

Modification F to Contract #19-98

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403, and LUTHERAN SOCIAL SERVICES OF WISCONSIN AND UPPER MICHIGAN, INC, whose principal business address is 6737 W. Washington Street, Suite 2275, West Allis, WI 53214.

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:

SAIL Staff (Subcontract 19-98-02):

**\$60,000 was added to this program.
Making the total program allocation \$660,000.**

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	_____ 12/30/19 Date
(signed) _____ Racine County Human Services Director	_____ 1/26/2020 Date
(signed) _____ Racine County Executive	_____ 1-10-2020 Date
(signed) _____ Racine County Corporation Counsel	_____ 01-10-2020 Date
(signed) _____ Racine County Finance Director	_____ 01/07/2020 Date
(signed) _____ Racine County Clerk	_____ 01/10/2020 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
71740.002.501.404500	SAIL Staff	660,000			
		<u>Total Program:</u>			
		660,000			

Approved by HSD Fiscal Manager *[Signature]* 12/30/19

Approved by Contracted Agency *[Signature]* 12/30/19