











**(ATTACHMENT 6) ACTION ON THE AWARD OF EXCEPTION-TO-BID CONTRACTS**

Should Contractor and MPS sign Contractor’s Contract in addition to this Contract, the terms set forth in this Contract shall govern in the event of a conflict.

**29. PUBLIC RECORDS**

Both parties understand that the Board is bound by the Wisconsin Public Records Law, and as such, all of the terms of this Contract are subject to and conditioned on the provisions of Wis. Stat. § 19.21, *et seq.* Contractor acknowledges that it is obligated to assist the Board in retaining and producing records that are subject to Wisconsin Public Records Law, and that the failure to do so shall constitute a material breach of this Contract, and that the Contractor must defend and hold the Board harmless from liability under the law. Except as otherwise authorized, those records shall be maintained for a period of seven years after receipt of final payment under this Contract.

**30. CONTRACT COMPLIANCE REQUIREMENT**

The HUB requirement on this Contract is 0%. The student engagement requirement of this Contract is 0 hours. The Career Education requirement for this Contract is 0 hours. Failure to achieve these requirements may result in the application of some or all of the sanctions set forth in Administrative Policy 3.10, which is hereby incorporated by reference.

IN WITNESS WHEREOF, the parties here to have executed this Contract on the day, month and year first above written.

CONTRACTOR (Vendor #: V023324)

**MILWAUKEE BOARD OF SCHOOL DIRECTORS**

By: \_\_\_\_\_  
Authorized Representative

By: \_\_\_\_\_  
*Janine Adamczyk*  
*Director of Procurement & Risk Management*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Sector Mgmt Consulting Group LLC  
1345 Jefferson 3116  
Milwaukee, WI 53202  
(414) 221-9500

By: \_\_\_\_\_  
*Keith P. Posley, Ed.D.*  
*Superintendent of Schools*

Date: \_\_\_\_\_

SSN / FEIN: XXXXXXXXXX

Budget Code: HXP-0-0-SSF-DW-ECTS

By: \_\_\_\_\_  
*Marva Herndon, President*  
*Milwaukee Board of School Directors*

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Insurance Compliance

Date: \_\_\_\_\_