



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

**CONTRACT AMENDMENT**

Contractor: THE NEW HAVEN FAMILY ALLIANCE, INC.  
Contractor Address: 370 JAMES STREET, 2ND FL, NEW HAVEN, CT 06513  
Contract Number: 093NHA-FIP-09 / 13DSS1401TH  
Amendment Number: A2  
Amount as Amended: \$184,162  
Contract Term as Amended: 07/01/13 - 06/30/15

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The contract between **The New Haven Family Alliance, Inc.** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 09/18/14, is hereby amended as follows:

1. The total maximum amount payable under this contract is decreased by **\$-4,722** from \$188,884 to \$184,162. This decrease is due to the implementation of the Governors 5% rescissions to SFY 2015 state funds.
2. The budget on page 2 of amendment A1 shall be deleted, and replaced by the budget that is attached on page 2 of this amendment. Please complete budget and back-up in its entirety and return along with this signed 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 III**

**BUDGET**

**PROGRAM NAME:**  
**CONTRACT NUMBER:**  
**CONTRACTOR NAME:**  
**CONTRACT PERIOD:**

<b>Fatherhood Initiative Program</b>
<b>New Haven Family Alliance, Inc.</b>
<b>7/1/2014 - 6/30/2015</b>

<b>Date: June 18, 2014/REVISED - 2/27/2015</b>	<b>Requested</b>	<b>Adjustments</b>	<b>Approved</b>
<b>Contract Amount</b>	\$ 83,720.00	\$ -	\$ -
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>			
<b>Amount of Amendment</b>			

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit	1,000			
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>		\$ 1,000.00		
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	2,421.00			
	3b. Admin. Fringe Benefits	434.00			
	3c. Admin. Overhead	\$ 3,000.00			
	<b>TOTAL ADMINISTRATION</b>		\$ 5,855.00		
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries		\$ 53,280.00		
	4b. Program Fringe Benefits		\$ 19,541.00		
	<b>TOTAL DIRECT PROGRAM</b>		\$ 72,821.00		
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies		\$ 2,380.00		
	5c. Travel & Transportation		\$ 714.00		
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses		\$ 950.00		
	<b>TOTAL OTHER COSTS</b>		\$ 4,044.00		
<b>6</b>	<b><u>EQUIPMENT</u></b>				
			\$ -		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 83,720.00		
	(Sum of 1 through 6, minus Line 7)				

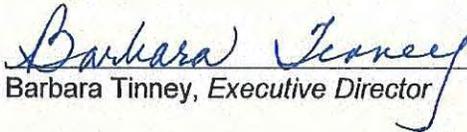
**SIGNATURES AND APPROVALS**

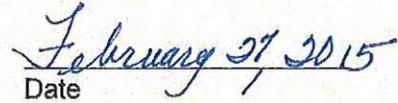
**093NHA-FIP-09 / 13DSS1401TH A2**

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

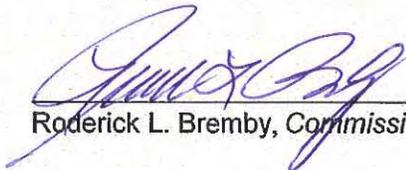
Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - THE NEW HAVEN FAMILY ALLIANCE, INC.**

  
Barbara Tinney, Executive Director

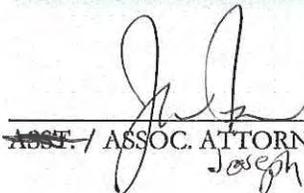
  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
Roderick L. Bremby, Commissioner

  
Date

**OFFICE OF THE ATTORNEY GENERAL**

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

  
Date