

Modification A to Contract #19-8

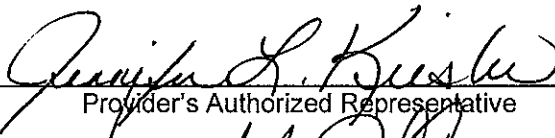
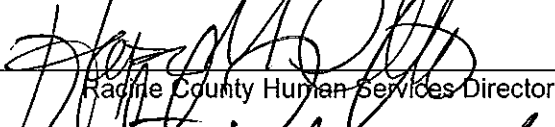
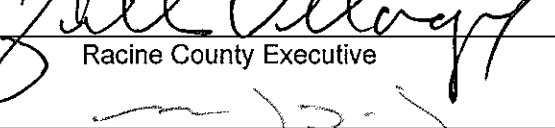

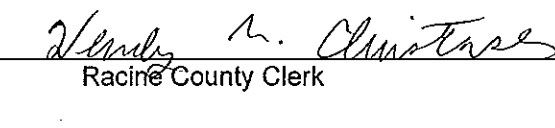
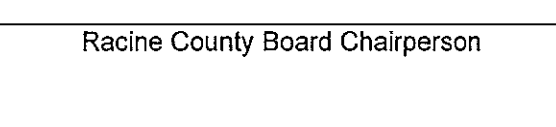
This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and DEVELOPMENTAL DISABILITIES INFORMATION SERVICE, INC., whose principal business address is 1139 S. Sunnyslope Drive, Suite 101, Racine, Wisconsin 53406.

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

**The program allocation was increased by \$9,116 due to a modification of the grant.
The new total program allocation is \$191,433.**

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>9/23/2019</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>9/28/19</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>10-7-19</u>
Racine County Executive	Date
(signed) <u></u>	<u>10-7-19</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>9/27/19</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>10/9/2019</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	Units	Unit Rate	Method of Payment
71741.001.300.404500	CCOP Services As authorized by CCOP Plan CCOP	\$ 191,433	As Authorized		As Authorized *

*CCOP payments to clients will be approved and dispersed by DDIS. HSD will provide DDIS with \$60,722 in January of 2018. Additional payments will be made as requested, not to exceed a total of \$191,433 (including a maximum of 7% administration costs).

Approved by HSD Fiscal Manager [Signature] 9/20/19

Approved by Contracted Agency _____