

Modification C to Contract #17-31 _____

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider PROFESSIONAL SERVICES GROUP, INC., whose principal business address is 800 Goid Street, Racine, Wisconsin 53402.

The modification to this agreement will be in effect from January 1, 2017 to December 31, 2017. The Provider agrees to abide by all of the terms of the original agreement dated January 1, 2017 through December 31, 2017 with addition of the following:

- Reduce #1556990 Delinquency Case Manager \$6,500 resulting in a total allocation of \$60,139.

WDC Workshop Instruction:

- Reduce 91715.009.600.404500 Workshop Instruction-Children First by \$7,000. The total allocation remaining is \$17,890
- Reduce 91702.009.600.404500 Workshop Instruction-Adults by \$7,000. The total allocation remaining is \$18,820
- Increase 91704.009.600.404500 Workshop Instruction-Out of School by \$14,000 resulting in a total allocation of \$33,056

Total WDC Workshop Instruction allocation remains at \$115,610

Foster Care/Kinship Care Lead Worker:

- Delete Account 1556990 Foster Care/Kinship Care with an allocation of \$72,674
- Add Account 81715.006.200.404500 Foster Care with an allocation of \$72,674

Foster Care/Kinship Care Lead Worker allocation remains at \$73,674

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) _____ Provider's Authorized Representative	10/10/17 Date
(signed) _____ Racine County Human Services Director	10/11/17 Date
(signed) _____ Racine County Corporation Counsel	10/12/17 Date
(signed) _____ Racine County Finance Director	10/13/17 Date
(signed) _____ Racine County Board Chairperson	10-13-17 Date

XII. COST AND SERVICES TO BE PROVIDED

Account #	Program	Total	Units	Unit Rate	Method of Payment
1555990	Youth and Family Division Social Worker Information & Assistance, 4 FTE	\$ 253,867			
81715.006.990.404500	Abuse/Neglect (80%)	\$ 203,094	N/A	N/A	Actuals
81716.006.990.404500	Birth to Three (13%)	\$ 33,003	N/A	N/A	Actuals
81711.006.300.404500	Kinship (3.5%)	\$ 8,885	N/A	N/A	Actuals
81708.005.990.404500	Delinquency (3.5%)	\$ 8,885	N/A	N/A	Actuals
	Total Program	\$ 253,867			
1555990	CPS Unit Social Worker	\$ 114,993	N/A	N/A	Actuals
1556990	Delinquency Unit Case Manager 1 FTE	\$ 60,139	N/A	N/A	Actuals
1556990	Foster Care/Kinship Care Lead Worker	\$ 72,674	N/A	N/A	Actuals
81715.006.200.404500	Foster Care/Kinship Care Lead Worker	\$ 72,674			
66911.012.717.404500	Flood Services	\$ 1,000			
	Total Program	\$ 73,674			
91715.009.600.404500	WDC Workshop Instruction-Children 1st	\$ 17,890			
91702.009.600.404500	WDC Workshop Instruction-Adult	\$ 18,820			
91705.009.600.404500	WDC Workshop Instruction-DW	\$ 32,125			
91703.009.600.404500	WDC Workshop Instruction-In School	\$ 10,719	N/A	N/A	Actuals
91704.009.600.404500	WDC Workshop Instruction-Out of School	\$ 33,056			
91706.009.600.404500	WDC Workshop Instruction-Rapid Response	\$ -			
91708.009.600.404500	WDC Workshop Instruction-Bootcamp	\$ -			
91707.009.600.404500	WDC Workshop Instruction-Windows to Work	\$ 3,000			
	Total Program	\$ 115,610			
1556990	PEPS Case Manager 1 FTE	\$ 53,783	N/A	N/A	Actuals
1554990	Programmer 1 FTE	\$ 88,777	N/A	N/A	Actuals

Approved by HSD Fiscal Manager 