BAF # 26214
Acct: Bush/Wilkinson
Mgr: Riley
Budget Y/N: N

Dane County Contract Addendum Cover Sheet

Revised 03/2025

Res 094

Contract # Admin will assign	16293A

Dept./Division	Human Services /DAS	**Vendor Name**	State of WI, Dept. of Health Services
Brief Addendum Title/Description	To grant out remaining NSIP funding received from ACL for 2026.	**Vendor MUNIS #**	3716
		Addendum Term	10/1/2025 - 9/30/2026
		Amount ($)	$ 85,629.00

Department Contact Information		Vendor Contact Information	
Contact	Contract Coordination Assistant	**Contact**	Cindy Ofstea
Phone #	608-242-6200	**Phone #**	608-267-3202
Email	dcdhscontracts@danecounty.gov	**Email**	cynthia.ofstead@dhs.wisconsin.gov
Purchasing Officer			

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	10/1/2025 - 9/30/2026	$ 43,714.00	☐ None	Res#
A	10/1/2025 - 9/30/2026	$ 85,629.00	☐ None	Res# 2026 - 094
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
			☐ None	Res#
Total Contracted Amount		$ 129,343.00		

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

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

APPROVAL	APPROVAL – Contracts Exceeding $100,000	
Dept. Head / Authorized Designee	**Director of Administration**	**Corporation Counsel**
		SHR 7.26.26

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

DOA:	Date In: 7/28/26 Date Out: _____	☒ Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Wednesday, July 29, 2026 11:45 AM
To: Hicklin, Charles; Rogan, Megan; Cotillier, Joshua
Cc: Oby, Joe
Subject: Contract #16293A
Attachments: 16293A.pdf

Tracking:

Recipient	Read	Response
Hicklin, Charles	Read: 7/30/2026 3:30 PM	Approve: 7/30/2026 3:30 PM
Rogan, Megan	Read: 7/29/2026 12:09 PM	Approve: 7/29/2026 12:09 PM
Cotillier, Joshua	Read: 7/29/2026 12:19 PM	Approve: 7/29/2026 12:23 PM
Oby, Joe		

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

Contract #16293A
Department: Human Services
Vendor: WI Dept of Health Services
Contract Description: Accept Additional Nutrition Services Incentive Program Grant Funds (Res 094)
Contract Term: 10/1/25 – 9/30/26
Contract Amount: $85,629.00

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.

2026 RES-094

ACCEPTING ADDITIONAL NSIP FUNDS FROM WI DEPARTMENT OF HEALTH SERVICES DCDHS – DAS DIVISION

Dane County Department of Human Services (DCDHS) Disability & Aging Services [DAS Division] has been awarded additional funding from the WI Department of Health Services for the Area Agency on Aging (AAA) Nutrition Services Incentive Program (NSIP). This funding is part of the Federal Farm Bill, passed from the State to AAA's, and provides reimbursement of some food costs incurred in catering operations for meals served to eligible congregate and home delivered meal participants age 60+. This funding is received annually and is included in the 2026 budget.

The additional funds of $85,629 make this funding contract a major contract with total funds of $129,343. No budgetary change is required as a result of accepting these funds.

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.

16293A

Wisconsin Department of Health Services
Contract Centralization Legal Review

Agreement Number:

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:

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.

Name:
Title:

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
Nutrition Services Incentive Program

DHS Grant Agreement No.: 435100-G26-13-10 X2 M1
Agreement Amount: $129,343
Agreement Term Period: 10/1/2025 to 9/30/2026
GEARS Pre-Packet No: 4675

DHS Division: Division of Public Health
DHS Grant Administrator: Cindy Ofstead
DHS Telephone: 608-267-3202
DHS Email: cynthia.ofstead@dhs.wisconsin.gov

Grantee Grant Administrator: Lynn Riley
Grantee Address: 1202 NORTHPORT DR, MADISON, WI, 537042092
Grantee Telephone: 608-261-9789
Grantee Email: riley.lynn@danecounty.gov

Modification Description: This modification is to grant out remaining NSIP funding received from ACL for 2026.

