

STATE OF CONNECTICUT **DEPARTMENT OF SOCIAL SERVICES**

CONTRACT AMENDMENT

Contractor:

Bristol Community Organization, Inc.

Contractor Address:

55 South Street, Bristol, CT .06010

Contract Number:

14DSS4301CI / 017C-ECH-31

Amendment Number:

Amount as Amended:

\$7,413,154.00

Contract Term as Amended: 10/1/2014 – 12/31/2016

The contract between Bristol Community Organization, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Commissioner on 11/09/2016, is hereby further amended as follows:

- 1. The term of the contract is hereby reduced by nine (9) months and the end date of the contract is changed from 9/30/2017 to 12/31/2016.
- The FFY 2017 funding is increased by \$23,174.00 from \$47,501 to \$70,675. The additional funding is entirely for Administration and Assurance 16 activities and shall cover the period through 12/31/2016. The Contractor shall continue taking and processing applications, authorizing fuel deliveries for eligible households, and providing vendor invoices for fuel deliveries to the Human Resources Agency of New Britain to 12/31/2016.
- The respective Composite, Administrative and Assurance 16 budgets on pages 2 through 4 of Amendment #2 are hereby deleted and replaced by the respective budgets on page 2 through 4 of this amendment.
- 4. The Contractor shall provide Final Administrative and Assurance 16 Financial Status Reports for expenditures incurred from 10/01/2016 - 12/31/2016. These reports are to be submitted to the Department by 1/15/2017.
- The Contractor shall cease its operations as a community action agency as of 12/31/2016.

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 PROGRAM NAME: PROGRAM NUMBER:

Connecticut Energy Assistance Program

PROGRAM NUMBER:	AM				
TO MODERN			Requested	Adjustments	Approved
	Contract Amount	3 MONTHS	\$ 47,501	\$ 23,174	\$ 70,675
	For Amendments		41,001	20,111	7 70,070
	To Amendments	Olliy	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I	
	Previously Approved Cont	ract Amount		xxxxxxxxxxxxxxx	xxxxxxxxxxxxxx
	Adjustments & New Contra		xxxxxxxxxxxxx		
Line #	ltem	Subcategory	Line Item Total	Adjustments	Revised Total
		(a)	(b)	(c)	(d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate			1	
	1c. Security Deposit			95	1
	1d. Other Unit Rate Costs				2
	TOTAL UNIT RATE			'	
2	CONTRACTUAL SERVICES				
2	2a. Accounting				2
	2b. Legal				
	2c. Independent Audit	356		178	534
	2d. Other Contractual Services	1,200		580	1,780
	TOTAL CONTRACTUAL			15,50,72	
8	SERVICES	*	1,556	× ,	2,314
•	ADMINISTRATION				65
3	ADMINISTRATION 2. Admin. Calorina	11,224		5,743	16,967
	3a. Admin. Salaries3b. Admin. Fringe Benefits	2,504		1,373	3,877
	3c. Admin. Overhead	2,304		1,070	3,077
	TOTAL ADMINISTRATION		13,728		20,844
	TO THE ABIMING TO THE	-	,		
4	DIRECT PROGRAM STAFF			No.	
	4a. Program Salaries	24,114		11,219	35,333
	4b. Program Fringe Benefits	3,462		1,760	5,222
	TOTAL DIRECT PROGRAM		27,576		40,555
_					
5	OTHER COSTS				
	5a. Program Rent				
	5b. Consumable Supplies 5c. Travel & Transportation	27		13	40
	5d. Utilities	1,200		600	1,800
	5e. Repairs & Maintenance	2,019		1,009	3,028
	5f. Insurance	333		167	500
	5g. Food & Related Costs	-		-	-
	5h. Other Project Expenses	1,062		532	1,594
	TOTAL OTHER COSTS		4,641		6,962
			IQ.		
6	EQUIPMENT	19			
7		×		8	
7	PROGRAM INCOME 7a. Fees				
	7a. Fees 7b. Other Income	=			
	TOTAL PROGRAM INCOME				
	. 5 // 11. 11. 5 / 11 / 11 / 10 / 11				
	TOTAL NET PROGRAM			ALC: COLUMN TO SERVICE AND ADDRESS OF THE PARTY OF THE PA	
8	COST (A thomas h Commission him		\$ 47,501	\$ 23,174	\$ 70,675
	(Sum of 1 through 6, minus Line 7)				
	· ·				

PART I

PROGRAM NAME: PROGRAM NUMBER:

Connecticut Energy Assistance Program
017C-ECH-31 (A) / 14DSS4301CI (A) A3 2016/2017

