

Modification A to Contract #17-101

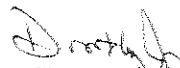
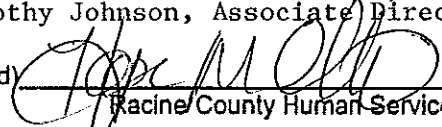
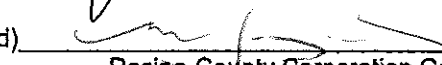
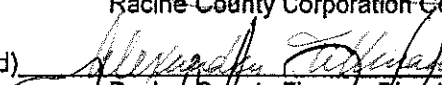
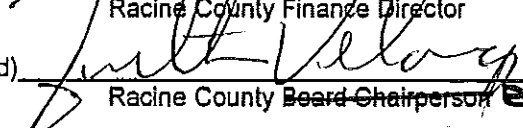

This contract modification is between RACINE COUNTY HUMAN SERVICES DEPARTMENT (HSD) whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403 and Provider THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM ON BEHALF OF THE UNIVERSITY OF WISCONSIN MILWAUKEE, whose principal business address is Office of Sponsored Programs, PO Box 340, Milwaukee, WI 53201.

The modification to this agreement will be in effect from July 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:

Add 81724 Improving Children's Mental Health through School and Community Partnerships for period 7/1/17-12/31/17 by \$27,500.

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>10/18/17</u>
Provider's Authorized Representative Dorothy Johnson, Associate Director, OSP, UWM	Date
(signed) 	<u>10/23/17</u>
Racine County Human Services Director	Date
(signed) 	<u>10/24/17</u>
Racine County Corporation Counsel	Date
(signed) 	<u>10/24/17</u>
Racine County Finance Director	Date
(signed) 	<u>10-31-17</u>
Racine County Board Chairperson EXECUTIVE	Date
 Wendy M. Christensen Racine County Clerk	<u>10/26/17</u>

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 which are describe

Account #	Program	Total	Units	Unit Rate	Method of Payment
1555990	Improving Children's Mental Health through School and Community Partnerships For Period 1/1/17-6/30/17	\$ 22,500	N/A	N/A	Actuals
81724	Improving Children's Mental Health through School and Community Partnerships For Period 7/1/17-12/31/17	\$ 27,500	N/A	N/A	Actuals

Approved by HSD Fiscal Manager 