

# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

March 22, 2016

Scott Shanley General Manager Town of Manchester 41 Center Street, P.O. Box 191 Manchester, CT .06040

Contract #: 077-SBG-31/14DSS5011QQ

Period:

10/01/15 - 6/30/2016

Amount:

\$76,896.00

A2

Dear Mr. Shanley:

I am pleased to inform you that the above referenced contract has been fully executed and approved. Attached is a scanned copy of the amended contract for your files.

Requests for Payment should be completed and directed to the program contact identified below. The Department will process requests for payment in accordance with the terms of the contract. Your receipt of payment is contingent upon the continued availability of funds and your agency's compliance with the terms of the contract.

For issues or concerns related to the Program please direct your inquiries to:

**PROGRAM** 

Gretchen Yelmini (860) 424-4874 gretchen.yelmini@ct.gov CONTRACT

Marlene Hamilton (860) 424-5778 marlene.hamilton(Q,ct.gov

Sincerely,

Kathleen M. forennan Deputy Commissioner Roderick L. Bremby

Commissioner

C: Carlene Taylor Contract file



#### 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:

A2

Amount as Amended:

\$76,896.50

Contract Term as Amended: 10/1/2014 6/30/2016

The contract between The Town of Manchester and the Connecticut Department of Social Services, which was last executed by the parties and signed by the Department's Commissioner on 10/4/14, and previously amended on 09/30/15 is hereby further amended as follows:

- 1. The term of the contract is extended three (3) months and the end date of the contract is changed from 3/31/2016 to 6/30/2016.
- 2. Section 1 of Amendment 1 is amended because the total maximum amount payable under this contract has increased by \$10,985 from \$65,911.50 to \$76,896.50 in lieu of a 3 month extension.
- 3. The budget on page 2 of Amendment 1 is hereby deleted and replaced in its entirety by the budget on page 2 of this Amendment.

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.

#### PART I

#### FINANCIAL SUMMARY

PROGRAM NAME: PROGRAM NUMBER:

TOWN OF MANCHESTER Social Block Grant 077-SBG-31 A2 / 14DSS5011QQ A2

	R	equested	Adjust	tments	F	Approved
Contract Amount						
For Amendments Only						
Previously Approved Contract Amount	\$	65,911				
Amount of Amendment	\$	65,911.50	\$	10,985	\$	76,896.50

ine	Item	Subcategory	Li	ne Item Total	Adjustments	R	evised Total
,	INUX DATE	(a)		(b)	(c)	Т	(d)
1	UNIT RATE						
	1a. Bed Days		-				
	1b. Client Advocate		1	2			
	1c. Security Deposit 1d. Other Unit Rate Costs		-				
	TOTAL UNIT RATE		\$	_		1	
	TOTAL UNIT RATE		Ф			-	
	CONTRACTUAL SERVICES						
	2a. Accounting			¥		\$	-
	2b. Legal	2				\$	-
	2c. Independent Audit					\$	
	2d. Other Contractual Services	65,911.50			10,985	\$	76,896.50
	TOTAL CONTRACTUAL SERVICES	65,911.50	\$	65,911.50	10,985	\$	76,896.50
	ADMINISTRATION						
	3a. Admin. Salaries					\$	-
	3b. Admin. Fringe Benefits					\$	-
	3c. Admin. Overhead		]			\$	-
	TOTAL ADMINISTRATION		\$	-		\$	
	DIRECT PROGRAM STAFF						
	4a. Program Salaries		]		,,	\$	-
	4b. Program Fringe Benefits					\$	-
	TOTAL DIRECT PROGRAM		\$	-		\$	-
	OTHER COSTS						
	5a. Program Rent		1			\$	-
	5b. Consumable Supplies		1	-		\$	-
	5c. Travel & Transportation		1			\$	=
	5d. Utilities					\$	-
	5e. Repairs & Maintenance					\$	02
	5f. Insurance					\$	-
	5g. Food & Related Costs					\$	
	5h. Other Project Expenses					\$	
	TOTAL OTHER COSTS		\$	-		\$	(F
	EQUIPMENT	\$ -				\$	
	DDOOD AND INCOME						
	PROGRAM INCOME			-		6	
	7a. Fees			-		\$	W4
	7b. Other Income		•	-		\$	-
	TOTAL PROGRAM INCOME		\$			\$	-
	Γ	343		l.			

