This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider PROFESSIONAL SERVICES GROUP, INC., whose principal business address is 800 Goold Street, Racine, Wisconsin 53402.

The modification to this agreement will be in effect from July 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:

Increase 1531408 SEP by \$8,529 for period 1/1/16-06/30/16, increasing allocation to \$59,197

Increase 1531408 FIT by \$2,931 for period 1/1/16-06/30/16, increasing allocation to \$32,906

Increase 1531408 TEP by \$3,178 for period 1/1/16-06/30/16, increasing allocation to \$83,070

Increase 1531408 TPA by \$42,868 for period 1/1/16-06/30/16, increasing allocation to \$214,600

Add 1531303 Juvenile Monitoring Program \$94,220 for period 7/1/16-12/31/16

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) and the	7/24/16
Provider's Authorized Representative (signed)	7/24/16
(signed) Racine County Huban Services Director (signed) Racine County Corporation Counsel	
(signed) / / / / / / / / / / / / / / / / / / /	<u>7-29-16</u> Date
(signed) Racine County Board Chairpersen	8-3-16 Date
JONATHAN DELAGRAVE RACINE COUNTY EXECUTIVE	
Wendy M. Christensen	8/3/16

Racine County Clerk

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 describe

ccount#	Program			Units	Unit Rate	Method d Payment
	Community Panels	Total \$	45,271	N/A	N/A	Actuals
	Minimum # of Panels to be held: 450					
	Total Program:	\$	45,271			
	Counseling/Therapeutic Resources - Family	\$	160,000	N/A	N/A	Actuals
	Connections					
	Minimum # of Clients Served: 60					
	Independent Living Program	\$	53,717	N/A	N/A	Actuals
	(Daily Living Skills Training)					
	Employment & Training Vouchers	\$	8,924	N/A	N/A	Actuals
	Maximum of \$2,500 per participant					
1533203	Family Interaction-Direct Services Program	\$	194,955	N/A	N/A	Actuals
	Juvenile Monitoring Program	\$	94,220	N/A	N/A	Actuals
	For Period 1/1/16-6/30/16	Ψ	01,220	1 477 (147.	rotadio
1531303	Juvenile Monitoring Program	\$	94,220	N/A	N/A	Actuals
	For Period 7/1/16-12/31/16					
	ACE/ACE 180 Program	\$	211,000	N/A	N/A	Actuals
	Racine Unified PEP, SEP, TEP, TPA					
	For Period 1/1/16-6/30/16					
1531408	PEP Lunches/Transportation	\$	-	N/A	N/A	Actuals
1531408	SEP	\$	59,197	N/A	N/A	Actuals
1531408		\$	32,906		N/A	Actuals
1531408		\$	83,070		N/A	Actuals
		\$	214,600	N/A	N/A	Actuals
	Racine Unified PEP, SEP, TEP, TPA					
	For Period 7/1/16-12/31/16					
	PEP Lunches/Transportation	\$	10,825		N/A	Actuals
1531408		\$	62,233		N/A	Actuals
1531408		\$	32,200		N/A	Actuals
1531408		\$	72,381		N/A	Actuals
1531408		\$	130,533	N/A	N/A	Actuals
	Family Foundations Outreach and Engagement Program Community Coordinator	œ	64 000	KI/A	K1/A	-امناسا∧
	Frogram Community Coordinator For Period 1/1/16-9/30/16	\$	64,880	N/A	N/A	Actuals

1532507 Assessment and Counseling Services

AS AUTHORIZED BY CONTRACT EXCEPTION ONLY

Actuals

Approved by HSD Fiscal Manager