



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

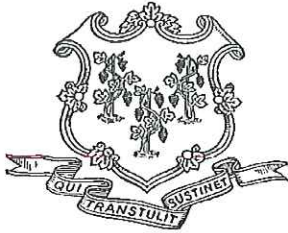
CONTRACT

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

Sincerely,

Kathleen M. Brennan
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

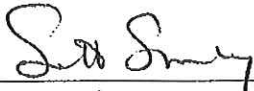
Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 65,911		
Amount of Amendment	\$ 65,911.50	\$ 10,985	\$ 76,896.50

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE		\$ -		
2	CONTRACTUAL SERVICES				
	2a. Accounting				\$ -
	2b. Legal				\$ -
	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
3	ADMINISTRATION				
	3a. Admin. Salaries				\$ -
	3b. Admin. Fringe Benefits				\$ -
	3c. Admin. Overhead				\$ -
	TOTAL ADMINISTRATION		\$ -		\$ -
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries				\$ -
	4b. Program Fringe Benefits				\$ -
	TOTAL DIRECT PROGRAM		\$ -		\$ -
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		\$ -		\$ -
6	EQUIPMENT	\$ -			\$ -
7	PROGRAM INCOME				
	7a. Fees				\$ -
	7b. Other Income				\$ -
	TOTAL PROGRAM INCOME		\$ -		\$ -
8	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)	65911.50	\$ 65,911.50	10,985	\$ 76,896.50

ACCEPTANCES AND APPROVALS


14DSS5011QQ A2/ 077-SBG-31A2

CONTRACTOR Town of Manchester



Scott Shanley, General Manager


APPROVED AS TO FORM



TIMOTHY P. O'NEIL
Administrative Staff Attorney
Manchester Town Attorney's Office

3 / 18 / 16
Date

DEPARTMENT OF SOCIAL SERVICES



KATHLEEN M. BRENNAN, *DEPUTY* Commissioner

3 / 24 / 16
Date

OFFICE OF THE ATTORNEY GENERAL

This contract does not require the approval of the Attorney General pursuant to an agreement between the Department and the Office of the Attorney General, dated 12/29/2015.

