



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: THE COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT, INC.
Contractor Address: 66 NORTH STREET, DANBURY, CT 06810
Contract Number: 034C-SBG-32 / 14DSS5011ZO
Amendment Number: A1
Amount as Amended: \$39,283
Contract Term as Amended: 10/01/14 - 03/31/16

The contract between **The Community Action Agency of Western Connecticut, Inc.** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/25/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$13,094 from \$26,189 to \$39,283.
2. The budget on page 12 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.

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:		Social Services Block Grant			
CONTRACT NUMBER:		034C-SBG-32/14DSS5011ZO			
CONTRACTOR NAME:		The Community Action Agency of Western Connecticut			
CONTRACT PERIOD:		10/1/14-3/31/16			
		Requested	Adjustments	Approved	
Contract Amount					
<i>For Amendments Only</i>					
Previously Approved Contract Amount		\$26,189.00			
Amount of Amendment		\$13,094.00		\$39,283.00	
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	100.00		50.00	150.00
	2c. Independent Audit	195.00		97.50	292.50
	2d. Other Contractual Services	7500.00		3750.00	11250.00
	TOTAL CONTRACTUAL SERVICES		7795.00		11692.50
3	ADMINISTRATION				
	3a. Admin. Salaries	1100.00			1100.00
	3b. Admin. Fringe Benefits	385.00			385.00
	3c. Admin. Overhead	0.00		790.00	790.00
	TOTAL ADMINISTRATION		1485.00		2275.00
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	12480.00		6240.00	18720.00
	4b. Program Fringe Benefits	1954.00		975.00	2929.00
	TOTAL DIRECT PROGRAM		14434.00		21649.00
5	OTHER COSTS				
	5a. Program Rent	420.00		210.00	630.00
	5b. Consumable Supplies	614.00		306.00	920.00
	5c. Travel & Transportation	590.00		295.00	885.00
	5d. Utilities	110.00		60.00	170.00
	5e. Repairs & Maintenance	178.00		89.00	267.00
	5f. Insurance	215.00		107.50	322.50
	5g. Food & Related Costs				0.00
	5h. Other Project Expenses	348.00		124.00	472.00
	TOTAL OTHER COSTS		2475.00		3666.50
6	EQUIPMENT		0.00		
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME		0.00		
8	TOTAL NET PROGRAM COST		\$26,189.00	\$13,094.00	\$39,283.00
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

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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 COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT, INC.



Michelle H. James, *Executive Director*

9/16/15

Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

9/22/2015

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.