

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: Connecticut Coalition of Mutual Assistance Associations
Contractor Address: 143 Madison Avenue, Hartford, CT .06106
Contract Number: 16DSS4801FK / 064-1FK-RAP-01
Amendment Number: A1
Amount as Amended: \$132,093.00
Contract Term as Amended: 10/1/2016 to 9/30/2019

The contract between Connecticut Coalition of Mutual Assistance Associations . (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Commissioner on 12/6/16 , is hereby further amended as follows:

1. Through this amendment the FFY2017 allocation is increased by \$5,000 from \$44,031 to \$49,031. This represents an increase to the allocation for the first year of this three year contract. This funding will be used by the Contractor to increase the level of services supported through this agreement.
2. The respective Composite and Refugee Social Services Formula budgets on pages 14 and 15 of the original contract are hereby deleted and replaced by the respective budgets on pages 2 and 3 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

PROGRAM NAME:
PROGRAM NUMBER:

Refugee Assistance Program
Contract Amendment #16DSS4801FK-A1 (Composite Budget) FFY 2017

Contract Amount	Requested	Adjustments	Approved
			\$ -
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 44,031	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX	\$ 5,000	\$ 49,031

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	1,440		139	1,579
	2b. Legal	-		-	-
	2c. Independent Audit	-		-	-
	2d. Other Contractual Services	-		-	-
	TOTAL CONTRACTUAL SERVICES		1,440	139	1,579
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	8,580		791	9,371
	3b. Admin. Fringe Benefits	-		600	600
	3c. Admin. Overhead	-		-	-
	TOTAL ADMINISTRATION		8,580	1,391	9,971
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	18,360		2,100	20,460
	4b. Program Fringe Benefits	1,457		550	2,007
	TOTAL DIRECT PROGRAM		19,817	2,650	22,467
5	<u>OTHER COSTS</u>				
	5a. Program Rent	6,000		300	6,300
	5b. Consumable Supplies	2,400		-	2,400
	5c. Travel & Transportation	1,584		520	2,104
	5d. Utilities	3,120		-	3,120
	5e. Repairs & Maintenance	178		-	178
	5f. Insurance	912		-	912
	5g. Food & Related Costs	-		-	-
	5h. Other Project Expenses	-		-	-
	TOTAL OTHER COSTS		14,194	820	15,014
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>				
	(Sum of 1 through 6, minus Line 7)		\$ 44,031	\$ 5,000	\$ 49,031

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Refugee Assistance Program
Contract Amendment #16DSS4801FK-A1 (RSS Formula) FFY 2017

Contract Amount	Requested	Adjustments	Approved
			\$ -
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 27,418	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX	\$ 5,000	\$ 32,418

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				
2	CONTRACTUAL SERVICES				
	2a. Accounting	861		139	1,000
	2b. Legal	-		-	-
	2c. Independent Audit	-		-	-
	2d. Other Contractual Services	-		-	-
	TOTAL CONTRACTUAL SERVICES		861	139	1,000
3	ADMINISTRATION				
	3a. Admin. Salaries	5,209		791	6,000
	3b. Admin. Fringe Benefits	-		600	600
	3c. Admin. Overhead	-		-	-
	TOTAL ADMINISTRATION		5,209	1,391	6,600
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	11,500		2,100	13,600
	4b. Program Fringe Benefits	850		550	1,400
	TOTAL DIRECT PROGRAM		12,350	2,650	15,000
5	OTHER COSTS				
	5a. Program Rent	3,700		300	4,000
	5b. Consumable Supplies	1,495		-	1,495
	5c. Travel & Transportation	980		520	1,500
	5d. Utilities	1,733		-	1,733
	5e. Repairs & Maintenance	178		-	178
	5f. Insurance	912		-	912
	5g. Food & Related Costs	-		-	-
	5h. Other Project Expenses	-		-	-
	TOTAL OTHER COSTS		8,998	820	9,818
6	EQUIPMENT		-	-	-
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 27,418	\$ 5,000	\$ 32,418
	(Sum of 1 through 6, minus Line 7)				


