DocuSign

Certificate Of Completion

Envelope Id: F60A68983DD4462F93816158F058CE8A

Subject: 154661 - SAUK CO PHD- 2022 DPH Consolidated Contract- 52874-7

Source Envelope:

Document Pages: 5 Signatures: 3
Certificate Pages: 6 Initials: 0

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:

Yvette Smith

1 West Wilson St.

Madison, WI 53703 vvettea.smith@dhs.wisconsin.gov

IP Address: 165.189.255.23

Record Tracking

Status: Original

6/12/2023 1:29:04 PM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Yvette Smith

yvettea.smith@dhs.wisconsin.gov

Pool: StateLocal

Pool: DHS

Location: DocuSign

Location: DocuSign

Signer Events

Cody Wagner

CodyW.Wagner@dhs.wisconsin.gov

Office of Legal Counsel

Wisconsin Department of Health Services

Security Level: Email, Account Authentication

(None)

Signature

DocuSigned by:

மேழ், 10gmin —31F480248CEC464...

Signature Adoption: Uploaded Signature Image

Using IP Address: 165.189.255.23

Timestamp

Sent: 6/12/2023 1:37:30 PM Viewed: 6/13/2023 5:10:30 PM Signed: 6/13/2023 5:15:22 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Brent Miller

Brent.Miller@saukcountywi.gov

Administrator

Security Level: Email, Account Authentication

(None)

Brent Miller

Signature Adoption: Pre-selected Style Using IP Address: 206.230.111.125

Sent: 6/16/2023 1:51:07 PM Viewed: 6/16/2023 2:01:24 PM Signed: 6/16/2023 2:01:54 PM

Electronic Record and Signature Disclosure:

Accepted: 6/16/2023 2:01:24 PM

ID: 640a4f0f-fa8e-4c5a-9b59-64f33243a4b2

Anna Benton

anna.benton@dhs.wisconsin.gov

Assistant Administrator, Division of Public Health

DPH

Security Level: Email, Account Authentication

(None)

Docusigned by:

UNA BUTON

AF2CECDAF36A431...

Signature Adoption: Pre-selected Style Using IP Address: 71.13.167.226

Sent: 6/16/2023 2:01:56 PM Viewed: 6/19/2023 12:55:21 PM Signed: 6/19/2023 12:55:39 PM

Electronic Record and Signature Disclosure:

Accepted: 6/19/2023 12:55:21 PM

ID: 50d96573-495b-4685-8ecc-6ba93292f865

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
CARS Contracts	CODIED	Sent: 6/12/2023 1:37:30 PM
DHSCARSContracts@dhs.wisconsin.gov	COPIED	
Wisconsin Department of Health Services		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
DPH Contracts	CODYED	Sent: 6/12/2023 1:37:30 PM
DHSDPHContracts@dhs.wisconsin.gov	COPIED	
DPH Contracts Shared Account		
Wisconsin Department of Health Services		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Cathy Warwick		Sent: 6/13/2023 5:15:23 PM
cathy.warwick@saukcountywi.gov	COPIED	
Interim Health Director		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Heather Rebedew	CODYED	Sent: 6/13/2023 5:15:23 PM
Heather.Rebedew@saukcountywi.gov	COPIED	Viewed: 6/14/2023 8:06:13 AM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sara Jesse	CODYED	Sent: 6/13/2023 5:15:24 PM
sara.jesse@saukcountywi.gov	COPIED	
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Treemanisha Stewart	CODIED	Sent: 6/16/2023 1:51:09 PM
treemanisha.stewart@saukcountywi.gov	COPIED	Viewed: 6/16/2023 2:07:44 PM
Public Health Director/Health Officer		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Accepted: 6/16/2023 1:50:17 PM ID: a6ec241e-d37e-40bd-aa0d-fa8f311c9f6b		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/12/2023 1:37:30 PM
Certified Delivered	Security Checked	6/19/2023 12:55:21 PM
		0/10/0000 10 77 00 714

Security Checked

Security Checked

6/19/2023 12:55:39 PM

6/19/2023 12:55:39 PM

Signing Complete

Completed

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.