

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT  
Contractor Address: 100 GREAT MEADOW ROAD, SUITE 400, WETHERSFIELD, CT 06109  
Contract Number: 159CHC-FAM-01 / 13DSS3101GB  
Amendment Number: A2  
Amount as Amended: \$1,494,626  
Contract Term as Amended: 07/01/13 - 06/30/16

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The contract between **Community Health Center Association of Connecticut** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved the office of the Attorney General on 07/07/2014 is hereby further amended as follows:

1. The funding of the contract is increased in the amount of \$489,619.00, and the total contract award is changed from \$1,005,007 to \$1,494,626.00. This increase is to continue services for an additional year.
2. The budget on page 2 of amendment A1#1 shall be deleted and replaced in its entirety by the budget on page 2 of this amendment.
3. Part I, Section G. Subcontracted Services in the original contract shall be appended to include:
  - n. Intercommunity, Inc., 281 Main Street, East Hartford, CT 06118 - \$30,126.00
  - o. Wheeler Clinic, 10 North Main Street, Bristol, CT 06010 - \$30,126.00
4. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 06/30/2015 to 06/30/2016.

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.

Effective Date: 6/3/2015  
 CONTRACT NUMBER: 13DSS3101GB  
 CONTRACT PERIOD: 07/01/2013 through 06/30/2016  
 ST FISCAL YR (SFY): 2016  
 PROVIDER: Community Health Center Association of Co  
 Approved by: locurtod

4000 INCOME		FAM	Total Income
Program Funding Period:		<u>07/01/2015</u> through <u>06/30/2016</u>	
<u>4100 CONTRACT FUNDING</u>	<u>SID</u>	\$ 489,619	\$ 489,619
4101 State Funds	10020	\$ 489,619	\$ 489,619
<u>TOTAL INCOME</u>		<u>\$ 489,619</u>	<u>\$ 489,619</u>
5000 DIRECT EXPENSES		FAM	Total Expenses
<u>5100 SALARIES</u>		\$ 21,287	\$ 21,287
5101 Staff Salaries & Wages		\$ 21,287	\$ 21,287
<u>5200 FRINGE BENEFITS</u>		\$ 5,960	\$ 5,960
<u>5300 CONTRACTUAL SERVICES</u>		\$ 451,890	\$ 451,890
5304 Other Contractual (specify in narrative)		\$ 451,890	\$ 451,890
<u>5400 TRANSPORTATION</u>		\$ 50	\$ 50
5401 Staff Travel Reimbursement		\$ 50	\$ 50
<u>5600 FACILITIES</u>		\$ 2,599	\$ 2,599
5605 Other Facilities (specify in narrative)		\$ 2,599	\$ 2,599
<u>TOTAL DIRECT EXPENSES</u>		<u>\$ 481,786</u>	<u>\$ 481,786</u>
7000 INDIRECT EXPENSES		FAM	Total Expenses
<u>7100 ADMINISTRATIVE &amp; GENERAL</u>		\$ 7,833	\$ 7,833
All Other A&G		\$ 7,833	\$ 7,833
<u>TOTAL INDIRECT EXPENSES</u>		<u>\$ 7,833</u>	<u>\$ 7,833</u>
<u>TOTAL EXPENSES</u>		<u>\$ 489,619</u>	<u>\$ 489,619</u>
INCOME/EXPENSE SUMMARY		FAM	Total
TOTAL INCOME		\$ 489,619	\$ 489,619
TOTAL EXPENSES		\$ 489,619	\$ 489,619
<u>EXCESS/(SHORTAGE)</u>		<u>\$ -</u>	<u>\$ -</u>

**SIGNATURES AND APPROVALS**

**159CHC-FAM-01 / 13DSS3101GB A2**

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

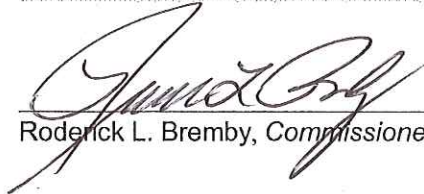
Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT**

  
\_\_\_\_\_  
Evelyn Barnum, Chief Executive Officer

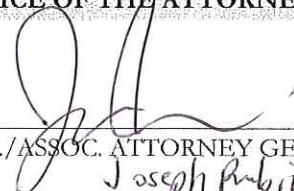
6/17/15  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
\_\_\_\_\_  
Roderick L. Bremby, Commissioner

6/19/15  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
\_\_\_\_\_  
ASSOC. ATTY. GENERAL  
ASST./ASSOC. ATTORNEY GENERAL (Approved as to form)  
Joseph Rubin

7/2/15  
Date