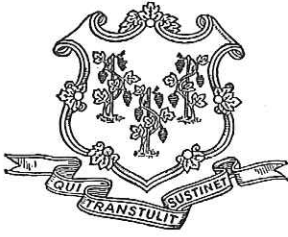


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Contractor Address: 114 WOODLAND STREET, HARTFORD, CT 06105
Contract Number: 064SFH-SSP-03 / 11DSS5411WQ
Amendment Number: A3
Amount as Amended: \$325,000
Contract Term as Amended: 07/01/11 - 03/31/15

The contract between **Saint Francis Hospital and Medical Center** and the Department of Social Services, which was last executed by the parties and approved the office of the Attorney General on 07/03/2014 is hereby further amended as follows:

1. The total maximum amount payable under this contract is decreased by **\$25,000.00** from \$350,000.00 to \$325,000.00 is based on the expenditures that was reported to our office is the reason for the decrease.
2. The term of the contract is extended for an additional 3 months and the end date of the contract is changed from December 31, 2014 to March 31, 2015.
3. The budget on page 9 of the original contract is hereby deleted and 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 1

PROGRAM NAME:

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
064SFH-SSP-03/11DSS5411WQ

FINANCING SUMMARY

	(A) REQUESTED	(B) ADJUSTMENTS	(C) APPROVED
Total State Grant:	-		-
For Amendments Only Previously approved State Grant Amount of Amendment	350000	-25000	325000

ITEM / Line #	Subcategory	Line Item Total	Adjustments	Revised Total
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				
TOTAL CONTRACTUAL SERVICES		\$ 106,200.00	(\$19,930)	\$ 86,270.00
3. ADMINISTRATION				
3a. Admin. Salaries				
3b. Admin. Fringe Benefits				
3c. Admin. Overhead				
TOTAL ADMINISTRATION		\$ 164,886.00	(\$5,070)	\$ 159,816.00
4. DIRECT PROGRAM STAFF				
4a. Program Salaries				
4b. Prog. Fringe Benefits				
TOTAL DIRECT PROGRAM		\$ -		
5. OTHER COSTS				
5a. Program Rent				
5b. Consumable Supplies				
5c. Travel & Transportation				
5d. Utilities				
5e. Repairs & Maintenance				
5f. Insurance				
5g. Food & Related Costs				
5h. Other Project Expenses				
TOTAL OTHER COSTS		\$ 78,914.00	\$0	\$ 78,914
6. EQUIPMENT		\$ -		
7. PROGRAM INCOME				
7a. Fees				
7b. Other Income				
TOTAL PROGRAM INCOME		\$ -		
8. TOTAL NET PROGRAM COSTS		\$ 350,000.00	\$(25,000.00)	\$ 325,000.00
<small>(sum of lines 1 through 6 minus line 7)</small>				

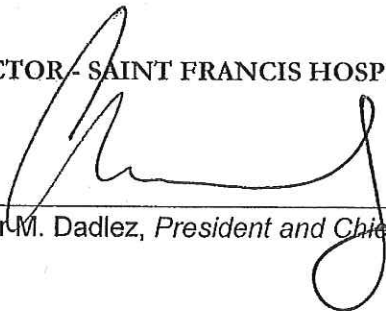
SIGNATURES AND APPROVALS

064SFH-SSP-03 / 11DSS5411WQ A3

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 - SAINT FRANCIS HOSPITAL AND MEDICAL CENTER



Christopher M. Dadlez, *President and Chief Executive Officer*

12/22/14
Date

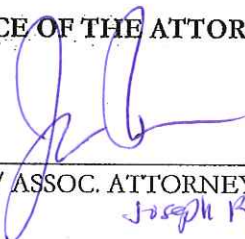
DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

12/29/2014
Date

OFFICE OF THE ATTORNEY GENERAL



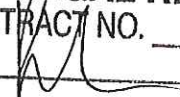
ASST. / ASSOC. ATTORNEY GENERAL (Approved as to form)
Joseph Rubin

ASSOC. ATTY. GENERAL

1/9/15
Date

**SAINT FRANCIS HOSPITAL
AND MEDICAL CENTER**

LEGAL REVIEW

CONTRACT NO. 14-1076
BY:  DATE: 12/19/14