



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: TOWN OF MANCHESTER
Contractor Address: 41 CENTER STREET, P.O. BOX 191, MANCHESTER, CT 06040
Contract Number: 077-SBG-31 / 14DSS5011QQ
Amendment Number: A1
Amount as Amended: \$65,911
Contract Term as Amended: 10/01/14 - 03/31/16

The contract between **Town of Manchester** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 10/04/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$21,970** from \$43,941 to \$65,911.
2. The budget on page 12 of the original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.
3. 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.

PART I

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

Town of Manchester, CT
#077-SBG-31 / 14DSS5001QQ A1

	Requested	Adjustments	Approved
Contract Amount	\$		\$
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 43,941		
Amount of Amendment	\$ 43,941	\$ 21,970	\$ 65,911

Line #	Item	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				
	2d. Other Contractual Services	43,941		21,970	65,911
	TOTAL CONTRACTUAL SERVICES	43,941	43,941		65,911
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
5	<u>OTHER COSTS</u>				
	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				
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>	43,941	43,941	21,970	65,911
	(Sum of 1 through 6, minus 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

077-SBG-31 / 14DSS5011QQ 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 - TOWN OF MANCHESTER

Dede Moore 9/29/2015
Scott Shanley, General Manager, By: APPROVED AS TO FORM Date
Dede Moore, Director of Administrative Services Timothy P. O'Neil
TIMOTHY P. O'NEIL
Administrative Staff Attorney
Manchester Town Attorney's Office

DEPARTMENT OF SOCIAL SERVICES

Roderick L. Bremby 09/30/2015
Roderick L. Bremby, Commissioner 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.