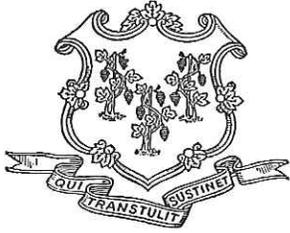


STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: HISPANIC HEALTH COUNCIL, INC.  
Contractor Address: 175 MAIN STREET, HARTFORD, CT 06106  
Contract Number: 064HHC-FSP-07 / 13DSS4722LG  
Amendment Number: A1  
Amount as Amended: \$1,154,262  
Contract Term as Amended: 10/01/13 - 09/30/15

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The contract between **Hispanic Health Council, Inc.** (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 02/03/2014, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by \$341,432.00 from \$812,830.00 to \$1,154,262.00. The additional funds are due to an increase in federal funding.
2. The budget on page 13 of the original contract is deleted and replaced in its entirety 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:

Hispanic Health Council SNAP-Ed

PROGRAM NUMBER:

064HHC-FSP-07/13DSS4722LG A1

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 812,830	\$ -	
Amount of Amendment	\$ -	\$ 341,432	\$ 1,154,262

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				
	<b>TOTAL UNIT RATE</b>				
2	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>				
3	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead @ 17%	\$ 118,104		\$ 66,190	\$ 184,294
	<b>TOTAL ADMINISTRATION</b>	\$ 118,104	\$ 118,104	\$ 66,190	\$ 184,294
4	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	\$ 474,656		\$ 137,092	\$ 611,748
	4b. Program Fringe Benefits	\$ 147,144		\$ 42,498	\$ 189,642
	<b>TOTAL DIRECT PROGRAM</b>	\$ 621,800	\$ 621,800	\$ 179,590	\$ 801,390
5	<b>OTHER COSTS</b>				
	5a. Program Rent	\$ 39,324		\$ 10,561	\$ 49,885
	5b. Consumable Supplies	\$ 7,200		\$ 46,821	\$ 54,021
	5c. Travel & Transportation	\$ 20,000		\$ 15,332	\$ 35,332
	5d. Utilities				\$ -
	5e. Repairs & Maintenance	\$ -			\$ -
	5f. Insurance				\$ -
	5g. Food & Related Costs				\$ -
	5h. Other Project Expenses	\$ 6,402		\$ 22,938	\$ 29,340
	<b>TOTAL OTHER COSTS</b>	\$ 72,926	\$ 72,926	\$ 95,652	\$ 168,578
6	<b>EQUIPMENT</b>				
7	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
8	<b>TOTAL NET PROGRAM COST</b>	\$ 812,830	\$ 812,830	\$ 341,432	\$ 1,154,262

(Sum of 1 through 6, minus Line 7)

**SIGNATURES AND APPROVALS**

**064HHC-FSP-07 / 13DSS4722LG A1**

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

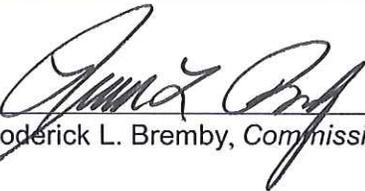
Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - HISPANIC HEALTH COUNCIL, INC.**

  
\_\_\_\_\_  
Jose Ortiz, *President*

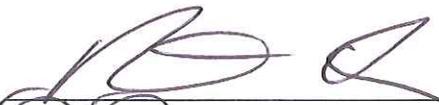
6/4/14  
\_\_\_\_\_  
Date

**DEPARTMENT OF SOCIAL SERVICES**

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

6/13/14  
\_\_\_\_\_  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
\_\_\_\_\_  
(ASST) / Assoc. Attorney General (Approved as to form & legal sufficiency)  
*Robert W. Clark*

6/24/14  
\_\_\_\_\_  
Date