

Modification B 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.




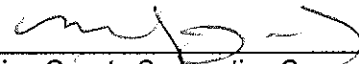
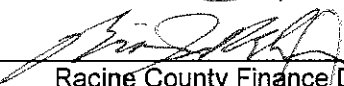
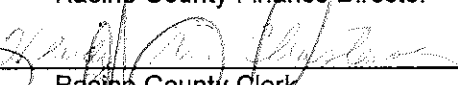
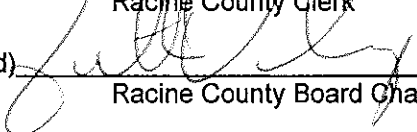
The modification to this agreement will be in effect from January 1, 2019 to June 30, 2019. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2019 through June 30, 2019 with addition of the following:

Marketing Coordinator:

**Increase account 61701.010.990.404500 by \$509.
The total program allocation increased to \$20,559.**

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)		<u>6/6/2019</u>
	Provider's Authorized Representative	Date
(signed)		<u>6/13/19</u>
	Racine County Human Services Director	Date
(signed)		<u>07-03-19</u>
	Racine County Executive	Date
(signed)		<u>7/1/19</u>
	Racine County Corporation Counsel	Date
(signed)		<u>6/17/19</u>
	Racine County Finance Director	Date
(signed)		<u>7/1/19</u>
	Racine County Clerk	Date
(signed)		<u>07-14-19</u>
	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
61702.010.990.404500	Marketing Coordinator-BHS General Operations	\$ 300			
81708.005.990.404500	Marketing Coordinator-Youth Aids	\$ 2,750			
11212000.416500	Marketing Coordinator-Executive	\$ 3,600			
91747.009.990.404500	Marketing Coordinator-FastForwardMatch	\$ 4,000			
91735.009.990.404500	Marketing Coordinator-Techhire	\$ 200			
91744.009.990.404500	Marketing Coordinator-Short-Term Customized Training	\$ 200			
15500000.404500	Marketing Coordinator-Veterans	\$ 400			
61701.010.990.404500	Marketing Coordinator-HSD General Operations	\$ 7,509			
81724.007.990.404500	Marketing Coordinator-HWPP	\$ 500			
81731.005.990.404500	Marketing Coordinator-YouthJusticeInnovationGrant	\$ 100			
81715.006.990.404500	Marketing Coordinator-CFA/DCF Basic County All.	\$ 1,000			
		\$ 20,559			

Approved by HSD Fiscal Manager *[Signature]* 5/21/19

Approved by Contracted Agency *[Signature]* 6/6/19