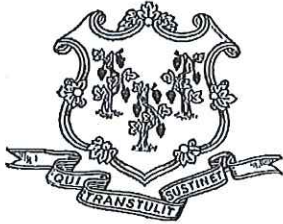


Episcopal Social Services

Roderick L. Bremby, Commissioner:

Date: Aug 14, 2017

Date: 8/14/17



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Episcopal Social Service, Inc. of the Diocese of Connecticut
Contractor Address: 235 Nicoll Street, New Haven, CT .06511
Contract Number: 16DSS4801JI / 064-1JI-RAP-01
Amendment Number: Amendment 1
Amount as Amended: \$891,000.00
Contract Term as Amended: 10/1/2016 to 9/30/2019

The contract between Episcopal Social Service, Inc. of the Diocese of Connecticut ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 1/18/2017, is hereby further amended as follows:

1. Through this amendment the FFY2017 allocation is increased by \$58,880 from \$297,000 to \$355,880. This represents an increase to the allocation for the first year of this three year contract. This funding will be used by the Contractor to increase the level of services supported through this agreement.
2. DSS contract/contact person on page 1 of the contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
3. For the period ~~7/1/17~~ ^{ANS} 10/1/16 through ~~6/30/18~~ ^{CEB} 9/30/17, Part I, Section J. labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract shall be deleted and replaced with the following:

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
Contract #16DSS4801JI-A1 (Composite Budget) FFY 2017

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 297,000	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX	\$ 58,880	\$ 355,880

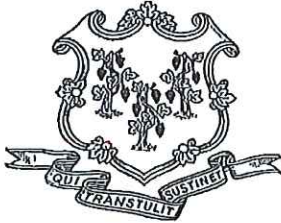
Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	664		84	748
	2b. Legal	-			-
	2c. Independent Audit	2,651		339	2,990
	2d. Other Contractual Services				-
	TOTAL CONTRACTUAL SERVICES		3,315	423	3,738
3	ADMINISTRATION				
	3a. Admin. Salaries	37,717		6,065	43,782
	3b. Admin. Fringe Benefits	5,406		2,317	7,723
	3c. Admin. Overhead	-		-	-
	TOTAL ADMINISTRATION		43,123	8,382	51,505
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	184,255		28,260	212,515
	4b. Program Fringe Benefits	31,530		16,281	47,811
	TOTAL DIRECT PROGRAM		215,785	44,541	260,326
5	OTHER COSTS				
	5a. Program Rent	16,575		2,401	18,976
	5b. Consumable Supplies	2,203		249	2,452
	5c. Travel & Transportation	2,514		385	2,899
	5d. Utilities	3,880		976	4,856
	5e. Repairs & Maintenance	1,996		273	2,269
	5f. Insurance	830		118	948
	5g. Food & Related Costs				-
	5h. Other Project Expenses	3,592		724	4,316
	TOTAL OTHER COSTS		31,590	5,126	36,716
6	EQUIPMENT		3,187	408	3,595
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 297,000	\$ 58,880	\$ 355,880
	(Sum of 1 through 6, minus Line 7)				

Episcopal Social Services

Roderick L. Bremby, Commissioner:

Date: Aug 14, 2017

Date: 8/14/17



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Episcopal Social Service, Inc. of the Diocese of Connecticut
Contractor Address: 235 Nicoll Street, New Haven, CT .06511
Contract Number: 16DSS4801JI / 064-1JI-RAP-01
Amendment Number: Amendment 1
Amount as Amended: \$891,000.00
Contract Term as Amended: 10/1/2016 to 9/30/2019

The contract between Episcopal Social Service, Inc. of the Diocese of Connecticut ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 1/18/2017, is hereby further amended as follows:

1. Through this amendment the FFY2017 allocation is increased by \$58,880 from \$297,000 to \$355,880. This represents an increase to the allocation for the first year of this three year contract. This funding will be used by the Contractor to increase the level of services supported through this agreement.
2. DSS contract/contact person on page 1 of the contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
3. For the period ~~7/1/17~~ 10/1/16 through ~~6/30/18~~ 9/30/17, Part I, Section J, labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract shall be deleted and replaced with the following:

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
Contract #16DSS4801Jl-A1 (Composite Budget) FFY 2017

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 297,000	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX	\$ 58,880	\$ 355,880

