

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: CITY OF BRIDGEPORT
Contractor Address: 45 LYON TERRACE, BRIDGEPORT, CT 06604
Contract Number: 015-HUO-05 / 05DSS1001CG
Amendment Number: A10
Amount as Amended: \$3,070,352.50
Contract Term as Amended: 07/01/05 - 06/30/15

The contract between **City of Bridgeport** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 07/16/2014, is hereby amended as follows:

1. The total maximum amount payable under this contract is decreased by \$-13,274 from \$3,083,626.50 to \$3,070,352.50. This decrease is due to a 5% SFY 2015 rescissions.
2. The budget on page 3 of A9 shall be replaced by the budget on page 2 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

FINANCIAL SUMMARY, SFY15

PROGRAM, CONTRACTOR NAME:
PROGRAM NUMBER:

City of Bridgeport Healthy Start Program
015-HUO-05 A10/ 05DSS1001CG

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 285,855		
Amount of Amendment		\$ (13,274)	\$ 272,581

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	142,250			
	TOTAL CONTRACTUAL SERVICES	142,250	142,250	\$ (13,274)	128,976
3	ADMINISTRATION				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	93,753		0	93,753
	4b. Program Fringe Benefits	41,173		0	41,173
	TOTAL DIRECT PROGRAM	134,926	134,926	0	134,926
5	OTHER COSTS				
	5a. Program Rent				
	5b. Consumable Supplies	3,094		0	3,094
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs	1,500		0	1,500
	5h. Other Project Expenses	2,960		0	2,960
	TOTAL OTHER COSTS	7,554	7,554		7,554
6	EQUIPMENT	1,125	1,125	0	1,125
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME	0	0	0	0
8	TOTAL NET PROGRAM COST	285,855	285,855	(13,274)	272,581

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

015-HUO-05 / 05DSS1001CG A10

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 - CITY OF BRIDGEPORT



Bill Finch, Mayor

5/13/15
Date


DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, Commissioner

6/1/2015
Date

OFFICE OF THE ATTORNEY GENERAL



ASSOC. ATTY. GENERAL
ASSOC. ATTORNEY GENERAL (Approve as to form)
Joseph Rubin

6/8/15
Date