

Modification A to Contract #19-54

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and PREMIER WORKFORCE SOLUTIONS, whose principal business address is 1652 North Main Street, Racine, Wisconsin 53402.


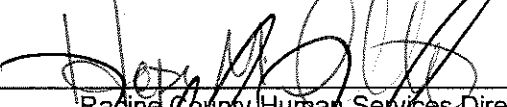
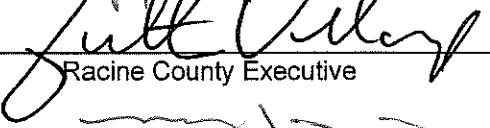



The modification to this agreement will be in effect from January 1, 2019 to August 31, 2019. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2019 through August 31, 2019 with addition of the following:

Ace Coordinator:

**Increase account 81708.005.999.404500 by \$6,020.
Making the total program allocation \$76,432.**

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> Provider's Authorized Representative	<u>9-27-19</u> Date
(signed) <u></u> Racine County Human Services Director	<u>9-30-19</u> Date
(signed) <u></u> Racine County Executive	<u>10-4-19</u> Date
(signed) <u></u> Racine County Corporation Counsel	<u>10-7-19</u> Date
(signed) <u></u> Racine County Finance Director	<u>10/3/19</u> Date
(signed) <u></u> Racine County Clerk	<u>10/9/19</u> 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	Unit Rate	Method of Payment
81708.005.999.404500	ACE Coordinator 1/1/19-8/31/19	\$ 76,432	N/A	Hourly	Actual

Approved by HSD Fiscal Manager *[Signature]* 9/24/19

Approved by Contracted Agency *[Signature]*
9-27-19