(ATTACHMENT 7) ACTION ON THE AWARD OF EXCEPTION-TO-BID REQUESTS

Purchase Requisition Number: CR053193 Contract Number: C030212 Vendor Number: V004186

MILWAUKEE BOARD OF SCHOOL DIRECTORS PROFESSIONAL SERVICES CONTRACT FIRST EXTENSION

On October 1, 2021, the Milwaukee Board of School Directors and Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Milwaukee entered into Professional Services Contract number C030212 ("Contract"), with a term of October 1, 2021 through September 30, 2022. The Contract, Section 2, provided for two additional one-year extensions upon mutual written consent of the parties. The parties now mutually agree to extend the Contract for the first one-year term.

As such, the Contract will be extended for the first additional one-year term, from October 1, 2022 through September 30, 2023 ("Year 2"), under the same terms and conditions as set forth in the original Contract (and the First Modification), except for those specifically modified below.

In accordance with Section 20 of the Contract, the parties modify those terms and conditions identified below.

MODIFIED TERMS:

- 1. Section 2 of the Contract is modified to add the following sentence: "This Contract is extended for a second, one-year period ("Year 2") and shall be in effect from October 1, 2022 through September 30, 2023."
- 2. Section 3 of the Contract is modified to include the following provision: "Total compensation under this Contract in Year 2 shall not exceed \$150,874.00."

CONTRACTOR	MILWAUKEE BOARD OF SCHOOL DIRECTORS
Ву:	By: Janine Adamczyk, Director Procurement & Risk Management
Date:	Date:
Board of Regents of the University of Wisconsin Sys on behalf of the University of Wisconsin-Madison Wisconsin Center for Education Research (WCER) 1025 West Johnson Street, Suite #1152 Madison, WI 53701	tem By: Keith P. Posley, Ed.D. Superintendent of Schools
Tax ID:	Date:
Budget code(s): SDV-H-S-M43-CI-ECTS	By: Robert E. Peterson, President Milwaukee Board of School Directors

Date:

By: ______ Insurance Compliance

Date:_____