



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Catholic Charities of Fairfield County, Inc.
Contractor Address: 238 Jewett Avenue, Bridgeport, CT 06606
Contract Number: 015 CCF-HSF-01/14DSS8801DC
Amendment Number: One
Amount as Amended: \$2,833,811.00
Contract Term as Amended: May 16, 2014 – September 30, 2016

The contract between Catholic Charities of Fairfield County, Inc. (*the Contractor*) and the Department of Social Services (*the Department*), which was executed by the parties and approved by the Office of the Attorney General on 7/7/14, is hereby amended as follows:

1. The term of the contract is extended for an additional 1 year and the end date of the contract is changed from 9/30/2015 to **9/30/2016**.
2. The budget on page 15 - 19 of the original contract is deleted and replaced in its entirety by the budget on page 2 - 6 of this amendment.
3. **Federal Funding Accountability and Transparency Act (FFATA):**
 - a. The Contractor shall register with the Federal System for Award Management (SAM) at <https://www.sam.gov> to assist the Department with meeting its obligation to comply with the Federal Funding Accountability and Transparency Act (FFATA).
 - b. The Contractor shall ensure that it shall remain active in SAM by updating its SAM profile at least every 12 months. Upon notification by the Department that its SAM status is not active, the Contractor shall update its SAM profile within five business days of such notification. The Contractor's failure to comply may impact future issuance of payments by the Department.

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.

FINANCIAL SUMMARY

Core Category of Services

CONSOLIDATED DATA FOR CATHOLIC CHARITIES

PROGRAM NAME:	HURRICANE SANDY SOCIAL SERVICES BLOCK GRANT		
PROGRAM NUMBER:	Core Category of Services Total Budget Page		
RESPONDENT or SUBCONTRACTOR NAME:	Catholic Charities of Fairfield County, Inc.		

Insert Month & Year start date in this highlighted cell :

May 16, 2014 - September 30, 2015	Oct 1, 2015 - Sept 30, 2016	May 16, 2014 - Sept 30, 2016
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Line #	Item/Total	2013 BY 1**	2014 BY 2**	TOTAL
1	<u>CONTRACTUAL SERVICES</u>			
	1a. Accounting	\$ -	\$ -	\$ -
	1b. Legal	\$ -	\$ -	\$ -
	1c. Independent Audit	\$ -	\$ -	\$ -
	1d. Other Contractual Services	\$ -	\$ -	\$ -
	TOTAL CONTRACTUAL SERVICES	\$ -	\$ -	\$ -
2	<u>ADMINISTRATION</u>			
	2a. Admin. Salaries	\$ -	\$ -	\$ -
	2b. Admin. Fringe Benefits	\$ -	\$ -	\$ -
	2c. Admin. Overhead	\$ 194,744.71	\$ 57,615.09	\$ 252,359.80
	TOTAL ADMINISTRATION	\$ 194,744.71	\$ 57,615.09	\$ 252,359.80
	% of Admin not to exceed 9%	9%	9%	9%
3	<u>DIRECT PROGRAM STAFF</u>			
	3a. Program Salaries	\$ 976,651.16	\$ 239,215.60	\$ 1,215,866.76
	3b. Program Fringe Benefits	\$ 189,621.97	\$ 82,524.40	\$ 272,146.37
	TOTAL DIRECT PROGRAM	\$ 1,166,273.13	\$ 321,740.00	\$ 1,488,013.13
4	<u>OTHER COSTS</u>			
	4a. Program Rent	\$ 81,462.40	\$ 35,888.34	\$ 117,350.74
	4b. Consumable Supplies	\$ 8,638.14	\$ 2,000.00	\$ 10,638.14
	4c. Travel & Transportation	\$ 30,966.50	\$ 8,750.00	\$ 39,716.50
	4d. Utilities	\$ 3,178.10	\$ 7,000.00	\$ 10,178.10
	4e. Repairs & Maintenance	\$ -	\$ -	\$ -
	4f. Insurance	\$ -	\$ -	\$ -
	4g. Food & Related Costs	\$ -	\$ -	\$ -
	4h. Other Project Expenses	\$ 725,759.79	\$ 175,000.00	\$ 900,759.79
	TOTAL OTHER COSTS	\$ 850,004.93	\$ 228,638.34	\$ 1,078,643.27
5	<u>EQUIPMENT</u>			
	Equipment	\$ 14,794.79	\$ -	\$ 14,794.79
6	<u>PROGRAM INCOME</u>			
	6a. Fees	\$ -	\$ -	\$ -
	6b. Other Income	\$ -	\$ -	\$ -
	TOTAL PROGRAM INCOME	\$ -	\$ -	\$ -
7	<u>TOTAL NET PROGRAM COST</u> (Sum of 1 through 5, minus Line 6)	\$ 2,225,818	\$ 607,993	\$ 2,833,811.0

