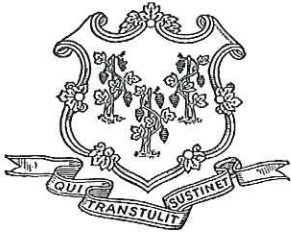


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: WOMEN & FAMILIES CENTER
Contractor Address: 169 COLONY STREET, MERIDEN, CT 06451
Contract Number: 080WFC-SBG-14 / 14DSS5022CT
Amendment Number: A1
Amount as Amended: \$13,003
Contract Term as Amended: 10/01/14 - 03/31/16

The contract between **Women & Families Center** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 01/13/15, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$4,334** from \$8,669 to \$13,003.
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 9/30/15 to 3/31/16.

PART I

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

| |
|---|
| Women and Families Center Sexual Assault Crisis Services |
| 080WFC-SBG-14 / 14DSS5022CT A1 |

| | Requested | Adjustments | Approved |
|--|-----------|-------------|----------|
| Contract Amount | \$ 8,669 | | |
| <i>For Amendments Only</i> | | | |
| Previously Approved Contract Amount | \$ 8,669 | | |
| Amount of Amendment | \$ 4,334 | | \$ |

| Line # | Item | Subcategory (a) | Line Item Total (b) | Adjustments (c) | Revised Total (d) |
|----------|--------------------------------------|--------------------|------------------------|--------------------|----------------------|
| 1 | <u>UNIT RATE</u> | | | 6 month ext. | |
| | 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 | | | | |
| | TOTAL CONTRACTUAL SERVICES | | | | |
| 3 | <u>ADMINISTRATION</u> | | | | |
| | 3a. Admin. Salaries | 300 | | 150 | 450 |
| | 3b. Admin. Fringe Benefits | 111 | | 54 | 165 |
| | 3c. Admin. Overhead | | | | |
| | TOTAL ADMINISTRATION | | 411 | 204 | 615 |
| 4 | <u>DIRECT PROGRAM STAFF</u> | | | | |
| | 4a. Program Salaries | 4,600 | | 2,300 | 6,900 |
| | 4b. Program Fringe Benefits | 1,148 | | 452 | 1,600 |
| | TOTAL DIRECT PROGRAM | | 5,748 | 2,752 | 8,500 |
| 5 | <u>OTHER COSTS</u> | | | | |
| | 5a. Program Rent | 2,510 | | 1,378 | 3,888 |
| | 5b. Consumable Supplies | | | | |
| | 5c. Travel & Transportation | | | | |
| | 5d. Utilities | | | | |
| | 5e. Repairs & Maintenance | - | | | |
| | 5f. Insurance | | | | |
| | 5g. Food & Related Costs | | | | |
| | 5h. Other Project Expenses | | | | |
| | TOTAL OTHER COSTS | | 2,510 | 1,378 | 3,888 |
| 6 | <u>EQUIPMENT</u> | | | | |
| 7 | <u>PROGRAM INCOME</u> | | | | |
| | 7a. Fees | | | | |
| | 7b. Other Income | | | | |
| | TOTAL PROGRAM INCOME | | | | |
| 8 | <u>TOTAL NET PROGRAM COST</u> | | 8,669 | 4,334 | 13,003 |
| | (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

080WFC-SBG-14 / 14DSS5022CT 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 - WOMEN & FAMILIES CENTER



Robyn Jay Bage, *Chief Executive Officer*



Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*



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.