

Modification A to Contract #FY18-23

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and CENTRAL RACINE COUNTY HEALTH DEPARTMENT, whose principal business address is 10005 Northwestern Avenue, Suite A, Franksville, Wisconsin 53126.

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:

The total budget was increased to include the grant wrap around amount of \$11,201.

Making the new total program allocation \$914,421

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	8/20/19 Date
(signed) _____ Racine County Human Services Director	8/27/19 Date
(signed) _____ Racine County Executive	9-5-17 Date
(signed) _____ Racine County Corporation Counsel	8-24-19 Date
(signed) _____ Racine County Finance Director	8/28/19 Date
(signed) _____ Racine County Clerk	9/9/19 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
81713.007.200.404500	Family Foundations	\$914,421	N/A	N/A	Actuals
81715.006.990.404500	Home Visiting Program Family Support Worker/Public Health Nurse & Supervisor				

Approved by HSD Fiscal Manager 

Approved by Contracted Agency 