

Modification A to Contract #21-21-01

This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and KTOWN TRANSPORTATION INC., whose principal business address is 6946 46<sup>th</sup> Street, Kenosha, Wisconsin 53144

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:

**Senior Shuttle Program:**

**Added \$1,817.52 to 71716.008.107.404500 with a new balance of \$94,851.52**

**Program allocation increases to: \$94,851.52**



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>Lynda Orsburn</u> <small>Lynda Orsburn (Jan 17, 2022 06:45 CST)</small>	Provider's Authorized Representative	<u>Jan 17, 2022</u> Date
(signed) <u>Hope Otto</u> <small>Hope Otto (Jan 14, 2022 14:51 CST)</small>	Racine County Human Services Director	<u>Jan 14, 2022</u> Date
(signed) <u>[Signature]</u>	Racine County Executive	<u>01-26-2022</u> Date
(signed) <u>[Signature]</u>	Racine County Corporation Counsel	<u>01-24-2022</u> Date
(signed) <u>[Signature]</u>	Racine County Finance Director	<u>1/20/22</u> Date
(signed) <u>[Signature]</u>	Racine County Clerk	<u>1/26/2022</u> 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	Estimated Total	Estimated Units	Unit Rate	Method of Payment
71716.008.107.404500	TH-West/East Elderly	\$ 94,851.52	*	\$37.88	Actuals
	Total Program	\$ 94,851.52			

*DL*

\*Maximum Rides Annually ≤ 15,000

*Jenni Mattie*

Jan 14, 2022

Approved by HSD Fiscal Manager \_\_\_\_\_

*Lynda Orsburn*

Lynda Orsburn (Jan 17, 2022 06:45 CST)

Jan 17, 2022

Approved by Contracted Agency \_\_\_\_\_

Signature: *Debra Ladwig*

Email: [debra.ladwig@racinecounty.com](mailto:debra.ladwig@racinecounty.com)











# KTown #21-21-01 Mod A Senior Shuttle Program Combined


Final Audit Report


2022-01-17


Created:	2022-01-14
By:	Dannetta Payne (Dannetta.Payne@racinecounty.com)
Status:	Signed
Transaction ID:	CEJCHBCAABAAh58V3JPJHXPLOUM1G56Hav58ZK2KQID


## "KTown #21-21-01 Mod A Senior Shuttle Program Combined" History

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 Agreement completed.  
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