

Modification A to Contract #17-214

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider CLINICARE CORPORATION, whose principal business address is 11919 West Bluemound Road, Wauwatosa, Wisconsin 53226.

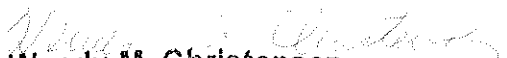
The modification to this agreement will be in effect from January 1, 2017 to December 31, 2017. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2017 through December 31, 2017 with addition of the following:

**Add Extraordinary Payment Milwaukee Academy CSEC Programing, \$105.25/day, as authorized**

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	3-31-2017
		Date
(signed) _____		_____
	Racine County Human Services Director	5/1/17
		Date
(signed) _____		_____
	Racine County Corporation Counsel	5-9-17
		Date
(signed) _____		_____
	Racine County Finance Director	5-3-17
		Date
(signed) _____		_____
	Racine County Board Chairperson	5-9-17
		Date

  
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.

<u>Account #</u>	<u>Program</u>	<u>Total</u>	<u>Units</u>	<u>Unit Rate -</u>	<u>Method of Payment</u>
1531504	Eau Claire Academy	As Authorized	As Authorized	\$354.90/day	Unit
1531504	Milwaukee Academy Residential	As Authorized	As Authorized	\$352.23/day	Unit
81708.005.700.404500	Milwaukee Academy - CSEC	As Authorized	As Authorized	\$105.25/day	Unit

Approved by HSD Fiscal Manager 