Racine County Contract & Contract Amendment Form

Attach one copy of the contract to be filed. Attach more copies if required by vendor.

Munis Contract #:		Amendment:	Yes □ No	Signed by ve	endor: ☐ Yes ☐ No	□ DocuSig	
Contract Type	□ Non Encumber Expense □	Encumber Expense	☐ HSD PO Ex	pense Revenue			
Vendor/Customer #:	Vendor Name:						
		dress:					
Department:				Department:			
Brief Description of S	ervices:						
Contact/administrator	<u> </u>		Cor	ntact Munis ID:			
Contract Start:		_ Contract End	d:				
If this is	s a multi year contract - Committee	<u>-</u>			ract can be processed.		
Accounts Information	-	ng this form, Procurem	nent Policy has I	been followed.			
Account Nam		ount Number	А	mended Amount	New Contract Amount	Year	
If additional account line	es are necessary, attach a schedule).		Total:	-		
Have you read the ag	greement: ☐ Yes	□ No Do	you understa	nd & agree with the	e Terms: ☐ Yes ☐] No	
_	you think should be changed i			Yes □ No			
Was a resolution pas	sed to authorize the original c	ontract:	Yes □ No				
If yes, indicate the resolution number:			(atta	_(attach a copy of the resolution)			
Is there a required sig	gnature date: ☐ Yes	□ No	If yes, what	date:		_	
Procurement method	l used: 3 Quotes RF	P State/Coop	Contract	Sole Source C	Other		
		INTERNAL	USE ONLY				
confirmed as of	cine has searched the above r the Vendor is no ederal department or agency	t debarred, suspend	ded, proposed	l for debarment, de	gement system (SAM) at eclared ineligible, or volu		
Signature:		Da	ate:				