

Modification A to Contract #18-88

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and RACINE PSYCHOLOGICAL SERVICES, whose principal business address is P.O. Box 2015, Kenosha, Wisconsin 53141.

The modification to this agreement will be in effect from January 1, 2018 to December 31, 2018. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2018 through December 31, 2018 with addition of the following:

Increase 71740.002.507.404500 by \$22,000 for the Clinic Consultant, making the total allocation \$37,000.

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>Mary Jane Whitmore</u>	<u>3/22/2018</u>
Provider's Authorized Representative	Date
(signed) <u>[Signature]</u>	<u>3/26/18</u>
Racine County Human Services Director	Date
(signed) <u>[Signature]</u>	<u>4-16-18</u>
Racine County Corporation Counsel	Date
(signed) <u>[Signature]</u>	<u>4/2/18</u>
Racine County Finance Director	Date
(signed) <u>[Signature]</u>	<u>4/2/18</u>
Racine County Board Chairperson	Date

Wendy M. Christensen
Wendy M. Christensen
Racine County Clerk

4/2/18

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
71740.002.507.404500	Clinic Consultant	\$ 37,000	370 hours	\$100/ hour	Actuals
		Total Program: \$ 37,000			

Approved by HSD Fiscal Manager 

3/19/18