



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: FAMILIES IN CRISIS, INC.
Contractor Address: 60 POPIELUSZKO COURT, 2ND FLOOR, HARTFORD, CT 06106
Contract Number: 064FIC-FIP-12 / 13DSS1401JS
Amendment Number: A1
Amount as Amended: \$223,884
Contract Term as Amended: 07/01/13 - 06/30/15

The contract between **Families in Crisis, 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 Attorney General on, 01/02/2014 is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by **\$32,500** from \$191,384 to \$223,884. This increase is due to the revised number of participants served by 30 from 55 to 85 in SFY2015.
2. The budget on page 15 of original contract is 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:

Fatherhood Initiative Program - FY2014 FIC
064FIC-FIP-12 A1

Contract Amount	Requested	Adjustments	Approved
	\$ 94,442	\$ -	\$ 94,442
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment			\$

Line #	Item	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				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	3,000		-	3,000
	2b. Legal	500		-	500
	2c. Independent Audit	500		-	500
	2d. Other Contractual Services	-		-	-
	TOTAL CONTRACTUAL SERVICES		4,000		
3	ADMINISTRATION				
	3a. Admin. Salaries	6,103		-	6,103
	3b. Admin. Fringe Benefits	1,749		-	1,749
	3c. Admin. Overhead	1,050		-	1,050
	TOTAL ADMINISTRATION		8,902		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	47,612		-	47,612
	4b. Program Fringe Benefits	13,648		-	13,648
	TOTAL DIRECT PROGRAM		61,260		
5	OTHER COSTS				
	5a. Program Rent	7,780		-	7,780
	5b. Consumable Supplies	4,000		-	4,000
	5c. Travel & Transportation	4,000		-	4,000
	5d. Utilities	-		-	-
	5e. Repairs & Maintenance	3,500		-	3,500
	5f. Insurance	500		-	500
	5g. Food & Related Costs	-		-	-
	5h. Other Project Expenses	500		-	500
	TOTAL OTHER COSTS		20,280		
6	EQUIPMENT	-	-	-	-
7	PROGRAM INCOME				
	7a. Fees	-		-	-
	7b. Other Income	-		-	-
	TOTAL PROGRAM INCOME		-		
8	TOTAL NET PROGRAM COST		94,442	-	94,442
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

064FIC-FIP-12 / 13DSS1401JS A1

The Contractor IS 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 - FAMILIES IN CRISIS, INC.

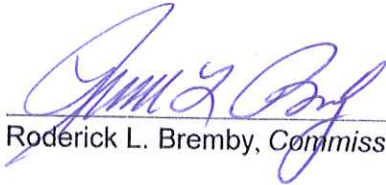


Susan Quinlan, *Executive Director*

8-20-2014

Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

8/29/2014

Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST.~~ / ASSOC. ATTORNEY GENERAL (Approved as to form)
Joseph Rubin

9/15/14

Date