

Modification A to Contract #16-33

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider KTOWN TRANSPORTATION INC., whose principal business address is 6946 46th Street, Kenosha, Wisconsin 53144.

The modification to this agreement will be in effect from January 1, 2016 to December 1, 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 Transportation West by \$20,000, increasing total allocation to \$246,859

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><i>Synda Osburn</i></u>	<u>11-2-16</u>
Provider's Authorized Representative	Date
(signed) <u><i>Depe M. [Signature]</i></u>	<u>11/8/16</u>
Racine County Human Services Director	Date
(signed) <u><i>[Signature]</i></u>	<u>11/10/16</u>
Racine County Corporation Counsel	Date
(signed) <u><i>Alexandra Tillman</i></u>	<u>11-11-16</u>
Racine County Finance Director	Date
(signed) <u><i>Jonathan Delagrave</i></u>	<u>11-18-16</u>
Racine County Board Chairperson	Date

JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE

Wendy M. Christensen
Wendy M. Christensen
Racine County Clerk 11/21/16

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 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	Estimated Total	Estimated Units	Unit Rate	Method of Payment
1563107	Transportation - East	\$ 123,741	8,077	\$15.32/net	Unit Rate
1563107	Inter-County Transportation - East	\$ 32,998			
	Kenosha - Ambulatory			\$32/net	Unit Rate
	Kenosha - Wheelchair			\$42/net	Unit Rate
	Milwaukee - Ambulatory			\$46.02/net	Unit Rate
	Milwaukee - Wheelchair			\$61/net	Unit Rate
	Walworth - Ambulatory			\$34/net	Unit Rate
	Walworth - Wheelchair			\$61/net	Unit Rate
1563107	Transportation - West	\$ 226,859	7,888	28.78/net	Unit Rate
800401		\$ 20,000			
1563107	Inter-County Transportation - West	\$ 28,873			
	Ambulatory - Kenosha, Milwaukee, Walworth			\$40/net	Unit Rate
	Wheelchair - Kenosha, Milwaukee, Walworth			\$50/net	Unit Rate

Approved by HSD Fiscal Manager

