

COUNTY COPY ()
YOUR COPY ()

CONTRACT NO: 20P-44C

CONTRACT ADDENDUM

The Purchase of Service Contract between Sauk County, a municipal corporation, acting through Sauk County Department of Human Services and Seasons Counseling LLC, is being amended at this time to add an additional dollars. This Addends Section I **CONTRACT INFORMATION** on page one and Section IV **PAYMENT FOR SERVICES** on pages three and four of the Contract.

III. PAYMENT FOR SERVICES

Purchaser and Provider agree:


- A. The total amount to be paid to Provider by Purchaser for services provided in accordance with this Contract shall not exceed the contracted dollar amount of:
\$400,807.24

| Service | Funding Source | Unit Cost | Total Cost |
|---------|----------------|-----------|--------------------|
| CCS | Base | | \$15,807.24 |
| | | | Additional Dollars |

(Effective date 12/01/20 - 12/31/20)

*Define Rate (Example: Dollars/per unit, time/per client)

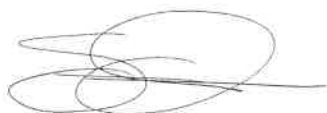
- B. The Provider shall bill monthly. Payment will be made in arrears each month following the month service is provided.
Please attach this addendum to your copy of the Purchase of Service Contract.



Purchaser's Authorized Representative
Name: Daniel A. Brattset
Title: Director
SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

6/23/21

Date:



Provider's Authorized Representative
Name:
Title:

6/21/21

Date:

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CONTRACT NO: 20P-44A

CONTRACT ADDENDUM

The Purchase of Service Contract between Sauk County, a municipal corporation, acting through Sauk County Department of Human Services and Seasons Counseling, is being amended at this time to add an additional rate. This Addends Section I **CONTRACT INFORMATION** on page one and Section IV **PAYMENT FOR SERVICES** on pages three and four of the Contract.

III. PAYMENT FOR SERVICES

Purchaser and Provider agree:

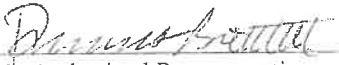
- A. The total amount to be paid to Provider by Purchaser for services provided in accordance with this Contract shall not exceed the contracted dollar amount of:
\$240,000.00

| Service | Funding Source | Unit Cost | Total Cost |
|--------------------------|----------------|---------------|------------------------------|
| CCS | MA | \$16.56 | Included in Previous Dollars |
| Comprehensive Comm Servs | | MA Group Rate | |
| | | \$13.58 | |
| | | BA Group Rate | |


(Effective date 06/01/20 - 12/31/20)

*Define Rate (Example: Dollars/per unit, time/per client)

- B. The Provider shall bill monthly. Payment will be made in arrears each month following the month service is provided.
Please attach this addendum to your copy of the Purchase of Service Contract.


Purchaser's Authorized Representative
Name: Daniel A. Brattset
Title: Director
SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

10/16/20
Date:


Provider's Authorized Representative
Name:
Title:

10/30/20
Date: