



GRANT AGREEMENT MODIFICATION
between the
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES
And
RACINE CITY HD
for
2022 DPH Consolidated Contract

DPH Contract No.: 52870-2

Agreement Amount: \$6,100

Agreement Term Period: **10/1/2021** to **9/30/2023**

CARS Pre-Packet No: 21310

DHS Division: Division of Public Health

DHS Grant Administrator: Anna Benton

DHS Telephone: 608-266-9780

DHS Email: Anna.Benton@dhs.wisconsin.gov

Grantee Grant Administrator: Ms Dottie-Kay Bowersox

Grantee Address: 730 WASHINGTON AVENUE,

RACINE, WI, 53403

Grantee Email: dottie-kay.bowersox@cityofracine.org

Modification Description: We are adding funding for Communicable Disease Control and Prevention (Profile 155800). Please see attached Scope(s) of Work. Final reports are due 45 days from the end of the designated contract period for any included profiles.

This is a Modification of an existing Agreement, as specified above. This Modification of Agreement encompasses both Amendments and Addendums to an existing Grant Agreement. This Modification is entered into by and between the State of Wisconsin Department of Health Services (DHS) and the Grantee listed above. With the exception of the terms being modified by this Grant Agreement Modification, ALL OTHER TERMS AND CONDITIONS OF THE EXISTING AGREEMENT, INCLUDING FUNDING, REMAIN IN FULL FORCE AND EFFECT. This Modification, including any and all attachments herein and the existing agreement, collectively, are the complete agreement of the parties and supersede any prior agreements or representations. DHS and the Grantee acknowledge that they have read the Modification and understand and agree to be bound by the terms and conditions of the existing agreement as modified by this action. This Modification becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

State of Wisconsin
Department of Health Services

Authorized Representative

Name: Anna Benton

Title: Assistant Administrator, Division of Public Health

Signature: 
AF2CECD4F36A431...

Date: 9/18/2022

Grantee

Entity Name: City of Racine

Authorized Representative

Name: Dottie-Kay Bowersox

Title: Public Health Administrator

Signature: 
83D9839DEB0244E...

Date: 9/9/2022

CARS PAYMENT INFORMATION

DHS CARS STAFF INTERNAL USE ONLY
CARS PAYMENT INFORMATION

The information below is used by the DHS Bureau of Fiscal Services, CARS Unit, to facilitate the processing and recording of payments made under this Agreement.

Agency #:	Agency Name:	Agency Type:	CARS Contract Start Date	CARS Contract End Date	Program Total Contract:	
341113	RACINE CITY HD	360	7/1/2022	6/30/2023	\$6,100	
Profile ID#	Profile Name	Profile Note	Profile Current Amount	Profile Change Amount	Profile Total Amount	Funding Controls
155800	COMM DISEASE CTRL & PREV		-	\$6,100	\$6,100	N/A
					\$6,100	