

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: City of Milford
Contractor Address: 70 West River Street, Milford, CT .06460
Contract Number: 15DSS4001SE / 084-1SE-HRD-1
Amendment Number: **Amendment 2**
Amount as Amended: \$46,697.00
Contract Term as Amended: 10/1/2015 to 6/30/2018

The contract between City of Milford ("Contractor") and the Connecticut Department of Social Services ("Department:"), which was last executed by the parties and approved by Commissioner on 3/2/2015, and previously amended on 9/30/2016, is hereby further amended as follows:

1. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 6/30/2017 to 6/30/2018.
2. The total maximum amount payable under the contract has increased by \$13,340 from \$33,357 to \$46,697 to provide funding for the extended term of the contract.
3. DSS Contract/contact person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
4. For the period 7/1/17 through 6/30/18, Part I, Section J. labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract and Amendments thereof, shall be deleted and replaced with the following:

PART I

FINANCIAL SUMMARY

PROGRAM NAME:

City of Milford - Department of Human Services

PROGRAM NUMBER:

15DSS4001SE A2

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 33,357		
Amount of Amendment		\$ 13,340	\$ 46,697

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				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	33,357		13,340	46,697
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM	33,357		13,340	46,697
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	TOTAL OTHER COSTS				
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>	33,357		13,340	46,697
	(Sum of 1 through 6, minus Line 7)				

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.

SIGNATURES AND APPROVALS

15DSS4001SE/084-1SE-HRD-1A2

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

City of Milford

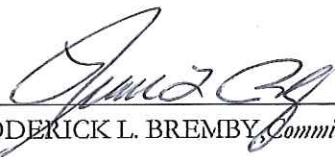


Benjamin G. Blake, Mayor

6/26/17

Date

DEPARTMENT OF SOCIAL SERVICES

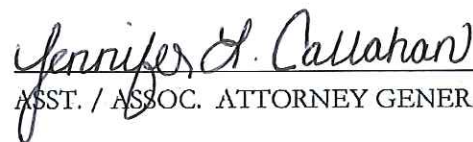


RODERICK L. BREMBY, Commissioner

6/27/17

Date

OFFICE OF THE ATTORNEY GENERAL



ASST. / ASSOC. ATTORNEY GENERAL, (Approved as to form)

6/29/17

Date

WORKFORCE ANALYSIS

Contractor Name: City of Milford Total Number of CT employees: 556
 Address: 82 New Haven Avenue, Milford, CT 06460 Full Time: 487 Part Time: 69

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (sum of all cols. male & female)	White (not of Hispanic Origin)		Black (not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian Or Alaskan Native		People with Disabilities	
		male	female	male	female	male	female	male	female	male	female	male	female
Officials & Managers	40	33	4						1				
Professionals	68	49	17	1			1						
Technicians	14	9	4		1								
Office & Clerical	75	9	63	1	1		1						
Craft Workers (skilled)	40	37	2			1							
Operatives (semi-skilled)	7	2	4						1				
Laborers (unskilled)	81	64	8	4		4			1				
Service Workers	231	199	19	4		9							
Totals Above	556	402	123	10	2	14	2		3				1
Totals 1 year Ago	509	350	129	9	1	14	1		4				1

FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)

Apprentices													
Trainees													

EMPLOYMENT FIGURES WERE OBTAINED FROM: Visual Check Employment Records Other

1. Have you successfully implemented an Affirmative Action Plan? YES NO
 Date of implementation: _____ If the answer is "No", explain. EO Policy

1. a) Do you promise to develop and implement a successful Affirmative Action? YES NO Not Applicable Explanation: See #1

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, Inclusive: YES NO Not Applicable
 Explanation: _____

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO
 Explanation: _____

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises? YES NO
 Explanation: _____

[Signature]
 Contractor's Authorized Signature

10/16/15
 Date