

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: INDEPENDENCE UNLIMITED, INC.  
Contractor Address: 151 NEW PARK AVENUE, SUITE D, HARTFORD, CT 06106  
Contract Number: 064IL-MFP-02 / 12DSS7101NW  
Amendment Number: A3  
Amount as Amended: \$1,961,205.00  
Contract Term as Amended: 07/01/12 - 06/30/18

---

The contract between **Independence Unlimited, 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 07/31/14, is hereby further amended as follows:

1. The funding of the contract is increased in the amount of \$990,000.00 and the total contract award is changed from \$971,205.00 to \$1,961,205.00
2. The term of the contract is extended for an additional thirty six (36) months and the end date of the contract is changed from 06/30/15 to 06/30/18.
3. The Dun & Bradstreet (DUNS) number assigned to Independence Unlimited, Inc. is: 162216352
4. The address for the Department of Social Services on the cover sheet of the original contract is amended as follows:

Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06106

5. **Amendments to Part I, Section D., labeled FEDERAL REQUIREMENTS.** Section D. in the original contract is supplemented to include a new subsection 3, as follows:

3. Federal Funding Accountability and Transparency Act (FFATA). To assist the Department with meeting its obligation to comply with the Federal Funding Accountability and Transparency Act (FFATA) the Contractor shall comply with the following provisions:

- a. Upon Department request the Contractor shall submit FFATA-required data regarding all annual Federal funding awards greater than \$25,000 to the Department. Such data may include but not be limited to the names and total compensation of the Contractor's top five executives.

- b. The Contractor shall register with the Federal System for Award Management (SAM) at <https://www.sam.gov>. 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 and complete the Department-issued Federal Funding Accountability and Transparency Act (FFATA) Contractor (Subawardee) Report] within five business days of such notification. The Contractor's failure to comply may impact future issuance of payments by the Department.

6. **Amendments to Part I, Section J. labeled NOTICES.** Section J, in the original contract is hereby amended by deleting sub-sections b. and c. in their entirety and replacing them with the following:

- b. In case of notice(s) to the Department regarding this contract

**Olga Coleman-Williams**  
 Contract Administration Unit  
 Department of Social Services  
 55 Farmington Avenue  
 Hartford, CT 06105  
 (860) 424-5661, or [olga.coleman-williams@ct.gov](mailto:olga.coleman-williams@ct.gov)

- c. In case of notice(s) to the Department regarding this contract:

**Dawn Lambert**  
 Money Follows the Person Program  
 Division of Health Services  
 Department of Social Services  
 55 Farmington Avenue  
 Hartford, CT 06105  
 (860) 424-4897, or [dawn.lambert@ct.gov](mailto:dawn.lambert@ct.gov)

7. **Amendments to Part I, Section L., labeled FINANCIAL REPORTING REQUIREMENTS.** Section L. is hereby amended as follows:

- a. by replacing in subsection 1, "September 30, 2015" with "September 30, 2018" in the original contract and Amendment One (A1) and Amendment Two (A2).
- b. by supplementing in subsection 4, in A2 the following Revised Reporting Period and Submission Due Dates schedule as follows:

Reporting Period	Submission Due Date
July 1, 2015 – October 31, 2015	November 30, 2015
November 1, 2015 – February 28, 2016	March 31, 2016
March 1, 2016 – June 30, 2016	September 30, 2016
Reporting Period	Submission Due Date
July 1, 2016 – October 31, 2016	November 30, 2016
November 1, 2016 – February 28, 2017	March 31, 2017
March 1, 2017 – June 30, 2017	September 30, 2017
Reporting Period	Submission Due Date
July 1, 2017 – October 31, 2017	November 30, 2018
November 1, 2017 – February 28, 2018	March 31, 2018
March 1, 2018 – June 30, 2018	September 30, 2018

8. **Amendments to Part I, Section M., labeled PAYMENT PROVISIONS.** Section M. is hereby amended as follows.

a. by supplementing in subsection 1., in A2, the not to exceed provisions for the period of July 1, 2015 through June 30, 2018 as follows:

1. The Department shall pay the Contractor for services rendered in accordance with terms of this contract up to a maximum amount not to exceed \$990,000.00 for the contract period of July 1, 2015 through June 30, 2018.

b. by supplementing in subsection 4., in A2, the Revised Payment Schedule for SFY 16, SFY 17, and SFY18, as follows:

