

Modification A to Contract #19-71

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and RACINE AREA MANUFACTURERS AND COMMERCE, whose principal business address is 300 5TH Street, Racine, Wisconsin 53403.

The modification to this agreement will be in effect from January 1, 2019 to June 30, 2019. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2019 through June 30, 2019 with addition of the following:

Receptionist:

Increase account 91707.009.990.404500 by \$97

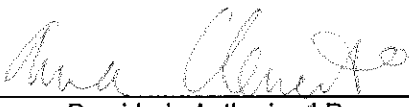
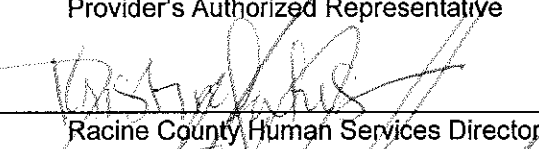
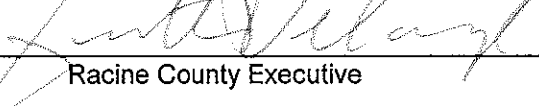


Increase account 91715.009.990.404500 by \$97

Increase account 91735.009.990.404500 by \$97

The total program allocation increases from \$2,725 to \$3,016.

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	<u>3/22/2019</u> Date
(signed)	 _____ Racine County Human Services Director	<u>3/27/2019</u> Date
(signed)	 _____ Racine County Executive	<u>04-20-19</u> Date
(signed)	 _____ Racine County Corporation Counsel	<u>4-22-19</u> Date
(signed)	 _____ Racine County Finance Director	<u>3.28.19</u> Date
(signed)	_____ Racine County Clerk	_____ 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 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	Unit Rate	Method of Payment
	For Period 1/1/19-6/30/19		NA	NA	Actuals
91707.009.990.404500	Receptionist-Windows to Work	\$ 1,005			
91715.009.990.404500	Receptionist-Children 1st	\$ 1,005			
91735.009.990.404500	Receptionist-TechHire	\$ 1,006			
		\$ 3,016			

Approved by HSD Fiscal Manager *[Signature]*

3/18/19

Approved by Contracted Agency *[Signature]*

3/22/19