OAG Template 18 Rev. 12/15

Episcopal Social Services

Roderick L. Bremby, Commissioner:



STATE OF CONNECTICUT **DEPARTMENT OF SOCIAL SERVICES**

CONTRACT AMENDMENT

Contractor:

Episcopal Social Service, Inc. of the Diocese of Connecticut

Contractor Address:

235 Nicoll Street, New Haven, CT .06511

Contract Number:

16DSS4801JI / 064-1JI-RAP-01

Amendment Number:

Amendment 1

Amount as Amended:

\$891,000.00

Contract Term as Amended: 10/1/2016 to 9/30/2019

The contract between Episcopal Social Service, Inc. of the Diocese of Connecticut ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 1/18/2017, is hereby further amended as follows:

- 1. Through this amendment the FFY2017 allocation is increased by \$58,880 from \$297,000 to \$355,880. This represents an increase to the allocation for the first year of this three year contract. This funding will be used by the Contractor to increase the level of services supported through this agreement.
- 2. DSS contract/contact person on page 1 of the contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
- 3. For the period 7/1/17_10/1/16 through 6/30/18, 9/30/17, Part I, Section J. labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract shall be deleted and replaced with the following:

PART I

PROGRAM NAME: PROGRAM NUMBER:

Connecticut Energy Assistance Program
Contract #16DSS4801JI-A1 (Composite Budget) FFY 2017

	Contract Amount		Requested	Adjustments	Approved			
	For Amendments Only	4						
	Previously Approved Contract A		\$ 297,000	9				
	Adjustments & New Contract Ar		. 1000	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX			
ne	, a justino ito a non contract A	Hount	XXXXXXXXXXXXXXX	\$ 58,880	\$ 355,880			
	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)			
	UNIT RATE 1a. Bed Days 1b. Client Advocate 1c. Security Deposit 1d. Other Unit Rate Costs TOTAL UNIT RATE							
	CONTRACTUAL SERVICES 2a. Accounting 2b. Legal	664		84	748			
	2c. Independent Audit 2d. Other Contractual Services TOTAL CONTRACTUAL	2,651	_	339	2,990			
	SERVICES		3,315	423	3,738			
	ADMINISTRATION 3a. Admin. Salaries 3b. Admin. Fringe Benefits 3c. Admin. Overhead TOTAL ADMINISTRATION	37,717 5,406	43,123	6,065 2,317 - 8,382	43,782 7,723 51,505			
	DIDEOT DOOD		1,.20	0,002	01,000			
	DIRECT PROGRAM STAFF 4a. Program Salaries 4b. Program Fringe Benefits TOTAL DIRECT PROGRAM	184,255 31,530	215,785	28,260 16,281 44,541	212,515 47,811 260,326			
	OTHER COSTS 5a. Program Rent 5b. Consumable Supplies 5c. Travel & Transportation 5d. Utilities 5e. Repairs & Maintenance 5f. Insurance 5g. Food & Related Costs 5h. Other Project Expenses TOTAL OTHER COSTS	16,575 2,203 2,514 3,880 1,996 830 3,592	31,590	2,401 249 385 976 273 118 724 5,126	18,976 2,452 2,899 4,856 2,269 948 - 4,316 36,716			
	EQUIPMENT		3,187	408	3,595			
	PROGRAM INCOME 7a. Fees 7b. Other Income TOTAL PROGRAM INCOME		5,107	400	0,000			
	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)		\$ 297,000	\$ 58,880	\$ 355,880			

OAG Template 18 Rev. 12/15

Episcopal Social Services

Roderick L. Bremby, Commissioner:

1300000 BA

Date: 405 14, 2017
Date: 8/14/17



STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

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Contractor Address:

235 Nicoll Street, New Haven, CT .06511

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PARTI

PROGRAM NAME: PROGRAM NUMBER:

Connecticut Energy Assistance Program
Contract #16DSS4801JI-A1 (Composite Budget) FFY 2017

