

Modification A to Contract #16-201


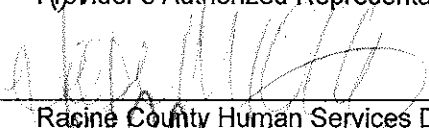

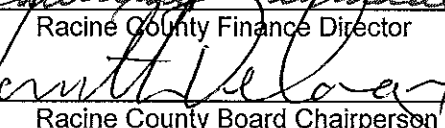


This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider FAMILY SERVICES OF NORTHEAST WISCONSIN INC., whose principal business address is 300 Crooks Street, Green Bay, Wisconsin 54305.

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:

Add 1531204; 1532204 Group Home with a rate of \$197.50/day

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	<u>12-7-16</u> Date
(signed) 	_____ Racine County Human Services Director	<u>12-12-16</u> Date
(signed) 	_____ Racine County Corporation Counsel	<u>12-19-16</u> Date
(signed) 	_____ Racine County Finance Director	<u>12-14-16</u> Date
(signed) 	_____ Racine County Board Chairperson	<u>12-20-16</u> Date
 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 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
1531504 1532504	Child Caring Institution	As Authorized	As Authorized	\$321.30/day	Unit
1531204 1532204	Group Home	As Authorized	As Authorized	\$197.50/day	Unit

Approved by HSD Fiscal Manager 