

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: A2
Amount as Amended: \$184,162
Contract Term as Amended: 07/01/13 - 06/30/15

The contract between **Madonna Place, Inc.** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/18/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is decreased by **\$-4,722** from \$188,884 to \$184,162. This decrease is due to the implementation of the Governors 5% rescissions to SFY 2015 state funds.
2. The budget on page 2 of amendment A1 shall be deleted, and replaced by the budget that is attached on page 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 III

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

MADONNA PLACE, INC. 7/1/14 - 6/30/15
104MP-FIP-10 / 13DSS1401QO

Contract Amount	Requested	Adjustments	Approved
<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				
	2b. Legal	750.00		(750.00)	-
	2c. Independent Audit	750.00		(250.00)	500.00
	2d. Other Contractual Services	120.00		-	120.00
	TOTAL CONTRACTUAL SERVICES	\$ 1,620.00		\$ (1,000.00)	\$ 620.00
3	ADMINISTRATION				
	3a. Admin. Salaries	18,357.50		-	18,357.50
	3b. Admin. Fringe Benefits	4,528.12		-	4,528.12
	3c. Admin. Overhead	-		-	-
	TOTAL ADMINISTRATION	\$ 22,885.62		\$ -	\$ 22,885.62
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	43,545.00		-	43,545.00
	4b. Program Fringe Benefits	10,511.39		-	10,511.39
	TOTAL DIRECT PROGRAM	\$ 54,056.39		\$ -	\$ 54,056.39
5	OTHER COSTS				
	5a. Program Rent	7,640.00		(2,762.00)	4,878.00
	5b. Consumable Supplies	780.00			780.00
	5c. Travel & Transportation	2,400.00		(600.00)	1,800.00
	5d. Utilities	1,200.00			1,200.00
	5e. Repairs & Maintenance	1,800.00		(240.00)	1,560.00
	5f. Insurance	500.00			500.00
	5g. Food & Related Costs	600.00		(120.00)	480.00
	5h. Other Project Expenses	960.00			960.00
	TOTAL OTHER COSTS	\$ 15,880.00		\$ (3,722.00)	\$ 12,158.00
6	EQUIPMENT				
		\$ -			
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME	\$ -		\$ -	\$ -
8	TOTAL NET PROGRAM COST	\$ 94,442.00		\$ (4,722.00)	\$ 89,720.00

(Sum of 1 through 6, minus Line 7)

5% Rescission

SIGNATURES AND APPROVALS

104MP-FIP-10 / 13DSS1401QO A2

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. Genjes, Executive Director

1/15/15

Date

DEPARTMENT OF SOCIAL SERVICES

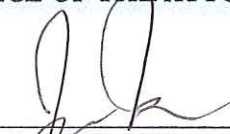


Roderick L. Bremby, Commissioner

01/28/2015

Date

OFFICE OF THE ATTORNEY GENERAL



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

2/9/15

Date