

## STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

Contractor:

Catholic Charities of Fairfield County, Inc.

Contractor Address:

238 Jewett Avenue, Bridgeport, CT 06606

Contract Number:

015 CCF-HSF-01/14DSS8801DC

Amendment Number:

One

Amount as Amended:

\$2,833,811.00

Contract Term as Amended:

May 16, 2014 - September 30, 2016

The contract between Catholic Charities of Fairfield County, Inc. (the Contractor) and the Department of Social Services (the Department), which was executed by the parties and approved by the Office of the Attorney General on 7/7/14, is hereby amended as follows:

- 1. The term of the contract is extended for an additional 1 year and the end date of the contract is changed from 9/30/2015 to 9/30/2016.
- 2. The budget on page 15 19 of the original contract is deleted and replaced in its entirety by the budget on page 2 6 of this amendment.
- 3. Federal Funding Accountability and Transparency Act (FFATA):
  - a. The Contractor shall register with the Federal System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> to assist the Department with meeting its obligation to comply with the Federal Funding Accountability and Transparency Act (FFATA).
  - b. The Contractor shall ensure that it shall remain active in SAM by updating its SAM profile at least every 12 months. Upon notification by the Department that its SAM status is not active, the Contractor shall update its SAM profile within five business days of such notification. The Contractor's failure to comply may impact future issuance of payments by the Department.

9

			FI	NAN	ICIAL SUMMA	RY				
	Core Category of Services									
	CONSOLIDATED DATA FOR CAT	HOLI	C CHARITIES							
ROG	GRAM NAME:	HU	JRRICANE SAN	DY S	OCIAL SERVICE	ES BI	LOCK GRANT			
PROGRAM NUMBER:										
RESP	ONDENT or		Catholic Charities of Fairfield County, Inc.							
SUBC	ONTRACTOR NAME:									
	Insert Month & Year start date in this highlighted cell:		ay 16, 2014 - etember 30, 2015		Oct 1, 2015 - Sept 30, 2016		lay 16, 2014  - Sept 30, 2016			
ine #	Item/Total		2013		2014					
			BY 1**		BY 2**	quite annue annue	TOTAL			
1	CONTRACTUAL SERVICES									
	1a. Accounting	\$		\$		\$	-			
	1b. Legal	\$	-	\$	-	\$	-			
	1c. Independent Audit	\$	-	\$	-	\$				
	1d. Other Contractual Services	\$	-	\$	-	\$	-			
	TOTAL CONTRACTUAL SERVICES	\$	-	\$		\$				
2	ADMINISTRATION									
	2a. Admin. Salaries	\$		\$	**************************************	\$	-			
	2b. Admin. Fringe Benefits	\$	_	\$	-	\$	-			
	2c. Admin. Overhead	\$	194,744.71	\$	57,615.09	\$	252,359.8			
	TOTAL ADMINISTRATION	\$	194,744.71	\$	57,615.09	\$	252,359.8			
	% of Admin not to exceed 9%		9%		9%		9%			
3	DIRECT PROGRAM STAFF									
	3a. Program Salaries	\$	976,651.16	\$	239,215.60	\$	1,215,866.7			
	3b. Program Fringe Benefits	\$	189,621.97	\$	82,524.40	\$	272,146.3			
	TOTAL DIRECT PROGRAM	\$	1,166,273.13	\$	321,740.00	\$	1,488,013.1			
4	OTHER COSTS									
	4a. Program Rent	\$	81,462.40	\$	35,888.34	\$	117,350.7			
	4b. Consumable Supplies	\$	8,638.14	\$	2,000.00	\$	10,638.1			
	4c. Travel & Transportation	\$	30,966.50	\$	8,750.00	\$	39,716.5			
	4d. Utilities	\$	3,178.10	\$	7,000.00	\$	10,178.1			
	4e. Repairs & Maintenance	\$	1000	\$	-	\$	<b>=</b> 0			
	4f. Insurance	\$	2=	\$	-	\$	=:			
	4g. Food & Related Costs	\$	-	\$	<u>u</u>	\$	=			
	4h. Other Project Expenses	\$	725,759.79	\$	175,000.00	\$	900,759.79			
	TOTAL OTHER COSTS	\$	850,004.93	\$	228,638.34	\$	1,078,643.2			
5	EQUIPMENT									
	Equipment	\$	14,794.79	\$	-	\$	14,794.79			
6	PROGRAM INCOME									
	6a. Fees	\$		\$	-	\$	_			
	6b. Other Income	\$		\$	: <del></del>	\$	=			
	TOTAL PROGRAM INCOME	\$		\$	18-	\$	est may the sta			
7	TOTAL NET PROGRAM COST	\$	2,225,818	\$	607,993	\$	2,833,811.0			
	(Sum of 1 through 5, minus Line 6)		•				•			