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 **Department of Health Services**	**Grantee** Entity Name
Authorized Representative Name	Authorized Representative Name
Title	Title
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: 2026

Agency #:	Agency Name:	Agency Type:	GEARS Contract Start Date	GEARS Contract End Date	Program Total Contract:
13	**Dane County DSS/HSD/CAA**	**10**	**10/1/2025**	**9/30/2026**	**$129,343**

Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
560422	NSIP (USDA) CASH	Enter expenses here	$43,714	$85,629	$129,343	N/A
					$129,343	

GEARS FEDERAL AWARD INFORMATION

DHS Profile Number	560422
FAIN	2601WIOANS-01
Federal Award Date	3/27/2026
Sub-award period of Performance Start Date	10/1/2025
Sub-award period of Performance End Date	9/30/2026
Amount of Federal Funds obligated in the subaward	$85,629
Total Amount of Federal Funds obligated	$129,343
Federal Award Project Description	Older Americans Act Nutrition Services Incentive
Federal Awarding Agency Name (Department)	Department of Health and Human Services
DHS Awarding Official Name	Debra K. Standridge
DHS Awarding Official Contact Information	**608-266-9622**
Assistance Listings Number	93.053
Assistance Listings Name	Nutrition Services Incentive Program
Total made available under each Federal award at the time of disbursement	$1,699,835
R&D?	No
Indirect Cost Rate	0%

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: BD1E1DA1-162D-89BC-8168-C75D6BE27DEC
Status: Sent
Subject: 560422 - Dane County - Nutrition Services Incentive Program - 435100-G26-13-10 X2 M1
Source Envelope:
Document Pages: 6
Signatures: 0
Certificate Pages: 6
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:
Yvette Smith
201 East Washington Avenue
Madison, WI 53703
yvettea.smith@dhs.wisconsin.gov
IP Address: 165.225.60.67

Record Tracking

Status: Original
7/10/2026 8:11:40 AM
Security Appliance Status: Connected

Holder: Yvette Smith
yvettea.smith@dhs.wisconsin.gov
Pool: StateLocal

Location: DocuSign

Signer Events	Signature	Timestamp
Melissa Agard contracts@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 7/9/2026 1:10:29 PM ID: 02a238e6-0714-460d-b3f5-bcb9fea1422b		Sent: 7/10/2026 8:18:42 AM
Jonette Arms jonette.arms@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 7/8/2026 8:53:35 PM ID: adf39e45-b0a0-460b-89e7-420fd746c119		

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
DPH - BADR Fiscal DHSBADRFiscal@dhs.wisconsin.gov DHS BADR Fiscal Inbox Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/10/2026 8:18:39 AM
DHS DPH Contract Routing dhsdphcontractrouting@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:**	COPIED	Sent: 7/10/2026 8:18:39 AM

Carbon Copy Events	Status	Timestamp
Not Offered via Docusign		
DPH Contracts DHSDPHContracts@dhs.wisconsin.gov DPH Contracts Shared Account Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/10/2026 8:18:40 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: 7/10/2026 8:18:40 AM
Chad Lillethun lillethun.chad@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/20/2025 1:07:00 PM ID: 18a1c67d-4a81-4c96-a1b3-36a227d2d4f5	COPIED	Sent: 7/10/2026 8:18:42 AM
Colleen Williams Williams.Colleen@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/10/2026 8:18:43 AM
Kozue Bush bush.kozue@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 10/20/2025 9:59:11 AM ID: 5b29d26a-da5f-4fe4-b4a8-4f2317e7e3ba	COPIED	Sent: 7/10/2026 8:18:43 AM
Lynn Riley riley.lynn@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/10/2026 8:18:44 AM
Vicki Lawry dcdhscontracts@danecounty.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/10/2026 8:18:44 AM Viewed: 7/10/2026 8:51:33 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/10/2026 8:18:41 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.

Getting paper copies

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.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- 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.