

Modification A to Contract #16-85


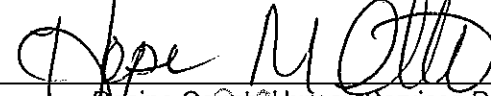


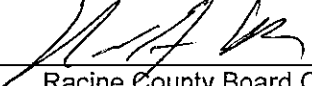
This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider RACINE COUNTY OPPORTUNITY CENTER, INC, whose principal business address is 4214 Sheridan Road, Racine, Wisconsin 53403.

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 1513706 Birth to Three Service Coordination by \$14,900 increasing total allocation to \$424,010

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>4/4/17</u>
Provider's Authorized Representative	Date
(signed) 	<u>5/1/17</u>
Racine County Human Services Director	Date
(signed) 	<u>5-9-17</u>
Racine County Corporation Counsel	Date
(signed) 	<u>5-3-17</u>
Racine County Finance Director	Date
(signed) 	<u>5-9-17</u>
Racine County Board Chairperson	Date


Wendy M. Christensen
Racine County Clerk 5/1/17

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
1513706	Birth to Three Service Coordination/Early Intervention/Early Childhood Education	\$ 324,110		12 \$27,009.17	1/12 of contract amount
	Birth to Three Service Coordination/Early Intervention/Early Childhood Education	\$ 99,900	(Reimbursed from T-19 Billings)		
	Total:	\$ 424,010			
1513507	Birth to Three Medical Therapies Minimum number to be served: 150	\$ 330,410		12 \$ 27,534.17	1/12 of contract amount

Approved by HSD Fiscal Manager 