

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** THE CONNECTICUT JUNIOR REPUBLIC ASSOCIATION, INCORPORATED  
**Contractor Address:** GOSHEN ROAD, PO BOX 161, LITCHFIELD, CT 06759  
**Contract Number:** 151CJR-SBG-15 / 14DSS5011FY  
**Amendment Number:** A1  
**Amount as Amended:** \$7,119  
**Contract Term as Amended:** 10/01/14 - 03/31/16

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The contract between **The Connecticut Junior Republic Association, Incorporated** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 10/31/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$2,373** from \$4,746 to \$7,119.
2. The budget on page 13 of the original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.
3. The term of the contract is extended for an additional six months and the end date of the contract is changed from 9/30/15 to 3/31/16.

**PART I**

**FINANCIAL SUMMARY**

**PROGRAM NAME:**

The CT Junior Republic Association, Incorporated

**PROGRAM NUMBER:**

14DSS5011FY / 151CJR-SBG-15 A1

	Requested	Adjustments	Approved
<b>Contract Amount</b>	\$ 4,746	\$ 2,373	\$ 7,119
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment			

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>				
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead	473.00		236.00	709.00
	<b>TOTAL ADMINISTRATION</b>		<b>473.00</b>	<b>236.00</b>	<b>709.00</b>
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	3,360.00	-	1,680.00	5,040.00
	4b. Program Fringe Benefits	913.00		457.00	1,370.00
	<b>TOTAL DIRECT PROGRAM</b>		<b>4,273.00</b>	<b>2,137.00</b>	<b>6,410.00</b>
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	<b>TOTAL OTHER COSTS</b>				
<b>6</b>	<b><u>EQUIPMENT</u></b>				
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b> (Sum of 1 through 6, minus Line 7)		<b>4,746.00</b>	<b>2,373.00</b>	<b>7,119.00</b>

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.

**SIGNATURES AND APPROVALS**

**151CJR-SBG-15 / 14DSS5011FY A1**

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

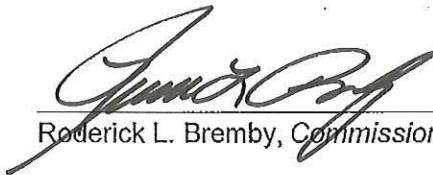
Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - THE CONNECTICUT JUNIOR REPUBLIC ASSOCIATION, INCORPORATED**

  
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Daniel Rezende, *Executive Director*

9/29/15  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
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Roderick L. Bremby, *Commissioner*

9/30/2015  
Date

**OFFICE OF THE ATTORNEY GENERAL**

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009.