

Modification D to Contract #18-24

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider CENTRAL RACINE COUNTY HEALTH DEPARTMENT, whose principal business address is 10005 Northwestern Avenue, Suite A, Franksville, Wisconsin 53126.

The modification to this agreement will be in effect from January 1, 2018 – September 30, 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:

**Family Foundations Home Visitation Program:
Increase 81713.007.200.404500 by \$31,053.
The new program allocation will be \$674,343.**

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	11/15/18 _____ Date
(signed) _____ Racine County Human Services Director	11/29/18 _____ Date
(signed) _____ Racine County Executive	_____ Date
(signed) _____ Racine County Corporation Counsel	12-17-18 _____ Date
(signed) _____ Racine County Finance Director	12-4-18 _____ Date
(signed) _____ Racine County Clerk	12/5/18 _____ Date
(signed) _____ Racine County Board Chairperson	_____ Date

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
81713.007.200.404500	Family Foundations Home Visiting Program Family Support Worker/Public Health Nurse & Supervisor for period 1/1/18-9/30/18	<u>\$674,343</u>	As Authorized	N/A	Unit
	Total Program	\$674,343			
	Racine Healthy Babies Home Visiting Program 1 FTE Public Health Nurse for period 1/1/18-6/30/18	\$109,123.00	As Authorized	N/A	Unit
81712.007.200.404500					
81715.006.990.404500		\$3,111.00			
	for period 7/1/18-12/31/18	\$109,123.00			
81712.007.200.404500					
81715.006.990.404500		\$3,111.00			
	Program Total	<u>\$218,246.00</u>			
*Indirect service/Administration fees not to exceed 8% of the total program allocation.					
	Racine County Family Connects Home Visitation Program for period 1/1/18-12/31/18		As Authorized	N/A	Unit
81723.007.200.404500		\$100,000			
81708.005.200.404500		\$100,000			
	Total Program	<u>\$200,000</u>			

Approved by HSD Fiscal Manager 
10/29/18