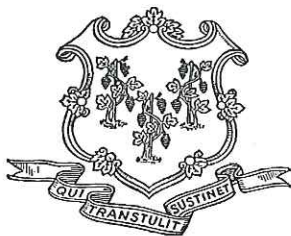


STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES



## CONTRACT AMENDMENT

**Contractor:** WORKFORCE ALLIANCE, INC.  
**Contractor Address:** 560 ELLA T. GRASSO BLVD., NEW HAVEN, CT 06519  
**Contract Number:** 093WA-TTW-04 / 12DSS3201TK  
**Amendment Number:** A3  
**Amount as Amended:** \$1,774,979  
**Contract Term as Amended:** 07/01/12 - 06/30/15

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The contract between **Workforce Alliance, Inc.** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 01/13/14, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by **\$536,272** from **\$1,238,707** to **\$1,774,979** to fund Program services through 6/30/15.
2. The budget for 12/31/13 through 06/30/14 on page 2 of Amendment 2 is deleted and the budget for the period 7/1/14 through 6/30/15 shall be as set forth on page 2 of this amendment.
3. The term of the contract is extended for an additional one year and the end date of the contract is changed from 6/30/14 to 6/30/15.

**This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.**

PART III

FINANCIAL SUMMARY

PROGRAM NAME:  
PROGRAM NUMBER:

Regional Growth Connection - *Workforce Alliance*  
093WA-TTW-04/12DSS3201TK *A.3*

Contract Amount	Requested	Adjustments	Approved
\$1,774,979			\$ -
<i>For Amendments Only</i>	\$ 1,238,707	536,272	\$ 1,774,979
Previously Approved Contract Amount			
Amount of Amendment			\$

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit	1,576		788	2,364
	2d. Other Contractual Services	785,122		300,664	1,085,786
	TOTAL CONTRACTUAL SERVICES		786,698	301,452	1,088,150
3	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	50,750		29,000	79,750
	3b. Admin. Fringe Benefits	14,875		8,500	23,375
	3c. Admin. Overhead	8,313		4,750	13,063
	TOTAL ADMINISTRATION		73,938	42,250	116,188
4	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	202,653		106,130	308,783
	4b. Program Fringe Benefits	104,063		58,889	162,952
	TOTAL DIRECT PROGRAM		306,716	165,019	471,735
5	<b>OTHER COSTS</b>				
	5a. Program Rent	37,500		19,000	56,500
	5b. Consumable Supplies	6,000		1,000	7,000
	5c. Travel & Transportation	1,200		-	1,200
	5d. Utilities	2,551		-	2,551
	5e. Repairs & Maintenance	2,400		-	2,400
	5f. Insurance	531		375	906
	5g. Food & Related Costs	600		300	900
	5h. Other Project Expenses	16,573		5,876	22,449
	TOTAL OTHER COSTS		67,355	26,551	93,906
6	<b>EQUIPMENT</b>	4,000		1,000	5,000
	TOTAL EQUIPMENT		4,000	1,000	5,000
7	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<b>TOTAL NET PROGRAM COST</b>		1,238,707	536,272	\$ 1,774,979
	(Sum of 1 through 6, minus Line 7)				

**SIGNATURES AND APPROVALS**

**093WA-TTW-04 / 12DSS3201TK 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 - WORKFORCE ALLIANCE, INC.**

  
\_\_\_\_\_  
William P. Villano, *Executive Director*

6-11-14  
\_\_\_\_\_  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
\_\_\_\_\_  
Roderick L. Bremby, *Commissioner*

6/17/2014  
\_\_\_\_\_  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
\_\_\_\_\_  
ASSI. / ASSO. ATTORNEY GENERAL (*Approved as to form & legal sufficiency*)  
Robert W. Clark

6, 24, 14  
\_\_\_\_\_  
Date