

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

NEW OPPORTUNITIES, INC.

Contractor Address:

232 NORTH ELM STREET, WATERBURY, CT 06702

Contract Number:

151C-HHD-29 / 14DSS1301TO

Amendment Number:

1

Amount as Amended:

\$97,320.00

Contract Term as Amended:

10/1/14 - 9/30/16

The contract between **New Opportunities**, **Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the by the Office of the Attorney General on 10 /29 /14, is hereby amended as follows:

- 1. The total maximum amount payable under this contract is increased by \$47,488.00 from \$49,832 to \$97,320.00. This increase is to continue to provide HHD services to the Waterbury service area.
- 2. The Contractor shall adhere to the budget as modified on page 4 of this amendment.
- 3. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 9/30/15 to 9/30/16.
- 4. During the contract period ending 9/30/2016, Part I, Section A.1 Description of Services of the original contract shall include at least an additional 35 clients (individuals and/or families) receiving services.
- 5. Part I, Section G.1 shall be deleted and replaced with the following: The Contractor agrees to subcontract the Program services described in Part I Section A of this contract to Warren F. Kaynor Technical High School, located at 43 Tompkins Street, Waterbury, CT 06708 in an amount not to exceed \$88,282.00 for the entire contract period 10/01/2014 through 09/30/2016.
- 6. Federal Funding Accountability and Transparency Act (FFATA):

- a. The Contractor shall register with the Federal System for Award Management (SAM) at https://www.sam.gov to assist the Department with meeting its obligation to comply with the Federal Funding Accountability and Transparency Act (FFATA).
- b. The Contractor shall ensure that it shall remain active in SAM by updating its SAM profile at least every 12 months. Upon notification by the Department that its SAM status is not active, the Contractor shall update its SAM profile within five business days of such notification. The Contractor's failure to comply may impact future issuance of payments by the Department.

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.

Program Name:	New Opportunities,	Inc.:H	ispanic Human R	esou	irce Developme	ent (1	0/1/14-9/30/16	
Program Number:	<u>1510</u>	151C-HHD-29 (A1) / 14DSS1301TO (A1)						
		ı	Requested	Α	djustments		Approved	
Contract Amount		\$	49,832	\$	47,488	\$	97,320	
For Amendment On	ly							
Previously Approved Contrac		\$	49,832	-		and the same		
Adjustments & New Contrac			· · · · · · · · · · · · · · · · · · ·	\$	47,488	\$	97,320	
Line # Item	Subcategory	Lir	e Item Total	A	djustments	R	evised Total	
	(a)		(b)		(c)		(d)	
1. UNIT RATE								
1a. Bed Days					9			
1b. Clients Advocate								
1c. Security Deposit								
1d. Other Unit Rate Costs		1						
Total Unit Rate		\$:. 	\$, TT A	\$		
2. CONTRACTUAL SERVICES								
2a. Accounting]						
2b. Legal]						
2c. Audit		_						
2d. Other Contractual Services	45,230				43,052		88,28	
Total Contractual Services		\$	45,230	\$	43,052.00	\$	88,282.00	
3. ADMINISTRATION		•						
3a. Admin. Salaries	2	-						
3b. Admin. Fringe Benefits	745	-			F.40		4.05	
3c. Admin. Overhead	715		745.00	•	540	Φ.	1,25	
Total Administration		\$	715.00	\$	540.00	\$	1,255.00	
4. DIRECT PROGRAM STAFF							**	
4a. Program Salaries	2,830	1		-	2,830		5,66	
4b. Program Fringe Benefits	493				502		99	
Total Direct Program Staff		\$	3,323	\$	3,332	\$	6,655.00	
Total Brioti Fogiam otali			0,020	*	0,002	Ψ_	0,000.00	
5. OTHER COSTS	2				27			
5a. Program Rent								
5b. Consumable Supplies	564				564		1,12	
5c. Travel & Transportation		İ	M.					
5d. Utilities		i e						
5e. Repair & Maintenance		l	Î i					
5f. Insurance							j	
5g. Food & Related Costs								
5h. Other Project Expenses								
Total Other Costs		\$	564	\$	564	\$	1,128.00	
	8-						Φ.	
5. Equipment							\$	
7. PROGRAM INCOME								
7a. Fees								
7b. Other Income								
Total Program Income		\$	-	\$		\$	a)	
3. TOTAL NET PROGRAM COST						*		
sum of lines 1 through 6 minus line 7)		\$	49,832.00	\$	47,488.00	\$	97,320.00	
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SIGNATURES AND APPROVALS 151C-HHD-29 / 14DSS1301TO

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	- NEW OPPO	PRTUNITIES.	INC.
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James H. Gatling, Ph.D

Date

DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Jalanan
Deputy Commissioner

Date

OFFICE OF THE ATTORNEY GENERAL

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009.