



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: TORRINGTON AREA YOUTH SERVICE BUREAU, INC.  
Contractor Address: 8 CHURCH ST, LL SE SUITE, PO BOX 204, TORRINGTON, CT 06790  
Contract Number: 143YSB-SBG-24 / 14DSS5012AC  
Amendment Number: A1  
Amount as Amended: \$32,286  
Contract Term as Amended: 10/01/14 - 03/31/16

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The contract between **Torrington Area Youth Service Bureau, Inc.** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/11/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$10,762** from \$21,524 to \$32,286.
2. The budget on page 11 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:

Torrington Area Youth Services Bureau, Inc. (SSBG)

PROGRAM NUMBER:

14DSS5001AC/143YSBSBG-SBG-24 A1

Contract Amount		Requested	Adjustments	Approved
		\$ 21,524	\$ 10,762	
<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	3,000		1,500	4,500
	3b. Admin. Fringe Benefits	328		145	473
	3c. Admin. Overhead				
	<b>TOTAL ADMINISTRATION</b>		3,328	1,645	4,973
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	15,800		8,132	23,932
	4b. Program Fringe Benefits	1,729		785	2,514
	<b>TOTAL DIRECT PROGRAM</b>		17,529	8,917	26,446
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation	400		200	600
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance	267			267
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	<b>TOTAL OTHER COSTS</b>		667	200	867
<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)		21,524	10,762	32,286

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**

**143YSB-SBG-24 / 14DSS5012AC 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 - TORRINGTON AREA YOUTH SERVICE BUREAU, INC.**

  
\_\_\_\_\_  
Thomas Donaldson, *Executive Director*

9/18/15  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
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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.