



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Connecticut Food Bank, Inc.
Contractor Address: 2 Research Parkway, Wallingford, CT .06492
Contract Number: 15DSS4501FS / 093CFB-EFP-12
Amendment Number: A2
Amount as Amended: \$327,560.00
Contract Term as Amended: 2/1/2015 to 9/30/2017

The contract between Connecticut Food Bank, 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 Attorney General on 08/08/2016, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$129,354.00 from \$198,206.00 to \$327,560.00. The increase is due to the receipt of additional federal funding through the Commodity Supplemental Food Program (CSFP) for federal fiscal year 2017.
2. Part I, A.1. and D.1. shall be amended to reflect an increase in the amount of low-income residents served from 1,600 to 1,831 effective 10/01/2016.
3. The budget of page 2 of amendment A1 shall be deleted and replaced in its entirety with the budget on page 2 of this amendment.
4. DSS contract/Contract person on page 1 of original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.

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

FINANCIAL SUMMARY: CONNECTICUT FOOD BANK

15DSS4501FS A2

PROGRAM NAME:

Commodity Supplemental Food Program (CSFP)

PROGRAM NUMBER:

Contract No. #093-EFP-12/15DSS4501FS

Contract Amount	ACTUAL	Requested	Adjustments	Approved
		\$198,206.00	\$ 129,354.00	
<i>For Amendments</i>				
<i>Only</i>				
Previously Approved Contract Amount				
Amount of Amendment				

<i>Line #</i>	<i>Item</i>	FY 2015 (a)	FY 2016 (b)	FY 2017 (c)	Total Contract (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	1,329.00	2,215.00	\$ 2,525.00	6,069.00
	2d. Other Contractual Services	-	-	\$ -	-
	TOTAL CONTRACTUAL SERVICES	1,329.00	2,215.00	\$ 2,525.00	6,069.00
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	8,386.89	12,163.80	\$ 23,626.42	44,177.11
	3b. Admin. Fringe Benefits	1,056.40	1,110.36	\$ 7,022.72	9,189.48
	3c. Admin. Overhead	2,360.11	4,101.40	\$ 4,000.00	10,461.51
	TOTAL ADMINISTRATION	11,803.40	17,375.56	\$ 34,649.14	63,828.10
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	27,668.54	37,606.65	\$ 93,392.50	158,667.69
	4b. Program Fringe Benefits	7,040.36	9,284.26	\$ 52,019.45	68,344.07
	TOTAL DIRECT PROGRAM STAFF	34,708.90	46,890.91	\$ 145,411.95	227,011.76
5	<u>OTHER COSTS</u>				
	5a. Program Rent	-	-	\$ -	-
	5b. Consumable Supplies	7,200.00	10,282.50	\$ 15,781.64	33,264.14
	5c. Travel & Transportation	8,275.20	11,585.13	\$ 8,250.00	28,110.33
	5d. Utilities	8,772.00	11,403.60	\$ 9,699.00	29,874.60
	5e. Repairs & Maintenance	,364.50	8,830.30	\$ 7,405.02	23,599.82
	5f. Insurance	4,500.00	5,670.00	\$ 5,632.26	15,802.26
	5g. Food & Related Costs	-	-	\$ -	-
	5h. Other Project Expenses	-	-	\$ -	-
	TOTAL OTHER COSTS	36,111.70	47,771.53	\$ 46,767.92	130,651.15
6	<u>EQUIPMENT</u>				
		-	-	\$ -	-
7	<u>PROGRAM INCOME</u>				
	7a. Fees	-	-	\$ -	-
	7b. Other Income (CFB Funding)	-	-	\$ 100,000.00	100,000.00
	TOTAL PROGRAM INCOME	-	-	\$ 100,000.00	100,000.00
8	<u>TOTAL NET PROGRAM COST</u>	83,953.00	114,253.00	\$ 129,354.00	327,560.00

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

15DSS4501FS/093CFB-EFP-12 A2

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

CONTRACTOR

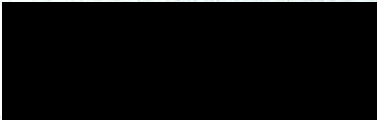
Connecticut Food Bank, Inc.



Bernard Beaudreau, President/CEO

3/20/17
Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, Commissioner

3/21/2017
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST.~~ ASSOC. ATTORNEY GENERAL (Approved as to form)

Joseph Rubin

3/31/17
Date

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: Connecticut Food Bank, Inc.
Business Address: 2 Research Parkway, Wallingford, CT .06492

Purchase/Contract Type: PO POS PSA MOA/TT BOND
Check One: Competitive Non-Competitive
Spending Plan Code: EFP
CORE-CT Contract #: 15DSS4501FS A2
DSS Contract #: 093CFB-EFP-12
PO #: _____
FEDIN #: 061063025 Vendor # 0000016678
Contract Period: From: 2/1/2015 To: 9/30/2017
Payment Period: From: _____ To: _____
Total Contract: \$327,560.00
Previous Payments: \$ _____

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

Receipt # _____

Connecticut Food Bank, Inc.
2 Research Parkway, Wallingford, CT .06492

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

Authorization: Bernard Beaudreau

Bernard Beaudreau

3/20/17

Contractor Name (print)

Contractor Signature

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: Jana Engle

DSS PROGRAM STAFF REP Signature

Date _____ (860) 424-5429
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