	Contract America	2 BACKITUO	Reques			istments		pproved
	Contract Amount	3 MONTHS	\$	42,463	\$	20,557	\$	63,020
	For Amendments O	(
	Previously Approved Contract Amount		and the second s		XXXXXX	XXXXXXXXX	XXXXX	(XXXXXXXXX
	Adjustments & New Contrac	t Amount	XXXXXXXXX	XXXXXXX	2)			
Line #	<i>Item</i>	Subcategory (a)	Line Item (b)		Adju	stments (c)	Revi	sed Total (d)
1	UNIT RATE				8			
	1a. Bed Days				2			
	1b. Client Advocate		5					
	1c. Security Deposit		a a					
	1d. Other Unit Rate Costs				I			
	TOTAL UNIT RATE							
20			S					
2	CONTRACTUAL SERVICES				2			
	2a. Accounting	_	3.63	¥.				
	2b. Legal	-			10	170		
	2c. Independent Audit	356				178		534
	2d. Other Contractual Services	1,200	s			580	*	1,780
	TOTAL CONTRACTUAL SERVICES		Si 180	1,556	85	758		2,314
				# #3				
3	<u>ADMINISTRATION</u>		en en					10.00
	3a. Admin. Salaries	11,224				5,743	_	16,96
	3b. Admin. Fringe Benefits	2,504				1,373		3,87
	3c. Admin. Overhead		261			(1		
	TOTAL ADMINISTRATION	-	27	13,728		7,116		20,844
4	DIRECT PROGRAM STAFF						5 %	
	4a. Program Salaries	19,696				8,961		28,657
	4b. Program Fringe Benefits	2,842			4	1,401		4,243
	TOTAL DIRECT PROGRAM		1	22,538		10,362		32,900
5	OTHER COSTS						× "	
5	5a. Program Rent						0	
		1000						
	5b. Consumable Supplies	27				13		40
	5c. Travel & Transportation	1,200				600		1,800
	5d. Utilities	2,019				1,009		3,028
	5e. Repairs & Maintenance						_ /s	
	5f. Insurance	333				167		500
	5g. Food & Related Costs	4.000				F00		4 50
	5h. Other Project Expenses	1,062	20	1011	2	532		1,594
	TOTAL OTHER COSTS	360		4,641	_	2,321		6,962
6	EQUIPMENT			**				7/19/2
7	PROGRAM INCOME					S.		
•	7a. Fees							
	7b. Other Income				1	a company of the second		
	TOTAL PROGRAM INCOME							
	. STALE TROOF WIN INTOOME			7				
0	TOTAL NET PROGRAM		e	10 160	•	20 557	•	62.00
8	COST (Sum of 1 through 6, minus Line 7)		\$	42,463	\$	20,557	\$	63,020

PART I

PROGRAM NAME:

Connecticut Energy Assistance Program

PROGRAM NUMBER: 017C-ECH-31 (C) / 14DSS4301AI (C) A3 2016/2017

			Requested	Adjustments	Approved
	Contract Amount	3 MONTHS	\$ 5,038	\$ 2,617	\$ 7,655
	For Amendments Only				
			si g		W
	Previously Approved Contr		Section design from the control of t	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Line	Adjustments & New Contra	ct Amount	XXXXXXXXXXXXXXX		
#	ltem	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				- 58
	TOTAL UNIT RATE		20		
2	CONTRACTUAL SERVICES			*,	
2	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				3 2 2
	2d. Other Contractual Services	-			
	TOTAL CONTRACTUAL				
	SERVICES		ান্ত্র		
_	4 DAVINGED 4 THOSE				3
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	· E			
	3c. Admin. Overhead	()	8		
	TOTAL ADMINISTRATION				
4	DIRECT PROGRAM STAFF				5
	4a. Program Salaries	4,418		2,258	6,676
	4b. Program Fringe Benefits	620		359	979
	TOTAL DIRECT PROGRAM	2000	5,038	2,617	7,655
	#			,	,
5	OTHER COSTS		a a	8. 8	
	5a. Program Rent	-			
	5b. Consumable Supplies	-		Ÿ.	
	5c. Travel & Transportation	25	e .		\$7
	5d. Utilities	=			
	5e. Repairs & Maintenance	<u> </u>			
	5f. Insurance	-			¥
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	A	727		(4
	TOTAL OTHER COSTS		<u>.</u>		****
6	<u>EQUIPMENT</u>		·	9.	<i>(</i>
7	DBOCB AND INCOME				50
7	PROGRAM INCOME				
	7a. Fees			3	
	7b. Other Income		*		
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM		\$ 5,038	\$ 2,617	\$ 7,655
10.00					,000

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

14DSS4301CI/017C-ECH-31 A3

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

CONTRACTOR	
Bristol Community Organization, Inc.	
	12/21/6
Thomas Morrow, Executive Director	Date
DEPARTMENT OF SOCIAL SERVICES	
Gma Bf	12,23,16
RODERICK L. BREMBY, Commissioner	Date

☑ 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.