

Modification A to Contract #19-99

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT 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:

**HSD Typist:**

**Account 71740.002.509.404500 was added to the contract.**

- Increase account 81715.006.990.404500 by \$1,727.
- Increase account 71717.008.604.404500 by \$146.
- Increase account 81708.005.990.404500 by \$177.
- Increase account 71731.003.300.404500 by \$626.
- Increase account 71740.002.509.404500 by \$54.
- Decrease account 61701.010.990.404500 by \$200.
- Decrease account 71729.011.605.404500 by \$152.
- Decrease account 71723.003.507.404500 by \$43.
- Decrease account 71740.002.501.404500 by \$90.
- Decrease account 91722.009.400.404500 by \$500.
- Decrease account 71740.002.507.404500 by \$772.
- Decrease account 71751.002.510.404500 by \$66.
- Decrease account 81716.006.990.404500 by \$389.

The Total Program allocation increased \$518.

Making the total program allocation is \$38,918.

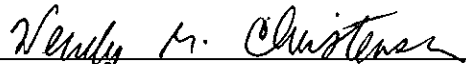
Any modifications to the total amount allocated for provision of the services outlined in this contract are indicated on the attached Budget Sheet (Attachment A).

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	2/6/20 _____ Date
(signed) _____ Racine County Human Services Director	2/17/2020 _____ Date
(signed) _____ Racine County Executive	2-20-2020 _____ Date
(signed) _____ Racine County Corporation Counsel	02-19-2020 _____ Date

(signed)   
Racine County Finance Director

02/18/2020  
Date

(signed)   
Racine County Clerk

02/24/2020  
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
	<b>HSD TYPIST</b>		N/A	N/A	Actuals
61701.010.990.404500	Operations Management Administration	0			
61702.010.990.404500	BHS - General Operations	0			
71703.008.200.404500	ADRC	0			
71729.011.605.404500	AODA Jail	48			
71723.003.507.404500	AODA Treatment	457			
81715.006.990.404500	Abuse/Neglect Assess. & Investigations	30,327			
71740.002.501.404500	Crisis Intervention	310			
81708.005.990.404500	Youth & Family Delinquency	4,577			
71731.003.300.404500	IDP-OWI	1,326			
91722.009.400.404500	MA/FS Fraud Services	0			
71740.002.507.404500	Mental Health Counseling	928			
81716.006.990.404500	BIRTH TO THREE INITIATIVE	411			
71751.002.510.404500	CCS	34			
71717.008.604.404500	APS - ADULT PROTECTIVE SERVICES	446			
71734.011.606.404500	Adult - AODA Treatment Court	0			
71740.002.509.404500	Community Support	54			
	<b>Total Program:</b>	<b>38,918</b>			

Approved by HSD Fiscal Manager *[Signature]*

Approved by Contracted Agency *[Signature]* 2/6/22