

Revised 01/01/2019

County Copy ( )  
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No 20P-34

**APPROPRIATION REQUEST CONTRACT**

This contract is made and entered into on the 1<sup>st</sup> Day of January 2020, by and between Sauk County, a Wisconsin Municipal Corporation represented by Sauk County Department of Human Services, referred to as "Agency", and Safe Harbor Homeless Shelter Inc. referred to as "Contractor", whose contact information is:

**I. PARTIES****Agency:**

Organization Name: Sauk County  
Sauk County Department of Human Services  
Address: PO Box 29  
Baraboo, Wisconsin 53913

Name of contact person: Dan Brattset  
Telephone: 608-355-4200  
Fax: 608-355-4299  
E-mail: dan.brattset@saukcountywi.gov

**Contractor:**

Organization Name: Safe Harbor Homeless Shelter Inc  
Address: PO Box 484  
139 S Webb Ave  
Reedsburg, WI 53959

Name of Contact Person: Darcy Swisz  
Telephone: 608-768-0040  
Fax: 608-721-1428  
E-mail: safeharbor@rucls.net

Contractor's fiscal year end: December 31st

**II. CONTRACT INFORMATION**

Contract No: 20P-34  
Contract Period: January 2020 – December 31, 2020  
Maximum Payment  
under this contract: \$6,000.00

### III. APPROPRIATION PAYMENT

The Contractor shall submit an invoice for payment. If the Contractor's invoice is complete and timely, the expected payment will be made in a prompt manner.

Unused appropriations will lapse into the General Fund as of December 31, 2020.

The Contractor agrees that the maximum appropriation will be:

SERVICE	FUND SOURCE				TOTAL
Budget Request	Base				\$6,000.00

### IV. REPORTING

The Contractor will be required to provide a written description by January 30, 2021 of how the money has positively affected Sauk County citizens. This report will be distributed to the oversight committee. This report can also be presented in person.

### V. SIGNATURES

- A. This contract shall supersede all previous communications, representations, or Contracts, either verbal or written, between the parties hereto.
- B. This contract is agreed upon and approved by the authorized representative of Sauk County Department of Human Services and Safe Harbor Homeless Shelter Inc.
- C. This contract becomes null and void if the time between the Agency's authorized representative signature and the Contractor's authorized representative signature on this contract exceeds sixty (60) days.

For Agency: \_\_\_\_\_

Name: Daniel A. Brattset

Title: Director

SAUK COUNTY DEPT. OF HUMAN SERVICES

Date: 1/21/20

For Contractor: \_\_\_\_\_

Name: Darcy Swisz

Title: President - Safe Harbor Homeless Shelter

Date: 1-27-2020