

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: ACTION FOR BRIDGEPORT COMMUNITY DEVELOPMENT, INC.
Contractor Address: 1070 PARK AVENUE, BRIDGEPORT, CT 06604
Contract Number: 015C-ECH-30 / 11DSS4301AI
Amendment Number: A4
Amount as Amended: \$46,698,167
Contract Term as Amended: 10/01/11 - 09/30/14

The contract between **Action for Bridgeport Community Development, Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Office of the Attorney General on 12/23/2013 is hereby amended as follows:

1. The Contractor agrees to fully administer the Low Income Home Energy Assistance Program (LIHEAP) in the service area previously administered by Norwalk Economic Opportunity Now, Inc., from 7/1/14 through 9/30/14. The maximum budget of the Contractor shall be increased by a total of \$118,487.00, of which \$102,487.00 shall be for Administrative expenses and \$16,000.00 shall be for Assurance 16 related expenses. \$2,737.00 of the Administrative budget increase provides funding for assistance rendered by ABCD to NEON to assist with a one-day application certification event.
2. The Composite budget on page 2 of Amendment #3 is hereby deleted and replaced by the budget on page 2 of this amendment. The Administrative budget on page 3 of Amendment #3 is hereby deleted and replaced with the budget on page 3 of this amendment. In addition, this amendment incorporates an Assurance 16 budget component on page 4 of this amendment. The budgets for Administrative and Assurance 16 expenses are subject to percentage limitations pursuant to the LIHEAP, and as such may be adjusted during the program year should actual funding differ from the amounts anticipated.

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.

PART I

PROGRAM NAME: Connecticut Energy Assistance Program

PROGRAM NUMBER: 015C-ECH-30-A4 Composite / 11DSS4301AI Composite 2013/2014

	Requested	Adjustments	Approved
Contract Amount	\$ 20,457,679		\$ -
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 20,457,679	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX	\$ 118,487	\$ 20,576,166

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	-			-
	2b. Legal	-			-
	2c. Independent Audit	9,500			9,500
	2d. Other Contractual Services	13,500		6,139	19,639
	TOTAL CONTRACTUAL SERVICES		23,000	6,139	29,139
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	136,855		400	137,255
	3b. Admin. Fringe Benefits	51,745		103	51,848
	3c. Admin. Overhead	-			-
	TOTAL ADMINISTRATION		188,600	503	189,103
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	376,286		43,949	420,235
	4b. Program Fringe Benefits	115,772		21,713	137,485
	TOTAL DIRECT PROGRAM		492,058	65,662	557,720
5	<u>OTHER COSTS</u>				
	5a. Program Rent			6,000	6,000
	5b. Consumable Supplies	38,000		16,680	54,680
	5c. Travel & Transportation	5,900		1,350	7,250
	5d. Utilities	33,538		8,100	41,638
	5e. Repairs & Maintenance	26,040		6,510	32,550
	5f. Insurance	10,449		2,800	13,249
	5g. Food & Related Costs	-			-
	5h. Other Project Expenses	19,640,094		4,743	19,644,837
	TOTAL OTHER COSTS		19,754,021	46,183	19,800,204
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 20,457,679	\$ 118,487	\$ 20,576,166
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
PROGRAM NUMBER: 015C-ECH-30-A4 (D) / 11DSS4301AI (D) 2013/2014 - NEON Related Admin Expenses

Contract Amount	Requested	Adjustments	Approved
	\$ 36,563		\$ 139,050
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 36,563	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX	\$ 102,487	\$ 139,050

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit	5,000			5,000
	2d. Other Contractual Services			6,139	6,139
	TOTAL CONTRACTUAL SERVICES		5,000	6,139	11,139
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	16,302		400	16,702
	3b. Admin. Fringe Benefits	8,223		103	8,326
	3c. Admin. Overhead				-
	TOTAL ADMINISTRATION		24,525	503	25,028
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries			33,343	33,343
	4b. Program Fringe Benefits			16,319	16,319
	TOTAL DIRECT PROGRAM		-	49,662	49,662
5	<u>OTHER COSTS</u>				
	5a. Program Rent			6,000	6,000
	5b. Consumable Supplies	2,000		16,680	18,680
	5c. Travel & Transportation			1,350	1,350
	5d. Utilities	5,038		8,100	13,138
	5e. Repairs & Maintenance			6,510	6,510
	5f. Insurance			2,800	2,800
	5g. Food & Related Costs				-
	5h. Other Project Expenses			4,743	4,743
	TOTAL OTHER COSTS		7,038	46,183	53,221
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 36,563	\$ 102,487	\$ 139,050
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
PROGRAM NUMBER: 015C-ECH-30-A4 (F) / 11DSS4301AI (F) 2013/2014 - NEON Related Assurance 16

Contract Amount	Requested	Adjustments	Approved
	\$ 16,000		
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ -	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX	\$ 16,000	\$ 16,000

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES		-		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		-		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	10,606			
	4b. Program Fringe Benefits	5,394			
	TOTAL DIRECT PROGRAM		16,000		
5	<u>OTHER COSTS</u>				
	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		-		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 16,000		
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

015C-ECH-30 / 11DSS4301AI A4

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.

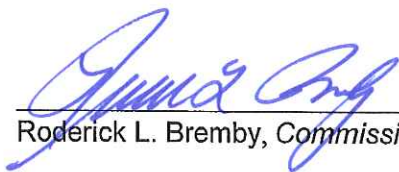
CONTRACTOR - ACTION FOR BRIDGEPORT COMMUNITY DEVELOPMENT, INC.



Charles B. Tisdale, *Executive Director*

7/17/2014
Date

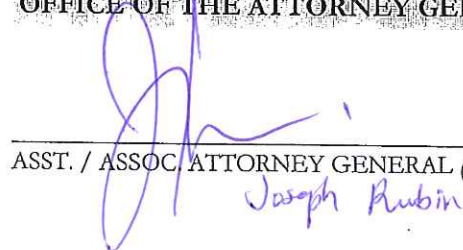
DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

7/21/14
Date

OFFICE OF THE ATTORNEY GENERAL


Joseph Rubin

ASSOC. ATTY. GENERAL

ASST. / ASSOC. ATTORNEY GENERAL (*Approved as to form & legal sufficiency*)

7/28/14
Date