



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: EASTCONN
Contractor Address: 376 HARTFORD TURNPIKE, HAMPTON, CT 06247
Contract Number: 063ECN-SBG-14 / 14DSS5011IK
Amendment Number: A1
Amount as Amended: \$36,724
Contract Term as Amended: 10/01/14 – 03/31/16

The contract between **EASTCONN** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 10/02/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$12,241 from \$24,483 to \$36,724.
2. The budget on page 11 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:
PROGRAM NUMBER:

EASTCONN 14DSS5011IK
163ECN-SBG-14 A1

Contract Amount	36,724	Requested	Adjustments	Approved
<i>For Amendments Only</i>		\$ 24,483	12241	36724
Previously Approved Contract Amount				
Amount of Amendment				\$

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	1,738		1,003	2,741
	TOTAL CONTRACTUAL SERVICES	1,738		1,003	2,741
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	19,475		9,967	29,442
	3b. Admin. Fringe Benefits	3,270		1,272	4,542
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION	22,745		11,239	33,984
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				
	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> (Sum of 1 through 6, minus Line 7)	24,483		12,241	36,724

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

063ECN-SBG-14 / 14DSS5011IK 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 - EASTCONN



Paula M. Colen, *Executive Director*

9/21/2015

Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

9/24/2015

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.