**Department of Employee Trust** **Funds**

P.O. Box 7931

Madison, WI 53707-7931

**Appendix 4**

**Pro Forma Contract by Authorized Board**

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| **Request for Proposal Number/Contract Number/Service:** * ETD0060 Information Technology Audits and Consulting
 |
| **Authorized Board:** Employee Trust Funds Board |
| **Contract Period:** Date of Contract execution – June 30, 2026 with the option for renewal for three additional one-year periods |

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department or ETF) on behalf of the State of Wisconsin Group Insurance Board (Board), and xxx (Contractor). The 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 Department Terms and Conditions, and the documents specified in the order of precedence below, hereby made a part of this Contract by reference.

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

(a) This Contract;

(b) Exhibit A, Contract Clarifications;

(c) Statement of Work dated xxxx;

(d) Request for Proposal (RFP) ETD0060 dated June ??, 2024; and,

(e) Contractor’s proposal dated ??, 2024.

|  |  |  |
| --- | --- | --- |
| **State of Wisconsin****Department of Employee Trust Funds** |   | **Contractor** |
| Authorized Board: | Legal Company Name: |
|  |  *SAMPLE - for informational purposes only* |
| By *(Name):* | Trade Name: |
|   |   |
| Signature: | Taxpayer Identification Number: xxx |
|  |  |
| Date of Signature:  | Contractor Address (Street Address, City, State, Zip):  |
| Contact:  |
|  | Name & Title (print name and title of person authorized to legally sign for and bind Contractor):  |
|  |
|  |
|  | Signature: |
|  | *SAMPLE – for informational purposes only* |
|  |  | Date of Signature: |
|  |  | Email: Phone:  |