

Modification A to Contract #18-103

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and VOLUNTEER CENTER OF RACINE COUNTY, whose principal business address is 6216 Washington Avenue, Suite G, Racine, Wisconsin 53406.

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:

Add account 99200000.404500 in the amount of \$5,000, increasing the program allocation total to \$55,000.

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) M. Orstuen
Provider's Authorized Representative

6-29-2018
Date

(signed) Jesse M. Otto
Racine County Human Services Director

7/3/18
Date

(signed) [Signature]
Racine County Corporation Counsel

7/11/18
Date

(signed) [Signature]
Racine County Finance Director

7/5/18
Date

(signed) _____
Racine County Board Chairperson

Date

[Signature]
JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE

[Signature]
Wendy M. Christensen
Racine County Clerk 7/17/18

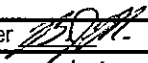
XII. COST AND SERVICES TO BE PROVIDED

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 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	Estimated Total	Estimated Units	Unit Rate	Method of Payment
71716.008.107.404500	Volunteer Driver Program	\$ 50,000	N/A	N/A	Actuals
99200000.404500	<u>My Ride Trust Fund</u>	\$ 5,000			
	Total Program	\$ 55,000			

Approved by HSD Fiscal Manager 
5/4/18