	Combination		Re	quested		site Budget) F ustments		proved
	Contract Amount		. 1					provou
	For Amendments Onl	y			a)			
	Previously Approved Contract	Amount	\$	297,000	XXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXX
Line	Adjustments & New Contract A	Amount	XXXXX	XXXXXXXXXX	\$	58,880	\$	355,880
#	Item	Subcategory (a)	Line	ltem Total (b)	Adjı	ustments		sed Total
1	UNIT RATE 1a. Bed Days 1b. Client Advocate 1c. Security Deposit 1d. Other Unit Rate Costs TOTAL UNIT RATE			(~)		(c)		(d)
2	CONTRACTUAL SERVICES 2a. Accounting 2b. Legal 2c. Independent Audit 2d. Other Contractual Services TOTAL CONTRACTUAL SERVICES	2,651		3,315		84 339 423		748 - 2,990 - 3,738
3	ADMINISTRATION 3a. Admin. Salaries 3b. Admin. Fringe Benefits 3c. Admin. Overhead TOTAL ADMINISTRATION	37,717 5,406 -		43,123		6,065 2,317 - 8,382		43,782 7,723 - 51,505
4	DIRECT PROGRAM STAFF 4a. Program Salaries 4b. Program Fringe Benefits TOTAL DIRECT PROGRAM	184,255 31,530		215,785	/	28,260 16,281 44,541		212,515 47,811 260,326
5	OTHER COSTS 5a. Program Rent 5b. Consumable Supplies 5c. Travel & Transportation 5d. Utilities 5e. Repairs & Maintenance 5f. Insurance 5g. Food & Related Costs 5h. Other Project Expenses TOTAL OTHER COSTS	16,575 2,203 2,514 3,880 1,996 830		31,590		2,401 249 385 976 273 118 724 5,126		18,976 2,452 2,899 4,856 2,269 948 - 4,316 36,716
6	EQUIPMENT			3,187		408		3,595
8	PROGRAM INCOME 7a. Fees 7b. Other Income TOTAL PROGRAM INCOME TOTAL NET PROGRAM COST	·	\$	297,000				
	(Sum of 1 through 6, minus Line 7)	-10	Ψ	297,000	\$	58,880	\$ 3	55,880

Line 7)

PROGRAM NAME: PROGRAM NUMBER: Refugee Assistance Program

PROGRAM NUMBER:	Contract Amendment #16DSS4801JI-A1 (RSS Formula) FFY 2017											
	F	Requested	Ad	ljustments	Approved							
Contract Amount			\$	-	\$	-						
For Amendments Only												
Previously Approved Contract Amount	\$	110,000	XXXX	xxxxxxxxxx	XXXXXXXXXXXXXXXXXX							
Adjustments & New Contract Amount	XXXX	(XXXXXXXXXXX	\$	58,880	\$	168,880						

	Adjustments & New Contract A	mount	XXXXXXXXXXXXXXX	\$ 58,880	\$ 168,880
Line #	Item	Subcategory	Line Item Total	Adjustments	Revised Total
4	LIMIT DATE	(a)	(b)	(c)	(d)
1	UNIT RATE 1a. Bed Days				
	1b. Client Advocate	11			
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
	TOTAL ONLY KATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	242		84	326
	2b. Legal				
	2c. Independent Audit	966		339	1,305
	2d. Other Contractual Services				- 1,000
	TOTAL CONTRACTUAL				
	SERVICES		1,208	423	1,631
3	ADMINISTRATION		*		
	3a. Admin. Salaries	13,798		6,065	19,863
	3b. Admin. Fringe Benefits	1,887		2,317	4,204
	3c. Admin. Overhead	-			1
	TOTAL ADMINISTRATION		15,685	8,382	24,067
		20			
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	66,900		28,260	95,160
	4b. Program Fringe Benefits	13,144	2000000 - 04-007-017-047-	16,281	29,425
-	TOTAL DIRECT PROGRAM		80,044	44,541	124,585
5	OTHER COSTS				water to a second
	5a. Program Rent	6,040		2,401	8,441
	5b. Consumable Supplies	622		249	871
	5c. Travel & Transportation	869		385	1,254
	5d. Utilities	1,420		976	2,396
	5e. Repairs & Maintenance	727		273	1,000
	5f. Insurance	302		118	420
	5g. Food & Related Costs	4.000		70.4	0047
	5h. Other Project Expenses TOTAL OTHER COSTS	1,923	14 000	724	2,647
	TOTAL OTHER COSTS		11,903	5,126	17,029
6	EQUIPMENT		1,160	400	4.500
7	PROGRAM INCOME		1,100	408	1,568
4	7a. Fees				
	7b. Other Income	and the state of t			
	TOTAL PROGRAM INCOME				
	TOTAL NET PROGRAM				
8	COST		\$ 110,000	\$ 58,880	\$ 168,880
~	(Sum of 1 through 6, minus		<u>μ</u> 110,000	<u>ΙΨ</u> 30,000	<u> Ψ 100,000</u>
	Line 7)				

