

Modification B to Contract #21-219-02

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider Racine Area Manufacturers and Commerce, whose principal business address is 300 5th Street, Racine, Wisconsin 53403.

The modification to this agreement will be in effect from December 1, 2021 to December 31, 2021. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2021 through December 31, 2021 with addition of the following:

Workforce Diversion Coordinator:

Increase account 91753.009.613.404500 by \$600 with a new balance of \$67,646.

Reduce account 91753.009.613.43800 by \$500 with a new balance of \$0

Program allocation increased to \$67,646.

OM
OM

JM
JM

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) Anna Clementi
Anna Clementi (Jan 26, 2022 15:19 CST)
Provider's Authorized Representative

Jan 26, 2022
Date

(signed) Hope Otto
Hope Otto (Jan 26, 2022 14:54 CST)
Racine County Human Services Director

Jan 26, 2022
Date

(signed) [Signature]
Racine County Executive

02-01-2022
Date

(signed) [Signature]
Racine County Corporation Counsel

02-01-2022
Date

(signed) [Signature]
Racine County Finance Director

1/27/22
Date

(signed) [Signature]
Racine County Clerk

2/1/2022
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
91753.009.613.404500	Workforce Diversion Coordinator	\$67,646.00	NA	NA	Actuals
91753.009.613.438000	Travel	\$0.00			
		<u>67,546.00</u>			

Approved by HSD Fiscal Manager _____ *JM*

Approved by Contracted Agency _____ *AMC*

Signature: Obed Medina
Obed Medina (Jan 26, 2022 08:21 CST)

Email: obed.medina@racinecounty.com

Signature: Jenni Mattie

Email: jenni.mattie@racinecounty.com





RAMAC #21-219-02 Mod B Workforce Diversion Coordinator combined


Final Audit Report


2022-01-26


Created:	2022-01-26
By:	Lisa Meyer (lisa.meyer@racinecounty.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAdzNZuVuatDZkLXXJT7bALeDUKGE4EDcD


"RAMAC #21-219-02 Mod B Workforce Diversion Coordinator combined" History

-  Document created by Lisa Meyer (lisa.meyer@racinecounty.com)
2022-01-26 - 2:11:26 PM GMT- IP address: 209.225.110.3
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2022-01-26 - 2:13:35 PM GMT
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Signature Date: 2022-01-26 - 2:21:45 PM GMT - Time Source: server- IP address: 107.115.203.78
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2022-01-26 - 8:37:11 PM GMT- IP address: 104.47.64.254
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2022-01-26 - 8:54:44 PM GMT- IP address: 104.47.65.254
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Signature Date: 2022-01-26 - 8:54:59 PM GMT - Time Source: server- IP address: 209.225.110.3

 Document emailed to Anna Clementi (aclementi@racinechamber.com) for signature
2022-01-26 - 8:55:01 PM GMT

 Email viewed by Anna Clementi (aclementi@racinechamber.com)
2022-01-26 - 9:10:57 PM GMT- IP address: 104.47.58.254

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Signature Date: 2022-01-26 - 9:19:21 PM GMT - Time Source: server- IP address: 209.225.104.106

 Agreement completed.
2022-01-26 - 9:19:21 PM GMT