

Modification A to Contract #19-17

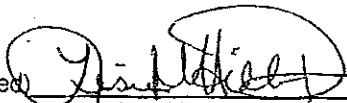

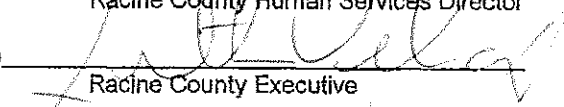
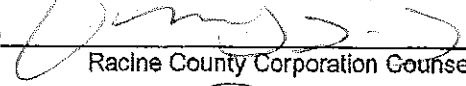

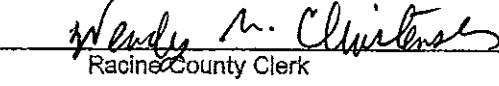
This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Simply Lesia, LLC dba Lesia's Land of Love Receiving Home, whose principal business address is 102 10th Street, Racine, WI 53403.

The modification to this agreement will be in effect from May 1, 2019 to December 31, 2019. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2019 through December 31, 2019 with addition of the following:

The daily rate increased from \$269 to \$274.

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) 	5/24/19
Provider's Authorized Representative	Date
(signed) 	5/29/19
Racine County Human Services Director	Date
(signed) 	6-17-19
Racine County Executive	Date
(signed) 	6/13/19
Racine County Corporation Counsel	Date
(signed) 	6/3/19
Racine County Finance Director	Date
(signed) 	6/17/19
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 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
81708.005.700.413350	Juvenile Receiving Home	As Authorized	As Authorized	\$274.00	Daily
81715.006.700.413100					
81715.006.700.413350					

Month of Invoice	Amount to Deduct*	Balance Outstanding*
September, 2018	\$ -	\$64,000.00
October, 2018	\$ 12,800.00	\$51,200.00
November, 2018	\$ 12,800.00	\$38,400.00
December, 2018	\$ -	\$38,400.00
January, 2019	\$ 6,000.00	\$32,400.00
February, 2019	\$ 6,000.00	\$26,400.00
March, 2019	\$ 6,000.00	\$20,400.00
April, 2019	\$ 6,000.00	\$14,400.00
May, 2019	\$ 6,000.00	\$ 8,400.00
June, 2019	\$ 6,000.00	\$ 2,400.00
July, 2019	\$ 2,400.00	\$ -

* Note: If in any of the above months, the total gross amount of the invoice does not exceed the amount of the planned deduction, the entire gross amount of the invoice will be deducted and the repayment schedule will need to be modified accordingly.

Approved by HSD Fiscal Manager 

Approved by Contracted Agency 