

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

Community Renewal Team, Inc.

Contractor Address:

555 Windsor Street, Hartford, CT 06120

Contract Number:

064C-SBG-75/14DSS5011EW

Amendment Number:

Amount as Amended:

\$474,129

Contract Term as Amended: 10/1/14-3/31/16

The contract between Community Renewal Team Inc., and the Department of Social Services, which was executed by the parties and signed by the Department's Commissioner on 11/3/14, is hereby amended as

- 1. The term of the contract is extended for an additional six months and the end date of the contract is changed from 9/30/15 to 3/31/16.
- 2. The total maximum amount payable under this contract is increased by \$158,043 from \$316,098 to \$474,129.
- 3. The budget on page 13 of the original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

SSBG Case Management - I ard & Middletown PROGRAM NAME: 14DSS5001EW / 064C-SBG-75 10/1/14 - 3/31/16 PROGRAM NUMBER: Approved Adjustments Requested \$ \$ 316,086 **Contract Amount** For Amendments Only **Previously Approved Contract Amount** 158,043 **Amount of Amendment** Line Revised Total Subcategory Line Item Total Adjustments Item (d) (c) (b) (a) **UNIT RATE** 1 1a. Bed Days 1b. Client Advocate 1c. Security Deposit 1d. Other Unit Rate Costs TOTAL UNIT RATE CONTRACTUAL SERVICES 2a. Accounting 1,620 360 \$ \$ 1,260 \$ 2b. Legal \$ 2,083 \$ 369 \$ 1,714 2c. Independent Audit \$ 25,271 \$ 16,808 8,463 \$ 2d. Other Contractual Services TOTAL CONTRACTUAL 28,974 19,782 \$ 9,192 \$ SERVICES <u>ADMINISTRATION</u> 3a. Admin. Salaries \$ \$ 3b. Admin. Fringe Benefits 45,440 \$ \$ 17,729 \$ 27,711 3c. Admin. Overhead \$ \$ 45,440 27,711 17,729 \$ TOTAL ADMINISTRATION DIRECT PROGRAM STAFF 78,345 \$ 236,624 \$ \$ 158,279 4a. Program Salaries \$ 111,471 \$ 37,854 4b. Program Fringe Benefits \$ 73,617 \$ 348,095 \$ 231,896 \$ 116,199 TOTAL DIRECT PROGRAM OTHER COSTS 1,458 3,340 \$ 1,882 5a. Program Rent 2,203 \$ 9,128 \$ 6,925 5b. Consumable Supplies \$ \$ 6,010 1,610 \$ \$ 4,400 5c. Travel & Transportation \$ 1,112 \$ 451 \$ 661 5d. Utilities \$ 1,778 \$ 3,700 5e. Repairs & Maintenance \$ 1,922 4,875 \$ \$ 1,637 3,238 5f. Insurance \$ 6,342 1,600 \$ \$ \$ 4,742 5g. Food & Related Costs 4,188 \$ 17,115 \$ 5h. Other Project Expenses \$ 12,927 51,621 36,697 \$ \$ 14,924 \$ TOTAL OTHER COSTS

\$

\$

\$

158,043

\$

316,086

\$

474,129

6 <u>EQUIPMENT</u>

7 PROGRAM INCOME

7a. Fees

7b. Other Income

TOTAL PROGRAM INCOME

8 TOTAL NET PROGRAM COST

(Sum of 1 through 6, minus Line 7)

ACCEPTANCES AND APPROVALS 064C-SBG-75/14DSS5011EW

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 COMMUNITY RENEWAL TEAM, INC. Lena Rødriguez, President/CEO	9 1 301 201 Date
DEPARTMENT OF SOCIAL SERVICES	
KATHLEEN M. BRENNAN DEPUTY COMMISSIONER	9 1 30 1 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.