

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: CONNECTICUT FOOD BANK, INC.
Contractor Address: P.O. BOX 8686, NEW HAVEN, CT 06531
Contract Number: 093CFB-EFP-10 / 10DSS4501FS
Amendment Number: A4
Amount as Amended: \$1,355,329
Contract Term as Amended: 10/01/10 - 09/30/14

The contract between **Connecticut Food Bank, Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Office of the Attorney General on 08/05/13, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$6,500.00 from \$1,348,829.00 to \$1,355,329.00. The increase is due to the receipt of increased federal funding through The Emergency Food Assistance Program (TEFAP) for federal fiscal year 2014.
2. The budget on page 2 of amendment A3 is deleted and replaced in its entirety by the budget on page 2 of this amendment.

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

PART I

FINANCIAL SUMMARY

CT Food Bank, Inc.

PROGRAM NAME:
PROGRAM NUMBER:

| |
|--|
| The Emergency Food Assistance Program (TEFAP) |
| 093CFB-EFP-10 A4 / 10DSS4501FS (2010-2014) |

| | | | |
|--|--------------|-------------|---------------------|
| Contract Amount | Requested | Adjustments | Approved |
| | \$ 1,355,329 | | |
| <i>For Amendments Only</i> | | | |
| Previously Approved Contract Amount | | | \$ 1,348,829 |
| Amount of Amendment 2014 | | \$ 6,500 | \$ 1,355,329 |

| 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 | \$17,600 | | | \$17,600 |
| | 2d. Other Contractual Services | | | | |
| | TOTAL CONTRACTUAL SERVICES | | \$17,600 | | \$17,600 |
| 3 | <u>ADMINISTRATION</u> | | | | |
| | 3a. Admin. Salaries | \$72,330 | | | \$72,330 |
| | 3b. Admin. Fringe Benefits | \$16,790 | | | \$16,790 |
| | 3c. Admin. Overhead | \$34,740 | | | \$34,740 |
| | TOTAL ADMINISTRATION | | \$123,860 | | \$123,860 |
| 4 | <u>DIRECT PROGRAM STAFF</u> | | | | |
| | 4a. Program Salaries | \$520,965 | | | \$520,965 |
| | 4b. Program Fringe Benefits | \$120,490 | | | \$120,490 |
| | TOTAL DIRECT PROGRAM | | \$641,455 | | \$641,455 |
| 5 | <u>OTHER COSTS</u> | | | | |
| | 5a. Program Rent | \$162,304 | | | \$162,304 |
| | 5b. Consumable Supplies | | | | |
| | 5c. Travel & Transportation | \$102,436 | | \$6,500 | \$108,936 |
| | 5d. Utilities | \$120,008 | | | \$120,008 |
| | 5e. Repairs & Maintenance | \$83,550 | | | \$83,550 |
| | 5f. Insurance | \$97,616 | | | \$97,616 |
| | 5g. Food & Related Costs | | | | |
| | 5h. Other Project Expenses | | | | |
| | TOTAL OTHER COSTS | | \$565,914 | \$6,500 | \$572,414 |
| 6 | <u>EQUIPMENT</u> | | | | |
| 7 | <u>PROGRAM INCOME</u> | | | | |
| | 7a. Fees | | | | |
| | 7b. Other Income | | | | |
| | TOTAL PROGRAM INCOME | | \$1,348,829 | \$6,500 | \$1,355,329 |
| 8 | <u>TOTAL NET PROGRAM COST</u> | | | | |
| | (Sum of 1 through 6, minus Line 7) | | | | |

SIGNATURES AND APPROVALS

093CFB-EFP-10 / 10DSS4501FS A4

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 - CONNECTICUT FOOD BANK, INC.

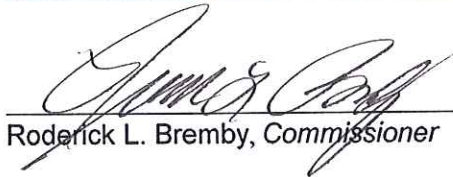


Nancy L. Carrington, Executive Director

April 21, 2014

_____ Date

DEPARTMENT OF SOCIAL SERVICES

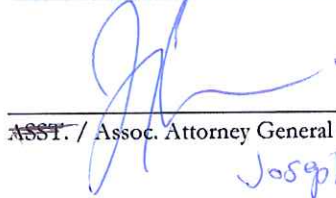


Roderick L. Bremby, Commissioner

4/24/14

_____ Date

OFFICE OF THE ATTORNEY GENERAL



ASSIST. / Assoc. Attorney General (Approved as to form & legal sufficiency)

Joseph Rubin

ASSOC. ATTY. GENERAL

5/5/14

_____ Date