Dane County Contract Cover Sheet

Dept./Division Human Se			vices / HAA			Contract # 84826							
Ven	dor Name	Catholic Ch	olic Charities, Inc., Diocese of Madison					Addendum ⊠ Yes□ No					
Vend	or MUNIS#	1227	· · · · · ·				Type of Contract						
							\boxtimes	7.	Dane County Contract				
Brief	f Contract	POS contra	act – Increas	ing contract	by \$200.000	o			Grant				
Title/[Description		ty of Madiso						County	/ Lessee			
	•		•						County Lessor				
		4/4/0000	4.0.10.4.10.00.0						Intergov ernmental				
Cont	ract Term	1/1/2020 - 1	12/31/2020						Purchase of Property				
Tota	I Contract	Ф07F 700							Property Sale				
Α	mount	\$675,739							Other				
		□ \$11,000 or u	ınder – Best Jud	lament (1 quote	required)								
			1,000 - \$37,000	<u> </u>	' '	quote	srequired)						
Pur	chasing		00 (\$25,000 Publ	•	, ,	•	, ,		RFB	/RFP#			
	ithority	☐ Bid Waiver	– \$37,000 or und	der (\$25,000 or u	nder Public Wor	ks)							
, 10		☐ Bid Waiver	- Over\$37,000 ((N/A to Public Wo	orks)								
		□ N/A – Grants	s, Leases, Interg	gov ernmental, P	roperty Purcha	se/Sa	le, Other						
	UO P	0 0			0 1		Г		, 1	•			
	NIS Req.	Org Code			Code			Amou		\$			
Req		Org Code		•	Code			Amou		T			
Year	2020	Org Code		Obj	Code			Amou	nt				
		A resolution	is required if t	he contract ex	ceeds \$100,0	00 (\$4	10,000 Publi	c Works).				
Re	solution	A copy of the Resolution must be attached to the contract cover sheet.											
	dendum		esnot exceed \$10	•	Public Works) –	a reso	lution isnot re	quired.					
Form			☐ Resolution required and a copy is attached.				Res # 047						
		☐ Addendum F	orm required.		Year	2020							
			Co	ntract Revi	iew/Approv	als							
Initia	ls Dept.		Date In	Date Out	Comment	S							
	Received	by DOA											
	Controlle	r											
	Purchasin												
N/A		•			See "i" belov	A./							
IN/A	Corporati	on Counsel			See I belov	ıv .							
	Risk Mana	agement											
	County Ex	ecutive											
	Dano C	ounty Dept.	Contact Inf		Vendor Contact Info								
Nar		Larson, Contract C	Name Jackson Fonder										
Phor			Phone #		6088268000								
Em	ail larson.s	pring@countyofda	Email	jfon	jfonder@ccmadison.org								
Addr	ess 1202 No	orthport Drive, RM	Gr42A, Madison	WI 53704	Address	702	02 S High Point Rd, Ste 201, Madison WI 53719						
	a. Dane Cou	nty Res. #	nty Res. # N/A					Date					
səo	b. Budget/Pe	ersonnel Required	YES		Approvals g. Accounta	nt		DX		5/19/20			
Human Services Only	c. Program I	Manager Name	BECKER					5/19/2	5/19/2020				
n Se Inly	d. Current C	ontract Amount	\$475,739)	i. Corporat	ion Co	unsel						
na O					_								
	e. Adjustmei	nt Amount	\$200,000)	j. To Provi	der							
Hur		nt Amount Contract Amount	\$200,000 \$675,739		j. To Provi								

Certification: The attached contract is a:							
	Dane County Contract without any modifications.						
	Dane County Contract with modifications. The modifications have been reviewed by:						
\boxtimes	Non-standard contract.						

Contract Cover Sheet Signature

	Signature	Date		
Dept. Head / Authorized	Printed Name			
Designee	Shawn Tessmann, Director of Human Serv	rices		

Contracts Exceeding \$100,000

Major Contracts Review - DCO Sect. 25.11(3)

	Signature	Date		
Director of				
Administration	Comments			
	Signature	Date		
	Signature	Date		
Corporation	Signature	Date		
Corporation Counsel	Comments	Date		



Dane County Department of Human Services

Shawn Tessmann, Director 1202 Northport Drive, Madison, WI 53704-2092

JOE PARISI DANE COUNTY EXECUTIVE

Date: April 29, 2020

To: Joe Parisi

County Executive

From: Der Xiong

Accountant

Re: Addendum to Catholic Charities, Inc., Diocese of Madison POS contract

Description:

This resolution is to authorize the receipt of the City of Madison's 2020 contribution to this collaborative partnership. The City of Madison will contribute \$200,000 to The Beacon's operations in 2020.

