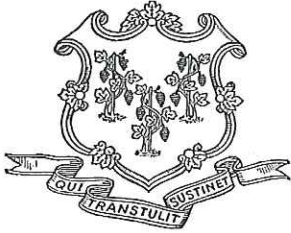


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: CONNECTICUT COUNCIL OF FAMILY SERVICE AGENCIES, INC.
Contractor Address: 1310 SILAS DEANE HIGHWAY, SUITE 219, WETHERSFIELD, CT 06109
Contract Number: 159CCF-SNS-04 / 09DSS3301FQ
Amendment Number: A5
Amount as Amended: \$18,176,456
Contract Term as Amended: 01/01/09 - 06/30/15

The contract between **Connecticut Council of Family Service Agencies, Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 1/3/2014, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by **\$2,585,400** from \$15,591,056 to \$18,176,456. This increase is to continue program services for an additional year.
2. The budget on page 2 of amendment A4 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 one (1) year and the end date of the contract is changed from 06/30/2014 to 06/30/2015.

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

APPENDIX XII - LINE ITEM BUDGET FORM

PART III

CT COUNCIL OF FAMILY SERVICE AGENCIES FINANCIAL SUMMARY

PROGRAM NAME:	Safety Net Services Network
PROGRAM NUMBER:	159-CCF-SNS-04/09DSS3301FQ <i>A5</i>

7/1/14 - 6/30/15	Requested	Adjustments	Approved
Contract Amount	\$ 2,585,400	\$ -	\$ 2,585,400
<i>For Amendments Only</i>			
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	8,700			8,700
	2d. Other Contractual Services	29,799			29,799
	TOTAL CONTRACTUAL SERVICES		38,499	-	38,499
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	131,000			131,000
	3b. Admin. Fringe Benefits	30,130			30,130
	3c. Admin. Overhead	109,216			109,216
	TOTAL ADMINISTRATION		270,346	-	270,346
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	1,092,278			1,092,278
	4b. Program Fringe Benefits	298,894			298,894
	TOTAL DIRECT PROGRAM		1,391,172	0	1,391,172
5	<u>OTHER COSTS</u>				
	5a. Program Rent	101,000			101,000
	5b. Consumable Supplies	104,000			104,000
	5c. Travel & Transportation	101,270			101,270
	5d. Utilities	40,044			40,044
	5e. Repairs & Maintenance	58,000			58,000
	5f. Insurance	21,000			21,000
	5g. Food & Related Costs	-			-
	5h. Other Project Expenses	460,069			460,069
	TOTAL OTHER COSTS		885,383	-	885,383
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME		0		
8	<u>TOTAL NET PROGRAM COST</u>		2,585,400	-	2,585,400
	(Sum of 1 through 6, minus Line 7)				

APPENDIX XII - LINE ITEM BUDGET FORM

PART III

CT COUNCIL OF FAMILY SERVICE AGENCIES FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

Safety Net Services Network		
159-CCF-SNS-04/09DSS3301FQ <i>AS</i>		

1/1/09 - 6/30/15	Requested	Adjustments	Approved
Contract Amount	\$ 15,591,056	\$ 2,585,400	\$ 18,176,456
<i>For Amendments Only</i>			
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	3,953			3,953
	2c. Independent Audit	41,908		8,700	50,608
	2d. Other Contractual Services	68,463		29,799	98,262
	TOTAL CONTRACTUAL SERVICES		114,324	38,499	152,823
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	898,521		131,000	1,029,521
	3b. Admin. Fringe Benefits	216,263		30,130	246,393
	3c. Admin. Overhead	418,677		109,216	527,893
	TOTAL ADMINISTRATION		1,533,461	270,346	1,803,807
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	6,824,456		1,092,278	7,916,734
	4b. Program Fringe Benefits	1,853,719		298,894	2,152,613
	TOTAL DIRECT PROGRAM		8,678,175	1,391,172	10,069,347
5	<u>OTHER COSTS</u>				
	5a. Program Rent	580,221		101,000	681,221
	5b. Consumable Supplies	754,413		104,000	858,413
	5c. Travel & Transportation	526,903		101,270	628,173
	5d. Utilities	246,339		40,044	286,383
	5e. Repairs & Maintenance	404,170		58,000	462,170
	5f. Insurance	147,461		21,000	168,461
	5g. Food & Related Costs	-			-
	5h. Other Project Expenses	2,605,589		460,069	3,065,658
	TOTAL OTHER COSTS		5,265,096	885,383	6,150,479
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME		0		0
8	<u>TOTAL NET PROGRAM COST</u>		15,591,056	2,585,400	18,176,456
	<i>(Sum of 1 through 6, minus Line 7)</i>				

SIGNATURES AND APPROVALS

159CCF-SNS-04 / 09DSS3301FQ A5

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 COUNCIL OF FAMILY SERVICE AGENCIES, INC.



C. Kim O'Rielly, *President & CEO*

6-26-2014

Date

DEPARTMENT OF SOCIAL SERVICES

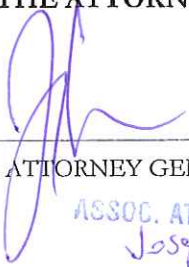


Roderick L. Bremby, *Commissioner*

6/30/14

Date

OFFICE OF THE ATTORNEY GENERAL



ASST. / ASSOC. ATTORNEY GENERAL, (*Approved as to form & legal sufficiency*)
ASSOC. ATTY. GENERAL
Joseph Rubini

7/16/14

Date