

Modification A to Contract #16-58





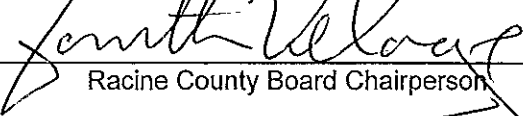

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider COMMUNITY IMPACT PROGRAMS, INC., whose principal business address is 800 Goad Street, Racine, Wisconsin 53402.

The modification to this agreement will be in effect from January 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 1533203 Foster Care Recruitment/Licensing by \$8,074, increasing total allocation to \$103,074

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>11/23/16</u> Date
Provider's Authorized Representative	
(signed) 	<u>11/8/16</u> Date
Racine County Human Services Director	
(signed) 	<u>12-19-16</u> Date
Racine County Corporation Counsel	
(signed) 	<u>12-12-16</u> Date
Racine County Finance Director	
(signed) 	<u>12-20-16</u> Date
Racine County Board Chairperson	
 Wendy M. Christensen Racine County Clerk	<u>12/20/16</u>

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	Unit Rate	Method of Payment
1533203	Foster Care Recruitment/Licensing	\$ 95,000	N/A	N/A	Actuals
1531203	Foster Care Recruitment/Licensing	\$ 8,074			
	Total Program:	\$ 103,074			
1533203	Kinship Care Specialist and Supv.	\$ 62,302			
1545101	Child Care Certification	\$ 134,000			
	Total Program:	\$ 402,450			

Approved by HSD Fiscal Manager 