

**FY 2006 COMPREHENSIVE PLANNING GRANT
GRANT AGREEMENT**

**Between
THE STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
And
Racine County**

THIS AGREEMENT is made and entered into by and between the State of Wisconsin ("State"), Department of Administration ("Department") and the Racine County ("Grantee"). This Agreement is complete and effective upon the signature of all parties.

WHEREAS, the Department administers the Comprehensive Planning Grant ("Grant") through the Division of Intergovernmental Relations ("Division") to provide funds for eligible activities; and

WHEREAS, it is the intention of the parties to this Agreement that all activities described herein shall be for their mutual benefit; and

WHEREAS, the Grantee has submitted an Application for the Grant to the Department and the Department, on reliance upon the representations set forth in the Application, approved an award to the Grantee in the amount of \$639,000; and

WHEREAS, the terms and conditions herein shall survive the performance period and shall continue in full force and effect until the Grantee has completed and is in compliance with all the requirements of this Agreement; and

WHEREAS, the said communities found in Attachment A have agreed to the terms and conditions herein; and

WHEREAS, the Grantee is eligible for one Grant every ten years for developing and adopting a new or updated comprehensive plan(s) as defined by s. 66.1001(2); and

WHEREAS, this Agreement is a mutually exclusive with, and is distinguished from, all previous agreements between the Grantee and the Department, and contains the entire understanding between the parties;

NOW, THEREFORE, in consideration of the mutual promises and dependent documents, the parties hereto agree as set forth in Articles 1 through 16 which are annexed and made a part hereof.

**STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
Division of Intergovernmental Relations**

Racine County

BY: _____
**Stephen E. Bablitch, Secretary
Department of Administration**

BY: _____
[Name and Title of Official]

DATE: _____

DATE: _____

FEIN NUMBER: _____