



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Catholic Charities, Inc.
Contractor Address: 839-841 Asylum Avenue, Hartford, CT 06105
Contract Number: 16DSS4801DD / 064-1DD-RAP-01
Amendment Number: A1
Amount as Amended: \$1,026,597.00
Contract Term as Amended: 10/1/2016 to 9/30/2019

The contract between Catholic Charities, Inc. (the Contractor) and the Connecticut Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 1/9/17, is hereby amended as follows:

1. Through this amendment the FFY2017 allocation is increased by \$40,115 from \$342,199~~49~~ to \$382,314. This represents an increase to the allocation for the first year of this three year contract. This funding will be used by the Contractor to increase the level of services supported through this agreement.
2. The respective Composite and Refugee Social Services Formula budgets on pages 14 and 15 of the original contract are hereby deleted and replaced by the respective budgets on pages 2 and 3 of this amendment.

| |
|---|
| Approved by Agency <i>RWB</i> 5/11/17 |
| Approved by Contractor <i>MK</i> 5/10/17 |

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 I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
Contract #16DSS4801DD-A1 (Composite Budget) FFY 2017

| Contract Amount | Requested | Adjustments | Approved |
|-------------------------------------|----------------------|----------------------|----------------------|
| <i>For Amendments Only</i> | | | |
| Previously Approved Contract Amount | \$ 342,199 | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| Adjustments & New Contract Amount | XXXXXXXXXXXXXXXXXXXX | \$ 40,115 | \$ 382,314 |

| 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 | - | | | - |
| | 2c. Independent Audit | - | | | - |
| | 2d. Other Contractual Services | | | | - |
| | TOTAL CONTRACTUAL SERVICES | | - | - | - |
| 3 | ADMINISTRATION | | | | |
| | 3a. Admin. Salaries | | | | - |
| | 3b. Admin. Fringe Benefits | | | | - |
| | 3c. Admin. Overhead | 52,580 | | 6,291 | 58,871 |
| | TOTAL ADMINISTRATION | | 52,580 | 6,291 | 58,871 |
| 4 | DIRECT PROGRAM STAFF | | | | |
| | 4a. Program Salaries | 203,850 | | 24,290 | 228,140 |
| | 4b. Program Fringe Benefits | 70,538 | | 7,044 | 77,582 |
| | TOTAL DIRECT PROGRAM STAFF | | 274,388 | 31,334 | 305,722 |
| 5 | OTHER COSTS | | | | |
| | 5a. Program Rent | 3,145 | | | 3,145 |
| | 5b. Consumable Supplies | 3,196 | | 1,290 | 4,486 |
| | 5c. Travel & Transportation | 3,215 | | | 3,215 |
| | 5d. Utilities | 2,300 | | | 2,300 |
| | 5e. Repairs & Maintenance | 1,500 | | | 1,500 |
| | 5f. Insurance | 570 | | | 570 |
| | 5g. Food & Related Costs | | | | - |
| | 5h. Other Project Expenses | 1,305 | | 1,200 | 2,505 |
| | TOTAL OTHER COSTS | | 15,231 | 2,490 | 17,721 |
| 6 | EQUIPMENT | | | | |
| 7 | PROGRAM INCOME | | | | |
| | 7a. Fees | | | | |
| | 7b. Other Income | | | | |
| | TOTAL PROGRAM INCOME | | | | |
| 8 | TOTAL NET PROGRAM COST | | \$ 342,199 | \$ 40,115 | \$ 382,314 |
| | (Sum of 1 through 6, minus Line 7) | | | | |

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Refugee Assistance Program
Contract Amendment #16DSS4801DD-A1 (RSS Formula) FFY 2017

| | | | |
|--|--------------------|--------------------|--------------------|
| Contract Amount | Requested | Adjustments | Approved |
| | | \$ - | \$ - |
| <i>For Amendments Only</i> | | | |
| Previously Approved Contract Amount | \$ 152,169 | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| | | \$ 40,115 | \$ 192,284 |
| Adjustments & New Contract Amount | XXXXXXXXXXXXXXXXXX | | |

