

Modification B to Contract #16-175

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, whose principal business address is 5400 S. 60th Street, Greendale, Wisconsin 53129.

The modification to this agreement will be in effect from February 1, 2016 to December 31, 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:

Decrease 1523980 ADRC staff costs and mileage by \$61,103, reducing the total allocation to \$841,182

Add 1563107 ADRC staff costs and mileage \$61,103

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>Charles P. Stodter</u>	<u>4/14/16</u>
Provider's Authorized Representative	Date
(signed) <u>Heidi R. K. / K.M.</u>	<u>4/21/16</u>
Racine County Human Services Director	Date
(signed) <u>[Signature]</u>	<u>4.27.16</u>
Racine County Corporation Counsel	Date
(signed) <u>[Signature]</u>	<u>4/21/16</u>
Racine County Finance Director	Date
(signed) <u>[Signature]</u>	<u>5-2-16</u>
Racine County Board Chairperson	Date

Russell A. Clark
Racine County Board Chairman

[Signature]

5-2-16

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	Funding Source	Units	Unit Rate	Method of Payment
1521401	NUTRITION PROGRAM STAFF					
1521402	staff costs, mileage and administration	\$ 154,539				
	Total Program:					
ADRC Staff						
1521605	Elderly Benefit Specialist staff costs, mileage and administration	\$ 56,803				
1521980	staff costs, mileage and administration	\$ 316,110	III B/III E/ III D / AFCSP	N/A	N/A	Actuals
1521980	staff costs, mileage and administration					
1523980	staff costs, mileage and administration	\$ 841,182	ADRC	N/A	N/A	Actuals
1523980	Travel costs reimbursed at Federal rates			N/A	N/A	Actuals
1563107	Staff costs, mileage and administration	\$ 61,103	Spec Trans			
	Total Program:	\$ 1,275,198				
CHILDREN FIRST JOB DEVELOPER						
1545108	staff costs, mileage and administration	\$ 10,000				
	Total Program:	\$ 10,000				
CHILDREN FIRST CASE MANAGER						
1545604	staff costs, mileage and administration	\$ 68,892				
	Total Program:	\$ 68,892				
CHILD CARE ADMINISTRATIVE ASSISTANT						
1551990	staff costs, mileage and administration	\$ 48,388				
	Total Program:	\$ 48,388				
TYPIST						
1553990	staff costs, mileage and administration	\$ 49,448		N/A	N/A	Actuals
	Total Program:	\$ 49,448				
SOCIAL WORKERS - RIDGEWOOD CARE CENTER						
50140.6320	staff costs, mileage and administration	\$ 268,724				
	Total Program:	\$ 268,724				
ACCOUNT CLERK III - RIDGEWOOD CARE CENTER						
50310.6320	staff costs, mileage and administration	\$ 57,343				
	Total Program:	\$ 57,343				

Approved by HSD Fiscal Mgr. 