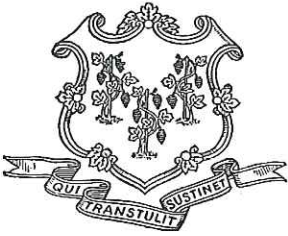


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: CAPITOL REGION COUNCIL OF GOVERNMENT, INC.
Contractor Address: 241 MAIN STREET, SUITE 200, HARTFORD, CT 06106
Contract Number: 064CRC-TTW-13 / 12DSS3201CX
Amendment Number: A3
Amount as Amended: \$2,445,441
Contract Term as Amended: 07/01/12 - 06/30/15

The contract between **Capitol Region Council of Government, 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 12/23/2013, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$738,836 from \$1,706,605 to \$2,445,441 to fund Program services through 6/30/15.
2. The budget for 12/31/13 through 06/30/14 on page 2 of Amendment 2 is deleted and the budget for the period 7/1/14 through 6/30/15 shall be as set forth on page 2 of this amendment.
3. The term of the contract is extended for an additional one year and the end date of the contract is changed from 6/30/14 to 6/30/15.

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 III

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

Capitol Region Council of Governments
064CRC-TTW-13 / 12DSS3201CX A1 7/1/12 - 6/30/15

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>	\$ 738,836		
Previously Approved Contract Amount			
Amount of Amendment			\$

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				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services	669,836			
	TOTAL CONTRACTUAL SERVICES		669,836		669,836
3	ADMINISTRATION				
	3a. Admin. Salaries	27,600			
	3b. Admin. Fringe Benefits	9,951			
	3c. Admin. Overhead	31,449			
	TOTAL ADMINISTRATION		69,000		69,000
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
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				
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		738,836		738,836
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

064CRC-TTW-13 / 12DSS3201CX A3

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 - CAPITOL REGION COUNCIL OF GOVERNMENT, INC.



Lyle D. Wray, *Executive Director*

5-28-2014
Date

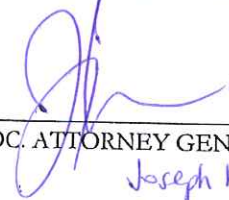
DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

6/2/14
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST. / ASSOC. ATTORNEY GENERAL (Approved as to form & legal sufficiency)~~
Joseph Rubin

6/11/14
Date