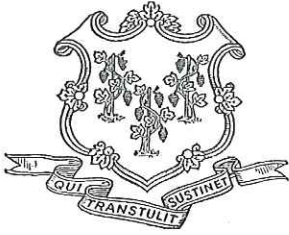


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: FRIENDLY HANDS FOOD BANK, INC.
Contractor Address: 50 KING STREET, TORRINGTON, CT 06790
Contract Number: 143FHF-SBG-15 / 14DSS5011KP
Amendment Number: A1
Amount as Amended: \$50,957
Contract Term as Amended: 10/01/14 - 03/31/16

The contract between **Friendly Hands Food Bank, Inc.** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/04/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$16,986** from \$33,971 to \$50,957.
2. The budget on page 12 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 09/30/15 to 3/31/16.

PART I

FINANCIAL SUMMARY

PROGRAM NAME:

Friendly Hands Food Bank, Inc.

PROGRAM NUMBER:

14DSS5011KP/143FHF-SBG-15

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 33,971		
Amount of Amendment		\$ 16,986	\$ 50,957

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	1,000		500	
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES	1,000	1,000	500	1,500
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	1,880		940	
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION	1,880	1,880	940	2,820
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	25,565		12,783	
	4b. Program Fringe Benefits	3,000		1,500	
	TOTAL DIRECT PROGRAM	28,565	28,565	14,283	42,848
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities	1,026		513	
	5e. Repairs & Maintenance				
	5f. Insurance	1,500		750	
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	TOTAL OTHER COSTS	2,526	2,526	1,263	3,789
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)		33,971	16,986	50,957

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

143FHF-SBG-15 / 14DSS5011KP 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 - FRIENDLY HANDS FOOD BANK, INC.



Maureen C. Hubert, *Executive Director*

9/18/15
Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

9/22/2015
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.