



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: FAMILY STRIDES, INC.
Contractor Address: 350 MAIN ST, SUITE D, TORRINGTON, CT 06790
Contract Number: 145FS-FIP-07 / 13DSS1402AB
Amendment Number: A2
Amount as Amended: \$184,162
Contract Term as Amended: 07/01/13 - 06/30/15

The contract between **Family Strides, Inc.** and the Department of Social Services, which was last executed by the parties and signed by the Commissioner on 08/29/14, 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.

PROGRAM NAME:
PROGRAM NUMBER:

Fatherhood Initiative Program, Family Strides, Inc.
145FS-FIP-07/13DSS1402AB

Contract Amount	Requested	Adjustments	Approved
	\$94,442		
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment		-\$4,722.00	\$89,720

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit	1343		(100)	1,243
	2d. Other Contractual Services	430		(200)	230
	TOTAL CONTRACTUAL SERVICES	1773		(300)	1,473
3	ADMINISTRATION				
	3a. Admin. Salaries	4160		-	4,160
	3b. Admin. Fringe Benefits	602		0	602
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION	4762		-	4,762
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	54140		-	54,140
	4b. Program Fringe Benefits	18375		-	18,375
	TOTAL DIRECT PROGRAM	72515		-	72,515
5	OTHER COSTS				
	5a. Program Rent	3292		-	3,292
	5b. Consumable Supplies	2672		(2,000)	672
	5c. Travel & Transportation	1081		(700)	381
	5d. Utilities	1889		(722)	1,167
	5e. Repairs & Maintenance	0			-
	5f. Insurance	1446		-	1,446
	5g. Food & Related Costs	1370		0	1,370
	5h. Other Project Expenses	3642		(1,000)	2,642
	TOTAL OTHER COSTS	15392		(4,422)	10,970
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST	94442			89,720
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

145FS-FIP-07 / 13DSS1402AB 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 - FAMILY STRIDES, INC.

Nicole Laracuente
Nicole Laracuente, *Interim Executive Director*

1/15/15
Date

DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Brennan, Deputy Commissioner
Roderick L. Bremby, *Commissioner*

1/28/15
Date

OFFICE OF THE ATTORNEY GENERAL

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

2/9/15
Date