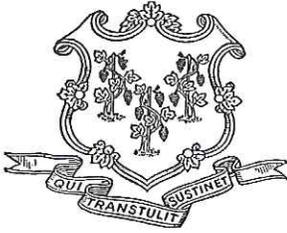


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT
Contractor Address: 100 GREAT MEADOW ROAD, SUITE 400, WETHERSFIELD, CT 06109
Contract Number: 094CHC-FSP-01 / 12DSS4701GB
Amendment Number: A2
Amount as Amended: \$3,284,085
Contract Term as Amended: 10/01/12 - 09/30/15

The contract between **Community Health Center Association of Connecticut** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Office of the Attorney General on 11-10-13 is hereby amended as follows:

1. The total maximum amount payable under the contract is increased by \$96,026.00 from \$3,188,059.00 to \$3,284,085.00.
2. Part I, Section G1 k. of the original contract shall be revised to include the following: Connecticut Association of Human Services (CAHS), 110 Bartholomew Avenue, Hartford, CT 06106 in an amount not to exceed \$96,026.00 for the period 10/1/12 through 9/30/14.
3. The budget on page 14 of original contract is deleted and replaced by the budget on page 2 of this amendment.

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 I

FINANCIAL SUMMARY

PROGRAM NAME:
CONTRACT YEAR /NUMBER:

CHCA OF CT/ Supplemental Nutrition Assistance Program (SNAP) Outreach
10.1.12 - 9.30.15 12DSS4701GB

Contract Amount	Requested	Adjustments	Approved
	\$ 3,188,059	\$ 96,026	
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 3,188,059		
Amount of Amendment	\$ 96,026		\$

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE	0	0		
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal				-
	2c. Independent Audit				-
	2d. Other Contractual Services	2,498,041		96,026	2,594,067
	TOTAL CONTRACTUAL SERVICES	2,498,041	2,498,041	96,026	2,594,067
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	26,955			26,955
	3b. Admin. Fringe Benefits	8,085			8,085
	3c. Admin. Overhead	130,845			130,845
	TOTAL ADMINISTRATION	165,885	165,885		165,885
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	177,969			177,969
	4b. Program Fringe Benefits	50,424			50,424
	TOTAL DIRECT PROGRAM	228,393	228,393		228,393
5	<u>OTHER COSTS</u>				
	5a. Program Rent	27,576			27,576
	5b. Consumable Supplies	113,508			113,508
	5c. Travel & Transportation	6,093			6,093
	5d. Utilities				-
	5e. Repairs & Maintenance				-
	5f. Insurance				-
	5g. Food & Related Costs				-
	5h. Other Project Expenses	148,563			148,563
	TOTAL OTHER COSTS	295,740	295,740		295,740
6	<u>EQUIPMENT</u>	0	-		-
7	<u>PROGRAM INCOME</u>				
	7a. Fees	0			-
	7b. Other Income	0			-
	TOTAL PROGRAM INCOME	0	0		-
8	<u>TOTAL NET PROGRAM COST</u>	\$3,188,059	\$3,188,059	\$96,026	3,284,085
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

094CHC-FSP-01 / 12DSS4701GB A2

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 - COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT

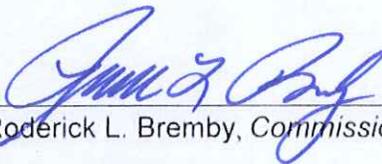


Evelyn Barnum, Chief Executive Officer

6/23/14

Date

DEPARTMENT OF SOCIAL SERVICES

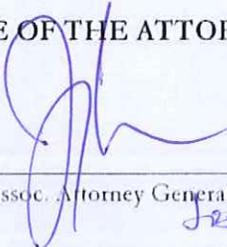


Roderick L. Bremby, Commissioner

7/16/14

Date

OFFICE OF THE ATTORNEY GENERAL



ASSOC. / Assoc. Attorney General (Approved as to form & legal sufficiency)
Joseph Rubin

ASSOC. ATTY. GENERAL

7, 21, 14

Date