			F	NAN	ICIAL SUMMA	RY	
	Core Category of Services						
	Case Management						
ROO	GRAM NAME:	THU	JRRICANE SAN	IDY S	OCIAL SERVIC	ES E	I OCK GRANT
	GRAM NUMBER:	-			Services Total		
	ONDENT or				ries of Fairfield		
	CONTRACTOR NAME:				ico or i amircia	Cour	rty, mo.
	Insert Month & Year start date in this highlighted cell:	SHIP CONTRACTOR	ay 16, 2014 - etember 30, 2015		Oct 1, 2015 - Sept 30, 2016	1	May 16, 2014 - Sept 30, 2016
ine #	Item/Total	John	2013				Sept 30, 2010
IIIC II	nem rotar		BY 1**		2014 BY 2**		TOTAL
1	CONTRACTUAL SERVICES				DIZ		TOTAL
•	1a. Accounting	0		<b>C</b>			
	1b. Legal	\$	-	\$		\$	-
	1c. Independent Audit	\$				\$	
	1d. Other Contractual Services	\$		\$		\$	
	TOTAL CONTRACTUAL SERVICES	\$		\$.	_	\$	-
	TOTAL CONTRACTUAL SERVICES	Ф		\$		\$	
2	ADMINISTRATION						
	2a. Admin. Salaries	\$	######################################	\$	100051013100000000000000000000000000000	\$	
	2b. Admin. Fringe Benefits	\$	_	\$		\$	
	2c. Admin. Overhead	\$	166,846.07	\$	39,615.09	\$	206,461.1
	TOTAL ADMINISTRATION	\$	166,846.07	\$	39,615.09	\$	206,461.1
	% of Admin not to exceed 9%	Ψ	16%	Ψ	13%	Ψ	15%
3	DIRECT PROGRAM STAFF					112050116	
•	3a. Program Salaries	\$	662,994.30	\$	171,215.60	\$	834,209.90
	3b. Program Fringe Benefits	\$	133,604.10	\$	64,488.40	\$	198,092.50
	TOTAL DIRECT PROGRAM	\$	796,598.40	\$	235,704.00	\$	1,032,302.4
			,		200,701.00	Ψ	1,002,002.
4	OTHER COSTS						
	4a. Program Rent	\$	31,022.40	\$	14,070.56	\$	45,092.9
	4b. Consumable Supplies	\$	7,472.34	\$	1,000.00	\$	8,472.3
	4c. Travel & Transportation	\$	24,782.38	\$	7,000.00	\$	31,782.3
	4d. Utilities	\$	3,178.10	\$	7,000.00	\$	10,178.1
	4e. Repairs & Maintenance	\$	-	\$	-	\$	
	4f. Insurance	\$	() <b>-</b>	\$	-	\$	=
	4g. Food & Related Costs	\$	7) <b>#</b>	\$	_	\$	
	4h. Other Project Expenses	\$	: 3 <del>2</del>			\$	
	TOTAL OTHER COSTS	\$	66,455.22	\$	29,070.56	\$	95,525.78
5	EQUIPMENT						
	Equipment	\$	7,397.44	\$	-	\$	7,397.44
G	DDOCDAM INCOME			TO THE REAL PROPERTY.	98/18815146000000000000000000000000000		
6	PROGRAM INCOME 6a. Fees	¢.		6			
	6b. Other Income	\$	9 <u>42</u> g	\$	-	\$	
		\$		\$	· · · · · · · · · · · · · · · · · · ·	\$	-
	TOTAL PROGRAM INCOME	\$		\$		\$	
7	TOTAL NET PROGRAM COST	\$	1,037,297.13	\$	304,389.65	\$	1,341,686.78

