

**Part 1 Face Sheet**  
**MEMORANDUM OF AGREEMENT**  
**STATE OF CONNECTICUT**  
**Department of Social Services**  
**CONTRACT ADMINISTRATION**

- MOA - Financial  
 MOU - Non-Financial

1. Indicate Memorandum Type. Non-financial agreements do not require fiscal review.
2. Prepare two original copies.
3. Originating agency internal approvals must be shown prior to contracting state agency acceptance.
4. The Department of Social Services and the Contractor as listed below hereby enter into an agreement subject to the terms and conditions stated herein and subject to the applicable provisions of the Connecticut General Statutes.
5. Acceptance of this contract implies conformance with terms and conditions as stated in this agreement.

	(1) ORIGINAL <input type="checkbox"/> (2) AMENDMENT <input checked="" type="checkbox"/> #3	(3) DSS Identification No. <b>13DSS4602IIREV A3</b>	(4) Contracting Agency Identification	
CONTRACTING STATE AGENCY	(5) Contracting State Agency Name <b>GATEWAY COMMUNITY COLLEGE</b>		(6) Contracting State Agency State Number <b>093GCC-FSE-01</b>	(7) Contracting State Agency FEIN
	(8) Contracting State Agency Address <b>20 Church Street, New Haven, CT 06510</b>		(9) Contracting State Agency Liaison & Phone No. <b>Victoria Bozzuto – 203-285-2408</b>	
ORIGINATING STATE AGENCY	(10) Originating State Agency <b>Department of Social Services</b>		(11) Originating State Agency Number <b>DSS6000</b>	(12) Originating State Agency FEIN
	(13) Originating State Agency Address <b>55 Farmington Avenue, Hartford, CT 06105</b>		(14) Originating State Agency Liaison & Phone No. <b>Jana Engle – 860-424-5429</b>	
CONTRACT PERIOD	(15) Contract Period (From - To) <b>01/01/2013 – 09/30/2015</b>		(16) Funding Period (From -To) <b>01/01/2013 – 09/30/2013</b>	
CANCELLATION CLAUSE	This agreement shall remain in full force and effect for the entire term of the contract period stated above unless cancelled.		(17) Required No. Of Days Written Notice. <b>Thirty (30)</b>	
COMPLETE DESCRIPTION OF SERVICE	(18) The contracting state agency agrees to comply with the terms of the agreement as described herein.			
COST AND SCHEDULE OF TRANSFER CERTIFICATES	(19) The maximum dollar value of this contract shall be increased by \$104,000.00 from \$201,000.00 to \$305,000.00. Upon execution and approval of this contract by the Commissioner. The Contractor shall provide services and submit transfer invoices for approval. Upon approval, the Department shall process the transfer invoices in accordance with the payment terms in the original agreement.			

(20) Line No.	(21) Budget Reference	(22) Fund	(23) Department	(24)		(25) Account	(26) Project/Grant	(27) Chart 1	(28) Chart 2	(29) Amount
				Program	SID					
	2015	12060	DSS60799	52003	20735	55120	DSS000000031905	168046	NO_CODE	\$103,000.00
	2015	12060	DSS60799	52003	20735	55050	DSS000000031906	168046	NO_CODE	\$500.00
	2015	11000	DSS60799	52003	16098	55070	DSS_NONPROJECT	168046	NO_CODE	\$500.00

**(30) ACCEPTANCE AND APPROVALS**

**(31) STATUTORY AUTHORITY - §4-8, 17b-3**

(32) Department of Social Services PROGRAM DIRECTOR	Ron Roberts, Director SNAP Division	DATE <b>10/27/14</b>
(33) Department of Social Services FISCAL OFFICIAL <i>Michael Gilbert</i>	Michael Gilbert, Director Division of Fiscal Management & Analysis	DATE <b>10/20/14</b>
(34) Department of Social Services CONTRACT ADMINISTRATOR <i>Tina McGill</i>	Tina McGill Contract Administration	DATE <b>10/15/14</b>
(35) CONTRACTING STATE AGENCY AUTHORIZED OFFICIAL <i>Victoria Bozzuto</i>	Victoria Bozzuto, Dean Workforce Development and Continuing Education	DATE <b>10.14.14</b>
(36) ORIGINATING AGENCY AUTHORIZED OFFICIAL <i>Roderick L. Bremby</i>	Roderick L. Bremby, Commissioner Department of Social Services	DATE <b>11/7/14</b>

1. **Part 3, Scope of Work, C.3. of the original agreement shall be revised to read as follows:**  
**Appropriate programs include but are not limited to:**

- Bookkeeping Certificate
- Business Professional Certificate
- CompTIA A+ Certification
- CompTIA Networking + Technology
- Computer Aided Drafting
- Desktop Publishing Certificate
- Digital Printing and Production Certificate
- Medical Billing Associate Certificate
- Pharmacy Technician
- Precision Manufacturing and Machine Trade Technology
- Small Engine Repair
- Emergency Medical Technician (EMT)

2. **Part 4, Budget and Payment Provisions, A. Budget, of the original agreement shall be revised to read as follows:**

The Department agrees to pay for services provided under this contract as described in Part 3 of this MOA at an amount not to exceed \$305,000.00. The entire contract period shall be January 1, 2013 through September 30, 2015.

3. **The dollar value of the contract is increased by \$104,000.00 for federal fiscal year 2015 from \$201,000.00 to \$305,000.00.**
4. **All other terms and conditions not specifically amended herein shall remain in full force and effect.**