

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: NORTH CENTRAL AREA AGENCY ON AGING, INC.
Contractor Address: 151 NEW PARK AVE, PO BOX 175, HARTFORD, CT 06106
Contract Number: 064NCA-MFP-02 / 12DSS7101TT
Amendment Number: A3
Amount as Amended: \$1,188,855.00
Contract Term as Amended: 07/01/12 - 06/30/18

The contract between **North Central Area Agency On Aging, 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 09/15/14, is hereby further amended as follows:

1. The total maximum amount payable under this contract is **increased by \$594,000.00 from \$594,855.00 to \$1,188,855.00.**
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 North Central Area Agency on Aging, Inc. is: 791474711
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 2, as follows:
 2. 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:
 - b. 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.
 - c. 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.1. 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

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) 42-4897, or 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 \$594,000.00 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 Amendment	Period 2 10/31/2015	Period 3 1/31/2016
MFP	\$165,000	\$55,000	\$55,000	\$55,000
NFT	\$33,000	\$11,000	\$11,000	\$11,000
Total	\$ 198,000	\$66,000	\$ 66,000	\$66,000

SFY 17

	Annual	Signed Amendment	Period 2 10/31/2016	Period 3 1/31/2017
MFP	\$165,000	\$55,000	\$55,000	\$55,000
NFT	\$33,000	\$11,000	\$11,000	\$11,000
Total	\$ 198,000	\$66,000	\$ 66,000	\$66,000

SFY 18

	Annual	Signed Amendment	Period 2 10/31/2017	Period 3 1/31/2018
MFP	\$165,000	\$55,000	\$55,000	\$55,000
NFT	\$33,000	\$11,000	\$11,000	\$11,000
Total	\$ 198,000	\$66,000	\$ 66,000	\$66,000

- c. by supplementing to 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).

4000 INCOME		MFP	Total Income
		07/01/2015 through 06/30/2016	
Program Funding Period:			
4100 CONTRACT FUNDING	SID	\$ 198,000	\$ 198,000
4101 State Funds	10020	\$ 198,000	\$ 198,000
TOTAL INCOME		\$ 198,000	\$ 198,000
5000 DIRECT EXPENSES		MFP	Total Expenses
5100 SALARIES		\$ 133,137	\$ 133,137
5101 Staff Salaries & Wages		\$ 133,137	\$ 133,137
5200 FRINGE BENEFITS		\$ 49,848	\$ 49,848
5400 TRANSPORTATION		\$ 3,375	\$ 3,375
5401 Staff Travel Reimbursement		\$ 3,375	\$ 3,375
5500 MATERIALS AND SUPPLIES		\$ 1,740	\$ 1,740
5504 Other Mtrls and Sppls (specify in narrative)		\$ 1,740	\$ 1,740
5600 FACILITIES		\$ 6,700	\$ 6,700
5601 Rent and Real Estate Taxes		\$ 5,200	\$ 5,200
5603 Maintenance & Repair - Facility and Plant		\$ 1,500	\$ 1,500
5800 OTHER EXPENSES		\$ 3,200	\$ 3,200
5802 Insurance		\$ 1,650	\$ 1,650
5806 Other (specify in narrative)		\$ 1,550	\$ 1,550
TOTAL DIRECT EXPENSES		\$ 198,000	\$ 198,000
7000 INDIRECT EXPENSES		MFP	Total Expenses
TOTAL INDIRECT EXPENSES		\$ -	\$ -
TOTAL EXPENSES		\$ 198,000	\$ 198,000
INCOME/EXPENSE SUMMARY		MFP	Total
TOTAL INCOME		\$ 198,000	\$ 198,000
TOTAL EXPENSES		\$ 198,000	\$ 198,000
EXCESS/(SHORTAGE)		\$ -	\$ -

b. The Budgets 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.

SFY 2017

Contractual Services:	NFTP State Funds	MFP	TOTAL
Personnel Supervisor Salary	\$2,500	\$12,500	\$15,000
Personnel Salaries	\$21,950	\$96,187	\$118,137
Fringe	\$8,550	\$41,463	\$50,013
Travel	\$0	\$3,375	\$3,375
Printing/postage/telephone		\$1,550	\$1,550
Rent		\$5,200	\$5,200
Supplies	\$0	\$1,575	\$1,575
Equipment	\$0	\$1,500	\$1,500
Insurance/Audit	\$0	\$1,650	\$1,650
Total Direct	\$33,000	\$ 165,000	\$198,000
Indirect	\$0	\$0	\$0
In Kind	\$0	\$0	\$0
Grand Total	\$33,000	\$ 165,000	\$198,000
Vacancy Savings Period 1			
NET TOTAL	\$33,000	\$165,000	\$198,000

SFY 2018

Contractual Services:	NFTP State Funds	MFP	TOTAL
Personnel Supervisor Salary	\$2,500	\$12,500	\$15,000
Personnel Salaries	\$21,950	\$96,187	\$118,137
Fringe	\$8,550	\$41,463	\$50,013
Travel	\$0	\$3,375	\$3,375
Printing/postage/telephone		\$1,550	\$1,550
Rent		\$5,200	\$5,200
Supplies	\$0	\$1,575	\$1,575
Equipment	\$0	\$1,500	\$1,500
Insurance/Audit	\$0	\$1,650	\$1,650
Total Direct	\$33,000	\$ 165,000	\$198,000
Indirect	\$0	\$0	\$0
In Kind	\$0	\$0	\$0
Grand Total	\$33,000	\$ 165,000	\$198,000
Vacancy Savings Period 1			
NET TOTAL	\$33,000	\$165,000	\$198,000

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.

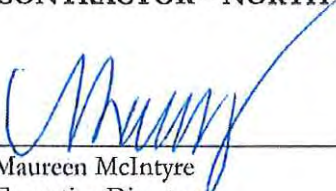
SIGNATURES AND APPROVALS

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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.

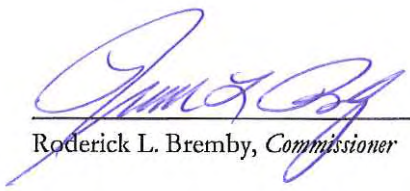
CONTRACTOR – NORTH CENTRAL AREA ON AGING, INC.



Maureen McIntyre
Executive Director

6/12/15
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