

Modification B to Contract #FY19-220


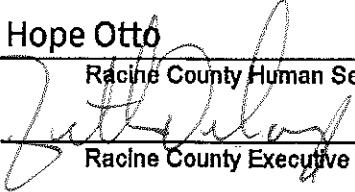


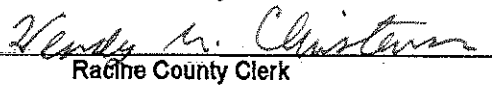
This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and RACINE AREA MANUFACTURERS AND COMMERCE, whose principal business address is 300 5TH Street, Racine, Wisconsin 53403, hereinafter referred to as Provider.

The modification to this agreement will be in effect from August 1, 2019 to September 30, 2020. The Provider agrees to abide by all of the terms of the original agreement dated August 1, 2019 through September 30, 2020 with addition of the following:

The Program Allocation was increase by \$76,000. Making the Total Program Allocation \$507,983.

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>6/30/2020</u>
Provider's Authorized Representative	Date
(signed) <u>Hope Otto</u>	<u>Jun 23, 2020</u>
Racine County Human Services Director	Date
(signed) <u></u>	<u>07-01-2020</u>
Racine County Executive	Date
(signed) <u></u>	<u>07-01-2020</u>
Racine County Corporation Counsel	Date
(signed) <u></u>	<u>7/01/2020</u>
Racine County Finance Director	Date
(signed) <u></u>	<u>7/7/2020</u>
Racine County Clerk	Date
(signed) _____	_____
Racine County Board Chairperson	Date

Signature: 
Hope Otto (Jun 23, 2020 11:59 CDT)

Email: hope.otto@racinecounty.com

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
	For Period 8/1/19-9/30/20				
	WHEAP Administration	\$ 507,983	NA	NA	Actuals
91710.009.300.404500					
91711.009.300.404500					
91712.009.300.404500					
91755.009.300.404500					

Gwen Zimmer Jun 18, 2020

Approved by HSD Fiscal Manager _____

Approved by Contracted Agency AVC

6/30/2020

Signature: Gwen Zimmer

Email: gwen.zimmer@racinecounty.com