

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** EASTCONN  
**Contractor Address:** 376 HARTFORD TURNPIKE, HAMPTON, CT 06247  
**Contract Number:** 063ECN-TPP-02 / 13DSS5701IK  
**Amendment Number:** A1  
**Amount as Amended:** \$212,000  
**Contract Term as Amended:** 07/01/13 - 06/30/16

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The contract between **EASTCONN** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Commissioner on 12/05/13, is hereby amended as follows:

1. The total maximum amount payable under this contract is decreased by \$4,000 from \$216,000 to \$212,000. This decrease is due to a SFY 2015 rescission.
2. The budget on page 13 of the original contract is deleted and replaced in its entirety by the budget on page 3 of this amendment.
3. Section H. Financial Reporting on page 10 of the original contract Financial Reporting shall be deleted in its entirety and replaced by the following:

The Contractor will submit to the Department fiscal reports on the Department's **DSS-304** and **DSS-305** forms on or before October 31, January 31, April 30, and July 31 of each year during the contract period. The final fiscal report shall be due within 60 days of the end of the contract period.

The Contractor will submit such required financial reports to the Department's Program representative located at Department of Social Services, Social Work Services, 55 Farmington Ave, Hartford, CT 06105.

**Interest:** Any interest earned by the Contractor as a result of payments authorized by the Department shall be reported to the Department by the Contractor on the next Quarterly Financial Report submitted after that interest income is earned. The Contractor agrees to follow the Department's direction as to the disposition of such interest income.

## SIGNATURES AND APPROVALS

063ECN-TPP-02 / 13DSS5701IK 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 - EASTCONN

  
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Paula M. Colen, *Executive Director*

03/31/2015

\_\_\_\_\_  
Date

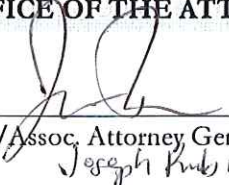
### DEPARTMENT OF SOCIAL SERVICES

  
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Roderick L. Bremby, *Commissioner*

4.2.2015

\_\_\_\_\_  
Date

### OFFICE OF THE ATTORNEY GENERAL

  
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Asst./Assoc. Attorney General (Approved as to form)  
Joseph Rubino

ASSOC. ATTY GENERAL

4/24/15

\_\_\_\_\_  
Date