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

16DSS4801JI/064-1JI-RAP-01

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR	
Episcopal Social Service, Inc. of the Diocese of Connecticut	₹** \$
Chris George, Executive Director	6/15/17 Date
DEPARTMENT OF SOCIAL SERVICES	
Jung By	6,16,17
ROBERICK L. BREMBY, Commissioner	Date
OFFICE OF THE ATTORNEY GENERAL	
ASST. / ASSOC. ATTORNEY GENERAL (Approved as to form) Joseph Rubi	<u>6/30/17</u> Date

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							BOND							227						11	Date		Chartfield 2								22	1
			20				☐ MOA/TI				Receipt #	0000000	To: 9/30/2010	To: 7/30/2015	į			1		15,20		te accounts.	Chartfield 1	168	168	168	168		(860) 424-5820 Phone#		√ Yes	Than 3 Month
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VICES			Voucher Approved by:	ö					16DSS4801JI A1	064-1JI-RAP-01		060653044	From: 10/1/2016	ij	\$891,000.00				×			urce, provide	Project/Grant				dicated	- Caron			*Financial Report Required *Financial Report within last 3 mos.	*Attach Explanation If Report Is More Than 3 Months Old
SOCIAL SER			Vol	Date:			act Type:	RAP	161	790)90	Fro	From:	\$88	↔	· +	,			,	ulti funding so	Account				chargeable as in		Date		*Financ	*Attach
STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES	R PAYMENT	'S PAYABLE	ate:		RMATION		ntra	Spending Plan Code:	CORE-CT Contract #:	DSS Contract #:			Contract Period:	Payment Period:	Total Contract:	Previous Payments:	yment:		1585,000	Contractor Signature	ATTON TO	ALION - II II	SID				ed and properly	•				
TICUT - DEP	REQUEST FOR PAYMENT	DSS ACCOUNTS PAYABLE	VR Date:	1 9	PAYEE INFORMATION	d	Purchase/Co Check One:	Spendi	CORE	DSS C	PO #:	FEIN #:	Contra	Рауте	Total C	Previou	This Payment:	ed accordingly.	201	Contrac	AM VEDIETC	THE VENUEIC	am				res are authorize				Phone #	
OF CONNEC	2	Ö					Diocese of				FILL THIS IN)			necticut				ave been incurr	14215		DSS PROCE		Program				t and expenditur					
STATE			by:				ice, Inc. of the	n. CT .06511			(where the check is to be mailed — YOU MUST FILL THIS IN)			Episcopal Social Service, Inc. of the Diocese of Connecticut	5511			d expenditures h	(0	USE ONLY:		Department	DSS	DSS	DSS	ce with Contrac		6)			DSS FISCAL STAFF APPROVAL - Name (sign & date)
			VR Processed by:				al Social Serv	et, New Have			heck is to be mai			e, Inc. of the	Haven, CT .06			vith Contract an	Chris George	t)	S IS FOR DSS	0.00	Fund				ing in complian		F REP Signatur		gnature	PPROVAL - Na
ž							lame: Episcopa	35 Nicoll Stre						Social Servic	233 Nicoll Street, New Haven, CT .06511			in compliance v	Chris	Contractor Name (print)	ELOW - THIS	Budget	<u>Keference</u> 20	20	20	20	ogram is operat	s Anderson	DSS PROGRAM STAFF REP Signature		Co-sign (if required) Signature	SCAL STAFF A
W-1270	0171		Voucher#:			Vendor Invoice #:	Vendor/Contractor Name: Episcopal Social Service, Inc. of the Diocese of Connecticut	Business Address: 235 Nicoll Street, New Haven. CT .06511		3 3 3 4 5 6	Remittance Address:			Episcopal	735 INICOI			Program is operating in compliance with Contract and expenditures have been incurred accordingly.	Authorization:	Contre	DON'T FILL IN BELOW – THIS IS FOR DSS USE ONLY: DSS PROCRAM VYPDIRICATION TO THE STATE OF THE ST		Amount				I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated	Authorization: Charles Anderson	DSS PI	-	Co-sigi	DSS FI
W.		;	Vouc			Venc	Vend	Busir			Kemi							Progr	Autho		DON		69	69	69	69	I do ce	Autho				