



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Hispanic Federation, Inc.
Contractor Address: 55 Exchange Place, 5th Floor, New York, NY .10005
Contract Number: 14DSS1303DW / 999-HF-HHD-02
Amendment Number: A3
Amount as Amended: \$378,970.00
Contract Term as Amended: 10/1/2014 to ~~9/30/2017~~ 6/30/2017



Contractor



DSS

The contract between Hispanic Federation, 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 5/17/2016, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$57,258 from \$321,712.00 to \$378,970.00. The additional funds are to allow Contractor to continue services for an additional 9 months.
2. The budget on page 2 of Amendment 1 shall be deleted and replaced in its entirety with the budget of page 2 of this amendment.
3. The term of this contract shall be extended by 9 months and the end date of the contract is changed from 9/30/16 to 6/30/17.
4. DSS contact/contract person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.

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:

Hispanic Federation Capacity Building for Hispanic HHD Providers
999HF HHD-02 A3

Contract Amount	Requested	Adjustments	Approved
	<i>For Amendments Only</i>		
Previously Approved Contract Amount	\$ 321,712		\$ 321,712
Amount of Amendment		\$ 57,258	\$ 378,970

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	\$200.00		\$0.00	\$200.00
	2c. Independent Audit	\$3,333.00		\$0.00	\$3,333.00
	2d. Other Contractual Services	\$96,131.00		\$0.00	\$96,131.00
	TOTAL CONTRACTUAL SERVICES	\$99,664.00	\$99,664.00	\$0.00	\$99,664.00
3	ADMINISTRATION				
	3a. Admin. Salaries	\$0.00		\$0.00	\$0.00
	3b. Admin. Fringe Benefits	\$0.00		\$0.00	\$0.00
	3c. Admin. Overhead	\$23,821.00		\$3,436.00	\$27,257.00
	TOTAL ADMINISTRATION	\$18,818.00	\$18,818.00	\$3,436.00	\$22,254.00
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	\$116,468.00		\$32,595.00	\$149,063.00
	4b. Program Fringe Benefits	\$19,087.00		\$3,912.00	\$22,999.00
	TOTAL DIRECT PROGRAM STAFF	\$135,555.00	\$135,555.00	\$36,507.00	\$172,062.00
5	OTHER COSTS				
	5a. Program Rent	\$18,120.00		\$6,300.00	\$24,420.00
	5b. Consumable Supplies	\$3,235.00		\$1,226.00	\$4,461.00
	5c. Travel & Transportation	\$8,500.00		\$3,750.00	\$12,250.00
	5d. Utilities	\$2,502.00		\$938.00	\$3,440.00
	5e. Repairs & Maintenance	\$0.00		\$0.00	\$0.00
	5f. Insurance	\$6,000.00		\$1,755.00	\$7,755.00
	5g. Food & Related Costs	\$7,000.00		\$2,400.00	\$9,400.00
	5h. Other Project Expenses	\$14,185.00		\$298.00	\$14,466.00
	TOTAL OTHER COSTS	\$59,542.00	\$59,542.00	\$16,667.00	\$73,490.00
6	EQUIPMENT	\$3,130.00	\$3,130.00	\$648.00	\$3,778.00
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST	\$321,712.00	\$321,712.00	\$57,258.00	\$378,970.00

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

14DSS1303DW/999-HF-HHD-02 A3

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

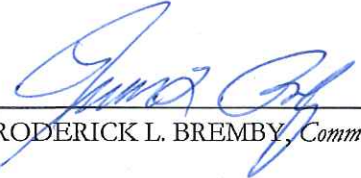
Hispanic Federation, Inc.



Jose Calderon, President

09/27/10
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

9/28/16
Date

OFFICE OF THE ATTORNEY GENERAL



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

10/12/16
Date

WORKFORCE ANALYSIS

Contractor Hispanic Federation, Inc.

Address 55 Exchange Place,
5th Floor, New York, NY
.10005

Number of Connecticut Employees	
Full-time: <input type="text"/>	Part-time: <input type="text"/>
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» Number

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													
Professionals							1						
Technicians													
Service Workers													
Office & Clerical							2						
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS													
Totals One Year Ago							3						

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. 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:

2. 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:

3. 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:

4. 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: 09/27/2010