

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

Family Strides, Inc.

Contractor Address:

350 Main St, Suite D, Torrington, CT .06790

Contract Number:

15DSS1402AB / 145FS-FIP-08

Amendment Number:

A1

Amount as Amended:

\$146,240.00

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

The contract between Family Strides, Inc. and the Department of Social Services, which was last executed by the parties and signed by the Office of the Attorney General on 10/09/15, 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.

Effective Date: 6/15/2016

CONTRACT NUMBER: 15DSS1402AB

CONTRACT PERIOD: <u>07/01/2015 through 06/30/2017</u>

ST FISCAL YR (SFY): 2017

PROVIDER: Family Strides, Inc.

Approved by: locurted

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4000 INCOME						
Program Funding Period:		Contract Total		Other Funding	<u>Total Income</u>	
4100 CONTRACT FUNDING	SID	<u>\$</u>	60,487	<u>\$</u>	S	60,487
4101 State Funds	16270	\$	60,487	\$ -	\$	60,487
TOTALINCOME		<u>\$</u>	60,487	<u>ş</u>	\$	60,487
5000 DIRECT EXPENSES		Contract Total			Total Expenses	
5100 SALARIES		\$	41,606	<u>s -</u>	S	41,606
5101 Staff Salaries & Wages		\$	41,606	\$ -	\$	41,606
5200 FRINGE BENEFITS		\$	9,335	§	\$	9,335
5300 CONTRACTUAL SERVICES		\$	960	<u>\$</u>	\$	960
5304 Other Contractual (specify in narrative)		\$	960	\$ -	\$	960
5400 TRANSPORTATION		\$	<u>505</u>	<u>s</u> -	\$	505
5401 Staff Travel Reimbursement		\$	505	\$ -	\$	505
5500 MATERIALS AND SUPPLIES		Ş	1,631	<u>s</u> -	\$	1,631
5501 Food		\$	1,031	\$ -	\$	1,031
5504 Other Mtrls and Sppls (specify in narrative)		\$	60D	\$ -	\$	600
5600 FACILITIES		\$	5,050	<u>s</u>	\$	5,050
5601 Rent and Real Estate Taxes		\$	3,600	\$ -	\$	3,600
5604 Utilities		\$	1,450	\$ -	\$	1,450
5800 OTHER EXPENSES		\$	1,400	\$	<u>\$</u>	1,400
5802 Insurance		\$	1,000	\$ -	\$	1,000
5804 Staff Training and Conferences		\$	400	\$ -	\$	400
TOTAL DIRECT EXPENSES		<u>\$</u>	60,487	<u>s</u>	<u>\$</u>	60,487
7000 INDIRECT EXPENSES		Cont	ract Total		Tota	al Expenses
TOTAL INDIRECT EXPENSES		\$	· <u>-</u>	<u>s</u> -	\$	-
TOTAL EXPENSES		<u>\$</u>	60,487	<u>s</u>	<u>\$</u>	<u>60,487</u>
INCOME/EXPENSE SUMMARY		Cont	ract Total			<u>Total</u>
TOTAL INCOME		\$	60,487	\$ -	\$	60,487
TOTAL EXPENSES		5	60,487	\$ -	\$	60,487
EXCESS/(SHORTAGE)		S	_	<u>\$</u>	S	=

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

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

CONTRACTOR Extramity Swides place	
Mide Paracucats	07,25,16
Nicole Laracuente, Executive Director	Date
IDDPARTMENT OF SOCIAL SERVICES:	
DEFAMINENT OF SUCIAL SERVICES	
Juni Golf	7,26,16
ROBERICK L. BREMBH, Commissioner	Date