Line #	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	664		84	748
	2b. Legal	-			-
	2c. Independent Audit	2,651		339	2,990
	2d. Other Contractual Services				-
	TOTAL CONTRACTUAL SERVICES		3,315	423	3,738
3	ADMINISTRATION				
	3a. Admin. Salaries	37,717		6,065	43,782
	3b. Admin. Fringe Benefits	5,406		2,317	7,723
	3c. Admin. Overhead	-		-	-
	TOTAL ADMINISTRATION		43,123	8,382	51,505
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	184,255		28,260	212,515
	4b. Program Fringe Benefits	31,530		16,281	47,811
	TOTAL DIRECT PROGRAM		215,785	44,541	260,326
5	OTHER COSTS				
	5a. Program Rent	16,575		2,401	18,976
	5b. Consumable Supplies	2,203		249	2,452
	5c. Travel & Transportation	2,514		385	2,899
	5d. Utilities	3,880		976	4,856
	5e. Repairs & Maintenance	1,996		273	2,269
	5f. Insurance	830		118	948
	5g. Food & Related Costs				
	5h. Other Project Expenses	3,592		724	4,316
	TOTAL OTHER COSTS		31,590	5,126	36,716
6	EQUIPMENT		3,187	408	3,595
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST				
	(Sum of 1 through 6, minus Line 7)		\$ 297,000	\$ 58,880	\$ 355,880

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Refugee Assistance Program
Contract Amendment #16DSS4801JI-A1 (RSS Formula) FFY 2017

Contract Amount	Requested	Adjustments	Approved
		\$ -	\$ -
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 110,000	xxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxx
Adjustments & New Contract Amount	xxxxxxxxxxxxxxxxxxx	\$ 58,880	\$ 168,880

Line #	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	242		84	326
	2b. Legal	-			-
	2c. Independent Audit	966		339	1,305
	2d. Other Contractual Services	-			-
	TOTAL CONTRACTUAL SERVICES		1,208	423	1,631
3	ADMINISTRATION				
	3a. Admin. Salaries	13,798		6,065	19,863
	3b. Admin. Fringe Benefits	1,887		2,317	4,204
	3c. Admin. Overhead	-			-
	TOTAL ADMINISTRATION		15,685	8,382	24,067
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	66,900		28,260	95,160
	4b. Program Fringe Benefits	13,144		16,281	29,425
	TOTAL DIRECT PROGRAM STAFF		80,044	44,541	124,585
5	OTHER COSTS				
	5a. Program Rent	6,040		2,401	8,441
	5b. Consumable Supplies	622		249	871
	5c. Travel & Transportation	869		385	1,254
	5d. Utilities	1,420		976	2,396
	5e. Repairs & Maintenance	727		273	1,000
	5f. Insurance	302		118	420
	5g. Food & Related Costs	-			-
	5h. Other Project Expenses	1,923		724	2,647
	TOTAL OTHER COSTS		11,903	5,126	17,029
6	EQUIPMENT		1,160	408	1,568
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 110,000	\$ 58,880	\$ 168,880
	(Sum of 1 through 6, minus Line 7)				

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

16DSS4801JI/064-1JI-RAP-01

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

Episcopal Social Service, Inc. of the Diocese of Connecticut


Chris George, Executive Director

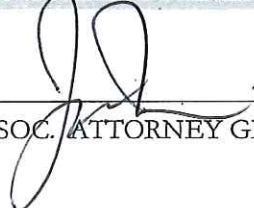
6/15/17
Date

DEPARTMENT OF SOCIAL SERVICES


RODERICK L. BREMBY, *Commissioner*

6/16/17
Date

OFFICE OF THE ATTORNEY GENERAL


~~ASST.~~ / ASSOC. ATTORNEY GENERAL (*Approved as to form*) Joseph Rubin

6/30/17
Date

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
 REQUEST FOR PAYMENT
 DSS ACCOUNTS PAYABLE

W-1270
 Voucher #: _____ VR Processed by: _____ Voucher Approved by: _____
 Date: _____ Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____
 Vendor/Contractor Name: Episcopal Social Service, Inc. of the Diocese of Connecticut
 Business Address: 235 Nicoll Street, New Haven, CT .06511
 Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)
 Episcopal Social Service, Inc. of the Diocese of Connecticut
 235 Nicoll Street, New Haven, CT .06511

Purchase/Contract Type: PO POS PSA MOA/VI BOND
 Check One: Competitive Non-Competitive
 Spending Plan Code: RAP
 CORE-CT Contract #: 16DSS4801JI A1
 DSS Contract #: 064-1JI-RAP-01
 PO #: _____
 FEIN #: 060653044 Vendor # 0000029464
 Contract Period: From: 10/1/2016 To: 9/30/2019
 Payment Period: From: _____ To: _____
 Total Contract: \$891,000.00
 Previous Payments: \$ _____
 This Payment: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: Chris George
 Contractor Name (print) CHRIS GEORGE
 Contractor Signature [Signature] Date JUNE 15, 2017

DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Charles Anderson
 DSS PROGRAM STAFF REP Signature
 Date _____ (860) 424-5820 Phone # _____

Co-sign (if required) Signature _____ Phone # _____
 DSS FISCAL STAFF APPROVAL - Name (sign & date) _____
 *Financial Report Required Yes No
 *Financial Report within last 3 mos. Yes No
 *Attach Explanation If Report Is More Than 3 Months Old