

Modification A to Contract #19-97

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., whose principal business address is 5400 S. 60th Street, Greendale, Wisconsin 53129.

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:

Subcontract #19-97-01 ADRC Staff:

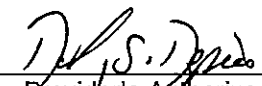
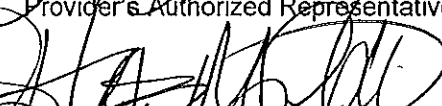
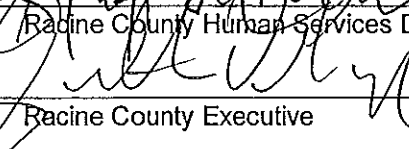

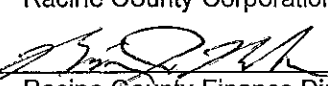
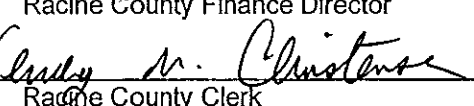
- Increase account 71701.008.300.404500 by \$1,100.
- Increase account 71703.008.200.404500 by \$29,000.
- Increase account 71704.008.300.404500 by \$100.
- Increase account 71706.008.300.404500 by \$7,300.
- The total program allocation increased by \$37,500.

Subcontract #19-97-02 Nutrition Staff:

- Increase account 71707.008.401.404500 by \$3,100.
- Increase account 71708.008.402.404500 by \$8,200.
- The total program allocation increased by \$11,300.

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>1/10/2020</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>01-20-2020</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>1-20-2020</u>
Racine County Executive	Date
(signed) <u></u>	<u>01-21-2020</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>01/21/2020</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>01/22/2020</u>
Racine County Clerk	Date
(signed) _____	_____
Date _____	Date _____
Racine County Board Chairperson	
Certified to be correct as to form	

By _____
Racine County Corporation Counsel

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
	ADRC Staff				
71701.008.300.404500	Alzheimer's Family Support	36,305			
71703.008.200.404500	ADRC	1,181,000			
71704.008.300.404500	EBS	33,538			
71706.008.300.404500	III B	64,676			
71709.008.300.404500	III D	8,943			
71711.008.300.404500	III E	53,000			
71712.008.200.404500	SPAP	10,266			
71713.008.200.404500	SHIP	3,875			
71715.008.107.404500	New Freedom	64,320			
	Total Program: \$	1,455,923			

Approved by HSD Fiscal Manager [Signature]

Approved by Contracted Agency _____

Handwritten notes and signature

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
NUTRITION PROGRAM STAFF					
71705.008.300.404500	Senior Community Services	\$13,034.00			
71707.008.401.404500	Congregate	\$40,236.00			
71708.008.402.404500	Home Delivered Meals	\$77,014.00			
	Total Program:	\$130,284.00			

Approved by HSD Fiscal Manager _____

Approved by Contracted Agency _____

Handwritten signature and date: 12/11/19