FINANCIAL SUMMARY

Core Category of Services
Case Management

PROGRAM NAME: HURRICANE SANDY SOCIAL SERVICES BLOCK GRANT
 PROGRAM NUMBER: Core Category of Services Total Budget Page
 RESPONDENT or SUBCONTRACTOR NAME: Catholic Charities of Fairfield County, Inc.

Insert Month & Year start date in this highlighted cell :
 May 16, 2014 - September 30, 2015 Oct 1, 2015 - Sept 30, 2016 May 16, 2014 - Sept 30, 2016

Line #	Item/Total	2013 BY 1**	2014 BY 2**	TOTAL
1	<u>CONTRACTUAL SERVICES</u>			
	1a. Accounting	\$ -	\$ -	\$ -
	1b. Legal	\$ -	\$ -	\$ -
	1c. Independent Audit	\$ -	\$ -	\$ -
	1d. Other Contractual Services	\$ -	\$ -	\$ -
	TOTAL CONTRACTUAL SERVICES	\$ -	\$ -	\$ -
2	<u>ADMINISTRATION</u>			
	2a. Admin. Salaries	\$ -	\$ -	\$ -
	2b. Admin. Fringe Benefits	\$ -	\$ -	\$ -
	2c. Admin. Overhead	\$ 166,846.07	\$ 39,615.09	\$ 206,461.16
	TOTAL ADMINISTRATION	\$ 166,846.07	\$ 39,615.09	\$ 206,461.16
	% of Admin not to exceed 9%	16%	13%	15%
3	<u>DIRECT PROGRAM STAFF</u>			
	3a. Program Salaries	\$ 662,994.30	\$ 171,215.60	\$ 834,209.90
	3b. Program Fringe Benefits	\$ 133,604.10	\$ 64,488.40	\$ 198,092.50
	TOTAL DIRECT PROGRAM	\$ 796,598.40	\$ 235,704.00	\$ 1,032,302.40
4	<u>OTHER COSTS</u>			
	4a. Program Rent	\$ 31,022.40	\$ 14,070.56	\$ 45,092.96
	4b. Consumable Supplies	\$ 7,472.34	\$ 1,000.00	\$ 8,472.34
	4c. Travel & Transportation	\$ 24,782.38	\$ 7,000.00	\$ 31,782.38
	4d. Utilities	\$ 3,178.10	\$ 7,000.00	\$ 10,178.10
	4e. Repairs & Maintenance	\$ -	\$ -	\$ -
	4f. Insurance	\$ -	\$ -	\$ -
	4g. Food & Related Costs	\$ -	\$ -	\$ -
	4h. Other Project Expenses	\$ -	\$ -	\$ -
	TOTAL OTHER COSTS	\$ 66,455.22	\$ 29,070.56	\$ 95,525.78
5	<u>EQUIPMENT</u>			
	Equipment	\$ 7,397.44	\$ -	\$ 7,397.44
6	<u>PROGRAM INCOME</u>			
	6a. Fees	\$ -	\$ -	\$ -
	6b. Other Income	\$ -	\$ -	\$ -
	TOTAL PROGRAM INCOME	\$ -	\$ -	\$ -
7	<u>TOTAL NET PROGRAM COST</u> (Sum of 1 through 5, minus Line 6)	\$ 1,037,297.13	\$ 304,389.65	\$ 1,341,686.78

FINANCIAL SUMMARY

Core Category of Services
Counseling Services

PROGRAM NAME: HURRICANE SANDY SOCIAL SERVICES BLOCK GRANT
 PROGRAM NUMBER: Core Category of Services Total Budget Page
 RESPONDENT or **Catholic Charities of Fairfield County, Inc.**
 SUBCONTRACTOR NAME:

Insert Month & Year start date in this highlighted cell :
 May 16, 2014 - September 30, 2015 Oct 1, 2015 - Sept 30, 2016 May 16, 2014 - Sept 30, 2016

