

Modification A to Contract #16-97

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, whose principal business address is 5400 S. 60th Street, Greendale, Wisconsin 53129.

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:

Increasing 5714509 CSP Staff by \$87,000.00 increasing total allocation to \$511,615.00

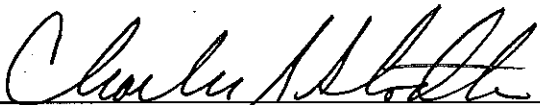
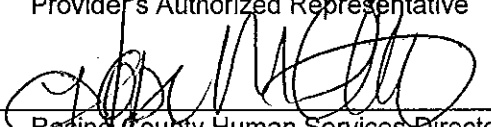



Increasing 5711408 AODA Treatment Services Prevention Staff by \$12,500.00 increasing total allocation to \$45,949.00

Increasing 5711507 AODA Treatment Services Staff by \$40,500.00 increasing total allocation to \$314,008.00

Increasing 5714510 CCS Staff by \$187,000.00 increasing total allocation to \$327,484.00

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)		<u>3/14/17</u>
	Provider's Authorized Representative	Date
(signed)		<u>3/27/17</u>
	Racine County Human Services Director	Date
(signed)		<u>4.13.17</u>
	Racine County Corporation Counsel	Date
(signed)		<u>4/6/17</u>
	Racine County Finance Director	Date
(signed)		<u>4-17-17</u>
	Racine County Board Chairperson	Date
	JONATHAN DELAGRAVE	
	RACINE COUNTY EXECUTIVE	


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 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
5710507	IDP Program Staff mileage reimbursement	\$ 218,771	Actuals Actuals	N/A Federal rate	Actuals Actuals
5711408	ADOA Treatment Services Staff mileage reimbursement	\$ 45,949	Actuals Actuals	N/A Federal rate	Actuals Actuals
5711507	ADOA Treatment Services Staff mileage reimbursement	\$ 314,008	Actuals Actuals	N/A Federal rate	Actuals Actuals
5711508	AODA Jail Alternatives Staff mileage reimbursement	\$ 111,486	Actuals Actuals	N/A Federal Rate	Actuals Actuals
5714501	Crisis Services Staff Mileage Reimbursement	\$ 497,498	Actuals Actuals	N/A Federal Rate	Actuals Actuals
5714507	Mental Health Treatment Serv Staff mileage reimbursement	\$ 571,216	Actuals Actuals	N/A Federal Rate	Actuals Actuals
5714509	CSP Staff mileage reimbursement	\$ 511,615	Actuals Actuals	N/A Federal Rate	Actuals Actuals
5714509	Certified MH Program mileage reimbursement	\$ 100,300	actuals actuals	N/A Federal Rate	Actuals
5714510	CCS Staff mileage reimbursement	\$ 327,484	Actuals Actuals	N/A Federal Rate	Actuals Actuals
5714604	Adult Protective Services Staff mileage reimbursement	\$ 321,917	Actuals Actuals	N/A Federal Rate	Actuals Actuals
5714614	Targeted Case Management - COP mileage reimbursement	\$ 33,646	Actuals Actuals	N/A Federal Rate	Actuals Actuals
5714614	Targeted Case Management -BCA mileage reimbursement	\$ 42,832	Actuals Actuals	N/A Federal Rate	Actuals
5750990	Operational Staff mileage reimbursement	\$ 221,407	Actuals Actuals	N/A Federal Rate	Actuals Actuals
Total Program:		\$ 3,318,129			

Approved by HSD Fiscal Manager 