

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

TOWN OF SOUTH WINDSOR

Contractor Address:

1540 SULLIVAN AVENUE, SOUTH WINDSOR, CT 06074

Contract Number:

132-SBG-30 / 14DSS5011XN

Amendment Number:

A1

Amount as Amended:

\$19,795

Contract Term as Amended: 10/01/14 - 03/31/16

The contract between Town of South Windsor and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 12/23/14, is hereby amended as follows:

- The total maximum amount payable under this contract is increased by \$6,598 from \$13,197 to \$19,795.
- 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: Town of South Windsor PROGRAM NUMBER: 132-SBG-30/14DSS5011XN A1 Requested Adjustments Approved \$ **Contract Amount** \$ 13,197 13,197 For Amendments Only **Previously Approved Contract Amount** \$ 13,197 6,598 \$ 19,795 **Amount of Amendment** \$ Subcategory Line Item Total Adjustments **Revised Total** Line # Item (a) (b) (c) (d) **UNIT RATE** 1a. Bed Days 1b. Client Advocate 1c. Security Deposit 1d. Other Unit Rate Costs TOTAL UNIT RATE CONTRACTUAL SERVICES 2a. Accounting 2b. Legal 2c. Independent Audit 2d. Other Contractual Services TOTAL CONTRACTUAL SERVICES **ADMINISTRATION** 3a. Admin. Salaries 3b. Admin. Fringe Benefits 3c. Admin. Overhead TOTAL ADMINISTRATION DIRECT PROGRAM STAFF 6,598 19,795 13,197 13,197 4a. Program Salaries 4b. Program Fringe Benefits TOTAL DIRECT PROGRAM 13,197 13,197 6,598 19,795 OTHER COSTS 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 **EQUIPMENT** PROGRAM INCOME 7a. Fees 7b. Other Income TOTAL PROGRAM INCOME

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.

13,197

13,197

6,598

19,795

TOTAL NET PROGRAM COST

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS 132-SBG-30 / 14DSS5011XN A1

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTENACTOR TOWN OR SOUTH AVININGOR

Documentation necessary to demonstrate the authorization to sign must be attached.

Matsalu B. Lallin Matthew B Galligan, Town Managel	0/B/15
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DEPARTMENT OF SOCIAL SERVICES Roderick L. Bremby, Commissioner	<u>9/24/2015</u> Date
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OFFICE OF THE ATTORNEY GENERAL	

from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19,

2009.