund and transfer	
21	following expenditure acco	unt in the Department of Human Se	ervices:
22	_		
23	Revenue		August
24	Account Number	Account Title	Amount \$200,000
25 26	80366 86430(NEW)	City of Madison - Beacon	\$200,000
20 27	Expenditure		
28	Account Number	Account Title	Amount
29	80366 36205	Shelter Operations	\$200,000
30		- 1	+ <i>j</i>
31	BE IT FINALLY RESOLVE	D that the following contract be an	nended and that the County
32	Executive and the County	Clerk are hereby authorized and dir	rected to sign the agreement on
33	behalf of Dane County and	that the Controller is authorized to	make payments for the contract.
34			
35	Vendor		Amendment Amount
36	Catholic Charities, Inc., Dic	ocese of Madison	\$200,000

15370

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Catholic Charities, Inc., Diocese of Madison

(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. 87220 (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 shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum. This addendum consists of two (2) pages.

Current Cost for 2024 \$ \$491,902 Addendum Amount \$ \$ 200,000 Revised Maximum Cost for ²⁰²⁴ \$ 691,902

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:

Date Signed:

Print Name and Title of Signer

Signature

Print Name and Title of Signer

ASTRA IHEUKUMERE, Interim Director, Department of Human Services

JOE PARISI, County Executive (when applicable)

SCOTT MCDONELL, County Clerk (when applicablc)

Date Signed: 2/29/2024

Date Signed:

Date Signed:

Created	Created: 10/11/2023			Contract #: 87220	87220				Provider:	Provider: Catholic Charities, Inc., Dioceses of Madison	nc., Dioceses of Mar	dison	
Revised	Revised: 1/30/2024			Division:	HAA			Fu	Funding Period	January 1, 2024 through December 31, 2024	ough December 31,	2024	
Contract Max	Num Service	Costs: Subject to the	a provisions specifie	Contract Maximum Service Costs: Subject to the provisions specified elsewhere in this contract, the following summarizes and sets forth the rates and maximum payments available for services under this contract.	mmarizes	and sets forth th	he rates and	nd maximum payr	nents available f	or services under this	contract.		
Number		Org.	Obj	Program Name	SPC	# of Clients	Slots	Unit Cost	Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a. 8140	6945	80366	36205	Day Resource Center	106			\$1,748.76	365	\$ 638,297		\$ 638,297	Specific
b. 8143	6945	80366	33637	Transportation Services	107			\$35.12	1.040	\$ 36,519		\$ 36.519	Specific
c. 8148	8148	80366	36300	Direct Assistance	106			\$284,76	60	\$ 17,086		\$ 17,086	Specific
ď													
Ű													
÷													
g.													
Ŀ													
									Total	\$ 691,902.00	s	\$ 691,902.00	
The eaction	holow is to b	The carition halow is to be used to further define the information should	tofine the informat	over and						*Other Revenue-Inc	*Other Revenue-Include here the source and related amount for each	e and related amo	unt for each
a. Unil costs ar	re calculated by	/ the provision of shet	Iter 365 days a year	Unit costs are calculated by the provision of shelter 365 days a year and include funds for 7.5 FTE and operational costs to provide Day Resource Center program. Includes	nal costs t	to provide Day R	esource Co	enter program. It		\$200,000 from City of Madison.	of Madison.		
COLA increa	ase of \$28,674	based on the County	Exec's 2024 budge	COLA increase of \$28,674 based on the County Exec's 2024 budget. 1.30.24- \$200,000 from the City of Madison.	son.								
b. Unit costs i the County	Unit costs include funds for .5 F the County Exec's 2024 budget.	: for .5 FTE to open budget.	ate shuttle service	Unit costs include funds for .5 FTE to operate shuttle service 7 days a week from 7:30a - 8:30a and the County Exects 2024 budget.	l 4pm - 5j	pm. Includes a	COLA inc	- 8:30a and 4pm - 5pm, Includes a COLA increase of \$2,389 based on	9 based on				
c. Unit cost est	timates a maxir	mum of \$250 in direct	f assistance provider	Unit cost estimates a maximum of \$250 in direct assistance provided a guest per year. Some assistance could be less, which would provide additional units.	be less, wi	hich would provic	de additions	al units.					
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ц.													
-													
Standard F	^o rogram Cate	Standard Program Category (SPC) Code Description.											
لد ₀ ,	a 106 Housing/k	 a. 106 Housing/Energy Assistance b. 107 Transportation 		 c. 106 Housing/Energy Assistance 	a +			ற் டீ			- ¥		
Contract N Melissa Mer	/lanager(s)/Pr nnig - Mennig.N	Contract Manager(s)/Programs: Melissa Mennig - Mennig.Melissa@countyofdane.com	e.com					Accountant(s)/Programs: Dylan Seitz - Seitz,Dylan@countyofdane.com	/Programs: itz.Dylan@coun	yofdane.com			

H:/FMS/Contracts/PSF/baf_24060_psf

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