## 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**

Commodity or Service:	Contract No./Request for Proposal No:
Strategic Partner for Pension Administration System	ETC0051

Authorized Board: Employee Trust Funds Board

Contract Period: xxxx - xxxx with the option for renewal for xxxx

- 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), 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;
  - (b) Exhibit A, Contract Clarifications;
  - (c) Department Terms and Conditions version 6.1.2022;
  - (d) Request for Proposal (RFP) ETC0051 dated; and,
  - (e) Contractor's proposal dated.

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

Department of Employee Trust Funds	
Authorized Board:	Legal Cor
By (Name):	Trade Na
Signature:	Taxpayer
Date of Signature:	Contracto
Contact A. John Voelker, ETF Secretary, if questions arise: (608) 266-9854	
	Name & 1 legally sig

Contractor	
Legal Company Name:	
Trade Name:	
Taxpayer Identification Number: xxx	
Contractor Address (Street Address, City, State, Zip):	
Name & Title (print name and title of person authorized to legally sign for and bind Contractor):	
Signature:	
Date of Signature:	
Email:	