## ACCEPTANCES AND APPROVALS

14DSS5011QQ A2/ 077-SBG-31A2

CONTRACTOR Town of Manchester		
Scott Shanley, General Manager	APPROVED AS TO FORM  Timothy P. & Nail  TIMOTHY P. O'NEIL  Administrative Staff Attorney  Manchester Town Attorney's Office	<u>\$ /18 //6</u> Date
DEPARTMENT OF SOCIAL SERVICES		
Kathlen M. Brenn ATHLEEN M. DEPUTY BRENNAN, DEPUTY	an .	3 , 24,16 Date
OFFICE OF THE ATTORNEY GENERAL		
☐ This contract does not require the apple between the Department and the Office of	proval of the Attorney General pu the Attorney General, dated 12/2	rsuant to an agreement 29/2015.

### **WORKFORCE ANALYSIS**

Contractor T				Nu	mber o	of Conne	ecticut E	Emplov	ees							
				Number of Connecticut Employees  Full-time: 481					Part-time: 169							
Address 41 C P.O. Box 19	10000															
CT .06040	- <b>,</b>		7		Employment figures obtained from  Visual Charles   Employment Percents											
					Visual Check Contractor «Contract						Employment Records  orOrg» Number					
				Oth	er	10		or webs	ntracte	//OIg//	111					
JOB CATEGORIES	TOTALS	(Not of	IITE Hispanic gin)	BLA (Not of I Orig	Hispanic	HISF	PANIC	ASIAI PAC ISLAN		OR AL	INDIAN ASKAN IIVE		ON WITH BILITIES			
Officials &	#0 (SW 1157)	Male	Female	Male	Female	Male	Female	Male	Female	· Male	Female	Male	Female			
anagers	13	11	2							15000						
rofessionals	91	46	37:	4	2	1			1		.5					
echnicians rofective	66	55	8	2		1	77 - 42 Artista									
rorective ervice Workers	144	121	12	5		3	3									
Mice & Clerical	78	10	61		4	1 .	1		1							
raft Workers Skilled)	40	36		1		3	3.1									
perators (Semi- killed)			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				invien. Antico				eryda Variot					
aborers Jnskilled)	49	44	3	1		1			9							
OTALS	481	323	123	13	6	10	4		2							
otals Ine Year Ago	485	332	117	12	7	11/2/2	4		2	1						
				F	ORMAL	ON-TH	E-JOB-T	RAINEE	S							
pprentices 115		i viral kara.	111 Jr							2.3.5						
rainees																
Have you : Yes ⊠ you promi Yes □ I	No □ se to dev	] If ye	es, date d d imples	of imple	mentat	ion Ju	ne 1972		no, exp an?	olain T						
Have you Connectic								plying v	vith Sec	c. 46a-68	-1 to 46a	-68-17 o	of the			
Yes 🗌	No 🗵	N/A	<b>I</b> □ · <b>E</b>	xplain:			Ž.									
. According sexual con			work for	ce in the	e releva	nt labor	market	area?			-					
Yes 🗌	No 🗵	Exp	lain:	ve conti	nue to	work to	ward ac	nieving	parity	to the te	ievant la	por ma	rket area.			
. If you plan	to subcor	ntract, w	ll you se	t aside a	portion	of the co	ntract for	legitima	te mino	ority busi	ness ente	rprises?				
			Parameter Street	THE RESERVE OF THE PARTY.	557	1923					APPR	OVED	AS TO F			
		Explain	IN	X	_ h			<b>D</b>	L. 21	inth.	1/2	MOTH	P. O'Neil Y P. O'NEIL			
Authorized Sig	mature: _		Je ( V	<u> </u>	7			Da	te: <u>3/</u>	14/10	Adn	กเกเราเลาเง	ve Staff Attorn			