

Modification A to Contract #16-24

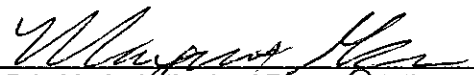
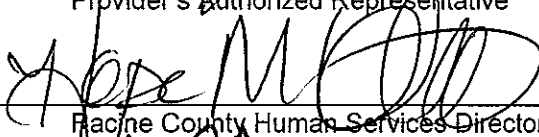



This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider CENTRAL RACINE COUNTY HEALTH DEPARTMENT, whose principal business address is 10005 Northwestern Avenue, Suite A, Franksville, Wisconsin 53126.

The modification to this agreement will be in effect from January 1, 2016 to September 30, 2016. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2016 through December 31, 2016 with addition of the following:

**Increase 1533203 Home Visiting Program Family Support Worker/Public Health Nurse and Supervisor by \$4,784, increasing total allocation to \$369,122**

Any modifications to the total amount allocated for provision of the services outlined in this contract are indicated on the attached Budget Sheet (Attachment A).

In accordance with the Contract Administration Manual of Racine County, (Section III. A.1. Contract Modification and Extension), the approval for this change is executed by the Human Services Department Director, Finance Director, Corporation Counsel and County Board Chairperson with signatures affixed.

(signed)		<u>3/9/16</u>
	Provider's Authorized Representative	Date
(signed)		<u>3/11/16</u>
	Racine County Human Services Director	Date
(signed)		<u>3.16.16</u>
	Racine County Corporation Counsel	Date
(signed)		<u>3/14/16</u>
	Racine County Finance Director	Date
(signed)	 <b>Russell A. Clark</b>	<u>3-17-16</u>
	Racine County Board Chairman	Date

  
**Wendy M. Christensen**  
Racine County Clerk

3/17/16

**XII. COST AND SERVICES TO BE PROVIDED**

- A. Provider and Purchaser understand and agree that the eligibility of individuals to receive the services purchased under this agreement will be determined by the Purchaser.
- B. Purchaser agrees to pay Provider for the actual services which are described in Exhibit A and which are rendered by Provider and authorized by Purchaser at the contracted amount.
- C. The total amount to be paid to Provider by Purchaser for programs and services as specified in this section will not exceed the total contracted dollar amount.

Account #	Program	Total	Units	Unit Rate	Method of Payment
1533203	Home Visiting Program Family Support Worker/Public Health Nurse and Supervisor for period 1/1/16-9/30/16	\$ 369,122.00	As Authorized	N/A	Unit
	<b>Total Program:</b>	<b>\$ 369,122.00</b>			
1533203	Racine Healthy Babies Home Visiting Program 1 FTE Public Health Nurse direct service indirect service/administrative fees for period 1/1/16-6/30/16	\$ 63,580.20 \$ 3,442.80	As Authorized	N/A	Unit
	<b>Total Program:</b>	<b>\$ 67,023.00</b>			

Approved by HSD Fiscal Manager 