

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: CITY OF NEW HAVEN
Contractor Address: 165 CHURCH STREET, NEW HAVEN, CT 06510
Contract Number: 093-SBG-59 / 14DSS5011TG
Amendment Number: A1
Amount as Amended: \$270,012
Contract Term as Amended: 10/01/14 - 03/31/16

The contract between **City of New Haven** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/25/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$90,004** from \$180,008 to \$270,012.
2. The budget on page 11 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:

City of New Haven DCFS-SAGA Support Services
093-SBG-59 / 14DSS5001TG - A1

Contract Amount	Requested	Adjustments	Approved
	\$ 180,008		
<i>For Amendments Only</i>			
Previously Approved Contract Amount Amount of Amendment		\$ 90,004	\$ 270,012

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				
	TOTAL CONTRACTUAL SERVICES				
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	20,796		17,021	37,817
	3b. Admin. Fringe Benefits	11,072		9019	20,091
	3c. Admin. Overhead	12,600		6300	18,900
	TOTAL ADMINISTRATION		44,468		76,808
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	58,763		30,417	89,180
	4b. Program Fringe Benefits	36,199		17,563	53,762
	TOTAL DIRECT PROGRAM		94,962		142,942
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies	3,416		1,360	4,776
	5c. Travel & Transportation	21,600		5,500	27,100
	5d. Utilities	2,650		1,412	4,062
	5e. Repairs & Maintenance	2,650		1412	4,062
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	10,262			10,262
	TOTAL OTHER COSTS		40,578		50,262
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				□
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		180,008	90,004	270,012
	(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

093-SBG-59 / 14DSS5011TG 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 - CITY OF NEW HAVEN



Toni Harp, Mayor

9-22-15

Date

DEPARTMENT OF SOCIAL SERVICES



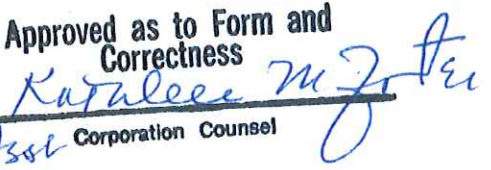
Roderick L. Bremby, Commissioner

9/24/2015

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.

Approved as to Form and
Correctness


Corporation Counsel