|  |  |  |
| --- | --- | --- |
|   |  | Department of Employee Trust Funds4822 Madison Yards Way, 8th Floor P. O. Box 7931Madison, WI 53707-7931 |

Contract

|  |  |
| --- | --- |
| **Commodity or Service:** Appointment Scheduling Software | **Contract No./Request for Bid/Proposal No:** **RFB ETI0030**  |
| **Contract Period:** January XX, 2019 – January XX, 2020, with the option of two, one-year renewals**Cost:**  |

1. This Contract is entered into by and between the State of Wisconsin Department of Employee Trust Funds (“ETF”) and XXX (“Contractor”) whose address and principal officer appear below. ETF is the sole point of contact for this Contract. All references to the “Department,” “ETF,” “State of Wisconsin,” or “State” in any term, condition, or specification shall have the same authority as one entity.
2. ETF agrees to direct the purchase and Contractor agrees to supply the services described in ETF’s RFB ETI0030 Appointment Scheduling Software with the release date of October XX, 2018, in accordance with the Department Terms and Conditions (listed below).
3. For purposes of administering this Contract, the following documents are hereby incorporated under this Contract by reference, and the order of precedence shall be as follows:

(a) This Contract with XXX with payment schedule as follows:

|  |  |  |
| --- | --- | --- |
| **Description** | **Schedule** | **Invoice Total** |
|  |  |  |
|  |  |  |

(b) RFB ETI0030 Appointment Scheduling Software, with the release date of October XX, 2018, including Department Terms and Conditions, revised 03-01-2018;

(c) XXX’s response to RFB ETI0030, signed November XX, 2018; and,

(d) [Exhibit A](https://vendornet.wi.gov/Download.aspx?type=contract&Id=36a0abc6-1e2a-e611-8964-40a8f0ad9999&filename=2725_15.PDF) – Contracted Personnel - Confidentiality and Inventions Agreement – signed by each person from XXX who will be working with ETF on this project, including (List Names).

**Contract:** **ETI0030 – Appointment Scheduling Software**

The parties agree to the terms and conditions set forth herein:

|  |  |  |
| --- | --- | --- |
| **State of Wisconsin****Department of Employee Trust Funds** |  | **XXX** |
| **Address:**4822 Madison Yards Way, 8th FloorP.O. Box 7931Madison, WI 53707-7931 |  | **Address:** |
|  |  | Taxpayer ID Number (for payment purposes): |
|  |  |  |
| **By (print the name of person authorized to legally sign this document and bind the agency):**  |  | **By (print the name of person authorized to legally sign this document and bind the entity):** |
| A. John Voelker  |  |  |
| **Title (print title of person named above):**  |  | **Title (print title of person named above):**  |
| Deputy Secretary  |  |  |

|  |  |  |
| --- | --- | --- |
| Signature: |  | Signature: |
|  |  |  |
| Date: |  | Date:  |
|  |  |  |