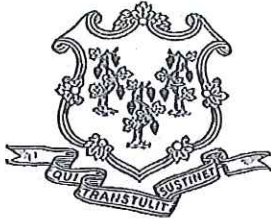


STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES



## CONTRACT AMENDMENT

**Contractor:** MYERS AND STAUFFER, LC  
**Contractor Address:** 400 REDLAND COURT, SUITE 300, OWING MILLS, MD 21117  
**Contract Number:** 999MS-MED-02 / 13DSS1213DY  
**Amendment Number:** A2  
**Amount as Amended:** \$1,035,000.00  
**Contract Term as Amended:** 01/01/13 - 06/30/18

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The contract between Myers and Stauffer, LC (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved the office of the Attorney General on 06/08/2015 is hereby further amended as follows:

1. The funding of the contract is increased in the amount of \$510,000.00 and the total contract award is changed from \$525,000.00 to \$1,035,000.00. This increase is due to the additional funds that were inadvertently omitted from Amendment # 1.
2. Part I. C. CONTRACTOR PAYMENT subsection 1 of Amendment # 1 shall be revised to read as follows:
  1. For the performance of the services and tasks described herein, based upon review and approval by the Department, the Contractor shall receive a maximum dollar amount not to exceed \$1,035,000.00. This fee includes both labor and out of pocket expenses, (transportation, long distance phone calls, overnight mailings, etc.)

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.

**SIGNATURES AND APPROVALS**

999MS-MED-02 / 13DSS1213DY A2

The Contractor IS 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 - MYERS & STAUFFER LC**

  
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John D. Kraft, *Member*

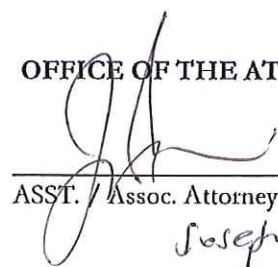
  
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**DEPARTMENT OF SOCIAL SERVICES**

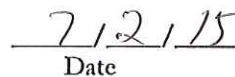
  
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Roderick L. Bremby, *Commissioner*

  
\_\_\_\_\_  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
\_\_\_\_\_  
ASST. / Assoc. Attorney General (*Approved as to form*)  
Joseph Rubin

ASSOC. ATTY. GENERAL

  
\_\_\_\_\_  
Date