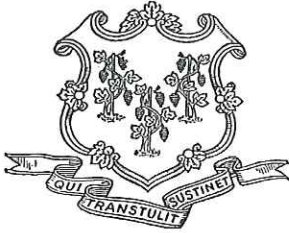


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: CONNECTICUT COMMUNITY PROVIDERS ASSOCIATION, INC.
Contractor Address: 35 COLD SPRINGS ROAD, SUITE #552, ROCKY HILL, CT 06067-3165
Contract Number: 119CMC-SBG-21 / 14DSS5011FP
Amendment Number: A1
Amount as Amended: \$125,615
Contract Term as Amended: 10/01/14 - 03/31/16

The contract between **Connecticut Community Providers Association, Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Commissioner on 10/10/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$41,872** from \$83,743 to \$125,615.
2. The budget on page 13 of the original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.
3. The term of the contract is extended for an additional six months and the end date of the contract is changed from 9/30/15 to 3/31/16.

PART I

FINANCIAL SUMMARY

PROGRAM NAME:	Connecticut Community Providers Association, Inc.	
PROGRAM NUMBER:	Contract No.	119CMC-SBG-21 / 14DSS5001FP A1

	Requested	Adjustments	Approved
Contract Amount	\$ 83,743		\$
<i>For Amendments Only</i>	\$ 41,871.50		
Previously Approved Contract Amount	\$ 83,743		
Amount of Amendment	\$ 41,871.50		\$

Line #	Item	Approved Budget 10/1/14 - 9/30/15	Line Item Total 10/1/15 - 3/31/16	Line Item Total ©	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	\$138	\$69		\$207
	2d. Other Contractual Services	\$71,227	\$35,614		\$106,841
	TOTAL CONTRACTUAL SERVICES	\$71,365	\$35,683		\$107,048
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	\$7,596	\$3,798		\$11,394
	3b. Admin. Fringe Benefits	\$1,540	\$770		\$2,310
	3c. Admin. Overhead	\$0	\$0		\$0
	TOTAL ADMINISTRATION	\$9,136	\$4,568		\$13,704
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies	\$140	\$70		\$210
	5c. Travel & Transportation	\$1,000	\$500		\$1,500
	5d. Utilities	\$120	\$60		\$180
	5e. Repairs & Maintenance	\$75	\$38		\$113
	5f. Insurance	\$132	\$66		\$198
	5g. Food & Related Costs	\$1,275	\$638		\$1,913
	5h. Other Project Expenses	\$500	\$250		\$750
	TOTAL OTHER COSTS	\$3,242	\$1,621		\$4,863
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>	\$83,743	\$41,872		\$125,615
	(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

119CMC-SBG-21 / 14DSS5011FP A1

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 - CONNECTICUT COMMUNITY PROVIDERS ASSOCIATION, INC.

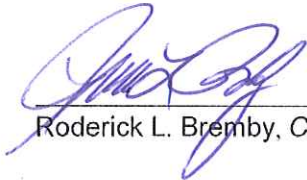


Kirk A. Springsted, *Vice President, Administration*

9/28/2015

Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

9/29/2015

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.