

Modification A to Contract #19-53-01

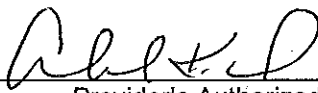
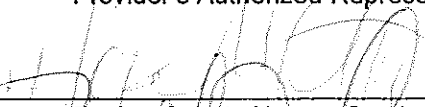
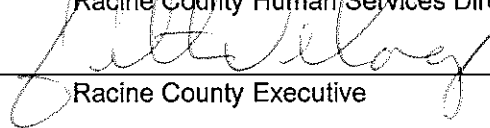

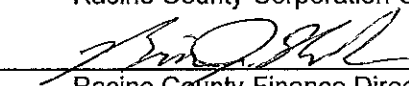
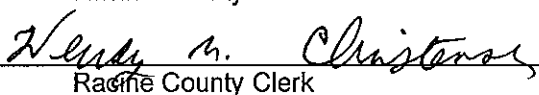
This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Racine Family YMCA, whose principal business address is 245 Main St Racine WI 53403.

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:

**Add account number 81708.005.300.404500 and \$23,000 to that account.  
This increases the total program allocation to \$248,000.**

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) <u></u>	<u>2/13/2020</u>
Provider's Authorized Representative	Date
(signed) <u></u>	<u>2/20/2020</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>02-20-2020</u>
Racine County Executive	Date
(signed) <u></u>	<u>02-17-2020</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>02/17/2020</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>02/24/2020</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
	Credible Messengers		As Authorized	N/A	Unit
81731.005.300.404500		\$225,000.00			
81708.005.300.404500		\$23,000.00			
	Total Program	\$248,000.00			

Approved by HSD Fiscal Manager *[Signature]* 2/3/20

Approved by Contracted Agency *[Signature]*