

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: FAMILY STRIDES, INC.
Contractor Address: 350 MAIN ST, SUITE D, TORRINGTON, CT 06790
Contract Number: 145FS-FIP-07 / 13DSS1402AB
Amendment Number: A1
Amount as Amended: \$188,884
Contract Term as Amended: 07/01/13 - 06/30/15

The contract between **Family Strides, Inc.** (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 09/24/2013 , is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by **\$32,500** from \$156,384 to \$188,884. This increase is due to the revised number of participants served by 30 from 55 to 85 in SFY2015.
2. The budget on page 16 of original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.

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.

PART I

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

| |
|--|
| Fatherhood Initiative Program, Family Strides, Inc. |
| 13DSS1402AB A1 |

| | | | |
|--|-----------|-------------|----------|
| Contract Amount | Requested | Adjustments | Approved |
| | \$ 94,442 | | |
| <i>For Amendments Only</i> | | | |
| Previously Approved Contract Amount | | | |
| Amount of Amendment | | | \$ |

| 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 | 1,343 | | | |
| | 2d. Other Contractual Services | 430 | | | |
| | TOTAL CONTRACTUAL SERVICES | 1,773 | | | |
| 3 | <u>ADMINISTRATION</u> | | | | |
| | 3a. Admin. Salaries | 4,160 | | | |
| | 3b. Admin. Fringe Benefits | 602 | | | |
| | 3c. Admin. Overhead | | | | |
| | TOTAL ADMINISTRATION | 4,762 | | | |
| 4 | <u>DIRECT PROGRAM STAFF</u> | | | | |
| | 4a. Program Salaries | 54,140 | | | |
| | 4b. Program Fringe Benefits | 18,375 | | | |
| | TOTAL DIRECT PROGRAM | 72,515 | | | |
| 5 | <u>OTHER COSTS</u> | | | | |
| | 5a. Program Rent | 5,292 | | | |
| | 5b. Consumable Supplies | 1,674 | | | |
| | 5c. Travel & Transportation | 1,080 | | | |
| | 5d. Utilities | 2,059 | | | |
| | 5e. Repairs & Maintenance | - | | | |
| | 5f. Insurance | 1,445 | | | |
| | 5g. Food & Related Costs | 1,200 | | | |
| | 5h. Other Project Expenses | 2,642 | | | |
| | TOTAL OTHER COSTS | 15392 | | | |
| 6 | <u>EQUIPMENT</u> | | | | |
| 7 | <u>PROGRAM INCOME</u> | | | | |
| | 7a. Fees | | | | |
| | 7b. Other Income | | | | |
| | TOTAL PROGRAM INCOME | | | | |
| 8 | <u>TOTAL NET PROGRAM COST</u> | 94442 | | | |

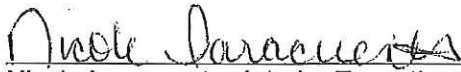
SIGNATURES AND APPROVALS

145FS-FIP-07 / 13DSS1402AB 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 - FAMILY STRIDES, INC.



Nicole Laracuente, *Interim Executive Director*

8/20/2014

Date

DEPARTMENT OF SOCIAL SERVICES

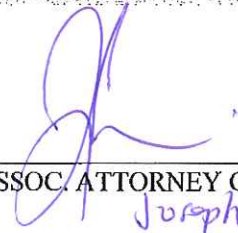


Roderick L. Bremby, *Commissioner*

8/29/2014

Date

OFFICE OF THE ATTORNEY GENERAL



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

9/15/14

Date