

Modification A to Contract FY18-9



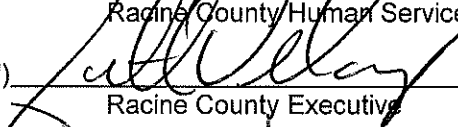
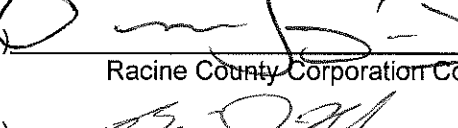
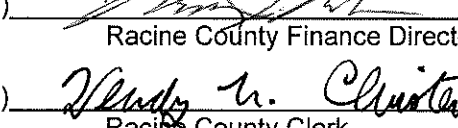
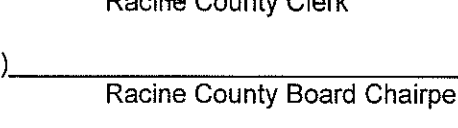
This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and ENERGY SERVICES, INC., whose principal business address is 1225 South Park Street, Madison, Wisconsin 53715.

The modification to this agreement will be in effect from October 1, 2018 to September 30, 2019. The Provider agrees to abide by all of the terms of the original agreement dated October 1, 2018 through September 30, 2019 with addition of the following:

Decrease LIHEAP General Operations by \$2,200
Decrease Public Benefits Operations by \$4,800
This reduces the total program budget to \$491,694.

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>8.23.19</u>
Provider's Authorized Representative	Date
(signed) 	<u>8/29/19</u>
Racine County Human Services Director	Date
(signed) 	<u>08-29-19</u>
Racine County Executive	Date
(signed) 	<u>9-3-19</u>
Racine County Corporation Counsel	Date
(signed) 	<u>8/30/19</u>
Racine County Finance Director	Date
(signed) 	<u>8/30/19</u>
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	Funding Source	Units	Unit Rate	Method of Payment
91710.009.300.404500	Wisconsin Home Energy Assistance (WHEAP) Minimum # Households: 6000		10/1/18-9/30/19	N/A	N/A	Actuals
		\$ 139,542	LIHEAP Crisis Client Services ¹			
		\$ 132,368	LIHEAP General Operations ¹			
		\$ 55,572	Public Benefits Operations ¹			
		\$ 67,617	Public Benefits Outreach ¹			
		\$ 96,595	Wx Operations ¹			
	Total Program:	\$ 491,694				

¹ Vendor should be aware of the possible reduction in funding of this program based on Federal allocation.

Approved by HSD Fiscal Manager 

Approved by Contracted Agency 