SFY 16

	Annual	Signed Contract	Period 2 10/31/2015	Period 3 1/31/2016
<b>MFP</b>	\$297,000	\$99,000	\$99,000	\$99,000
<b>NFT</b>	\$33,000	\$11,000	\$11,000	\$11,000
<b>Total</b>	<b>\$330,000</b>	<b>\$110,000</b>	<b>\$110,000</b>	<b>\$110,000</b>

SFY 17

	Annual	Signed Contract	Period 2 10/31/2016	Period 3 1/31/2017
<b>MFP</b>	\$297,000	\$99,000	\$99,000	\$99,000
<b>NFT</b>	\$33,000	\$11,000	\$11,000	\$11,000
<b>Total</b>	<b>\$330,000</b>	<b>\$110,000</b>	<b>\$110,000</b>	<b>\$110,000</b>

SFY 18

	Annual	Signed Contract	Period 2 10/31/2017	Period 3 1/31/2018
<b>MFP</b>	\$297,000	\$99,000	\$99,000	\$99,000
<b>NFT</b>	\$33,000	\$11,000	\$11,000	\$11,000
<b>Total</b>	<b>\$330,000</b>	<b>\$110,000</b>	<b>\$110,000</b>	<b>\$110,000</b>

c. by supplementing in the original contract the new subsection 10, as follows:

10. The Contractor shall submit Interim and Financial Reports to the Department, reporting the actual income and expenditures for each funded program, on forms provided by the Department.

a. The Contractor will submit to the Department fiscal reports on the Department's provided forms on or before October 31, January 31, April 30, and July 31 of each year during the contract period. The final fiscal report shall be due within 60 days of the end of the contract period.

b. The Contractor will submit such required financial reports to the Department's Program representative located at Department of Social Services, Social Work Services, 55 Farmington Ave, Hartford, CT 06105.

9. **Amendments to Part I, Section N., labeled BUDGET PROVISIONS.** Section N is hereby amended in the A2 by supplementing the budgets for the period between July 1, 2015 to June 30, 2018 as follows:

- a. The Budget for SFY 16 is designated as **APPROVED** and included in the Uniform Chart of Accounts as follows (UCOA).

Effective Date: <b>5/12/2015</b>			
CONTRACT NUMBER: <b>12DSS7101NW</b>			
CONTRACT PERIOD: <b>07/01/2012 through 06/30/2018</b>			
ST FISCAL YR (SFY): <b>2016</b>			
PROVIDER: <b>Independence Unlimited, Inc.</b>			
Approved by: <b>martinken</b>			
<b>4000 INCOME</b>		<b>MFP</b>	<b>Total Income</b>
<b>Program Funding Period:</b>		<b>07/01/2015 through 06/30/2016</b>	
<b>4100 CONTRACT FUNDING</b>	<b>SID</b>	\$ 330,000	\$ 330,000
4101 State Funds	10020	\$ 330,000	\$ 330,000
<b>TOTAL INCOME</b>		<b>\$ 330,000</b>	<b>\$ 330,000</b>
<b>5000 DIRECT EXPENSES</b>		<b>MFP</b>	<b>Total Expenses</b>
<b>5100 SALARIES</b>		\$ 218,156	\$ 218,156
5101 Staff Salaries & Wages		\$ 218,156	\$ 218,156
<b>5200 FRINGE BENEFITS</b>		\$ 55,957	\$ 55,957
<b>5400 TRANSPORTATION</b>		\$ 14,490	\$ 14,490
5401 Staff Travel Reimbursement		\$ 14,490	\$ 14,490
<b>5500 MATERIALS AND SUPPLIES</b>		\$ 5,337	\$ 5,337
5504 Other Mtrls and Sppls (specify in narrative)		\$ 5,337	\$ 5,337
<b>5600 FACILITIES</b>		\$ 29,400	\$ 29,400
5601 Rent and Real Estate Taxes		\$ 29,400	\$ 29,400
<b>5800 OTHER EXPENSES</b>		\$ 6,660	\$ 6,660
5801 Communications		\$ 3,660	\$ 3,660
5806 Other (specify in narrative)		\$ 3,000	\$ 3,000
<b>TOTAL DIRECT EXPENSES</b>		<b>\$ 330,000</b>	<b>\$ 330,000</b>
<b>7000 INDIRECT EXPENSES</b>		<b>MFP</b>	<b>Total Expenses</b>
<b>TOTAL INDIRECT EXPENSES</b>		\$ -	\$ -
<b>TOTAL EXPENSES</b>		<b>\$ 330,000</b>	<b>\$ 330,000</b>
<b>INCOME/EXPENSE SUMMARY</b>		<b>MFP</b>	<b>Total</b>
<b>TOTAL INCOME</b>		\$ 330,000	\$ 330,000
<b>TOTAL EXPENSES</b>		\$ 330,000	\$ 330,000
<b>EXCESS/(SHORTAGE)</b>		\$ -	\$ -

- b. The budget allocations for SFY 17 and SFY 18 are designated as **PRELIMINARY**. The budgets will be "Approved" once submitted, and accepted in the UCOA. Once accepted in the UCOA, those budgets will be deemed approved and part of this agreement, as follows.