| 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 | - | | | - |
| | 2c. Independent Audit | - | | | - |
| | 2d. Other Contractual Services | | | | - |
| | TOTAL CONTRACTUAL SERVICES | | - | - | - |
| 3 | ADMINISTRATION | | | | - |
| | 3a. Admin. Salaries | | | | - |
| | 3b. Admin. Fringe Benefits | | | | - |
| | 3c. Admin. Overhead | 23,865 | | 6,291 | 30,156 |
| | TOTAL ADMINISTRATION | | 23,865 | 6,291 | 30,156 |
| 4 | DIRECT PROGRAM STAFF | | | | |
| | 4a. Program Salaries | 90,778 | | 24,290 | 115,068 |
| | 4b. Program Fringe Benefits | 30,963 | | 7,044 | 38,007 |
| | TOTAL DIRECT PROGRAM | | 121,741 | 31,334 | 153,075 |
| 5 | OTHER COSTS | | | | |
| | 5a. Program Rent | 1,000 | | | 1,000 |
| | 5b. Consumable Supplies | 1,243 | | 1,290 | 2,533 |
| | 5c. Travel & Transportation | 1,000 | | | 1,000 |
| | 5d. Utilities | 1,000 | | | 1,000 |
| | 5e. Repairs & Maintenance | 1,000 | | | 1,000 |
| | 5f. Insurance | 570 | | | 570 |
| | 5g. Food & Related Costs | - | | | - |
| | 5h. Other Project Expenses | 750 | | 1,200 | 1,950 |
| | TOTAL OTHER COSTS | | 6,563 | 2,490 | 9,053 |
| 6 | EQUIPMENT | | | | - |
| 7 | PROGRAM INCOME | | | | |
| | 7a. Fees | | | | |
| | 7b. Other Income | | | | |
| | TOTAL PROGRAM INCOME | | | | |
| 8 | TOTAL NET PROGRAM COST | | \$ 152,169 | \$ 40,115 | \$ 192,284 |
| | (Sum of 1 through 6, minus Line 7) | | | | |

SIGNATURES AND APPROVALS

16DSS4801DD/064-1DD-RAP-01 A1

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

CONTRACTOR

Catholic Charities, Inc.


Marek Kukulka, Chief Executive Officer


4/20/17
Date

DEPARTMENT OF SOCIAL SERVICES


RODERICK L. BREMBY, *Commissioner*

5/1/17
Date

OFFICE OF THE ATTORNEY GENERAL


~~ASST.~~ ASSOC. ATTORNEY GENERAL (*Approved as to form*) *Joseph Rubin*
Joseph Rubin

5/15/17
Date

WORKFORCE ANALYSIS

| | |
|---|---|
| Contractor: Catholic Charities, Inc. Archdiocese of Hartford | January 2017 |
| Address: 839-841 Asylum Avenue Hartford, CT 06105 | Number of Connecticut employees: Full-time: [#] 304 Part-time: [#] 121 Employment figures obtained from: Visual Check <input type="checkbox"/> ; Employment Records <input checked="" type="checkbox"/> ; Other <input type="checkbox"/> Explain: |

| JOB CATEGORIES | TOTALS | WHITE (Not of Hispanic Origin) | | BLACK (Not of Hispanic Origin) | | HISPANIC | | ASIAN OR PACIFIC ISLANDER | | AMER. INDIAN OR ALSKAN NATIVE | | PERSON WITH DISABILITIES | |
|--------------------------|--------|-----------------------------------|--------|-----------------------------------|--------|----------|--------|---------------------------|--------|-------------------------------|--------|--------------------------|--------|
| | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| Officials & Managers | 23 | 7 | 9 | 2 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 48 | 6 | 17 | 6 | 7 | 4 | 5 | 0 | 3 | 0 | 0 | 0 | 0 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 299 | 18 | 54 | 40 | 74 | 17 | 87 | 1 | 7 | 0 | 0 | 1 | 0 |
| Office & Clerical | 55 | 3 | 16 | 0 | 8 | 3 | 25 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers (Skilled) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operators (Semi-Skilled) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers (Unskilled) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 425 | 34 | 96 | 48 | 92 | 24 | 119 | 1 | 10 | 0 | 0 | 1 | 0 |
| Totals One Year Ago | 468 | 33 | 115 | 49 | 109 | 23 | 125 | 0 | 12 | 0 | 0 | 0 | 0 |

FORMAL ON-THE-JOB-TRAINEES

| | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Apprentices | | | | | | | | | | | | | |
| Trainees | | | | | | | | | | | | | |

1. Have you successfully implemented an Affirmative Action Plan?
 Yes No If yes, date of implementation 1988 _____ ; If No, explain:
 a) Do you promise to develop and implement a successful Affirmative Action Plan?
 Yes No N/A Explain: _____
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 N/A Explain: _____
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 Explain: _____
4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 Yes No Explain: _____

Mark Kukulka
Authorized Signature
4/21/17
Date