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| **State of Wisconsin**  **Department of Employee Trust Funds**  4822 Madison Yards Way  Madison, WI 53705-9100  P. O. Box 7931  Madison, WI 53707-7931 |

Contract by Authorized Board

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| **Commodity or Service:**  Federal Tax Counsel to the State of Wisocnsin Employee Trust Funds Board for the Wisconsin Retirement Systems and related ETF programs | **Contract No./Request for Proposal No:**  ETJ0060 |
| **Authorized Board: State of Wisconsin, Employee Trust Funds Board** | |
| **Contract Period:** July 1, 2021 – June 31, 2022 with the option for renewal for five (5) additional one (1)-year periods. | |

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department) on behalf of the State of Wisconsin Employee Trust Funds Board (Board), and xxx (Contractor). Contractor’s address and principal officer appear below. The Department is the sole point of contact for this Contract.

2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the documents specified in the order of precedence below, which are hereby made a part of this Contract by reference.

3. For purposes of administering this Contract, the order of precedence is:

(a) This Contract;

(c) Department Terms and Conditions 07.01.2020;

(d) Request for Proposal (RFP) ETJ0060 dated 10.14.2020; and,

(e) Contractor’s proposal dated xxxx.

**Contract Number & Service: ETJ0060 Federal Tax Counsel to the State of Wisconsin Trust Funds Board for the Wisconsin Retirement Systems and related ETF programs**

**This Contract shall become effective upon the date of last signature below (the “Effective Date”).**

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| **State of Wisconsin**  **Department of Employee Trust Funds** |  | **Contractor** |
| Authorized Board: **Employee Trust Funds Board** | Legal Company Name: |
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| By *(Name):* | Trade Name: |
| Robert J. Conlin, Secretary  Department of Employee Trust Funds |  |
| Signature: | Taxpayer Identification Number: xxx |
|  |  |
| Date of Signature: | Contractor Address (Street Address, City, State, Zip): |
| Phone: (608) 266-0301 |
|  | Name & Title (print name and title of person authorized to legally sign for and bind Contractor): |
|  |
|  |
|  | Signature: |
|  |  |
|  |  | Date of Signature: |
|  |  | Email and Phone: |