This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider RACINE COUNTY ECONOMIC DEVELOPMENT CORPORATION, whose principal business address is 2320 Renaissance Blvd., Sturtevant, Wisconsin 53177.

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:

Revise Paragraph 4 of Exhibit A Page i, <u>Business Services Program Description</u> to read as follows:

The Provider shall employ 1 FTE Business Consultant and one FTE Business Solutions Team Supervisor.

Increase 1541809 Business Services by \$4,000, increasing total allocation to \$134,500

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.

(cignod)	7/25/16
(signed) Provider's Authorized Representative	Date
(signed) Racine County-Human Services Director	7/27/10 Date
(signed)	3/2/16
(signed) Racine County Corporation Counsel	Date 8-1-16
Racine County Finance Director	Date
(signed) / which was a signed of the signed	8-3-16
Racine County Board Chairpers	Date
JONATHAN DELAGRAVE RACINE COUNTY EXECUTIVE	
Wendy M. Christensen Racine County Clark	8/8/16
Racine County Clerk	

XI. COST AND SERVICES TO BE PROVIDED

- A. Purchaser agrees to pay Provider for the actual services which are described in Exhibit A and rendered by Provider at the contracted amount.
- B. The total amount to be paid to Provider by Purchaser for programs and services as specified in this section and described in Exhibit A will not exceed the total contracted dollar amount.

Account #	Program Business Services	То	Total		Unit Rate	Method of Payment
		\$	134,500	N/A	N/A	Actuals
154180	Marketing and Fund Development Coordinator	\$	113,200	N/A	N/A	Actuals
154180	9 Workforce Solutions Initiatives	\$	20,000	N/A	N/A	Actuals
154180	9 Career Services Consultant Period 2/1/16-12/31/16	\$	20,177	N/A	N/A	Actuals

Approved by HSD Fiscal Manager_