

Modification A to Contract #FY18-75

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:


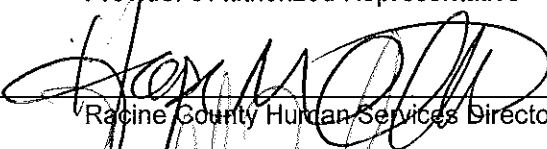
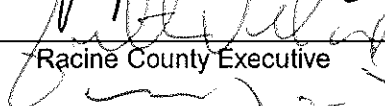
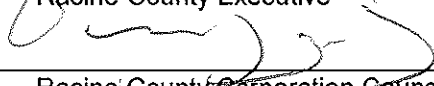
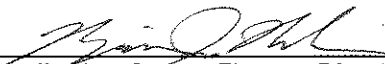

Case Manager TechHire:

Increase account 91735.009.600.404500 by \$166.

The total program allocation increased to \$54,734.

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></u>	<u>6/17/19</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>6/20/19</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>7-18-19</u>
Racine County Executive	Date
(signed) <u></u>	<u>07-19-19</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>6/21/19</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>7/23/19</u>
Racine County Clerk	Date
(signed) _____	_____
Racine County Board Chairperson	Date

XI. COST AND SERVICES TO BE PROVIDED

A. Purchaser agrees to pay Provider for the actual services which are described in Exhibit A and rendered by Provider at the contracted amount.

B. The total amount to be paid to Provider by Purchaser for programs and services as specified in this section and described in Exhibit A will not exceed the total contracted dollar amount.

Account #	Program	Total	Units	Unit Rate	Method of Payment
91707.009.300.404500	Windows to Work Program Case Manager	\$ 64,000	N/A	N/A	Actuals
91735.009.600.404500	Case Manager TechHire-TechHire	\$ 52,734	N/A	N/A	Actuals
91708.009.600.404500	Case Manager TechHire-Bootcamp	\$ 2,000			
	Total	\$ 54,734			

Approved by HSD Fiscal Mgr. *[Signature]*

True
6/17/19