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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 |

Appendix 9 - Contract by Authorized Board (example)

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| **Commodity or Service:**  Wisconsin Deferred Compensation Program  Financial Statements Audits Services | **Contract No./Request for Proposal No:**  ETF0060 dated |
| **Authorized Board:** State of Wisconsin Deferred Compensation Board | |
| **Contract Period:** | |

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department) on behalf of the State of Wisconsin Deferred Compensation 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;

(b) Department Terms and Conditions dated 3.17.2025;

(c) Request for Proposal (RFP) ETF0060 dated July 1, 2025; and,

(d) Contractor’s proposal dated August 1, 2025.

**Contract Number & Service:** ETF0060 Financial Statements Audits

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: | Legal Company Name: |
| State of Wisconsin Deferred Compensation Board |  |
| By: A. John Voelker, Secretary Depart of Employee Trust Funds | Taxpayer Identification Number: |
| Signature: | Contractor Address (Street Address, City, State, Zip): |
|  |  |
| Date of Signature: | Name & Title: |
|  | Signature: |
|  |
|  |
|  | Date of Signature: |
|  |  |
|  |  | Email: |