

OPM Template 18
04/2009

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: THE NEW HAVEN FAMILY ALLIANCE, INC.
 Contractor Address: 370 JAMES STREET, 2ND FL, NEW HAVEN, CT 06513
 Contract Number: 093NHA-FIP-09 / 13DSS1401TH
 Amendment Number: A1
 Amount as Amended: \$188,884
 Contract Term as Amended: 07/01/13 - 06/30/15

The contract between The New Haven Family Alliance, 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 , is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$32,500 from \$156,384 to \$188,884. This increase is due to the revised number of participants served by 30 from 55 to 85 in SFY2015.
2. Part I, Section B, 2 of the original contract shall be revised from a minimum of fifty-five (55) clients will be served in year 2 to a minimum of eighty-five (85) clients will be served in year 2.

DSS RUB 10/2/14 (initial & date)

Contractor BT (initial & date) 10/2/14

3. The budget on page 16 of original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.

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.

PART I

PROGRAM NAME:	Fatherhood Initiative Program
CONTRACT NUMBER:	093NHA-FIP-09 A1
CONTRACTOR NAME:	New Haven Family Alliance, Inc.
CONTRACT PERIOD:	7/1/2013 - 6/30/2014

Date: June 18, 2012	Requested	Adjustments	Approved
Contract Amount	\$ 94,442.00	\$ -	\$ -
For Amendments Only			
Previously Approved Contract Amount			
Amount of Amendment			

<i>Line #</i>	<i>Item</i>	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	1,000			
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES		\$ 1,000.00		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	2,421.00			
	3b. Admin. Fringe Benefits	434.00			
	3c. Admin. Overhead	\$ 1,000.00			
	TOTAL ADMINISTRATION		\$ 3,855.00		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	\$ 61,000.00			
	4b. Program Fringe Benefits	\$ 25,248.00			
	TOTAL DIRECT PROGRAM STAFF		\$ 86,248.00		
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies	\$ 2,028.00			
	5c. Travel & Transportation	\$ 714.00			
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	\$ 597.00			
	TOTAL OTHER COSTS		\$ 3,339.00		
6	<u>EQUIPMENT</u>				
			\$ -		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 94,442.00		

SIGNATURES AND APPROVALS

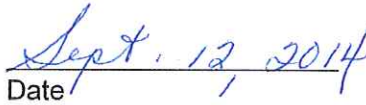
093NHA-FIP-09 / 13DSS1401TH A1

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

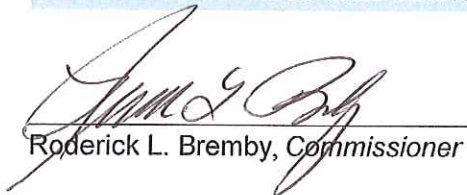
Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR - THE NEW HAVEN FAMILY ALLIANCE, INC.


Barbara Tinney, Executive Director

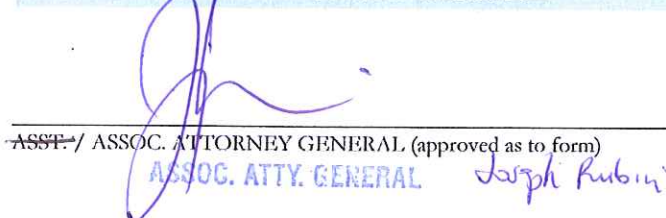

Date

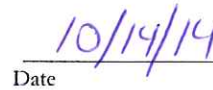
DEPARTMENT OF SOCIAL SERVICES


Roderick L. Bremby, Commissioner


Date

OFFICE OF THE ATTORNEY GENERAL


~~ASST.~~ / ASSOC. ATTORNEY GENERAL (approved as to form)
ASSOC. ATTY. GENERAL Joseph Rubini


Date