

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Town of Wallingford
Contractor Address: 45 South Main Street, Wallingford, CT 06492
Contract Number: 148-HHD-11/14DSS1302BP
Amendment Number: 1
Amount as Amended: \$166,262
Contract Term as Amended: 10/1/2014 – 9/30/2016

The contract between Town of Wallingford (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the by the Office of the Attorney General on 10 /17 /14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$81,130.00 from \$85,132.00 to \$166,262.00. This increase is to continue to provide Hispanic Human Resources Development (HHD) services to residents in the Wallingford area through its contractor SCOW.
2. The Contractor shall adhere to the budget as modified on page 2 of this amendment.
3. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 9/30/15 to 9/30/16.
4. During the contract period ending 9/30/16, Part I, Section A.1 Description of Services of the original contract shall include at least an additional 665 clients (individuals and/or families) receiving services.

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

FINANCIAL SUMMARY

PROGRAM NAME:

Hispanic Human Resource Development Program
148-HHD-11

PROGRAM NUMBER:

Contract Amount	Requested	Adjustments	Approved
	\$ 85,132		
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment	\$ 85,132	\$ 81,130	\$ 166,262

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	0	0	0	0
2	CONTRACTUAL SERVICES				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES	0	0	0	0
3	ADMINISTRATION				
	3a. Admin. Salaries	15,324		14,603	29,927
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION	15,324	15,324	14,603	29,927
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	69,808		66,527	136,335
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM	69,808	69,808	66,527	136,335
5	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	0	0	0	0
6	EQUIPMENT	0	0	0	0
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME	0	0	0	0
8	TOTAL NET PROGRAM COST	85,132	85,132	81,130	166,262

SIGNATURES AND APPROVALS

148-HHD-11/14DSS1302BP

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 - TOWN OF WALLINGFORD

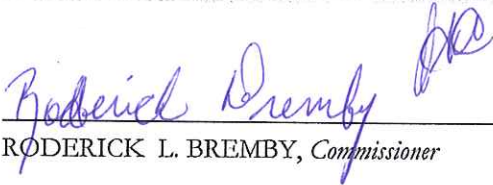


William W. Dickinson, Mayor

9/30/15

Date

DEPARTMENT OF SOCIAL SERVICES

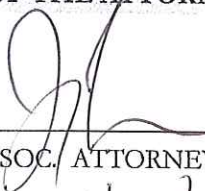


RODERICK L. BREMBY, *Commissioner*

Date

9/30/15

OFFICE OF THE ATTORNEY GENERAL



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

Joseph Rubin

10/21/15

Date