Revised Contract amount: \$675,739

2020 RES-047 1 2 AUTHORIZING RECEIPT OF FUNDS FROM THE CITY OF MADISON CONTRIBUTING TO 3 OPERATIONS OF THE BEACON DAY RESOURCE CENTER 4 5 DCDHS - HAA DIVISION 6 Dane County Department of Human Services (DCDHS) Housing Access and Affordability (HAA) 7 8 is involved in a public-private partnership between the City of Madison, United Way, and Catholic Charities, Inc. to operate The Beacon day resource center for individuals experiencing 9 homelessness in Dane County. 10 11 This resolution is to authorize the receipt of the City of Madison's 2020 contribution to this 12 collaborative partnership. The City of Madison will contribute \$200,000 to The Beacon's 13 14 operations in 2020. 15 16 NOW, THEREFORE, BE IT RESOLVED that Dane County authorizes the receipt of \$200,000 from the City of Madison to support operations of The Beacon day resource center in 2020; and 17 18 19 BE IT FURTHER RESOLVED that the following revenue account be added to the HAA Housing & Homeless section of the Department of Human Services and that the revenue increase be 20 credited to the County General Fund and transferred from the General Fund to the following 21 22 expenditure account in the Department of Human Services: 23 Revenue 24 Account Number Account Title Amount 25 80366 86430 (new) City of Madison - Beacon \$200.000 26 27 Expenditure 28 29 Account Number Account Title Amount 80366 36205 Day Resource Center – Shelter Operations \$200,000 30 31 **BE IT FINALLY RESOLVED** that the following contract be amended and that the County 32 Executive and the County Clerk are hereby authorized and directed to sign the agreement on 33 behalf of Dane County. 34 35 Vendor Amendment Amount 36 \$200,000 Catholic Charities, Inc., Diocese of Madison 37

APPROVED CORPORATION COUNSEL DH 5/20/2020

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. **84826** (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.

 Current Cost
 Addendum Amount
 Revised Maximum

 for 2020
 \$200,000
 \$200,000

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.

5/27/2020 Date Signed:	FOR PROVIDER: Jakson Fonder E0C799C28DC64BD
<u> </u>	Signature Jackson Fonder President & CEO
	Print Name and Title of Signer
Date Signed:	Signature
	Print Name and Title of Signer
Data Sirana I	FOR COUNTY:
Date Signed:	JOE PARISI, County Executive (when applicable)
Date Signed:	
	SHAWN TESSMANN, Director, Department of Human Services (when applicable)

Program Summary Form

Created: 10/8/2019					Contract #: 84826			Provider: Catholic Charities, Inc., Diocses of Madison										
	Revised:									ınding Period:	bd: January 1, 2020 through December 31, 2020							
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.																		
	Program Number	Program Group	Org.	Obj.	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	Cou	unty Cost	Other Revenue*	Tot	tal Cost	Reporting		
ì.	8140	8140	80366	36205	Day Resource Center	106			see below	see below	\$	439,000		\$	439,000	See Sch A		
).	8143	8143	80366	22637	Transportation Services	107			see below	see below	\$	29,964		\$	29,964	See Sch A		
; .	8148	8148	80366	36300	Direct Assistance	106			\$250	60	\$	15,000		\$	15,000	See Sch A		
d.	8159	8159	80000	36604	Housing Case Management	106			see below	see below	\$	191,775		\$	191,775	See Sch A		
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														<u></u>				
J .																		
١.																		
,										Total	\$	675,739.00	\$ -	\$ 6	375,739.00			
The section below is to be used to further define the information above.											*Other Revenue-Include here the source and related amount for							
a.					n above. Pay Resource Center program. Amended	4/24/202	0 to reflect \$200	000 contril	bution to program	n operations		orogram: 000 - City of	Madison					
	from the City		7.51 TE and operation	onal osts to provide b	ay Nesource denier program. Amended	7/27/202	ο το τοποσί ψ200	,000 0011111	oution to prograi	пореганопо								
).	Unit costs in	iclude funds	for 5 FTF															
; .				st estimates a maxim	um of \$50 in direct assistance provided a	guest pe	r year. Some ass	sistance co	uld be less, which	ch would								
,	•		·		's 2020 budget to support additional bus p			_										
1.	Unit costs in Executive's		•	erational costs to p	rovide housing navigation services pr	ogram. I	ncludes \$5,050) COLA in	cluded in the C	ounty								
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•																		
].																		
١.																		
	Standard Dr	ogram Cato	gory (SPC) Code De	oscription:														
			• • •															
		106 Housing/E	Energy Assistance		106 Housing/Energy Assistance 106 Housing/Energy Assistance	e. f.			g. h.				j. k.					
	5.			u .														
	Contract Ma	nager(s)/Pr	ograms:						Accountant(s)	Programs:								
			sey@countyofdane.co	m - 608.286.1446					Der Xiong- xion		fdane.c	om - 608.242	6314					