

Modification A to Contract #19-132

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and YOUTH VILLAGES INC., whose principal business address is 3320 Brother Blvd., Memphis, Tennessee 38133.

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 following campuses were added to the "as authorized" contract:

- Bill's Place (Boy's Center) with a rate of \$550/day**
- Rose Center (Girl's Center) with a rate of \$550/day**
- Inner Harbour with a rate of \$500/day**
- Bartlett with a rate of \$450/day**
- Dogwood with a rate of \$450/day**

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	<u>11-13-19</u> Date
(signed) 	_____ Racine County Human Services Director	<u>11/25/19</u> Date
(signed) 	_____ Racine County Executive	<u>11-25-19</u> Date
(signed) _____	Racine County Corporation Counsel	_____ Date
(signed) 	_____ Racine County Finance Director	<u>11/26/19</u> Date
(signed) 	_____ Racine County Clerk	<u>11/27/19</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 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
	Child Caring Institutions:				
	Bill's Place (Boy's Center)	As Authorized	As Authorized	\$550/day	Unit
	Rose Center (Girl's Center)	As Authorized	As Authorized	\$550/day	Unit
	Inner Harbour	As Authorized	As Authorized	\$500/day	Unit
	Bartlett	As Authorized	As Authorized	\$450/day	Unit
	Dogwood	As Authorized	As Authorized	\$450/day	Unit
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81715.006.700.404500					

Approved by HSD Fiscal Manager *[Signature]*

Approved by Contracted Agency *[Signature]*