SIGNATURES AND APPROVALS

16DSS4801FK/064-1FK-RAP-01 A1

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

Connecticut Coalition of Mutual Assistance Associations


Ban Tran, Executive Director

02/10/17
Date

DEPARTMENT OF SOCIAL SERVICES


RODERICK L. BREMBY, *Commissioner*

1/17/17
Date

X *This contract does not require the approval of the Attorney General pursuant to an agreement between the Department and the Office of the Attorney General, dated 12/29/2015.*

WORKFORCE ANALYSIS

Contractor Connecticut
Coalition of Mutual
Assistance Associations

Address 143 Madison
Avenue, Hartford, CT
.06106

Number of Connecticut Employees	
Full-time: <input type="text"/>	Part-time: <input type="text" value="7"/>
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	<input type="text"/>

JOB CATEGORIES	TOTALS	WHITE (Not of Hispanic Origin)		BLACK (Not of Hispanic Origin)		HISPANIC		ASIAN OR PACIFIC ISLANDER		AMER. INDIAN OR ALASKAN NATIVE		PERSON WITH DISABILITIES	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers								1					
Professionals													
Technicians													
Service Workers													
Office & Clerical		1											
Craft Workers (Skilled)			1										
Operators (Semi-Skilled)									4				
Laborers (Unskilled)													
TOTALS													
Totals One Year Ago													

FORMAL ON-THE-JOB-TRAINEES

	TOTALS	WHITE (Not of Hispanic Origin)	BLACK (Not of Hispanic Origin)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMER. INDIAN OR ALASKAN NATIVE	PERSON WITH DISABILITIES	
	Male	Female	Male	Female	Male	Female	Male	Female
Apprentices								
Trainees								

- Have you successfully implemented an Affirmative Action Plan?
 Yes No If yes, date of implementation ; If no, explain
 Do you promise to develop and implement a successful Affirmative Action Plan?
 Yes No N/A Explain:
- Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, inclusive:
 Yes No N/A Explain:
- According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?
 Yes No Explain:
- If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 Yes No Explain:

Authorized Signature: _____



Date: _____

02/10/17

DSS ACCOUNTS PAYABLE

Voucher #: _____ Created by: _____

Date: _____ VR Approved by: _____

CORE Receipt Date: _____

Withholding:

PAYEE INFORMATION

Vendor/Contractor Name & Address: _____ Vendor Invoice #: _____

Connecticut Coalition of Mutual Assistance Associations

Business Address:

143 Madison Avenue, Hartford, CT .06106

143 Madison Avenue, Hartford, CT .06106

Purchase/Contract Type: [] PO [X] PON [] POC [] PSN [] PSC [] BOND

Spending Plan: _____ Asset: Yes No

DSS Contract #: 064-1FK-RAP-01

CORE Contract #: 16DSS4801FK

PO #: _____ Receipt #: _____

FEIN #: 061435113 Vendor #: 0000019007

Contract Period: 10/1/2016 To 9/30/2019

Payment Period: _____ To _____

Total Contract: \$ 132,093.00

Previous Payments: \$ _____

This Payment: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: Ban Tran

Contractor Name (print) _____

Contractor Signature _____

Date _____

02/10/17

DSS PROGRAM VERIFICATION - if multiple funding sources, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$ _____	200	_____	DSS	_____	_____	_____	DSS	168	_____
\$ _____	200	_____	DSS	_____	_____	_____	DSS	168	_____
\$ _____	200	_____	DSS	_____	_____	_____	DSS	168	_____

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Tina McGill

Name (print) _____

Date _____

Signature _____

Phone # (860) 424-5082

C.O. Co-sign (if required) _____ Phone #: _____

Financial Report Required? Yes No