

# Dane County Contract Cover Sheet

<b>Dept./Division</b>	Human Services / HAA
<b>Vendor Name</b>	Catholic Charities, Inc., Diocese of Madison
<b>Vendor MUNIS #</b>	1227
<b>Brief Contract Title/Description</b>	POS contract – Increasing contract by \$200,000 to reflect City of Madison contribution.
<b>Contract Term</b>	1/1/2020 - 12/31/2020
<b>Total Contract Amount</b>	\$200,000

<b>Contract #</b> Admin will assign	84826B/14031
<b>Addendum</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Contract</b>	
<input checked="" type="checkbox"/>	Dane County Contract
<input type="checkbox"/>	Grant
<input type="checkbox"/>	County Lessee
<input type="checkbox"/>	County Lessor
<input type="checkbox"/>	Intergovernmental
<input type="checkbox"/>	Purchase of Property
<input type="checkbox"/>	Property Sale
<input type="checkbox"/>	Other

<b>Purchasing Authority</b>	<input type="checkbox"/> \$11,000 or under – Best Judgment (1 quote required)	
	<input type="checkbox"/> Between \$11,000 – \$37,000 (\$0 – \$25,000 Public Works) (3 quotes required)	
	<input type="checkbox"/> Over \$37,000 (\$25,000 Public Works) (Formal RFB/RFP required)	RFB/RFP #
	<input type="checkbox"/> Bid Waiver – \$37,000 or under (\$25,000 or under Public Works)	
	<input type="checkbox"/> Bid Waiver – Over \$37,000 (N/A to Public Works)	
	<input type="checkbox"/> N/A – Grants, Leases, Intergovernmental, Property Purchase/Sale, Other	

<b>MUNIS Req.</b>	<b>Org Code</b>		<b>Obj Code</b>		<b>Amount</b>	<b>\$</b>
<b>Req #</b>	047		<b>Obj Code</b>		<b>Amount</b>	<b>\$</b>
<b>Year</b>	2020		<b>Obj Code</b>		<b>Amount</b>	<b>\$</b>

<b>Resolution /Addendum Form</b>	<b>A resolution is required if the contract exceeds \$100,000 (\$40,000 Public Works). A copy of the Resolution must be attached to the contract cover sheet.</b>		
	<input type="checkbox"/> Contract does not exceed \$100,000 (\$40,000 Public Works) – a resolution is not required.		
	<input checked="" type="checkbox"/> Resolution required and a copy is attached.		<b>Res #</b>
	<input type="checkbox"/> Addendum Form required.		<b>Year</b>
			047
			2020

Contract Review/Approvals				
Initials	Dept.	Date In	Date Out	Comments
MG	Received by DOA	5/27/20		
ch	Controller		5/27/20	approval via email
cac	Purchasing		5/27/20	approval via email
N/A	Corporation Counsel			See "I" below
dl	Risk Management		5/27/20	approval via email
	County Executive			

Dane County Dept. Contact Info		Vendor Contact Info	
<b>Name</b>	Spring Larson, Contract Coord. Assistant	<b>Name</b>	Jackson Fonder
<b>Phone #</b>	(608) 242-6391	<b>Phone #</b>	6088268000
<b>Email</b>	<a href="mailto:larsen.spring@countyofdane.com">larsen.spring@countyofdane.com</a>	<b>Email</b>	jfonder@ccmadison.org
<b>Address</b>	1202 Northport Drive, RM Gr42A, Madison WI 53704	<b>Address</b>	702 S High Point Rd, Ste 201, Madison WI 53719

<b>Human Services Only</b>	a. Dane County Res. #	N/A	<b>Approvals</b>	Initials	Date
	b. Budget/Personnel Required	YES	g. Accountant	DX	5/19/20
	c. Program Manager Name	BECKER	h. Supervisor	CW 118	5/19/2020
	d. Current Contract Amount	\$475,739	i. Corporation Counsel		
	e. Adjustment Amount	\$200,000	j. To Provider		
	f. Revised Contract Amount	\$675,739	k. From Provider		

<b>Certification:</b> The attached contract is a:	
<input type="checkbox"/>	Dane County Contract <u>without</u> any modifications.
<input type="checkbox"/>	Dane County Contract <u>with</u> modifications. <b>The modifications have been reviewed by:</b>
<input checked="" type="checkbox"/>	Non-standard contract.

