

Part 1 Face Sheet
MEMORANDUM OF AGREEMENT
STATE OF CONNECTICUT
Department of Social Services
CONTRACT ADMINISTRATION

1. Indicate Memorandum Type. Non-financial agreements do not require fiscal review.
2. Prepare two original copies.
3. Originating agency internal approvals must be shown prior to contracting state agency acceptance.
4. The Department of Social Services and the Contractor as listed below hereby enter into an agreement subject to the terms and conditions stated herein and subject to the applicable provisions of the Connecticut General Statutes.
5. Acceptance of this contract implies conformance with terms and conditions as stated in this agreement.

	(1) ORIGINAL <input type="checkbox"/> (2) AMENDMENT <input checked="" type="checkbox"/> #2	(3) DSS Identification No. 13DSS4602II (A2) 093GCC-FSE-02	(4) Contracting Agency Identification	
CONTRACTING STATE AGENCY	(5) Contracting State Agency Name GATEWAY COMMUNITY COLLEGE		(6) Contracting State Agency State Number 093GCC-FSE-02	(7) Contracting State Agency FEIN 421678331
	(8) Contracting State Agency Address 20 Church Street, New Haven, CT 06510		(9) Contracting State Agency Liaison & Phone No. Victoria Bozzuto – 203-285-2408	
ORIGINATING STATE AGENCY	(10) Originating State Agency Department of Social Services		(11) Originating State Agency Number DSS6000	(12) Originating State Agency FEIN
	(13) Originating State Agency Address 25 Sigourney Street, Hartford, CT 06106		(14) Originating State Agency Liaison & Phone No. Jana Engle – 860-424-5429	
CONTRACT PERIOD	(15) Contract Period (From - To) 01/01/2013 – 09/30/2015		(1) Funding Period (From -To) 10/01/2013 – 09/30/2014	
CANCELLATION CLAUSE	This agreement shall remain in full force and effect for the entire term of the contract period stated above unless cancelled.		(17) Required No. Of Days Written Notice. Thirty (30)	
COMPLETE DESCRIPTION OF SERVICE	(18) The contracting state agency agrees to comply with the terms of the agreement as described herein.			
COST AND SCHEDULE OF TRANSFER CERTIFICATES	(19) The contract amount is decreased \$50,000.00 from \$251,000.00 to \$201,000.00. The maximum dollar value of this contract shall not exceed \$201,000.00. Upon execution and approval of this contract by the Commissioner. The Contractor shall provide services and submit transfer invoices for approval. Upon approval, the Department shall process the transfer invoices in accordance with the payment terms on page 2 of this agreement.			

(20) Line No.	(21) Budget Reference	(22) Fund	(23) Department	(24)		(25) Account	(26) Project/Grant	(27) Chart 1	(28) Chart 2	(29) Amount
				Program	SID					
	2014	12060	DSS60799	52003	20735	55120	DSS000000031905	168046	NO_CODE	\$75,000.00
	2014	12060	DSS60799	52003	20735	55050	DSS000000031906	168046	NO_CODE	\$500.00
	2014	11000	DSS60799	52003	16098	55070	DSS_NONPROJECT	168046	NO_CODE	\$500.00

(30) ACCEPTANCE AND APPROVALS

(31) STATUTORY AUTHORITY - §4-8, 17b- 3

(32) Department of Social Services PROGRAM DIRECTOR	Ron Roberts, Director SNAP Division	DATE 8/20/14
(33) Department of Social Services FISCAL OFFICIAL	Michael Gilbert, Director Division of Fiscal Management & Analysis	DATE 8/20/14
(34) Department of Social Services CONTRACT ADMINISTRATOR	Tina McGill Contract Administration	DATE 8/21/14
(35) CONTRACTING STATE AGENCY AUTHORIZED OFFICIAL	Victoria Bozzuto, Dean Workforce Development and Continuing Education	DATE 8.13.14
(36) ORIGINATING AGENCY AUTHORIZED OFFICIAL	Roderick L. Bremby, Commissioner Department of Social Services	DATE 8/20/2014

1. Part 4, Payment and Budget Provisions, A. Budget, #1 of the original contract shall now read as follows:

The Department agrees to pay for services provided under this contract as described in Part 3 of the original MOA at an amount not to exceed **\$201,000.00**.

2. The dollar value of the contract is decreased by \$50,000.00 for federal fiscal year 2014 from \$251,000.00 to \$201,000.00.
3. All other terms and conditions not specifically amended herein shall remain in full force and effect.