

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: TEAM, Inc.
Contractor Address: 30 Elizabeth Street, Derby, CT .06418
Contract Number: 14DSS4301ZG / 084C-ECH-31
Amendment Number: A2
Amount as Amended: \$9,221,459.00
Contract Term as Amended: 10/1/2014 - 9/30/2017

The contract between TEAM, 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 12/8/2015, is hereby further amended as follows:

1. Through this amendment the FFY2017 allocation of \$3,068,045 is hereby incorporated into this contract. This funding will allow for the continuation of services during FFY2017, which is the third year of this three year contract. This funding will enable the Contractor to issue vendor payments on behalf of eligible households.
2. The respective Composite Administrative, Program Services and Assurance 16 budgets on pages 2 through 5 of Amendment #1 are hereby deleted and replaced by the respective budgets on page 2 through 5 of this amendment. The budgets for Administrative and Assurance are subject to percentage limitations pursuant to the Low Income Home Energy Assistance Act, and as such may be adjusted during the program year should actual funding differ from the amount anticipated.

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
084C-ECH-31 Composite / 14DSS4301ZG A2 Composite 2016/2017

Contract Amount	Requested	Adjustments	Approved
	\$ 3,068,045		\$ 3,068,045
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	349			
	2b. Legal	51			
	2c. Independent Audit	935			
	2d. Other Contractual Services	100,000			
	TOTAL CONTRACTUAL SERVICES		101,335		
3	ADMINISTRATION				
	3a. Admin. Salaries	9,504			
	3b. Admin. Fringe Benefits	3,762			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION		13,266		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	107,673			
	4b. Program Fringe Benefits	35,160			
	TOTAL DIRECT PROGRAM		142,833		
5	OTHER COSTS				
	5a. Program Rent	6,379			
	5b. Consumable Supplies	6,797			
	5c. Travel & Transportation	395			
	5d. Utilities	6,048			
	5e. Repairs & Maintenance	7,947			
	5f. Insurance	638			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	2,782,407			
	TOTAL OTHER COSTS		2,810,611		
6	EQUIPMENT		-		
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)		\$ 3,068,045		

PART I

PROGRAM NAME:

Connecticut Energy Assistance Program

PROGRAM NUMBER:

084C-ECH-31 (A) / 14DSS4301ZG(A) A2 2016/2017

Contract Amount	Requested	Adjustments	Approved
	\$ 260,071	\$ -	\$ 260,071
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	349			
	2b. Legal	51			
	2c. Independent Audit	935			
	2d. Other Contractual Services	100,000			
	TOTAL CONTRACTUAL SERVICES		101,335		
3	ADMINISTRATION				
	3a. Admin. Salaries	9,504			
	3b. Admin. Fringe Benefits	3,762			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION		13,266		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	76,867			
	4b. Program Fringe Benefits	29,550			
	TOTAL DIRECT PROGRAM		106,417		
5	OTHER COSTS				
	5a. Program Rent	6,379			
	5b. Consumable Supplies	6,797			
	5c. Travel & Transportation	395			
	5d. Utilities	6,048			
	5e. Repairs & Maintenance	7,947			
	5f. Insurance	638			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	10,849			
	TOTAL OTHER COSTS		39,053		
6	EQUIPMENT		-		
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)		\$ 260,071		

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
 PROGRAM NUMBER: 084C-ECH-31 (B) / 14DSS4301ZG (B) A2 2016/2017

	Requested	Adjustments	Approved
Contract Amount	\$ 2,771,558	\$ -	\$ 2,771,558
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
3	ADMINISTRATION				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
5	OTHER COSTS				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	2,771,558			
	TOTAL OTHER COSTS		2,771,558		
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)		\$ 2,771,558		

PART I

PROGRAM NAME:

Connecticut Energy Assistance Program

PROGRAM NUMBER:

084C-ECH-31 (C) / 14DSS4301ZG (C) A2 2016/2017

Contract Amount	Requested	Adjustments	Approved
	\$ 36,416	\$ -	\$ 36,416

For Amendments Only			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	-			
	2b. Legal	-			
	2c. Independent Audit	-			
	2d. Other Contractual Services	-			
	TOTAL CONTRACTUAL SERVICES		-		
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION		-		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	30,806			
	4b. Program Fringe Benefits	5,610			
	TOTAL DIRECT PROGRAM		36,416		
5	OTHER COSTS				
	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	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)		\$ 36,416		

SIGNATURES AND APPROVALS

14DSS4301ZG/084C-ECH-31 A2

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

CONTRACTOR

TEAM, Inc.



David Morgan, President/CEO

10 / 24 / 2016
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

10 / 25 / 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.

W-1270

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
REQUEST FOR PAYMENT
DSS ACCOUNTS PAYABLE

Voucher #: _____ VR Processed by: _____

VR Date: _____ Voucher Approved by: _____
Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____

Vendor/Contractor Name: TEAM, Inc.

Business Address: 30 Elizabeth Street, Derby, CT .06418

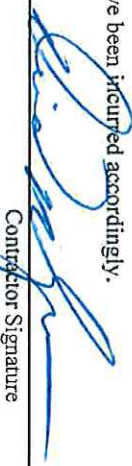
Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)

Purchase/Contract Type: PO POS PSA MO/ATI BOND
Check One: Competitive Non-Competitive
Spending Plan Code: ECH
CORE-CT Contract #: 14DSS4301ZG
DSS Contract #: 084C-ECH-31
PO #: _____ Receipt #: _____
FEIN #: 060835182 Vendor # 0000010272
Contract Period: From: 10/1/2014 To: 9/30/2017
Payment Period: From: _____ To: _____
Total Contract: \$9,221,459.00
Previous Payments: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: David Morgan

Contractor Name (print)



Contractor Signature

10/24/2016

Date

DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Josephine Caruso

DSS PROGRAM STAFF REP Signature

Date

(860) 424-5885

Phone #

Co-sign (if required) Signature

Phone #

DSS FISCAL STAFF APPROVAL - Name (sign & date)

*Financial Report Required Yes No
 *Financial Report within last 3 mos. Yes No
 *Attach Explanation If Report Is More Than 3 Months Old