

**(ATTACHMENT 18) ACTION ON THE AWARD OF PROFESSIONAL SERVICES CONTRACTS**

Contract Requisition Number: CR056295

Contract Number: C030717

Vendor Number: V011435

**MILWAUKEE BOARD OF SCHOOL DIRECTORS  
PROFESSIONAL SERVICES CONTRACT  
FIRST EXTENSION & FIRST MODIFICATION**

On August 1, 2022, the Milwaukee Board of School Directors and Signature Dance Company entered into Professional Services Contract number C030717 (“Contract”), with a term of August 1, 2022 through July 31, 2023. The Contract, Section 2, provided for two additional one-year extensions upon mutual written consent of the parties and in consideration of the performance metrics listed therein. Based on the Contractor’s achievement of those performance metrics, 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 August 1, 2023 through July 31, 2024 (“Year 2”), under the same terms and conditions as set forth in the original Contract, 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, TERM, of the Contract is modified as follows: “This Contract shall be in effect from August 1, 2023 through July 31, 2024 (“Year 2”).”
2. Section 3, COMPENSATION, of the Contract is modified as follows: “Total compensation under this Contract for “Year 2” (August 1, 2023 – July 31, 2024) shall not exceed \$60,000.00”

CONTRACTOR (Vendor # V011435)

MILWAUKEE BOARD OF SCHOOL DIRECTORS

By: \_\_\_\_\_

By: \_\_\_\_\_

*Janine Adamczyk, Director  
Procurement & Risk Management*

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

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

Signature Dance Company  
P.O. Box 76224  
Milwaukee, WI 53216  
(414) 795-5566

By: \_\_\_\_\_

*Keith P. Posley, Ed.D.  
Superintendent of Schools*

Tax ID: XXXXXXXXXX

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

Budget code(s): EXC-A-S-9V4-RC-ECTS

By: \_\_\_\_\_

*Marva Herndon, President  
Milwaukee Board of School Directors*

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

*Reviewed by Insurance Compliance:*

By: \_\_\_\_\_

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