

Modification B to Contract #18-101

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM ON BEHALF OF THE UNIVERSITY OF WISCONSIN-MILWAUKEE, whose principal business address is Office of Sponsored Programs, PO Box 340, Milwaukee, Wisconsin 53201.

The modification to this agreement will be in effect from January 1, 2018 through 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 81724.007.990.404500 HWPP for the period of July 1 – December 31, 2018 in the amount of \$28,000.

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>Carla D.</u>	<u>7/26/18</u>
Provider's Authorized Representative	Date
(signed) <u>John M. Otto</u>	<u>8/7/18</u>
Racine County Human Services Director	Date
(signed) <u>[Signature]</u>	<u>8/20/18</u>
Racine County Corporation Counsel	Date
(signed) <u>Alexander Tillman</u>	<u>8-28-18</u>
Racine County Finance Director	Date
(signed) _____	_____
Racine County Board Chairperson	Date

JONATHAN DELAGRAVE
RACINE COUNTY EXECUTIVE

Russell A. Clark
Racine County Board Chairman

[Signature] 9-7-18

Wendy M. Christensen
Wendy M. Christensen
Racine County Clerk

9/7/18

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 describe

Account #	Program	Total	Units	Unit Rate	Method of Payment
81724.007.990.404500	Improving Children's Mental Health through School and Community Partnerships		N/A	N/A	Actuals
	For Period 1/1/18-6/30/18	\$ 27,500			
	For Period 7/1/18-12/31/18	\$ 28,000			
	Carry-over from 2017	\$ 10,896			
	Program Total	\$ 66,396			

Approved by HSD Fiscal Manager *[Signature]*

7/6/18