



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

Joseph P Ganim
Mayor
City of Bridgeport
45 Lyon Terrace
Bridgeport, CT. 06604

CONTRACT #: 14DSS5021CG / 015-SBG-63
PERIOD: 10/1/2014 - 6/30/2016

AMOUNT: \$319,900.00
A2

Dear Mr. Ganim:

I am pleased to inform you that the above referenced amendment has been fully executed and approved. Attached is a scanned copy of the amendment 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

Dennis Nesta
(860) 424-5892
dennis.nesta@ct.gov

CONTRACT

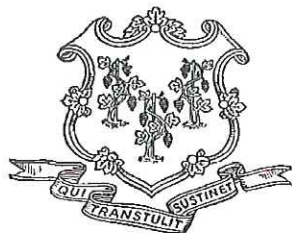
Marlene Hamilton
(860) 424-5778
marlene.hamilton@ct.gov

Sincerely,

Roderick L. Bremby
Commissioner

C: Dennis Nesta
Carlene Taylor
Contract file

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: City of Bridgeport
Contractor Address: 45 Lyon Terrace, Bridgeport, CT .06604
Contract Number: 015-SBG-63/14DSS5021CG
Amendment Number: A2
Amount as Amended: \$ 319,900
Contract Term as Amended: 10/1/2014- 6/30/2016

The contract between the City of Bridgeport and the Department of Social Services which was executed by the parties and signed by the Department's Commissioner on 9/25/14, and previously amended on 9/24/15 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 \$45,700 from \$274,200 to \$319,900 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:

| |
|---|
| City of Bridgeport Health & Social Services |
| 14DSS5021CG / 015-SBG-63 A2 |

| Contract Amount | Requested | Adjustments | Approved |
|-------------------------------------|------------|-------------|------------|
| <i>For Amendments Only</i> | | | |
| Previously Approved Contract Amount | \$ 274,200 | | \$ 274,200 |
| Amount of Amendment | | \$ 45,700 | \$ 319,900 |

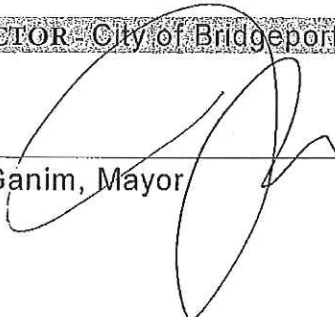
| Line # | Item | Subcategory (a) | Line Item Total (b) | Adjustments (c) | Revised Total (d) |
|--------|--------------------------------------|--------------------|------------------------|--------------------|----------------------|
| 1 | <u>UNIT RATE</u> | | | | |
| | 1a. Bed Days | | | | |
| | 1b. 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 | 100,440 | | 9,875 | 110,315 |
| | TOTAL CONTRACTUAL SERVICES | 100,440 | 100,440 | 9,875 | 110,315 |
| 3 | <u>ADMINISTRATION</u> | | | | |
| | 3a. Admin. Salaries | | | | |
| | 3b. Admin. Fringe Benefits | | | | |
| | 3c. Admin. Overhead | | | | |
| | TOTAL ADMINISTRATION | | | | |
| 4 | <u>DIRECT PROGRAM STAFF</u> | | | | |
| | 4a. Program Salaries | 121,730 | | 18,136 | 139,866 |
| | 4b. Program Fringe Benefits | 33,262 | | 2,603 | 35,865 |
| | TOTAL DIRECT PROGRAM | 154,992 | 154,992 | 20,739 | 175,731 |
| 5 | <u>OTHER COSTS</u> | | | | |
| | 5a. Program Rent | | | | |
| | 5b. Consumable Supplies | 6,865 | | 5,286 | 12,151 |
| | 5c. Travel & Transportation | | | | |
| | 5d. Utilities | | | | |
| | 5e. Repairs & Maintenance | | | | |
| | 5f. Insurance | | | | |
| | 5g. Food & Related Costs | 3,750 | | 1,250 | 5,000 |
| | 5h. Other Project Expenses | 8,153 | | 8,250 | 16,403 |
| | TOTAL OTHER COSTS | 18,768 | 18,768 | 14,786 | 33,554 |
| 6 | <u>EQUIPMENT</u> | | | 300 | 300 |
| 7 | <u>PROGRAM INCOME</u> | | | | |
| | 7a. Fees | | | | |
| | 7b. Other Income | | | | |
| | TOTAL PROGRAM INCOME | 0 | 0 | 0 | 0 |
| 8 | <u>TOTAL NET PROGRAM COST</u> | | 274,200 | 45,700 | 319,900 |

(Sum of 1 through 6, minus Line 7)

ACCEPTANCES AND APPROVALS

14DSS5021CG / 015-SBG-63 A2

CONTRACTOR - City of Bridgeport



Joseph Ganim, Mayor

3/29/16
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

3/31/16
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.