

# Contract Cover Sheet

Res 259

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

Department: HUMAN SERVICES				Contract/Addendum # <b>11525 E</b>	
1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS				<div style="display: flex; justify-content: space-between;"> <span>Contract</span> <span>Addendum</span> </div>	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<div style="text-align: center; font-size: small;">If Addendum, please include original contract number</div>	
3. Term of Contract or Addendum: <b>1-1-18 to 12-31-18</b>				<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> POS  <input type="checkbox"/> Grant  <input checked="" type="checkbox"/> Co Lease  <input type="checkbox"/> Co Lessor  <input type="checkbox"/> Intergovernmental  <input type="checkbox"/> Purchase of Property  <input type="checkbox"/> Property Sale  <input type="checkbox"/> Other </div> <div style="width: 45%; text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	
4. Amount of Contract or Addendum: <b>6546-</b>					
5. Purpose: NA – Not required when Human Services signs.					
6. Vendor or Funding Source: <b>Fiduciary Real Estate Development Inc / Fairway Apts #108</b>					
7. MUNIS Vendor Code: <b>23116</b>					
8. Bid/RFP Number:					
9. Requisition Number:					
10. If grant: Funds Positions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <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 <b>Res 259</b>					
15. Does Domestic Partner equal benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Director's Approval: <b>Sym Green</b>					
Human Services Only	a. Dane County Res. #		Approvals	Initials	Date
	b. HSD Res. ID#		g. Accountant	<b>kc</b>	<b>10-3-17</b>
	c. Program Manager Name	<b>Chance</b>	h. Supervisor	<b>VIA</b>	<b>10/10/17</b>
	d. Current Contract Amount		i. To Provider	<b>SL</b>	<b>10-10-17</b>
	e. Adjustment Amount		j. From Provider	<b>SL</b>	<b>10-24-17</b>
	f. Revised Contract Amount		k. Corporation Counsel	<b>Man</b>	<b>10-12-17</b>
<b>Contract Review/Approvals</b>				<b>Vendor</b>	
Initials	Fnt	Date In	Date Out	Vendor Name/Address	
<b>My</b> Received	_____	<b>10/25/17</b>	_____	Contact Person	
<b>ck</b> Controller	_____	_____	<b>10/25/17</b>	Phone No.	
N/A Corporation Counsel	See "k" above	_____	_____	E-mail Address	
<b>A</b> Risk Management	_____	<b>10/26/17</b>	<b>10/26/17</b>		
<b>Cac</b> Purchasing	_____	<b>10/25/17</b>	<b>10/25/17</b>		
_____ County Executive	_____	_____	_____		

Footnotes: **BAF 17139** **DM took Lease to landlord for signature**  
**3301 Leopold #108 Lease**

**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 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: 10-16-17

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

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: 10-16-17

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: 10/13/17

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).

11525E 16-108

## RENEWAL OF LEASE AGREEMENT

As you know, your lease is renewing on 01/01/2018.

We request that you sign this copy of the lease renewal and return it to the Fairways Apartments, LLC Leasing Office no later than 11/01/2017.

We enjoyed having you as a resident here at Fairways Apartments, LLC during the past year.

This renewal form is an addendum to your original lease.

Lessee(s):

Dane County Dba Early Childhood Initiative

Lessor (Owner's leasing agent):

Fiduciary Real Estate Development, Inc., Lessor's Agent for Service of Process; Fiduciary Real Estate Development, Inc. 789 North Water Street, Suite 200, Milwaukee, WI 53202 Lessor's Agent for Maintenance, Management, Receiving Notices and Collection of Rent: Same as stated on original Lease Agreement.

For the apartment located at: 3301 Leopold Way #108, Unit # 16108, Fitchburg, WI 53713

This is an addendum to and made part of your original lease and/or Renewal of Lease Agreement extending your term to 12:00 Noon on 01/01/2018 and ending at 12:00 Noon on 12/31/2018.

- Rent due per month shall be \$545.00 due upon the first of each month. The monthly rent to be paid during the term of this Lease includes fees for the following: extra garage or parking, pet(s), short term and/or [] storage.

If Lessee shall leave any property on the premises after vacating or abandonment of the premises, Lessee shall be deemed to have abandoned the property, and Lessor shall have the right to dispose of said property as provided by law.

All other terms and conditions of the original lease shall remain in effect.

Lessee(s):

Lynn Green 10/23/17

LYNN GREEN, Director of Human Services  
(when applicable)

Date

JOE PARISI, County Executive  
(when applicable)

~~The undersigned hereby personally guarantees payment of any and all sums due or to become due to Lessor by Lessee(s) performance of all covenants and other obligations by Lessee under the terms and condition of Lease.~~

Date

Lease generated on 09/15/2017

SCOTT MCDONELL, County Clerk  
(when applicable)

Fiduciary Real Estate Development, Inc.  
Authorized Agent

William D. Bowden

Authorized Signature

Date

10/23/17