

STATE OF CONNECTICUT **DEPARTMENT OF SOCIAL SERVICES**

CONTRACT AMENDMENT

Contractor:

NEW OPPORTUNITIES, INC.

Contractor Address:

232 NORTH ELM STREET, WATERBURY, CT 06702

Contract Number:

151C-FIP-07 / 13DSS1401TO

Amendment Number:

A2

Amount as Amended:

\$184,162

Contract Term as Amended: 07/01/13 - 06/30/15

The contract between New Opportunities, Inc. and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 08/15/14, is hereby amended as follows:

- 1. The total maximum amount payable under this contract is decreased by \$-4,722 from \$188,884 to \$184,162. This decrease is due to the implementation of the Governors 5% rescissions to SFY 2015 state funds.
- 2. The budget on page 2 of amendment A1 shall be deleted, and replaced by the budget that is attached on page 2 of this amendment. Please complete budget and back-up in its entirety and return along with this signed 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.

FINANCIAL SUMMARY

PROGRAM NAME: CONTRACT NUMBER: CONTRACTOR NAME: CONTRACT PERIOD: Fatherhood Initiative Program

151C-FIP-7 (A2)

New Opportunities, Inc. 07/01/13 - 06/30/15

	Requested	Adjustments	Approved
Contract Amount	\$188,884.00	\$ (4,722)	\$184,162.00
For Amendments Only			
Previously Approved Contract Amount			
Amount of Amendment		ii.	\$

	Amount of Amendment			· ·	\$
Line ‡	h 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 2b. Legal 2c. Independent Audit 2d. Other Contractual Services TOTAL CONTRACTUAL SERVI	CES	\$0.00		
3	ADMINISTRATION 3a. Admin. Salaries 3b. Admin. Fringe Benefits 3c. Admin. Overhead TOTAL ADMINISTRATION	18,888.00	\$18,888.00		\$0.00 \$0.00 \$18,888.00 \$18,888.00
4	DIRECT PROGRAM STAFF 4a. Program Salaries 4b. Program Fringe Benefits TOTAL DIRECT PROGRAM	119,620.00 36,356.00	\$155,976.00	(3,500) (1,222) (4,722)	\$116,120.00 \$35,134.00 151,254
5	OTHER COSTS 5a. Program Rent 5b. Consumable Supplies 5c. Travel & Transportation 5d. Utilities 5e. Repairs & Maintenance 5f. Insurance 5g. Food & Related Costs 5h. Other Project Expenses	3,500.00 5,520.00 5,000.00	-		\$3,500.00 \$5,520.00 \$5,000.00
	TOTAL OTHER COSTS		\$14,020.00	0.00	14,020.00
6	<u>EQUIPMENT</u>		\$0.00		
	PROGRAM INCOME 7a. Fees 7b. Other Income TOTAL PROGRAM INCOME		\$0.00		
	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line)	7)	\$188,884.00	-\$4,722.00	\$184,162.00

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS 151C-FIP-07 / 13DSS1401TO A2

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 - NEW OPPORTUNITIES, INC.	nd d
James H. Gatling, Ph. D. President/CEO	
DEPARTMENT OF SOCIAL SERVICES	
Kahleen M. Brennan, Deputy Commissioner Roderick L. Bremby, Commissioner	01/28/2015 Date
OFFICE OF THE ATTORNEY GENERAL	
ASSOC. ATTORNEY GENERAL (Approve as to form)	2/9//5 Date