

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** UNITED WAY OF CONNECTICUT  
**Contractor Address:** 1344 SILAS DEANE HIGHWAY, ROCKY HILL, CT 06067  
**Contract Number:** 119UWC-HUO-10 / 09DSS1002AX  
**Amendment Number:** A5  
**Amount as Amended:** \$20,980,104  
**Contract Term as Amended:** 07/01/09 - 06/30/15

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The contract between **United Way of Connecticut** (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 12/28/2012, is hereby further amended as follows:

1. The total maximum amount payable under this contract is **increased by \$7,476,714 from \$13,503,390 to \$20,980,104** to fund Program services through 6/30/15. The increase is composed of a cost of living adjustment of \$1,844 to SFY2013 Social Service Block Fund funding, to be used by the Contractor only for wages and benefits of staff per Section 27 of Public Act 12-204; and \$3,737,435 per State fiscal year during the period 7/1/2013 through 6/30/2015.
2. The budget on page 5 of amendment A4 is deleted in its entirety and replaced by the budgets on pages 2 and 3 of this amendment.
3. The term of the contract is extended for an additional two years and the end date of the contract is changed from 6/30/2013 to 6/30/2015.

**This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.**

COMPOSITE BUDGET

**PROGRAM NAME:**  
2-1-1/Husky/MED

**United Way of Connecticut**

**FINANCING SUMMARY**

	Requested	Adjustments	Approved
<b>Contract Amount</b>			
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>			
<b>Amount of Amendment</b>			

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
2	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting	0			0
	2b. Legal	77,491			77,491
	2c. Independent Audit	49,955			49,955
	2d. Other Contractual Services	933,253			933,253
	<b>TOTAL CONTRACTUAL SERVICES</b>		1,060,699		1,060,699
3	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	1,267,075			1,267,075
	3b. Admin. Fringe Benefits	393,037			393,037
	3c. Admin. Overhead	120,617			120,617
	<b>TOTAL ADMINISTRATION</b>		1,780,729		1,780,729
4	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	6,887,550			6,887,550
	4b. Program Fringe Benefits	2,430,350		1,844	2,432,194
	<b>TOTAL DIRECT PROGRAM STAFF</b>		9,317,900	1,844	9,319,744
5	<b>OTHER COSTS</b>				
	5a. Program Rent	674,929			674,929
	5b. Consumable Supplies	484,027			484,027
	5c. Travel & Transportation	126,126			126,126
	5d. Utilities	391,895			391,895
	5e. Repairs & Maintenance	0			0
	5f. Insurance	57,070			57,070
	5g. Food & Related Costs	0			0
	5h. Other Project Expenses	58,082			58,082
	<b>TOTAL OTHER COSTS</b>		1,792,129		1,792,129
6	<b>EQUIPMENT</b>		84,578		84,578
7	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
8	<b>TOTAL NET PROGRAM COST</b>		14,036,035	1,844	14,037,879

**BUDGET PER STATE FISCAL YEAR 7/1/2013 – 6/30/2015**

**PROGRAM NAME:**

**United Way of Connecticut**

**2-1-1/Husky/MED**

**FINANCING SUMMARY**

	Requested	Adjustments	Approved
<b>Contract Amount</b>			
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>			
<b>Amount of Amendment</b>			

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting	0		0	0
	2b. Legal	77,491		36,894	114,385
	2c. Independent Audit	49,955		22,512	72,467
	2d. Other Contractual Services	933,253		558,960	1,492,213
	<b>TOTAL CONTRACTUAL SERVICES</b>		1,060,699	618,366	1,679,065
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	1,267,075		615,472	1,882,547
	3b. Admin. Fringe Benefits	393,037		219,174	612,211
	3c. Admin. Overhead	120,617		58,654	179,271
	<b>TOTAL ADMINISTRATION</b>		1,780,729	893,300	2,674,029
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	6,887,550		3,451,948	10,339,498
	4b. Program Fringe Benefits	2,432,194		1,450,486	3,882,680
	<b>TOTAL DIRECT PROGRAM STAFF</b>		9,319,744	4,902,434	14,222,178
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	674,929		328,968	1,003,897
	5b. Consumable Supplies	484,027		249,754	733,781
	5c. Travel & Transportation	126,126		63,824	189,950
	5d. Utilities	391,895		321,960	713,855
	5e. Repairs & Maintenance	0		0	0
	5f. Insurance	57,070		35,020	92,090
	5g. Food & Related Costs	0			0
	5h. Other Project Expenses	58,082		32,198	90,280
	<b>TOTAL OTHER COSTS</b>		1,792,129	1,031,724	2,823,853
<b>6</b>	<b><u>EQUIPMENT</u></b>		84,578	29,046	113,624
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>	14,037,879	14,037,879	7,474,870	21,512,749

**SIGNATURES AND APPROVALS**

**119UWC-HUO-10 / 09DSS1002AX A5**

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 - UNITED WAY OF CONNECTICUT**

  
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Laura M. Huren, *Senior Vice President Business Operations*

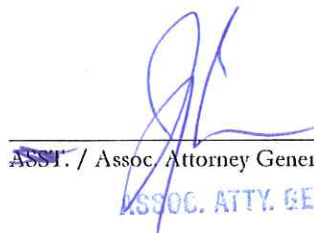
6/25/13  
\_\_\_\_\_  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
\_\_\_\_\_  
Roderick L. Bremby *Commissioner*

6/27/2013  
\_\_\_\_\_  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
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ASST. / Assoc. Attorney General (Approved as to form & legal sufficiency)  
ASSOC. ATTY. GENERAL Joseph Rubin

7/15/13  
\_\_\_\_\_  
Date