			FI	NAN	CIAL SUMMA	RY	
	Core Category of Services						
	Counseling Services						
ROG	GRAM NAME:	HU	RRICANE SAN	DY S	CIAL SERVIC	ES BL	OCK GRANT
ROG	GRAM NUMBER:		Core Catego	ry of	Services Total	Budg	et Page
ESP	ONDENT or		Catholic C	hariti	es of Fairfield (	County	, Inc.
UBC	ONTRACTOR NAME:				5 X		
	Insert Month & Year start date in this highlighted cell:		ay 16, 2014 - tember 30, 2015		Oct 1, 2015 - Sept 30, 2016		y 16, 2014 - ept 30, 2016
ine #	Item/Total		2013 BY 1**		2014 BY 2**		TOTAL
1	CONTRACTUAL SERVICES						
	1a. Accounting	\$		\$		\$	-
	1b. Legal	\$	-	\$	-	\$	:
	1c. Independent Audit	\$	-	\$	=	\$	-
	1d. Other Contractual Services	\$	<b>12</b> ()	\$	<u> </u>	\$	-
	TOTAL CONTRACTUAL SERVICES	\$		\$		\$	-
2	ADMINISTRATION						
	2a. Admin. Salaries	\$	-	\$	-	\$	-
	2b. Admin. Fringe Benefits	\$	-	\$	-	\$	=
	2c. Admin. Overhead	\$	19,640.15	\$	18,000.00	\$	37,640.1
	TOTAL ADMINISTRATION	\$	19,640.15	\$	18,000.00	\$	37,640.1
	% of Admin not to exceed 9%		5%		14%		7%
3	DIRECT PROGRAM STAFF						
	3a. Program Salaries	\$	251,491.79	\$	68,000.00	\$	319,491.79
	3b. Program Fringe Benefits	\$	40,872.31	\$	18,036.00	\$	58,908.3
	TOTAL DIRECT PROGRAM	\$	292,364.10	\$	86,036.00	\$	378,400.10
4	OTHER COSTS						
	4a. Program Rent	\$	50,440.00	\$	21,817.78	\$	72,257.78
	4b. Consumable Supplies	\$	1,000.00	\$	1,000.00	\$	2,000.00
	4c. Travel & Transportation	\$	5,984.76	\$	1,750.00	\$	7,734.70
	4d. Utilities	\$	(2)	\$		\$	-
	4e. Repairs & Maintenance	\$	(2)	\$	-	\$	<u> </u>
	4f. Insurance	\$	-	\$	-	\$	=
	4g. Food & Related Costs	\$		\$	-	\$	-
	4h. Other Project Expenses	\$	-	\$	-	\$	_
	TOTAL OTHER COSTS	\$	57,424.76	\$	24,567.78	\$	81,992.54
5	EQUIPMENT						
	Equipment	\$	7,397.35	\$		\$	7,397.35
6	PROGRAM INCOME						
	6a. Fees	\$	3. =2	\$	**	\$	
	6b. Other Income	\$	-	\$	_	\$	-
	TOTAL PROGRAM INCOME	\$	5,000-000 ( <del>*</del> 20)	\$	-	\$	
7	TOTAL NET PROGRAM COST (Sum of 1 through 5, minus Line 6)	\$	376,826.36	\$	128,603.78	\$	505,430.14

			F	INA	NCIAL SUMMA	<b>RY</b>	
	Core Category of Services			1			
	Housing Services		0) (0)	1			
RO	GRAM NAME:	Н	JRRICANE SAN	DY	SOCIAL SERVIC	ES BI	OCK GRANT
RO	GRAM NUMBER:				of Services Total		
ESF	PONDENT or	7.7			ities of Fairfield		
UBO	CONTRACTOR NAME:	-	04470770	1	troo or r arrivera	Journe	y, mc.
	Insert Month & Year start date in	N	lay 16, 2014 -	_	Oct 1, 2015 -	NA.	01.10 2014
	this highlighted cell :	100	otember 30, 2015				ay 16, 2014 -
		36			Sept 30, 2016	3	Sept 30, 2016
ne #	Item/Total		2013		2014		
,	20177107111	200220000	BY 1**	o contraction in	BY 2**	II arringariors com	TOTAL
1	CONTRACTUAL SERVICES						
	1a. Accounting	\$		\$		\$	1/2
	1b. Legal	\$	-	\$	-	\$	
	1c. Independent Audit	\$	-	\$	-	\$	150
	1d. Other Contractual Services	\$	-	\$	<del></del>	\$	8€
	TOTAL CONTRACTUAL SERVICES	\$		\$		\$	
2	ADMINISTRATION						
	2a. Admin. Salaries	\$		\$		\$	
	2b. Admin. Fringe Benefits	\$		\$		\$	-
	2c. Admin. Overhead	\$	<u> </u>	\$	-	\$	
	TOTAL ADMINISTRATION	\$		\$		\$	
	% of Admin not to exceed 9%		0%	Ψ	0%	Ψ	0%
3	DIRECT PROGRAM STAFF						
	3a. Program Salaries	\$		\$		\$	
	3b. Program Fringe Benefits	\$		\$		\$	-
	TOTAL DIRECT PROGRAM	\$		\$		\$	-
4	OTHER COSTS						
	4a. Program Rent	\$		6		<u> </u>	
	4b. Consumable Supplies	\$		\$		\$	
			\ <del>-</del>	*****		\$	
	4c. Travel & Transportation 4d. Utilities	\$		\$		\$	
	3920323888888	\$		\$	-	\$	
	4e. Repairs & Maintenance	\$		\$		\$	, ( <del>-</del>
	4f. Insurance	\$		\$	-	\$	© <b>4</b>
	4g. Food & Related Costs	\$	705 770 77	\$		\$	7/D
	4h. Other Project Expenses TOTAL OTHER COSTS	\$	725,759.79 725,759.79	\$	175,000.00 175,000.00	\$	900,759.7
	FOLUDATION			istano e a la compania de la compania del compania del compania de la compania del la compania de la compania del la com		1530 de 1010 e 1010 e 1	
5	EQUIPMENT Equipment	\$	<u>-</u>	\$	<u> </u>	\$	
				ralizonau au		organization.	
5	PROGRAM INCOME						
	6a. Fees	\$	<u> </u>	\$	-	\$	
	6b. Other Income	\$		\$	-	\$	_
	TOTAL PROGRAM INCOME	\$		\$		\$	•
	TOTAL NET PROGRAM COST	\$	725,759.79	\$	175,000.00	\$	900,759.79
	(Sum of 1 through 5, minus Line 6)		-		_		-