Line #	Item/Total	2013 BY 1**	2014 BY 2**	TOTAL
1	<u>CONTRACTUAL SERVICES</u>			
	1a. Accounting	\$ -	\$ -	\$ -
	1b. Legal	\$ -	\$ -	\$ -
	1c. Independent Audit	\$ -	\$ -	\$ -
	1d. Other Contractual Services	\$ -	\$ -	\$ -
	TOTAL CONTRACTUAL SERVICES	\$ -	\$ -	\$ -
2	<u>ADMINISTRATION</u>			
	2a. Admin. Salaries	\$ -	\$ -	\$ -
	2b. Admin. Fringe Benefits	\$ -	\$ -	\$ -
	2c. Admin. Overhead	\$ 19,640.15	\$ 18,000.00	\$ 37,640.15
	TOTAL ADMINISTRATION	\$ 19,640.15	\$ 18,000.00	\$ 37,640.15
	% of Admin not to exceed 9%	5%	14%	7%
3	<u>DIRECT PROGRAM STAFF</u>			
	3a. Program Salaries	\$ 251,491.79	\$ 68,000.00	\$ 319,491.79
	3b. Program Fringe Benefits	\$ 40,872.31	\$ 18,036.00	\$ 58,908.31
	TOTAL DIRECT PROGRAM	\$ 292,364.10	\$ 86,036.00	\$ 378,400.10
4	<u>OTHER COSTS</u>			
	4a. Program Rent	\$ 50,440.00	\$ 21,817.78	\$ 72,257.78
	4b. Consumable Supplies	\$ 1,000.00	\$ 1,000.00	\$ 2,000.00
	4c. Travel & Transportation	\$ 5,984.76	\$ 1,750.00	\$ 7,734.76
	4d. Utilities	\$ -	\$ -	\$ -
	4e. Repairs & Maintenance	\$ -	\$ -	\$ -
	4f. Insurance	\$ -	\$ -	\$ -
	4g. Food & Related Costs	\$ -	\$ -	\$ -
	4h. Other Project Expenses	\$ -	\$ -	\$ -
	TOTAL OTHER COSTS	\$ 57,424.76	\$ 24,567.78	\$ 81,992.54
5	<u>EQUIPMENT</u>			
	Equipment	\$ 7,397.35	\$ -	\$ 7,397.35
6	<u>PROGRAM INCOME</u>			
	6a. Fees	\$ -	\$ -	\$ -
	6b. Other Income	\$ -	\$ -	\$ -
	TOTAL PROGRAM INCOME	\$ -	\$ -	\$ -
7	<u>TOTAL NET PROGRAM COST</u> (Sum of 1 through 5, minus Line 6)	\$ 376,826.36	\$ 128,603.78	\$ 505,430.14

FINANCIAL SUMMARY

Core Category of Services				
Housing Services				
PROGRAM NAME:		HURRICANE SANDY SOCIAL SERVICES BLOCK GRANT		
PROGRAM NUMBER:		Core Category of Services Total Budget Page		
RESPONDENT or		Catholic Charities of Fairfield County, Inc.		
SUBCONTRACTOR NAME:				
Insert Month & Year start date in this highlighted cell :		May 16, 2014 - September 30, 2015	Oct 1, 2015 - Sept 30, 2016	May 16, 2014 - Sept 30, 2016
Line #	Item/Total	2013 BY 1**	2014 BY 2**	TOTAL
1	<u>CONTRACTUAL SERVICES</u>			
	1a. Accounting	\$ -	\$ -	\$ -
	1b. Legal	\$ -	\$ -	\$ -
	1c. Independent Audit	\$ -	\$ -	\$ -
	1d. Other Contractual Services	\$ -	\$ -	\$ -
	TOTAL CONTRACTUAL SERVICES	\$ -	\$ -	\$ -
2	<u>ADMINISTRATION</u>			
	2a. Admin. Salaries	\$ -	\$ -	\$ -
	2b. Admin. Fringe Benefits	\$ -	\$ -	\$ -
	2c. Admin. Overhead	\$ -	\$ -	\$ -
	TOTAL ADMINISTRATION	\$ -	\$ -	\$ -
	% of Admin not to exceed 9%	0%	0%	0%
3	<u>DIRECT PROGRAM STAFF</u>			
	3a. Program Salaries	\$ -	\$ -	\$ -
	3b. Program Fringe Benefits	\$ -	\$ -	\$ -
	TOTAL DIRECT PROGRAM	\$ -	\$ -	\$ -
4	<u>OTHER COSTS</u>			
	4a. Program Rent	\$ -	\$ -	\$ -
	4b. Consumable Supplies	\$ -	\$ -	\$ -
	4c. Travel & Transportation	\$ -	\$ -	\$ -
	4d. Utilities	\$ -	\$ -	\$ -
	4e. Repairs & Maintenance	\$ -	\$ -	\$ -
	4f. Insurance	\$ -	\$ -	\$ -
	4g. Food & Related Costs	\$ -	\$ -	\$ -
	4h. Other Project Expenses	\$ 725,759.79	\$ 175,000.00	\$ 900,759.79
	TOTAL OTHER COSTS	\$ 725,759.79	\$ 175,000.00	\$ 900,759.79
5	<u>EQUIPMENT</u>			
	Equipment	\$ -	\$ -	\$ -
6	<u>PROGRAM INCOME</u>			
	6a. Fees	\$ -	\$ -	\$ -
	6b. Other Income	\$ -	\$ -	\$ -
	TOTAL PROGRAM INCOME	\$ -	\$ -	\$ -
7	<u>TOTAL NET PROGRAM COST</u>	\$ 725,759.79	\$ 175,000.00	\$ 900,759.79
	(Sum of 1 through 5, minus Line 6)	-	-	-

