Dane County Contract Addendum Cover Sheet

Revised 03/2025

Res 195 significant

BAF # 25288
Acct: Bush/Sedlmayr
Mgr: Radloff
Budget Y/N: N

Contract # Admin will assign	15983

Dept./Division	Human Services /DAS	**Vendor Name**	State of WI, Dept. of Health Services
Brief Addendum Title/Description	2025 DHS Contract Amendment for Children's Community Options Program (CCOP) - contract increased by $116,538 from 2024 carryforward.	**Vendor MUNIS #**	9474
		Addendum Term	01/01/2025-12/31/2025
		Amount ($)	$ 116,538.00

Department Contact Information	
Contact	Contract Coordination Assistant
Phone #	608-242-6200
Email	dcdhscontracts@danecounty.gov
Purchasing Officer	

Vendor Contact Information	
Contact	Deb Rathermel
Phone #	608-266-9366
Email	Deborah.Rathermel@dhs.wisconsin.gov

Purchase Order – Maintenance or New PO

☐	**PO Maintenance Needed**	**Org:**	**Obj:**	**Proj:**	
	PO#	**Org:**	**Obj:**	**Proj:**	
■	**No PO Maintenance Needed –** *this addendum does not change the dollar amount of the contract.*				
☐	**New PO / Req. Submitted**	**Org:**	**Obj:**	**Proj:**	
	Req#	**Org:**	**Obj:**	**Proj:**	

Budget Amendment

☐ 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 Contracted Amount – List the Original contract info, then subsequent addenda including this new addendum

A resolution is required when the total contracted amount first exceeds $100,000.

Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) $100,000

Addendum #	Term	Amount	Resolution	
Original	01/01/2025-12/31/2025	$ 2,330,750.00	☐ None	Res# Budgeted & Ongoing
1	01/01/2025-12/31/2025	$ 116,538.00	☐ None	Res# 195
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
Total Contracted Amount		$ 2,447,288.00		

Contract Language Pre-Approval – prior to internal routing, this contract has been reviewed/approved by:

☐ Corporation Counsel: ☐ Risk Management: ☐ No Pre-Approval

APPROVAL
Dept. Head / Authorized Designee

APPROVAL – Contracts Exceeding $100,000	
Director of Administration	**Corporation Counsel**
Greg Brockmeyer	SHR 10.21.25

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached

DOA:	**Date In:** 10/24/25	**Date Out:** _____	☒ Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Tuesday, October 28, 2025 3:08 PM
To: Hicklin, Charles; Rogan, Megan; Cotillier, Joshua
Cc: Oby, Joe
Subject: Contract #15983
Attachments: 15983.pdf

Tracking:

Recipient	Read	Response
Hicklin, Charles		
Rogan, Megan	Read: 10/28/2025 3:36 PM	Approve: 10/28/2025 3:36 PM
Cotillier, Joshua	Read: 10/28/2025 3:19 PM	Approve: 10/28/2025 3:19 PM
Oby, Joe		

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

Contract #15983
Department: Human Services
Vendor: WI Dept of Health Services
Contract Description: Children's Community Options Program Addendum (Res 195)
Contract Term: 1/1/25 – 12/31/25
Contract Amount: $116,538.00

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: 608/266-4425
TDD: Call WI Relay 711

Please Note: I currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays.

Goldade, Michelle

From: Hicklin, Charles
Sent: Tuesday, October 28, 2025 9:46 PM
To: Goldade, Michelle
Subject: Approve: Contract #15983

2025 RES-195

ACCEPTING FUNDS FROM WISCONSIN DEPARTMENT OF HEALTH SERVICES DCDHS – DAS DIVISION

Dane County Department of Human Services (DCDHS) Disability and Aging Services Division (DAS) has been awarded funding from the Wisconsin Department of Health Services-Children's Community Options Program (CCOP) for funding of non-Medicaid eligible services for children with intellectual or developmental disabilities that help them thrive in our community. These funds are for the period of January 1, 2025 through December 31, 2025.

