

Modification A to Contract #18-58

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider COMMUNITY IMPACT PROGRAMS, whose principal business address is 800 Goid Street, Racine, Wisconsin 53402.

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:

Reduce Foster Home Recruitment & Licensing, 81708.005.200.404500 by \$6,200, reducing the total program to \$168,591

Increase Foster Care Recruiter & Retention Specialist, 81708.005.200.404500 by \$6,200, increasing the total program to \$75,125

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).

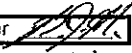
In accordance with the Contract Administration Manual of Racine County, (Section III. A.1. Contract Modification and Extension), the approval for this change is executed by the Human Services Department Director, Finance Director, Corporation Counsel and County Board Chairperson with signatures affixed.

(signed) _____ Provider's Authorized Representative	10/10/18 Date
(signed) _____ Racine County Human Services Director	10/18/18 Date
(signed) _____ Racine County Executive	12-08-18 Date
(signed) _____ Racine County Corporation Counsel	11-28-18 Date
(signed) _____ Racine County Finance Director	10/19/18 Date
(signed) _____ Racine County Clerk	12-18-18 Date
(signed) _____ Racine County Board Chairperson	_____ Date
Wendy M. Christensen Wendy M. Christensen Racine County Clerk	12/14/18

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	Rate	Method of Payment
81715.006.200.404500	Foster Home Recruitment & Licensing	\$ 99,791	N/A	N/A	Actuals
81708.005.200.404500		\$ 68,800			
	Total Program	\$ 168,591			
81711.006.300.404500	Kinship Care Specialist	\$ 58,270	N/A	N/A	Actuals
	Total Program	\$ 58,270			
81717.007.200.404500	Child Care Certification Agent	\$ 132,535	N/A	N/A	Actuals
	Total Program	\$ 132,535			
81708.005.200.404500	Foster Care Recruiter & Retention Specialist	\$ 75,125	N/A	N/A	Actuals
	Total Program	\$ 75,125			

Approved by HSD Fiscal Manager 
 10/5/18