

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: MADONNA PLACE, INC.
Contractor Address: 240 MAIN STREET, NORWICH, CT 06360
Contract Number: 104MP-FIP-10 / 13DSS1401QO
Amendment Number: A1
Amount as Amended: \$188,884
Contract Term as Amended: 07/01/13 - 06/30/15

The contract between **Madonna Place, 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 09/18/13, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by **\$32,500** from \$156,384 to \$188,884. This increase is due to the revised number of participants served by 30 from 55 to 85 in SFY2015.
2. Part I, Section B. 2 of the original contract shall be revised from a minimum of **fifty-five (55)** clients will be served in year 2 to a minimum of **eighty-five (85)** clients will be served in year 2.

DSS DM 9/29/14 (initial & date)

Contractor NAG 9/26/14 (initial & date)

3. The budget on page 16 of original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

PART I

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

MADONNA PLACE, INC. 7/1/14 - 6/30/15
13DSS1401QO - FIP

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment	\$ 94,442		\$

Line #	Item	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	750			
	2c. Independent Audit	750			
	2d. Other Contractual Services	120			
	TOTAL CONTRACTUAL SERVICES	\$ 1,620.00			
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	18,357.50			
	3b. Admin. Fringe Benefits	4,528.12			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION	\$ 22,885.62			
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	43,545.00			
	4b. Program Fringe Benefits	10,511.39			
	TOTAL DIRECT PROGRAM	\$ 54,056.39			
5	<u>OTHER COSTS</u>				
	5a. Program Rent	7,640.00			
	5b. Consumable Supplies	780.00			
	5c. Travel & Transportation	2,400.00			
	5d. Utilities	1,200.00			
	5e. Repairs & Maintenance	1,800.00			
	5f. Insurance	500.00			
	5g. Food & Related Costs	600.00			
	5h. Other Project Expenses	960.00			
	TOTAL OTHER COSTS	\$ 15,880.00			
6	<u>EQUIPMENT</u>	\$ -			
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME	\$ -			
8	<u>TOTAL NET PROGRAM COST</u>	\$ 94,442.00			

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

104MP-FIP-10 / 13DSS1401QO A1

The Contractor IS NOT 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 - MADONNA PLACE, INC.



Nancy W. Gentes, Executive Director

9/2/14

Date

DEPARTMENT OF SOCIAL SERVICES

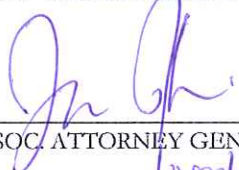


Roderick L. Bremby, Commissioner

9/18/2014

Date

OFFICE OF THE ATTORNEY GENERAL



ASST. / ASSOC. ATTORNEY GENERAL (*Approved as to form & legal sufficiency*)
Joseph Rubin

ASSOC. ATTY. GENERAL

10/5/14

Date