

Extension to Contract #18-13

This contract extension is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and PREMIER WORKFORCE SOLUTIONS, whose principal business address is 1652 N Main Street, Racine, WI 53402, hereinafter referred to as Provider.

The extension to this agreement will be in effect from January 1, 2019 to January 20, 2019. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2018 through December 31, 2018.

For Period 1/1/18-12/31/18

Increase 71740.002.501.404500 by \$140,850 making the total allocation \$1,123,250.

For Period 1/1/19-1/20/19

Add account 71740.002.501.404500 with \$59,749.

In accordance with the policies outlined in the Contract Administration Manual of Racine County, (Section III. A.1. Contract Modification/Termination/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) *Dragica Deed Dymov*
Provider's Authorized Representative

1-21-19
Date

(signed) *[Signature]*
Racine County Human Services Director

1-24-19
Date

(signed) _____
Racine County Executive

Date

(signed) *[Signature]*
Racine County Corporation Counsel

2-4-19
Date

(signed) *Alexander Tillman*
Racine County Finance Director

1-31-19
Date

(signed) *Wendy M. Christensen*
Racine County Clerk

2/4/19
Date

(signed) *[Signature]*
Racine County Board Chairperson

2-4-19
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
71721.002.501.404500 71740.002.501.404500	Mobile & SAIL Staff	\$ 1,123,250			Actuals
71740.002.501.404500	Mobile & SAIL Staff For Period 1/1/19-1/20/19	\$ 59,749			Actuals

Approved by HSD Fiscal Manager *[Signature]*

Approved by Contracted Agency *[Signature]*