

Modification A to Contract #16-14 A

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider PREMIER WORKFORCE SOLUTIONS, whose principal business address is 1652 North Main 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 1561999 Detention Center Staff by \$122,218 increasing total allocation to \$709,491

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>Dragica (Dee) Djincin</i></u> Provider's Authorized Representative	<u>12-28-16</u> Date
(signed) <u><i>[Signature]</i></u> Racine County Human Services Director	<u>1-9-17</u> Date
(signed) <u><i>[Signature]</i></u> Racine County Corporation Counsel	<u>1/3/16</u> Date
(signed) <u><i>[Signature]</i></u> Racine County Finance Director	<u>12/28/16</u> Date
(signed) <u><i>[Signature]</i></u> Racine County Board Chairperson	<u>1-6-17</u> Date

JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE

Wendy M. Christensen
Wendy M. Christensen
Racine County Clerk

1/6/17

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
1561999	Detention Center Staff	\$ 587,273	N/A	Hourly	Actual
1561999		\$ 122,218			
	Total Program:	\$ 709,491			
1561999	Detention Center Staff Paid Student Interns	\$ 13,000	1040	\$12.50/hour	Actual
	Total Program:	\$ 13,000			
1561999	Senior Nutrition Program Staff	\$ 116,549	N/A	Hourly	Actual
	Total Program:	\$ 116,549			

Approved by HSD Fiscal Mgr 