This contract modification is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and VOLUNTEER CENTER OF RACINE COUNTY, INC., whose principal business address is 6216 Washington Avenue, Suite G, Racine, Wisconsin 53406.

The modification to this agreement will be in effect from April 1, 2022 to December 31, 2022. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2022 through December 31, 2022 with addition of the following:

My Ride

Increase account number 71716.008.107.404500 by \$35,845.00 with a new balance of \$60,845.

Program allocation increases to: \$60,845.00



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) M Ortwein (Apr. 7, 2022 16:53 CDT)	Apr 7, 2022		
Provider's Authorized Representative	Date		
(signed) Hope Wo (Apr 7, 2022 16:30 CDT)	Apr 7, 2022		
Racine/County Human Services Director	Date		
(signed)	04-28-2012		
Racine County Executive	Date		
(signed)	4.26.2022		
Racine County Corporation Counsel	Date		
(signed) Suldolem 2000	4/12/22		
Racine County Finance Director	Date		
(signed) Wessely M. Clinders	4/19/2022		
Racine County Clerk	Date		
(signed)			
Racine County Board Chairperson	Date		

#### PROGRAM DESCRIPTION

### MyRide Volunteer Driver Program Specialized Transportation Service

Administer a community based volunteer driving program to respond to the transportation needs of Racine County seniors. The program design will replicate the comfort and convenience of private automobile ownership. The level of service will be curb-to-curb. The service will be for seniors and disabled residents who are ambulatory. The provider will be responsible for volunteer and rider recruitment, coordinating rides, and maintaining rider data.

- 1. The geographic service area will be Racine County with provision of transportation service to Milwaukee, and Surrounding Counties.
- 2. Service hours: Monday through Friday, 8:00 am 5:00 pm
- 3. Trips will be provided for: medical, employment, nutrition, education, social, recreational, person business, and adult day care
- 4. Service will be demand responsive curb-to-curb.

#### **Waiting Time**

Drivers shall wait ten (10) minutes for riders after the scheduled pickup time.

#### Scheduling

All reservations including attendants and other accompanying persons are to be scheduled in accordance With policies established by the Racine County Human Services Department.

#### **PROGRAM REQUIREMENTS**

- Provider must meet all requirements of volunteer driver programs including comprehensive insurance of drivers.
- Service Provider must be a legally incorporated organization whose primary business is transportation services and can demonstrate at least two years experience in providing specialized transportation services to the targeted population.
- Provider shall establish a system to collect rider donations. RCHSD must receive a copy of any published information regarding rider donations. RCHSD must be aware of any changes to published material regarding donations.
- Provider must have computer capability to schedule routes and provide monthly printout reports that detail required billing and program reports. A sample schedule and detail of computer capability must accompany application.
- 5. Copies of Insurance Liability Coverage and Inspection Certification vehicles must be attached to proposal. Racine County will not accept liability for riders transported through provider.
- 6. Provider will meet all requirements of the State Department of Health and Social Services and the State Department of Transportation.
- 7. The Provider agrees to the provision of transportation in compliance with the routes, passenger lists, time schedules, and days of operation specified by HSD.
- 8. All vehicles utilized in the provision of HSD contract services will have a mechanism, approved by HSD for the collection of donations.
- Provider must have computer capacity to log all trips by the following categories and to provide HSD with monthly printouts detailing the information needed.

One Way Trips
Ambulatory Elderly
Ambulatory non-elderly

Trip Purpose
Medical
Employment
Nutrition sites
Nutrition other
Education / training
Social / recreation

Personal business Adult Day Care Other Cancellations No-Shows

- 10. Provider must also have capacity to generate monthly client lists that indicate the number of trips taken by each rider of specialized transportation and to make that information available to HSD monthly.
- 11. The Provider agrees to comply with all applicable State, County and City laws and regulations governing the conduct of company business.
- 12. Provider understands that the units of service provided and the contract dollars available is the maximum funding level available for Racine County and may not be exceeded. Cost for trips in excess of contract shall be responsibility of provider.
- 13. Provider shall maintain a detailed description of current volunteer drivers and their requirements.
- 14. Provider shall provide a copy of any volunteer driver orientation materials and make available to all volunteers performing services under contract to Racine County.
- 15. Provider must complete a Program Application and respond to specific criteria for Specialized Transportation included in Program Specification and Program Description.
- 16. Provider shall describe method available for handling cancelations of volunteer drivers. It is expected that the Provider will provide a quick and efficient response to ensure riders arrive at their scheduled destination on time.
- 17. The Provider agrees that services shall be provided on a door-to-door basis. Assistance with coats and packages shall not apply. Providers will not be responsible for lifting or handling clients in order for them to use the service. Provider may schedule block trips for riders who go from a destination to a common point or from a common point to home destination.

#### **EVALUATION OUTCOMES:**

- 1. Riders will be picked up within 20 minutes of their scheduled pickup time.
- 2. Clients being transported to HSD services (work related, adult day care, and nutrition) will arrive at the agency site no earlier than 15 minutes and no later than 5 minutes prior to the start of the agency's program.
- 3. 95% of customers surveyed will indicate satisfaction with the service.

An Evaluation Outcome Report must be submitted to the Behavioral Health Services Administrator and the Racine County HSD Contract Compliance Monitor by the 15<sup>th</sup> of the month following the quarter.

#### 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	E	stimated Total	Estimated Units	l Unit Rate	Method of Payment
	MyRide Volunteer Driver Program	\$ <b>\$</b>	25,000 <b>35,845</b>	N/A	N/A	Actuals
71716.008.107.404500 99200000.404500	,	\$	60,845	. (	DC	

Apr 7, 2022

Approved by HSD Fiscal Manager

<u>M Ortwein</u> M Ortwein (Apr 7, 2022 16:53 CDT)

Apr 7, 2022

Approved by Contracted Agency

Signature: Diag. Lad

Email: debra.ladwig@racinecounty.com

# Volunteer Center Of Racine County #22-22 Mod A My Ride

Final Audit Report

2022-04-07

Created:

2022-04-07

By:

Dannetta Payne (Dannetta.Payne@racinecounty.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAqMbhG9-810mTancfWlK7\_DuHr-7okvRP

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