FINANCIAL SUMMARY

Core Category of Services
Information and Referral

PROGRAM NAME: HURRICANE SANDY SOCIAL SERVICES BLOCK GRANT
 PROGRAM NUMBER: Core Category of Services Total Budget Page
 RESPONDENT or SUBCONTRACTOR NAME: Catholic Charities of Fairfield County, Inc.

Insert Month & Year start date in this highlighted cell :
 May 16, 2014 - September 30, 2015 Oct 1, 2015 - Sept 30, 2016 May 16, 2014 - Sept 30, 2016

Line #	Item/Total	2013 BY 1**	2014 BY 2**	TOTAL
1	<u>CONTRACTUAL SERVICES</u>			
	1a. Accounting	\$ -	\$ -	\$ -
	1b. Legal	\$ -	\$ -	\$ -
	1c. Independent Audit	\$ -	\$ -	\$ -
	1d. Other Contractual Services	\$ -	\$ -	\$ -
	TOTAL CONTRACTUAL SERVICES	\$ -	\$ -	\$ -
2	<u>ADMINISTRATION</u>			
	2a. Admin. Salaries	\$ -	\$ -	\$ -
	2b. Admin. Fringe Benefits	\$ -	\$ -	\$ -
	2c. Admin. Overhead	\$ 8,258.49	\$ -	\$ 8,258.49
	TOTAL ADMINISTRATION	\$ 8,258.49	\$ -	\$ 8,258.49
	% of Admin not to exceed 9%	10%	%	10%
3	<u>DIRECT PROGRAM STAFF</u>			
	3a. Program Salaries	\$ 62,165.07	\$ -	\$ 62,165.07
	3b. Program Fringe Benefits	\$ 15,145.56	\$ -	\$ 15,145.56
	TOTAL DIRECT PROGRAM	\$ 77,310.63	\$ -	\$ 77,310.63
4	<u>OTHER COSTS</u>			
	4a. Program Rent	\$ -	\$ -	\$ -
	4b. Consumable Supplies	\$ 165.80	\$ -	\$ 165.80
	4c. Travel & Transportation	\$ 199.36	\$ -	\$ 199.36
	4d. Utilities	\$ -	\$ -	\$ -
	4e. Repairs & Maintenance	\$ -	\$ -	\$ -
	4f. Insurance	\$ -	\$ -	\$ -
	4g. Food & Related Costs	\$ -	\$ -	\$ -
	4h. Other Project Expenses	\$ -	\$ -	\$ -
	TOTAL OTHER COSTS	\$ 365.16	\$ -	\$ 365.16
5	<u>EQUIPMENT</u>			
	Equipment	\$ -	\$ -	\$ -
6	<u>PROGRAM INCOME</u>			
	6a. Fees	\$ -	\$ -	\$ -
	6b. Other Income	\$ -	\$ -	\$ -
	TOTAL PROGRAM INCOME	\$ -	\$ -	\$ -
7	<u>TOTAL NET PROGRAM COST</u>	\$ 85,934.28	\$ -	\$ 85,934.28
	(Sum of 1 through 5, minus Line 6)	\$ -	\$ -	\$ -

SIGNATURES AND APPROVALS

015 CCF-HSF-01 /14DSS8801DC

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 - CATHOLIC CHARITIES OF FAIRFIELD COUNTY, INC.



September 30, 2015

Albert Barber, President

Date

DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Brennan

KATHLEEN M. BRENNAN
DEPUTY COMMISSIONER

9-30-15

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.