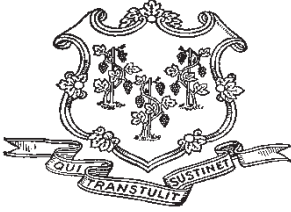


STATE OF CONNECTICUT  
DEPARTMENT OF HOUSING



CONTRACT AMENDMENT

Contractor: My Sisters' Place, Inc.  
Contractor Address: 237 Hamilton Avenue, Hartford, CT 06106  
Contract Number: 13DOH0801CB / 064MSP-TLP-1  
Amendment Number: 4  
Amount as Amended: \$379,375.00  
Contract Term as Amended: 10/1/2012 - 6/30/2017

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The contract between **My Sisters' Place, Inc.** (*the "Contractor"*) and the **Department Of Housing** (*the "Agency"*), which was last executed by the parties on effective date: 11/12/12, and previously amended on 06/11/13, and 06/12/15 is hereby amended as follows:

1. The contract is amended because the total maximum amount payable under this contract has decreased by **(\$4,661.00) from \$384,036.00 to \$379,375.00** due to a rescission of 5.75% in SFY 2017 State funding.
2. Part I, Section E. 9 of Amendment #3 shall be deleted in its entirety.
3. Part I, Section(s) G.1.d. of Amendment #3 shall be deleted in its entirety.
4. Part I, Section(s) G. 1.g. of Amendment #3 shall be deleted and the following is substituted in lieu thereof:
  - g. Contractor shall use reasonable efforts to ensure that Clients complete a client satisfaction survey **[for each separate program]** provided by the Contractor. A summary of these surveys will be presented to the Board of Directors and approved in the Board minutes. These minutes will be reviewed during the Department's annual visit.
5. Part I, Section H.1. of Amendment #3, shall be deleted and the following is substituted in lieu thereof:
  1. **Payment Provisions.** The Agency agrees to pay for the services provided and as described under this contract up to a maximum amount not to exceed **\$379,375.00**, for the entire contract period.

6. The budget, Part I, Section H. 5.a. on page 9 of Amendment A#3 is hereby deleted and the following is substituted in lieu thereof:

Effective Date: **11/17/2016**

CONTRACT NUMBER: **13DOH0801CB -\$379,385.00**

CONTRACT PERIOD: **10/01/2012 through 06/30/2017**

ST FISCAL YR (SFY): **2017**

PROVIDER: **My Sister's Place, Inc**

Approved by: **Berryja**

4000 INCOME		TLP - State	Federal	Total Income
Program Funding Period:		07/01/2016 through 06/30/2017	07/01/2016 through 06/30/2017	
<b>4100 CONTRACT FUNDING</b>	<b>SID</b>	<b>\$ 4,574</b>	<b>\$ 71,657</b>	<b>\$ 76,231</b>
4101 State Funds	16149-1200903	\$ 4,574		\$ 4,574
4102 Federal/Other Funds	20710-2070101		\$ 71,657	\$ 71,657
<b>TOTAL INCOME</b>		<b>\$ 4,574</b>	<b>\$ 71,657</b>	<b>\$ 76,231</b>
5000 DIRECT EXPENSES		TLP - State	Federal	Total Expenses
<b>5100 SALARIES</b>		<b>\$ 3,649</b>	<b>\$ 58,094</b>	<b>\$ 61,743</b>
5101 Staff Salaries & Wages		\$ 3,649	\$ 58,094	\$ 61,743
<b>5200 FRINGE BENEFITS</b>		<b>\$ 925</b>	<b>\$ 13,563</b>	<b>\$ 14,488</b>
<b>TOTAL DIRECT EXPENSES</b>		<b>\$ 4,574</b>	<b>\$ 71,657</b>	<b>\$ 76,231</b>
7000 INDIRECT EXPENSES		TLP - State	Federal	Total Expenses
<b>TOTAL INDIRECT EXPENSES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL EXPENSES</b>		<b>\$ 4,574</b>	<b>\$ 71,657</b>	<b>\$ 76,231</b>
INCOME/EXPENSE SUMMARY		TLP - State	Federal	Total
TOTAL INCOME		\$ 4,574	\$ 71,657	\$ 76,231
TOTAL EXPENSES		\$ 4,574	\$ 71,657	\$ 76,231
<b>EXCESS/(SHORTAGE)</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

7. Part I, Section(s) I. 2.f. of this contract is hereby deleted and the following is substituted in lieu thereof:
  - a. No budget revisions proposed by the Contractor may be submitted later than 45 calendar days **prior** to the end of each contract year during the contract period, except that the Department may entertain, at any time, a budget revision for the purpose of increasing funds solely for the audit of the Program. The final financial report will show all category overruns. Costs incurred after the end of the budget period will be disallowed except those which the Department has expressly approved in writing and in advance.
  
8. 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**

BDOH0801CB A4

IN WITNESS WHEREOF, the parties have executed this Contract amendment by their duly authorized representatives with full knowledge of and agreement with its terms and conditions.

**CONTRACTOR - MY SISTERS' PLACE, INC.**

  
\_\_\_\_\_  
DIANE PAIGE BLONDET, Executive Director

11/21/16  
Date

**DEPARTMENT OF HOUSING**

  
\_\_\_\_\_  
EVONNE M. KLEIN, Commissioner

11/24/16  
Date

**CONNECTICUT ATTORNEY GENERAL**

*Approved as to form.*

Part I of this Contract having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG.