

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: CITY OF BRIDGEPORT
Contractor Address: 45 LYON TERRACE, BRIDGEPORT, CT 06604
Contract Number: 015-SBG-63 / 14DSS5021CG
Amendment Number: A1
Amount as Amended: \$274,200
Contract Term as Amended: 10/01/14 - 03/31/16

The contract between **City of Bridgeport** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/25/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is increased by **\$91,400** from \$182,800 to \$274,200.
2. The budget on page 14 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:
PROGRAM NUMBER:

City of Bridgeport Health & Social Services
015-SBG-63 A1/ 14DSS5021CG

		Requested	Adjustments	Approved
Contract Amount		\$ 182,800		
<i>For Amendments Only</i>				
Previously Approved Contract Amount		\$ 182,800		
Amount of Amendment			\$ 91,400	\$ 274,200

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				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services	86,690			100,440
	TOTAL CONTRACTUAL SERVICES	86,690	86,690	13,750	100,440
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	63,203		58,527	121,730
	4b. Program Fringe Benefits	20,815		12,447	33,262
	TOTAL DIRECT PROGRAM	84,018	84,018	70,974	154,992
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies	4,684		2,181	6,865
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs	2,500		1,250	3,750
	5h. Other Project Expenses	4,908		3,245	8,153
	TOTAL OTHER COSTS	12,092	12,092	6,676	18,768
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME	0	0		0
8	<u>TOTAL NET PROGRAM COST</u>	182,800	182,800	91,400	274,200
	(Sum of 1 through 6, minus Line 7)				

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

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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 - CITY OF BRIDGEPORT

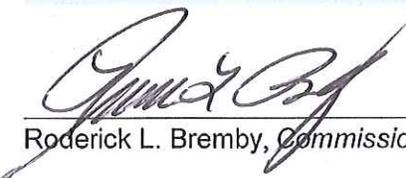


Bill Finch, Mayor

9/23/15

Date

DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, Commissioner

9/24/2015

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.