## Contract Cover Sheet Signature

<b>Dept. Head / Authorized Designee</b>	<b>Signature</b>	<b>Date</b>
	<b>Printed Name</b>	
	Shawn Tessmann, Director of Human Services	

## Contracts Exceeding \$100,000

Major Contracts Review – DCO Sect. 25.11(3)

<b>Director of Administration</b>	<b>Signature</b>	<b>Date</b>
	<i>Greg Brockmeyer</i>	5/29/20
	<b>Comments</b>	
<b>Corporation Counsel</b>	<b>Signature</b>	<b>Date</b>
	<b>Comments</b>	

## Goldade, Michelle

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**From:** Goldade, Michelle  
**Sent:** Wednesday, May 27, 2020 2:35 PM  
**To:** Hicklin, Charles; Clow, Carolyn; Lowndes, Daniel  
**Cc:** Stavn, Stephanie  
**Subject:** Contract #84826B/14031  
**Attachments:** 14031.pdf

<b>Tracking:</b>	<b>Recipient</b>	<b>Read</b>	<b>Response</b>
	Hicklin, Charles	Read: 5/27/2020 2:35 PM	Approve: 5/27/2020 2:35 PM
	Clow, Carolyn		Approve: 5/27/2020 2:51 PM
	Lowndes, Daniel	Read: 5/27/2020 2:37 PM	Approve: 5/27/2020 2:38 PM
	Stavn, Stephanie	Read: 5/27/2020 2:51 PM	

Contract #84826B/14031

Department: Human Services

Vendor: Catholic Charities

Contract Description: Addendum to Increase contract by \$200,000 to reflect City of Madison contribution (Res 047)

Contract Term: 1/1/20 – 12/31/20

Contract Amount: \$200,000

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

Thanks much,  
Michelle

*Michelle Goldade*

Administrative Assistant II

Dane County Department of Administration

Room 362, City-County Building

210 Martin Luther King, Jr. Boulevard

Madison, WI 53703

PH: 608/266-4941

Fax: 608/266-4425

TDD: Call WI Relay 711



## **Dane County Department of Human Services**

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**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

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**2020 RES-047**

**AUTHORIZING RECEIPT OF FUNDS FROM THE CITY OF MADISON CONTRIBUTING TO  
OPERATIONS OF THE BEACON DAY RESOURCE CENTER  
DCDHS – HAA DIVISION**

Dane County Department of Human Services (DCDHS) Housing Access and Affordability (HAA) 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 homelessness in Dane County.

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.

**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

**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 credited to the County General Fund and transferred from the General Fund to the following expenditure account in the Department of Human Services:

Revenue		
<u>Account Number</u>	<u>Account Title</u>	<u>Amount</u>
80366 86430 (new)	City of Madison - Beacon	\$200,000
Expenditure		
<u>Account Number</u>	<u>Account Title</u>	<u>Amount</u>
80366 36205	Day Resource Center – Shelter Operations	\$200,000

**BE IT FINALLY RESOLVED** that the following contract be amended and that the County Executive and the County Clerk are hereby authorized and directed to sign the agreement on behalf of Dane County.

<u>Vendor</u>	<u>Amendment Amount</u>
Catholic Charities, Inc., Diocese of Madison	\$200,000

84826B/14031

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.

<u>Current Cost for 2020</u>	<u>Addendum Amount</u>	<u>Revised Maximum Cost for 2020</u>
\$475,739	\$200,000	\$675,739

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: 5/27/2020

FOR PROVIDER: DocuSigned by:  
*Jackson Fonder*  
E0C799C28DC64BD...

Signature Jackson Fonder President & CEO

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

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

Signature \_\_\_\_\_

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

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

FOR COUNTY: \_\_\_\_\_

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., Dioceses of Madison
Revised: 4/24/2020	Division: HAA	Funding Period: 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	County Cost	Other Revenue*	Total Cost	Reporting
a. 8140	8140	80366	36205	Day Resource Center	106			see below	see below	\$ 439,000		\$ 439,000	See Sch A
b. 8143	8143	80366	22637	Transportation Services	107			see below	see below	\$ 29,964		\$ 29,964	See Sch A
c. 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
e.													
f.													
g.													
h.													
i.													
j.													
<b>Total</b>										<b>\$ 675,739.00</b>	<b>\$ -</b>	<b>\$ 675,739.00</b>	

\*Other Revenue-Include here the source and related amount for each program:

The section below is to be used to further define the information above.

a. Unit costs include funds for 7.5 FTE and operational costs to provide Day Resource Center program. Amended 4/24/2020 to reflect \$200,000 contribution to program operations from the City of Madison.	\$200,000 - City of Madison
b. Unit costs include funds for .5 FTE.	
c. Added to 2018 budget by County Board. Unit cost estimates a maximum of \$50 in direct assistance provided a guest per year. Some assistance could be less, which would provide additional units. Increased by \$5,000 in the County Executive's 2020 budget to support additional bus pass purchases for Beacon guests.	
d. Unit costs include funds for 3.0 FTE and operational costs to provide housing navigation services program. Includes \$5,050 COLA included in the County Executive's 2020 budget.	
e.	
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**Standard Program Category (SPC) Code Description:**

- |                                  |                                  |    |    |
|----------------------------------|----------------------------------|----|----|
| a. 106 Housing/Energy Assistance | c. 106 Housing/Energy Assistance | e. | g. |
| b. 107 Transportation            | d. 106 Housing/Energy Assistance | f. | h. |
|                                  |                                  |    | j. |
|                                  |                                  |    | k. |

Contract Manager(s)/Programs:  
Casey Becker - becker.casey@countyofdane.com - 608.286.1446

Accountant(s)/Programs:  
Der Xiong- xiong.der@countyofdane.com - 608.242.6314