

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** CITY OF TORRINGTON  
**Contractor Address:** 140 MAIN STREET, TORRINGTON, CT 06790  
**Contract Number:** 143-SBG-37 / 14DSS5012AD  
**Amendment Number:** A1  
**Amount as Amended:** \$67,603  
**Contract Term as Amended:** 10/01/14 - 03/31/16

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

1. The total maximum amount payable under this contract is increased by **\$22,534** from \$45,069 to \$67,603.
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:

City of Torrington SSBG
14DSS5012AD / 143-SBG-37

	Requested	Adjustments	Approved
<b>Contract Amount</b>	\$ 45,069		\$ 45,069
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>	\$ 45,069		\$ 45,069
<b>Amount of Amendment</b>		\$ 22,534	\$ 67,603

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<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	37,536		18,768	56,304
	<b>TOTAL CONTRACTUAL SERVICES</b>	37,536		18,768	56,304
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	6,424		3,212	9,636
	3b. Admin. Fringe Benefits	1,109		554	1,663
	3c. Admin. Overhead				
	<b>TOTAL ADMINISTRATION</b>	7,533		3,766	11,299
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	<b>TOTAL DIRECT PROGRAM</b>				
<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><u>TOTAL NET PROGRAM COST</u></b>	45,069		22,534	67,603
	(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**

**143-SBG-37 / 14DSS5012AD 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 TORRINGTON**

  
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Elinor C. Carbone, Mayor

9/22/2015  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
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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.