



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: A2
Amount as Amended: \$2,338,524
Contract Term as Amended: 10/01/13 - 09/30/15

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 approved the office of the Attorney General on 06/24/2014 is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$1,184,262.00 from \$1,154,262.00 to \$2,338,524.00 due to receipt of SNAP nutrition education funds for FFY 2015.
2. The following contract language shall be added to Part I, B: of the original contract services and activities provided under this contract for federal fiscal year 2015 shall be in accordance with the Food and Nutrition Services approved 2015 State of Connecticut SNAP Nutrition Education State Plan of Operations.
3. The budget on page 2 of amendment #1 shall be deleted and replaced in its entirety by the budget on page 2 of this amendment.
4. The Agency address on Page 1 of the original contract shall be changed from 25 Sigourney Street, Hartford, CT 06106 to 55 Farmington Avenue, Hartford, CT 06105.

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 1

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

Hispanic Health Council SNAP-Ed
13DSS4722LG/ A2

Contract Amount	Requested	Adjustments	Approved
	\$ 1,184,262	\$ 1,184,262	\$ 2,368,524
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ -	\$ -	\$ -
Amount of Amendment	\$ -	\$ -	\$ -

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				
	TOTAL CONTRACTUAL SERVICES				
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead	\$ 184,294		\$ 189,084	\$ 373,378
	TOTAL ADMINISTRATION	\$ 184,294	\$ 184,294	\$ 189,084	\$ 373,378
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	\$ 611,748.00		\$ 647,090	\$ 1,258,838
	4b. Program Fringe Benefits	\$ 189,642.00		\$ 200,598	\$ 390,240
	TOTAL DIRECT PROGRAM	\$ 801,390	\$ 801,390	\$ 847,688	\$ 1,649,078
5	<u>OTHER COSTS</u>				
	5a. Program Rent	\$ 49,885		\$ 49,885	\$ 99,770
	5b. Consumable Supplies	\$ 54,021		\$ 37,239	\$ 91,260
	5c. Travel & Transportation	\$ 35,332		\$ 34,348	\$ 69,680
	5d. Utilities				\$ -
	5e. Repairs & Maintenance				\$ -
	5f. Insurance				\$ -
	5g. Food & Related Costs				\$ -
	5h. Other Project Expenses	\$ 29,340		\$ 26,018	\$ 55,358
	TOTAL OTHER COSTS	\$ 168,578	\$ 168,578	\$ 147,490	\$ 316,068
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>	\$ 1,154,262	\$ 1,154,262	\$ 1,184,262.00	\$ 2,338,524
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

064HHC-FSP-07 / 13DSS4722LG 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.

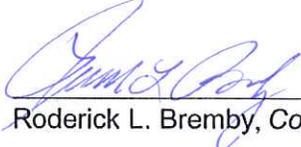
CONTRACTOR - HISPANIC HEALTH COUNCIL, INC.



Jose Ortiz, *President*

Date *11/18/14*

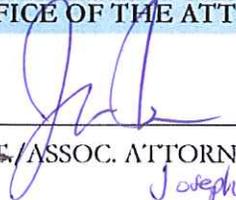
DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, *Commissioner*

Date *11/24/2014*

OFFICE OF THE ATTORNEY GENERAL



~~ASSOC.~~ ASSOC. ATTORNEY GENERAL (Approved as to form)
Joseph Rubin

ASSOC. ATTY. GENERAL

Date *12/8/14*