These funds are budgeted and ongoing within the department. No budgetary change is required due to entering into this agreement.

NOW, THEREFORE, BE IT RESOLVED that the County Executive and County Clerk, when required, are hereby authorized and directed to sign the agreement on behalf of Dane County.

15983

Wisconsin Department of Health Services
Contract Centralization Legal Review

Agreement Number: **435SCA-G25-13-10 M5**

Bureau of Procurement and Contracting (BPC) Review:

◯ This agreement requires **Standard** OLC review.

⊗ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and requires **Simple** OLC review.

◯ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language and does **not** require **Additional** OLC review.

◯ This agreement uses intergovernmental cooperative purchasing.

Description:

N/A

Office of Legal Counsel (OLC) Review and Approval:

☑ This agreement has been reviewed for form and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

Signed by:
Amanda Ross
E5797DAC2816495...

Name: Amanda Ross
Title: Paralegal

10/13/2025
Date Signed

Revision: 02/21/2025 (previous versions obsolete)

GRANT AGREEMENT MODIFICATION
between the
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES
And
Dane County DSS/HSD/CAA
for
CHILDREN'S COMMUNITY OPTIONS PROGRAM

DHS Grant Agreement No.: 435SCA-G25-13-10 M5
Agreement Amount: $2,447,288
Agreement Term Period: 1/1/2025 to 12/31/2025
GEARS Pre-Packet No: 1355

DHS Division: Office of the Secretary
DHS Grant Administrator: Deb Rathermel
DHS Telephone: 608-266-9366
DHS Email: Deborah.Rathermel@dhs.wisconsin.gov

Grantee Grant Administrator: Angela Radloff
Grantee Address: 1202 NORTHPORT DR, MADISON, WI, 537042092
Grantee Telephone: 608-242-6225
Grantee Email: radloff.angela@danecounty.gov

Modification Description: This modification, in accordance with the requirements outlined in Wisconsin statute §46.272(13)(e), amends the Children's Community Options Program (CCOP) appendix of the 2025 State and County Grant Award Contract for Social Services and Community Programs to add the county's carry forward funding from CY 2024 to the CY 2025 contract amount. The attached exhibit provides further details regarding the agency-specific funding increase being made as part of this modification as well as detailing the statutory requirements under which carry forward funds from CY 2024 are moved into CY 2025.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

State of Wisconsin	**Grantee**
	Entity Name
Department of Health Services	
Authorized Representative Name	Authorized Representative Name
	Melissa Agard
Title	Title
	Dane County Executive
Signature	Signature
Date	Date

HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

GEARS PAYMENT INFORMATION

DHS GEARS STAFF INTERNAL USE ONLY

GEARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, GEARS Unit, to facilitate the processing and recording of payments made under this Agreement.

GEARS Contract year: 2025

Agency #:	Agency Name:	Agency Type:	GEARS Contract Start Date	GEARS Contract End Date	Program Total Contract:
13	**Dane County DSS/HSD/ CAA**	**10**	**1/1/2025**	**12/31/2025**	**$2,447,288**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
377	CHILDREN'S COP		$2,330,750	$116,538	$2,447,288	6-month
					$2,447,288	

Tony Evers
Governor

Kirsten Johnson
Secretary

State of Wisconsin

DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Telephone: 608-266-8922
Fax: 608-266-1096
TTY: 711

Amendment to the 2025 State and County Grant Award Contract for Social Services and Community Programs
Appendix: 377 – Children's Community Options Program (CCOP)
Dane County DSS/HSD/CAA Carryforward Exhibit

This amendment serves as notification that the calendar year (CY) 2025 contract is updated to reflect an increase in funding for the Children's Community Options Program (CCOP).

