

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

**CONTRACT AMENDMENT**

**Contractor:** Madonna Place, Inc.

**Contractor Address:** 240 Main Street, Norwich, CT .06360

**Contract Number:** 104MP-FIP-11/ 15DSS1401QO

**Amendment Number:** A1

**Amount as Amended:** \$146,240.00

**Contract Term as Amended:** 7/1/2015 - 6/30/2017

---

The contract between *Madonna Place, Inc.* and the Connecticut Department of Social Services, which was last executed by the parties and signed by the Office of the Attorney General on 12/09/15, is hereby further amended as follows:

1. The total maximum amount payable under this contract has decreased by \$13,220.00 from \$159,460 to \$146,240 due to budgetary constraints.
2. The budget on page 10 section L of original contract shall be deleted, and replaced by the budget that is attached on page 2 of this amendment.

<b>CONTRACT NUMBER: 15DSS1401QO</b>				
<b>CONTRACT PERIOD: 07/01/2015 through 06/30/2017</b>				
<b>ST FISCAL YR (SFY): 2017</b>				
<b>PROVIDER: Madonna Place</b>				
<i>Approved by: locurtod</i>				
<b>4000 INCOME</b>				
		<b>Contract Total</b>	<b>Other Funding</b>	<b>Total Income</b>
<b>Program Funding Period:</b>				
<b>4100 CONTRACT FUNDING</b>	<b>SID</b>	<b>\$ 60,487</b>	<b>\$ -</b>	<b>\$ 60,487</b>
4101 State Funds	16270	\$ 60,487	\$ -	\$ 60,487
<b>TOTAL INCOME</b>		<b>\$ 60,487</b>	<b>\$ -</b>	<b>\$ 60,487</b>
<b>5000 DIRECT EXPENSES</b>		<b>Contract Total</b>		<b>Total Expenses</b>
<b>5100 SALARIES</b>		<b>\$ 34,285</b>	<b>\$ -</b>	<b>\$ 34,285</b>
5101 Staff Salaries & Wages		\$ 34,285	\$ -	\$ 34,285
<b>5200 FRINGE BENEFITS</b>		<b>\$ 8,571</b>	<b>\$ -</b>	<b>\$ 8,571</b>
<b>5300 CONTRACTUAL SERVICES</b>		<b>\$ 1,500</b>	<b>\$ -</b>	<b>\$ 1,500</b>
5304 Other Contractual (specify in narrative)		\$ 1,500	\$ -	\$ 1,500
<b>5400 TRANSPORTATION</b>		<b>\$ 1,200</b>	<b>\$ -</b>	<b>\$ 1,200</b>
5401 Staff Travel Reimbursement		\$ 1,200	\$ -	\$ 1,200
<b>5500 MATERIALS AND SUPPLIES</b>		<b>\$ 1,104</b>	<b>\$ -</b>	<b>\$ 1,104</b>
5504 Other Mtrls and Sppls (specify in narrative)		\$ 1,104	\$ -	\$ 1,104
<b>5600 FACILITIES</b>		<b>\$ 4,505</b>	<b>\$ -</b>	<b>\$ 4,505</b>
5601 Rent and Real Estate Taxes		\$ 3,105	\$ -	\$ 3,105
5603 Maintenance & Repair - Facility and Plant		\$ 600	\$ -	\$ 600
5604 Utilities		\$ 800	\$ -	\$ 800
<b>5800 OTHER EXPENSES</b>		<b>\$ 850</b>	<b>\$ -</b>	<b>\$ 850</b>
5802 Insurance		\$ 250	\$ -	\$ 250
5803 Housekeeping		\$ 600	\$ -	\$ 600
<b>TOTAL DIRECT EXPENSES</b>		<b>\$ 52,015</b>	<b>\$ -</b>	<b>\$ 52,015</b>
<b>7000 INDIRECT EXPENSES</b>		<b>Contract Total</b>		<b>Total Expenses</b>
<b>7100 ADMINISTRATIVE &amp; GENERAL</b>		<b>\$ 8,472</b>	<b>\$ -</b>	<b>\$ 8,472</b>
7111 Staff Salaries & Wages		\$ 6,600	\$ -	\$ 6,600
7120 Fringe Benefits		\$ 1,650	\$ -	\$ 1,650
All Other A&G		\$ 222	\$ -	\$ 222
<b>TOTAL INDIRECT EXPENSES</b>		<b>\$ 8,472</b>	<b>\$ -</b>	<b>\$ 8,472</b>
<b>TOTAL EXPENSES</b>		<b>\$ 60,487</b>	<b>\$ -</b>	<b>\$ 60,487</b>
<b>INCOME/EXPENSE SUMMARY</b>		<b>Contract Total</b>		<b>Total</b>
<b>TOTAL INCOME</b>		<b>\$ 60,487</b>	<b>\$ -</b>	<b>\$ 60,487</b>
<b>TOTAL EXPENSES</b>		<b>\$ 60,487</b>	<b>\$ -</b>	<b>\$ 60,487</b>
<b>EXCESS/(SHORTAGE)</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

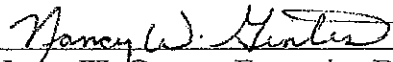
All terms and conditions of the original Contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

## SIGNATURES AND APPROVALS

15DSS1401QO/ 104MP-FIP-11A1

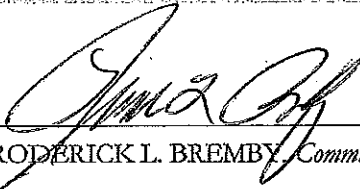
The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

**CONTRACTOR-Madonna Place, Inc.**

  
\_\_\_\_\_  
Nancy W. Gentes, Executive Director

7 / 28 / 2016  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
\_\_\_\_\_  
RODERICK L. BREMBY, Commissioner

7, 26, 16  
Date