

Modification H to Contract #16-24

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider CENTRAL RACINE COUNTY HEALTH DEPARTMENT, whose principal business address is 10005 Northwestern Avenue, Suite A, Franksville, Wisconsin 53126.

The modification to this agreement will be in effect from October 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:

**Decrease 1533203 Racine Home Visiting Program for period 10/1/16-12/31/16 by \$37,498.00, decreasing total allocation to \$159,682.00**

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) _____	<i>[Signature]</i>	_____	<i>3/6/17</i>
	Provider's Authorized Representative		Date
(signed) _____	<i>[Signature]</i>	_____	<i>3/13/17</i>
	Racine County Human Services Director		Date
(signed) _____	<i>[Signature]</i>	_____	<i>3-29-17</i>
	Racine County Corporation Counsel		Date
(signed) _____	<i>[Signature]</i>	_____	<i>3/20/17</i>
	Racine County Finance Director		Date
(signed) _____	<i>[Signature]</i>	_____	<i>3-30-17</i>
	Racine County Board Chairperson		Date

JONATHAN DELAGRAVE  
RACINE COUNTY EXECUTIVE

*[Signature]* *3/31/17*  
Wendy M. Christensen  
Racine County Clerk

**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	Home Visiting Program Family Support Worker/Public Health Nurse and Supervisor for period 1/1/16-9/30/16	\$ 375,122.00	As Authorized	N/A	Unit
1533203	HVCoIIN Expenses for period 1/1/16-9/30/16	\$ 7,500.00			
	<b>Total Program:</b>	<b>\$ 382,622.00</b>			
1533203	Home Visiting Program Family Support Worker/Public Health Nurse and Supervisor for period 10/1/16-12/31/16	\$ 159,682.00	As Authorized	N/A	Unit
	<b>Total Program:</b>	<b>\$ 159,682.00</b>			
1533203	Racine Healthy Babies Home Visiting Program 1 FTE Public Health Nurse direct service	\$ 63,580.20	As Authorized	N/A	Unit
	indirect service/administrative fees for period 1/1/16-6/30/16	\$ 3,442.80			
	<b>Total Program:</b>	<b>\$ 67,023.00</b>			
1533203	Racine Healthy Babies Home Visiting Program 1 FTE Public Health Nurse direct service	\$ 101,798	As Authorized	N/A	Unit
	indirect service/administrative fees for period 7/1/16-12/31/16	\$ 7,331			
	<b>Total Program:</b>	<b>\$ 109,129</b>			

Approved by HSD Fiscal Manager 