Additional funds are provided by the Department to the County as follows:

Agency Name	Agency Number	Agency Type	Profile Number	Contract Period	Current Contract Amount	Change Amount	New Contract Amount
Dane County DSS/HSD/CAA	13	10	000377	1/1/25-12/31/25	$2,330,750.00	$116,538.00	$2,447,288.00

The table above represents the CCOP funds identified as carry forward funds from the county's CY 2024 CCOP reconciliation. Wisconsin statute §46.272(13)(e) allows county agencies to carry forward to the following year unexpended base CCOP allocation up to an amount which is not more than 5% of the base allocations reduced by the amount of funds that the county has notified the department that the county wishes to place in a risk reserve. Based on the final CY 2024 CCOP reconciliation, Dane County DSS/HSD/CAA was eligible to carry forward $116,538.00 of unexpended CCOP funding.

The carry forward funds do not affect a county's base allocation and they lapse to the general fund unless expended within the calendar year to which the funds are carried forward. A county may not spend the carry forward funds for administrative or staff costs, except administrative or staff costs that are associated with implementation of the medical assistance waiver and approved by the department.

These funds shall be paid in accordance with the CY 2025 State and County Grant Award Contract for Social Services and Community Programs.

DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-01788 (03/2022)

STATE OF WISCONSIN

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

SIGNATURE – Official Authorized to Sign Application	Date Signed
For *(Name of Vendor)*	Unique Entity Identifier (UEI), *if applicable*

docusign

Certificate Of Completion

Envelope Id: F0F5A80A-7BF4-4C2C-BFE8-0497AAE06F82
Status: Sent
Subject: 377 - Dane County - CHILDREN'S COMMUNITY OPTIONS PROGRAM - 435SCA-G25-13-10 M5
Source Envelope:
Document Pages: 6
Signatures: 1
Certificate Pages: 6
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

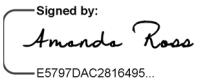
Envelope Originator:
Christina Hinkley
201 East Washington Avenue
Madison, WI 53703
christinam.hinkley@dhs.wisconsin.gov
IP Address: 165.225.57.191

Record Tracking

Status: Original
10/8/2025 8:53:44 AM
Holder: Christina Hinkley
christinam.hinkley@dhs.wisconsin.gov
Location: DocuSign

Security Appliance Status: Connected
Pool: StateLocal

Storage Appliance Status: Connected
Pool: DHS
Location: Docusign

Signer Events	Signature	Timestamp
Amanda Ross amandal.ross@dhs.wisconsin.gov Paralegal Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	Signed by:  E5797DAC2816495... Signature Adoption: Pre-selected Style Using IP Address: 136.226.84.166	Sent: 10/8/2025 8:57:59 AM Viewed: 10/13/2025 11:11:50 AM Signed: 10/13/2025 11:12:23 AM
Melissa Agard contracts@danecounty.gov Dane County Executive Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/15/2025 10:36:20 AM ID: 4ecc9ec7-a2d1-4aad-b214-5c74ad4a6b4f		Sent: 10/13/2025 11:12:26 AM Viewed: 10/15/2025 10:36:20 AM
Debra K. Standridge debra.standridge@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/15/2025 10:20:15 AM ID: 6471b537-566d-4998-bcc0-59137604f299		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Deb Rathermel Deborah.Rathermel@dhs.wisconsin.gov Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/8/2025 8:57:58 AM
DMS PASS DHSDMSPASS@dhs.wisconsin.gov DMS Program Administrative Services Section (PASS) Account Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/8/2025 8:57:59 AM
GEARS Contracts DHSCARSContracts@dhs.wisconsin.gov Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/8/2025 8:57:59 AM
Vicki Lawry dcdhscontracts@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Chad Lillethun lillethun.chad@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Colleen Williams Williams.Colleen@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		
Angela Radloff radloff.angela@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/8/2025 8:57:59 AM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Department of Health Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Department of Health Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: DHSContractCentral@dhs.wisconsin.gov

To advise Wisconsin Department of Health Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Wisconsin Department of Health Services

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Department of Health Services

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Wisconsin Department of Health Services as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Wisconsin Department of Health Services during the course of your relationship with Wisconsin Department of Health Services.