

COUNTY COPY ()
YOUR COPY ()

CONTRACT NO: 25P-09A

CONTRACT ADDENDUM

The Purchase of Service Contract between Sauk County, a municipal corporation, acting through Sauk County Department of Human Services and Bloom Therapy Services, is being amended at this time to add an 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: \$1,107,522.38

Service	Funding Source	Unit Cost	Total Cost
CCS Comprehensive Community Services	Base		\$107,522.38 Additional Dollars

(Effective date 01/01/25 - 12/31/25)

*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.

Signed by: *Lisa Wilson* 2/23/2026
 For County: _____
 Name: Lisa Wilson Date:
 Title: Administrator
 SAUK COUNTY

Signed by: *Jessica Mijal* 2/23/2026
 For Agency: _____
 Name: Jessica Mijal Date:
 Title: Director
 SAUK COUNTY DEPARTMENT OF HUMAN SERVICES

DocuSigned by: *Jenny Graf* 3/3/2026
 Provider's Authorized Representative _____
 Name: Jenny Graf Date:
 Title:
 Owner