

Modification B to Contract #16-67

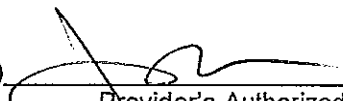
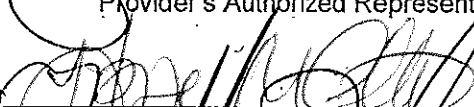
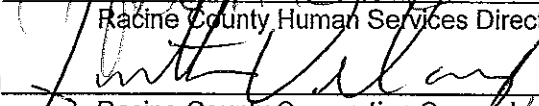
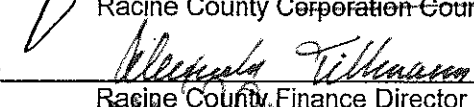

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider FOCUS ON COMMUNITY, whose principal business address is 1220 Mound Avenue, Racine, Wisconsin 53404.

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 5711408 Botvin Lifeskills Program by \$15,000, increasing total contract allocation to \$55,149

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>2/17/17</u> Date
(signed)	 _____ Racine County Human Services Director	<u>3/13/17</u> Date
(signed)	 _____ Racine County Corporation Counsel	<u>3-21-17</u> Date
(signed)	 _____ Racine County Finance Director	<u>3-15-17</u> Date
(signed)	 _____ Racine County Board Chairperson	<u>3.17.17</u> Date

CORPORATION COUNSEL


Wendy M. Christensen
Racine County Clerk

3/23/17

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
5711408	Botvin Lifeskills Program	\$ 55,149	N/A	N/A	Actuals
		Total: \$ 55,149			
5711408	All Stars Transition	\$ 50,000	N/A	N/A	Actuals
		Total: \$ 50,000			
5711408	Strategic Prevention Contract Period 1/1/16-9/29/16	\$ 6,750.00	N/A	N/A	Actuals

Approved by HSD Fiscal Mgr 