

Modification B to Contract #16-76

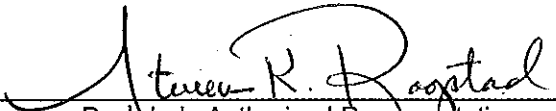
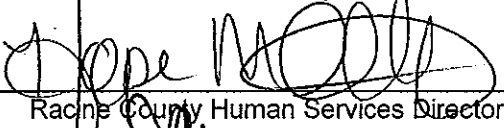


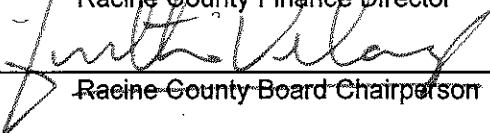
This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider KENSON ENTERPRISES, LLC, whose principal business address is 2506 N. Main Street, Racine, Wisconsin 53402.

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 TH-West/East Elderly by \$4,712, increasing total allocation to \$99,596

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></u> Provider's Authorized Representative	<u>1/27/17</u> Date
(signed) <u></u> Racine County Human Services Director	<u>2/3/17</u> Date
(signed) <u></u> Racine County Corporation Counsel	<u>2-20-17</u> Date
(signed) <u></u> Racine County Finance Director	<u>2-10-17</u> Date
(signed) <u></u> Racine County Board Chairperson	<u>02-17-17</u> Date

JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE


Wendy M. Christensen
Racine County Clerk
4/2/17

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 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 TH-West/East Elderly	\$ 94,884	2,432	\$39.01	Actuals
800401	\$ 4,712			
Total Program		\$	99,596	

Approved by HSD Fiscal Manager 