

Modification A to Contract #16-52

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider CHILDREN'S SERVICE SOCIETY OF WISCONSIN d/b/a CHILDREN'S HOSPITAL OF WISCONSIN COMMUNITY SERVICES, whose principal business address is 620 S. 76th Street, Suite 120, Milwaukee, Wisconsin 53124.

The modification to this agreement will be in effect from September 15, 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:

Add 1532203 Supervised Visitation at a rate of \$45/hour, as authorized by Contract Exception

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) 
Provider's Authorized Representative

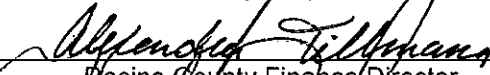
10/5/16
Date

(signed) 
Racine County Human Services Director

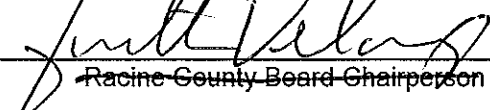
10/19/16
Date

(signed) 
Racine County Corporation Counsel

10-25-16
Date

(signed) 
Racine County Finance Director

10-24-16
Date

(signed) 
Racine County Board Chairperson

10-31-16
Date

JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE


Wendy M. Christensen
Racine County Clerk

10/31/16

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	Rate	Method of Payment
1531203	Intensive Treatment	As Authorized	As Authorized	Level 3 & 4 - \$65.56/day	unit rate
1532203	Foster Care				
1532203	Supervised Visitation	As Authorized by Contract Exception Only		\$45/hour	

Approved by HSD Fiscal Manager