SFY 17

Contractual Services	NFTP State Funds	MFP TC	Housing	TOTAL
Personnel Supervisor Salary	\$2,578	\$12,525	\$3,500	\$18,603
Personnel Salaries	\$18,914	\$146,639	\$34,000	\$199,553
Fringe	\$5,513	\$40,826	\$9,619	\$55,958
Travel	\$1,380	\$9,660	\$3,450	\$14,490
Rent & Occupancy	\$3,415	\$12,953	\$13,032	\$29,400
Telephone & Internet	\$366	\$2,562	\$732	\$3,660
Supplies	\$484	\$3,385	\$967	\$4,836
Posting & Printing	\$50	\$350	\$100	\$500
Equipment	\$0	\$0	\$0	\$0
Other: Contract	\$300	\$2,100	\$600	\$3,000

Administration				
<b>Total Direct</b>	<b>\$33,000</b>	<b>\$231,000</b>	<b>\$66,000</b>	<b>\$330,000</b>
Indirect	\$0	\$0	\$0	\$0
In Kind	\$0	\$0	\$0	\$0
<b>Grand Total</b>	<b>\$33,000</b>	<b>\$231,000</b>	<b>\$66,000</b>	<b>\$330,000</b>
Vacancy Savings Period 1	\$0	\$0	\$0	\$0
<b>NET TOTAL</b>	<b>\$33,000</b>	<b>\$231,000</b>	<b>\$66,000</b>	<b>\$330,000</b>

SFY 18

<b>Contractual Services</b>	<b>NFTP State Funds</b>	<b>MFP TC</b>	<b>Housing</b>	<b>TOTAL</b>
Personnel Supervisor Salary	\$2,578	\$12,525	\$3,500	\$18,603
Personnel Salaries	\$18,914	\$146,639	\$34,000	\$199,553
Fringe	\$5,513	\$40,826	\$9,619	\$55,958
Travel	\$1,380	\$9,660	\$3,450	\$14,490
Rent & Occupancy	\$3,415	\$12,953	\$13,032	\$29,400
Telephone & Internet	\$366	\$2,562	\$732	\$3,660
Supplies	\$484	\$3,385	\$967	\$4,836
Posting & Printing	\$50	\$350	\$100	\$500
Equipment	\$0	\$0	\$0	\$0
Other: Contract Administration	\$300	\$2,100	\$600	\$3,000
<b>Total Direct</b>	<b>\$33,000</b>	<b>\$231,000</b>	<b>\$66,000</b>	<b>\$330,000</b>
Indirect	\$0	\$0	\$0	\$0
In Kind	\$0	\$0	\$0	\$0
<b>Grand Total</b>	<b>\$33,000</b>	<b>\$231,000</b>	<b>\$66,000</b>	<b>\$330,000</b>
Vacancy Savings Period 1	\$0	\$0	\$0	\$0
<b>NET TOTAL</b>	<b>\$33,000</b>	<b>\$231,000</b>	<b>\$66,000</b>	<b>\$330,000</b>

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**

064IL-MFP-02/12DSS7101NW A3

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

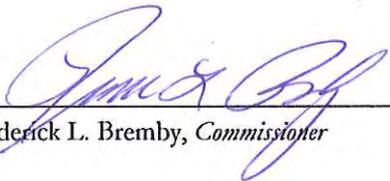
Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR – INDEPENDENCE UNLIMITED, INC.**

  
\_\_\_\_\_  
Candace Low  
Executive Director

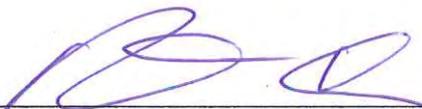
06/11/15  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
\_\_\_\_\_  
Roderick L. Bremby, *Commissioner*

6/15/15  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
\_\_\_\_\_  
ASST./ ASSOC. ATTORNEY GENERAL (*Approved as to form*)  
Robert W. Clark

6/23/15  
Date