

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Bristol Community Organization, Inc.
Contractor Address: 55 South Street, Bristol, CT .06010
Contract Number: 14DSS4301CI / 017C-ECH-31
Amendment Number: A3
Amount as Amended: \$7,413,154.00
Contract Term as Amended: 10/1/2014 – 12/31/2016

The contract between Bristol Community Organization, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Commissioner on 11/09/2016, is hereby further amended as follows:

1. The term of the contract is hereby reduced by nine (9) months and the end date of the contract is changed from 9/30/2017 to 12/31/2016.
2. The FFY 2017 funding is increased by \$23,174.00 from \$47,501 to \$70,675. The additional funding is entirely for Administration and Assurance 16 activities and shall cover the period through 12/31/2016. The Contractor shall continue taking and processing applications, authorizing fuel deliveries for eligible households, and providing vendor invoices for fuel deliveries to the Human Resources Agency of New Britain to 12/31/2016.
3. The respective Composite, Administrative and Assurance 16 budgets on pages 2 through 4 of Amendment #2 are hereby deleted and replaced by the respective budgets on page 2 through 4 of this amendment.
4. The Contractor shall provide Final Administrative and Assurance 16 Financial Status Reports for expenditures incurred from 10/01/2016 – 12/31/2016. These reports are to be submitted to the Department by 1/15/2017.
5. The Contractor shall cease its operations as a community action agency as of 12/31/2016.

All terms and conditions of the original Contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

PART I
PROGRAM
NAME:
PROGRAM
NUMBER:

Connecticut Energy Assistance Program

017C-ECH-31 Composite / 14DSS4301CI A3 Composite 2016/2017

Contract Amount	3 MONTHS	Requested	Adjustments	Approved
		\$ 47,501	\$ 23,174	\$ 70,675
<i>For Amendments Only</i>				
Previously Approved Contract Amount			XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount		XXXXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	-			
	2b. Legal	-			
	2c. Independent Audit	356		178	534
	2d. Other Contractual Services	1,200		580	1,780
	TOTAL CONTRACTUAL SERVICES		1,556		2,314
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	11,224		5,743	16,967
	3b. Admin. Fringe Benefits	2,504		1,373	3,877
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		13,728		20,844
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	24,114		11,219	35,333
	4b. Program Fringe Benefits	3,462		1,760	5,222
	TOTAL DIRECT PROGRAM		27,576		40,555
5	<u>OTHER COSTS</u>				
	5a. Program Rent	-		-	
	5b. Consumable Supplies	-		-	
	5c. Travel & Transportation	27		13	40
	5d. Utilities	1,200		600	1,800
	5e. Repairs & Maintenance	2,019		1,009	3,028
	5f. Insurance	333		167	500
	5g. Food & Related Costs	-		-	
	5h. Other Project Expenses	1,062		532	1,594
	TOTAL OTHER COSTS		4,641		6,962
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 47,501	\$ 23,174	\$ 70,675

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
017C-ECH-31 (A) / 14DSS4301CI (A) A3 2016/2017

Contract Amount	3 MONTHS	Requested	Adjustments	Approved
		\$ 42,463	\$ 20,557	\$ 63,020
For Amendments Only				
Previously Approved Contract Amount			XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount		XXXXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	-			
	2b. Legal	-			
	2c. Independent Audit	356		178	534
	2d. Other Contractual Services	1,200		580	1,780
	TOTAL CONTRACTUAL SERVICES		1,556	758	2,314
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	11,224		5,743	16,967
	3b. Admin. Fringe Benefits	2,504		1,373	3,877
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		13,728	7,116	20,844
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	19,696		8,961	28,657
	4b. Program Fringe Benefits	2,842		1,401	4,243
	TOTAL DIRECT PROGRAM		22,538	10,362	32,900
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies	-			
	5c. Travel & Transportation	27		13	40
	5d. Utilities	1,200		600	1,800
	5e. Repairs & Maintenance	2,019		1,009	3,028
	5f. Insurance	333		167	500
	5g. Food & Related Costs	-			-
	5h. Other Project Expenses	1,062		532	1,594
	TOTAL OTHER COSTS		4,641	2,321	6,962
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>				
	(Sum of 1 through 6, minus Line 7)		\$ 42,463	\$ 20,557	\$ 63,020

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
017C-ECH-31 (C) / 14DSS4301AI (C) A3 2016/2017

Contract Amount	3 MONTHS	Requested	Adjustments	Approved
		\$ 5,038	\$ 2,617	\$ 7,655
<i>For Amendments Only</i>				
Previously Approved Contract Amount			XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount		XXXXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	-			
	2b. Legal	-			
	2c. Independent Audit				
	2d. Other Contractual Services	-			
	TOTAL CONTRACTUAL SERVICES		-		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION		-		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	4,418		2,258	6,676
	4b. Program Fringe Benefits	620		359	979
	TOTAL DIRECT PROGRAM		5,038	2,617	7,655
5	<u>OTHER COSTS</u>				
	5a. Program Rent	-			
	5b. Consumable Supplies	-			
	5c. Travel & Transportation	-			
	5d. Utilities	-			
	5e. Repairs & Maintenance	-			
	5f. Insurance	-			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	-			
	TOTAL OTHER COSTS		-		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 5,038	\$ 2,617	\$ 7,655

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

14DSS4301CI/017C-ECH-31 A3

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

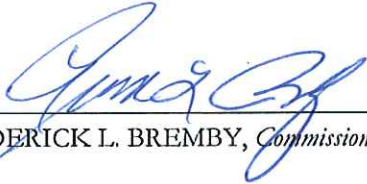
Bristol Community Organization, Inc.



Thomas Morrow, Executive Director

12/21/16
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

12/23/16
Date

This contract does not require the approval of the Attorney General pursuant to an agreement between the Department and the Office of the Attorney General, dated 12/29/2015.