

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: FAMILIES IN CRISIS, INC.
Contractor Address: 60 POPIELUSZKO COURT, 2ND FLOOR, HARTFORD, CT 06106
Contract Number: 064FIC-FIP-12 / 13DSS1401JS
Amendment Number: A2
Amount as Amended: \$254,162
Contract Term as Amended: 07/01/13 - 06/30/15

The contract between **Families in Crisis, Inc.** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 08/29/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$35,000 from \$223,884 to \$254,162. This increase is broken down as follows.

\$35,000 increase was received from DOC to support the case manager position at MYI.

This increase includes a SFY 2015 rescission of \$4,722.

2. The budget on page 2 of amendment A1 shall be deleted, and replaced in its entirety by the budget on pages 2 of this amendment. Please complete budget and back-up in its entirety and return along with this signed amendment.

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

PROGRAM NAME:
PROGRAM NUMBER:

Fatherhood Initiative Program - FAMILY IN CRISIS FY2014-2015
064FIC-FIP-12 A2 / 13DSS1401JS

Contract Amount	Requested	Adjustments	Approved
	\$ 223,884	\$ 30,278	\$ 254,162
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment			\$

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	6,750		750	7,500
	2b. Legal	1,100		100	1,200
	2c. Independent Audit	1,100		100	1,200
	2d. Other Contractual Services	-		-	-
	TOTAL CONTRACTUAL SERVICES		8,950		
3	ADMINISTRATION				
	3a. Admin. Salaries	13,445		(2,436)	11,010
	3b. Admin. Fringe Benefits	3,854		(698)	3,156
	3c. Admin. Overhead	2,100		-	2,100
	TOTAL ADMINISTRATION		19,399		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	115,786		20,562	136,348
	4b. Program Fringe Benefits	33,190		5,894	39,084
	TOTAL DIRECT PROGRAM		148,976		
5	OTHER COSTS				
	5a. Program Rent	16,280		720	17,000
	5b. Consumable Supplies	10,000		2,000	12,000
	5c. Travel & Transportation	9,500		1,500	11,000
	5d. Utilities	-		-	-
	5e. Repairs & Maintenance	8,250		1,250	9,500
	5f. Insurance	1,250		250	1,500
	5g. Food & Related Costs	-		-	-
	5h. Other Project Expenses	1,279		286	1,565
	TOTAL OTHER COSTS		46,559		
6	EQUIPMENT		-	-	
7	PROGRAM INCOME				
	7a. Fees			-	-
	7b. Other Income			-	-
	TOTAL PROGRAM INCOME		-		
8	TOTAL NET PROGRAM COST		223,884	30,279	254,162
	(Sum of 1 through 6, minus Line 7)				

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SIGNATURES AND APPROVALS

064FIC-FIP-12 / 13DSS1401JS 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 - FAMILIES IN CRISIS, INC.



Joyce Betts, Executive Director

3/17/15
Date


DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, Commissioner

3/18/2015
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASSOC.~~ ASSOC. ATTORNEY GENERAL. (Approve as to form)
Joseph Rubin

ASSOC. ATTY. GENERAL

4/8/15
Date