			F	INAN	CIAL SUMMA	RY			
	Core Category of Services					1			
	Information and Referral		된 						
RO	GRAM NAME:	HU	RRICANE SAN	IDY SO	CIAL SERVIC	FS BI	OCK GRANT		
RO	GRAM NUMBER:		HURRICANE SANDY SOCIAL SERVICES BLOCK GRA Core Category of Services Total Budget Page						
	PONDENT or	U. E			es of Fairfield				
SUB	CONTRACTOR NAME:						,,		
	Insert Month & Year start date i this highlighted cell :		ay 16, 2014 - tember 30, 2015		Oct 1, 2015 - ept 30, 2016		ny 16, 2014 - ept 30, 2016		
ine #	Item/Total		2013 BY 1**		2014 BY 2**		TOTAL		
1	CONTRACTUAL SERVICES						HIM IN THE		
	1a. Accounting	\$	+ # , # DE 12, 01 H) 12 H 14 L 2 H 16 L 16	\$		\$			
	1b. Legal	\$	-	\$		\$	-		
	1c. Independent Audit	\$		\$		\$			
	1d. Other Contractual Services	\$	2	\$		\$			
	TOTAL CONTRACTUAL SERVICES	\$		\$	1900 700	\$			
2	ADMINISTRATION			14045040000404		i Regionalization			
~	2a. Admin. Salaries	\$		<b>6</b>					
	2b. Admin. Fringe Benefits	\$		\$		\$	-		
	2c. Admin. Overhead	\$	8,258.49	\$	-	\$	0.050.4		
÷	TOTAL ADMINISTRATION	\$	8,258.49	\$	7.E.	\$	8,258.4		
	% of Admin not to exceed 9%	Ψ	10%	Ф	%	\$	8,258.4		
3	DIRECT PROGRAM STAFF	- Halling	10%		% !::::::::::::::::::::::::::::::::::::		10%		
Ŭ	3a. Program Salaries	\$	62 165 07	¢.			00.105.0		
	3b. Program Fringe Benefits	\$	62,165.07 15,145.56	\$	12	\$	62,165.0		
	TOTAL DIRECT PROGRAM	\$	77,310.63	\$		\$	15,145.5 77,310.6		
120				T		Ψ	77,010.0		
4	OTHER COSTS								
	4a. Program Rent	\$	-	\$	-	\$	_		
	4b. Consumable Supplies	\$	165.80	\$	<u> </u>	\$	165.8		
	4c. Travel & Transportation	\$	199.36	\$	-	\$	199.36		
	4d. Utilities	\$	8: Y <u>=</u>	\$		\$	_		
	4e. Repairs & Maintenance	\$	-	\$	-	\$	.=0		
	4f. Insurance	\$	-	\$	-	\$	=1		
	4g. Food & Related Costs	\$	1 <del>=</del>	\$	=	\$			
	4h. Other Project Expenses	\$	* (#	\$	( <u>12</u> );	\$	-		
	TOTAL OTHER COSTS	\$	365.16	\$		\$	365.16		
5	EQUIPMENT								
	Equipment	\$	e some fire the	\$		\$	-		
6	PROGRAM INCOME								
	6a. Fees	\$	-	\$	-	\$			
	6b. Other Income	\$	_	\$	-	\$			
	TOTAL PROGRAM INCOME	\$		\$		\$			
•	TOTAL NET PROGRAM COST	\$	85,934.28	\$		\$	85,934.28		
	(Sum of 1 through 5, minus Line 6)	\$	77,70 1120	7	_	Ψ	00,004.20		

## SIGNATURES AND APPROVALS 015 CCF-HSF-01 /14DSS8801DC

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 - CATHOLIC CHARITIES OF FAIRFIEI	LD COUNTY, INC.
Aux	September 30, 2015
Albert Barber, President	Date
DEPARTMENT OF SOCIAL SERVICES	
Kathleen M. Brennan KATHLEEN M. BRENNAN DEPUTY COMMISSIONER	<u>9-30-/5</u> Date
OFFICE OF THE ATTORNEY GENERAL	

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19,

2009.