

Modification A to Contract #19-6

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Tucker & Tucker Enterprise, LLC, dba Peace of Mind Shelter Care, whose principal business address is 4019 Kinzie Avenue, Racine, WI 53405.

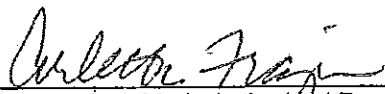
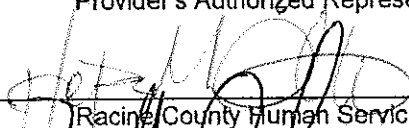
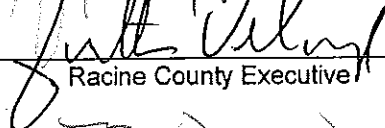



The modification to this agreement will be in effect from May 1, 2019 to December 31, 2019. The Provider agrees to abide by all of the terms of the original agreement dated May 1, 2019 through December 31, 2019 with addition of the following:

The repayment schedule has been updated to show the actual monthly deductions and outstanding balances through August 2019.

The repayment schedule has also been updated from a flat amount of \$10,000 per month to 20% of each invoice until the outstanding balance is paid in full.

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>10/15/19</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>10/20/19</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>11-6-19</u>
Racine County Executive	Date
(signed) <u></u>	<u>10-21-19</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>10/27/19</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>10/5/19</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	Units	Rate	Method of Payment
81715.006.700.413350 81708.005.700.413350	Juvenile Shelter Care	As Authorized	As Authorized	\$274.00	Daily

Repayment Schedule for 2018 Advance		
Month of Invoice	Amount Already Deducted	Balance Outstanding*
December, 2018	\$ -	\$ 50,000.00
January, 2019	\$ -	\$ 50,000.00
February, 2019	\$ -	\$ 50,000.00
March, 2019	\$ -	\$ 50,000.00
April, 2019	\$ 10,000.00	\$ 40,000.00
May, 2019	\$ 1,644.00	\$ 38,356.00
June, 2019	\$ 876.80	\$ 37,479.20
July, 2019	\$ 10,000.00	\$ 27,479.20
August, 2019	\$ 4,329.20	\$ 23,150.00

**Note: Going forward the repayment schedule is 20% of each invoice until the outstanding balance is paid in full.

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

Approved by Contracted Agency *[Signature]* 10/15/19