

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: CITY OF STAMFORD  
Contractor Address: 888 WASHINGTON BOULEVARD, STAMFORD, CT 06904-2152  
Contract Number: 135-SBG-38 / 14DSS5011YN  
Amendment Number: A1  
Amount as Amended: \$77,799  
Contract Term as Amended: 10/01/14 - 03/31/16

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The contract between **City of Stamford** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 10/02/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$25,933** from \$51,866 to \$77,799.
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.

**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**

<b>PROGRAM NAME:</b>	City of Stamford - Case Management, Information & Referral Program
<b>PROGRAM NUMBER:</b>	135-SBG-38 /14DSS5011YN A1

<b>Contract Amount</b>	<b>Requested</b>	<b>Adjustments</b>	<b>Approved</b>
	\$51,866		
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>	\$ 51,866	\$ 25,933	
<b>Amount of Amendment</b>			\$

<b>Line #</b>	<b>Item</b>	<b>Subcategory (a)</b>	<b>Line Item Total (b)</b>	<b>Adjustments (c)</b>	<b>Revised Total (d)</b>
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>				
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	<b>TOTAL ADMINISTRATION</b>				
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	49,393		25,933	75,326
	4b. Program Fringe Benefits	2,473		-	2,473
	<b>TOTAL DIRECT PROGRAM</b>		51,866	25,933	77,799
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	<b>TOTAL OTHER COSTS</b>				
<b>6</b>	<b><u>EQUIPMENT</u></b>				
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b>TOTAL NET PROGRAM COST</b>		51,866	25,933	77,799
	(Sum of 1 through 6, minus Line 7)				

**SIGNATURES AND APPROVALS**

**135-SBG-38 / 14DSS5011YN A1**

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

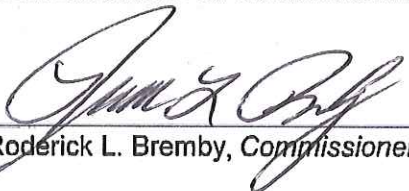
Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - CITY OF STAMFORD**

  
\_\_\_\_\_  
David Martin, 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  
Corporation Counsel

By AV

Date 9-21-15