

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

SAFE FUTURES, INC.

Contractor Address:

16 JAY STREET, NEW LONDON, CT 06320

Contract Number:

095SFI-SBG-23 / 14DSS5012CV

Amendment Number:

A1

Amount as Amended:

\$49,701

Contract Term as Amended: 10/01/14 - 03/31/16

The contract between Safe Futures, Inc. and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/29/14, is hereby amended as follows:

- 1. The total maximum amount payable under this contract is increased by \$16,567 from \$33,134 to \$49,701.
- The budget on page 13 of the original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.
- 3. The term of the contract is extended for an additional six months and the end date of the contract is changed from 9/30/15 to 3/31/16.

PART I FINANCIAL SUMMARY PROGRAM NAME: Safe Futures, Inc. PROGRAM NUMBER: 14DSS5012CV / 095SFI-SBG-23 Requested Adjustments Approved **Contract Amount** For Amendments Only 33,134.00 **Previously Approved Contract Amount** 49,701.00 **Amount of Amendment** \$ 16,567.00 | \$ Line # Item Subcategory Line Item Total Adjustments Revised Total (a) (b) (c) (d) **UNIT RATE** 1a. Bed Days 1b. Client Advocate 1c. Security Deposit 1d. Other Unit Rate Costs TOTAL UNIT RATE CONTRACTUAL SERVICES 2a. Accounting 2b. Legal 2c. Independent Audit 2d. Other Contractual Services TOTAL CONTRACTUAL SERVICES **ADMINISTRATION** 3a. Admin. Salaries 4,020 2,010.00 6,030.00 380.00 \$ 760 \$ \$ 1,140.00 3b. Admin. Fringe Benefits 3c. Admin. Overhead 7,170.00 \$ 4,780 \$ 2,390.00 \$ TOTAL ADMINISTRATION DIRECT PROGRAM STAFF 12,358.00 \$ 37,078.00 24,720 4a. Program Salaries \$ 3,634 \$ 1,819.00 \$ 5,453.00 4b. Program Fringe Benefits \$ 14,177.00 42,531.00 28,354 TOTAL DIRECT PROGRAM OTHER COSTS 5a. Program Rent 5b. Consumable Supplies 5c. Travel & Transportation 5d. Utilities 5e. Repairs & Maintenance 5f. Insurance 5g. Food & Related Costs 5h. Other Project Expenses TOTAL OTHER COSTS **EQUIPMENT** PROGRAM INCOME 7a. Fees 7b. Other Income TOTAL PROGRAM INCOME 33,134 \$ 16,567.00 49,701.00 \$ TOTAL NET PROGRAM COST

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.

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS 095SFI-SBG-23 / 14DSS5012CV A1

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 - SAI	FE F	UIL	JKES.	INC.
------------------	------	-----	-------	------

Catherine Zeiner, Executive pirector

9/29/15 Date

DEPARTMENT OF SOCIAL SERVICES

Roderick L. Bremby, Commissioner

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.