STATE OF CONNECTICUT
SECOND AMMENDMENT TO MEMORANDUM OF AGREEMENT
Between the Children's Trust Fund
and the
University of Connecticut Health Center
Department of Psychiatry
(hereinafter "UCHC")

This Second Amendment ("Second Amendment") is made and entered into on this 1st day of May, 2011 by and between the Department of Social Services, acting by Roderick L. Bremby, Commissioner (hereinafter, "DSS") and the State of Connecticut, University of Connecticut Health Center, Department of Psychiatry with a principal place of business at 263 Farmington Avenue, Farmington, CT 06030-1323, acting by Dr. Karen Steinberg, Program Manager (hereinafter, the "Administrator"), in accordance with General Statutes 17a-50 and 10a-104.

WHEREAS, the Children's Trust Fund and the Administrator entered into a Memorandum of Agreement for the period of July 1, 2008 through June 30, 2011 (hereinafter the "MOA") for the purpose of outlining the responsibilities of, at the time, the Children's Trust Fund, now DSS, and the Administrator concerning the implementation of the Nurturing Families Network (NFN) Program and the NFN In-Home Cognitive Behavioral Therapy (IH-CBT) clinical trial; and

WHEREAS, the Children's Trust Fund has been merged into DSS; and

WHEREAS, the parties agree that the rescission announced by Governor M. Jodi Rell in her November 2009 Deficit Mitigation Plan for Fiscal Year 2010 necessitates a decrease of 4.235 percent in the amounts to be transferred from State Funds for the Administrators of the Nurturing Families Network Program in Year 2;

NOW, THEREFORE, the parties hereby agree to the following:

1. All references to the Children's Trust Fund or CTF in the original agreement and subsequent amendment shall be deleted and replaced with references to the Department of Social Services or DSS.

2. The end date of the contract shall be extended from June 30, 2011 to June 30, 2014. All reports required under the current contract shall mirror the due date schedule currently outlined in the contract.

3. References found in Section 1 b. of the First Amendment to the funding in Years 2 and 3 are hereby deleted in their entirety and replaced with the following:
   $200,000 in federal funds per years 2 (State Fiscal Years 2009-2010 and 2010-2011).

4. Section 1.b shall be supplemented with the following language inserted after the words "2010-2011)":
   $132,000 in federal funds for each of Years 3, 4, 5 and 6 (State Fiscal Years 2011-2012, 2012-2013 and 2013-2014).

5. Section 2 of the First Amendment is hereby deleted in its entirety and is replaced with the following:

   The new maximum amount payable under the MOA is changed from $206,000 to $261,396 in Year 1, from $206,000 to $397,275.90 in Year 2, from $206,000 to $406,000 in Year 3 and $338,000 in each of Years 4, 5 and 6 and no more than 20% of the funds should be allocated for indirect cost.

6. Section 5, B. of the First Amendment is deleted and replaced in its entirety with the following:

   A. Hire one (1) full-time or up to two (2) part-time licensed behavioral health therapists to provide IH_CBT. A full-time therapist shall carry a caseload of 12 to 15 mothers at any given time.

6. All other terms, conditions and obligations of the MOA not specifically amended herein remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Second Amendment to the MOA effective as of the date indicated above.

For the Department of Social Services

Roderick L. Bremby
Commissioner

For the University of Connecticut Health Center

Dana Carroll, Office of Sponsored Programs

Nurturing Families Program
Children's Trust Fund Council
PI: Karen Steinberg, Ph.D.
6-36921

BUDGET		6-36921
		Year 4
Personnel		(7/1/11-6/30/14)
Karen Steinberg, PI (.19 FTE)		$ 16,530
J. Vendetti, Proj Coord (.78 FTE)		$ 47,229
Total Salaries		**$ 63,759**
Fringe Benefits (Steinberg)		$ 6,199
Fringe Benefits (Vendetti)		$ 17,711
Total Fringe		**$ 23,910**
Total Personnel		**$ 87,669**
Travel		**$ 8,064**
Supplies		**$ 3,500**
Office Supplies	$ 1,500	
Educational Supplies	$ 2,000	
Other Expenses		**10,767**
cell phones	$ 600	
equipment repairs	$ 500	
functions/food	$ 2,500	
training costs	$ 1,667	
Laura Renfro - student supervisor	$ 4,000	
photocopying	$ 1,500	
Total Direct Costs		**$ 110,000**
Indirect Costs (20%)		$ 22,000
TOTAL		**$ 132,000**

n/excel/staff/meadows/steinberg/Nurturing FamiliespilotBudget7-10.xls

Nurturing Families Program
Children's Trust Fund Council
PI: Karen Steinberg, Ph.D.
6-35086

BUDGET

	Year 4 (7/1/10-6/30/11)
Personnel	
Karen Steinberg, PI (.21 FTE)	$ 18,270
J. Vendetti, Res Asst 3 (.10 FTE)	$ 6,055
M. Catania, Group Facilitator (.35 FTE)	$ 17,277
J. Gonzalez, Clinical Supervisor (.75 FTE)	$ 49,765
K. Novak, Social worker (1.00 FTE)	$ 74,500
A. Stomsky, Admin Asst (.1 FTE)	$ 5,800
Total Salaries	$ 171,667
Total Personnel	$ 171,667
Total Direct Costs	$ 171,667
Indirect Costs (20%)	$ 34,333
TOTAL	**$ 206,000**

3. ADMINISTRATION

3a. Administrative Salaries

Position	Annual Salary	No. of Persons	% funded in this contract	Total Salary
.21 FTE Nurturing Families Program Manager	$ 18,270.00	1	100	$ $18,270.00
.19 FTE IHCBT Program Manager	$ 16,530.00	1	100	$ $16,530.00
.01FTEAdmin Asst	$ 5,800.00	1	100.00	$ 5,800
	$			$
	$			$
	$			$
	$			$
	$			$
	$			$
	$			$

TOTAL ADMINISTRATIVE SALARIES (cash) $ 40,600.00
(Financial Summary, Line 3a)

3b. Administrative Fringe Benefits and Payroll Taxes

Health Insurance	@	of	$
Pension	@	of	$
F.I.C.A.	@	of	$
Umemployment Compensation	@	of	$
Worker's Compensation	@	of	$
Other:			$
			$

TOTAL ADMINISTRATIVE FRINGE BENEFITS & PAYROLL TAXES $ 0.00
(Financial Summary, Line 3b)

3c. Administrative Overhead

Item	Unit Cost	Total Cost
Indirect Costs	$	$ 56,333.00
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$

TOTAL ADMINISTRATIVE OVERHEAD $ 56,333.00
(Financial Summary, Line 3c)

TOTAL ADMINISTRATION $ $96,933.00
(Financial Summary, Line 3)

4. DIRECT PROGRAM STAFF

4a. Program Salaries

Position	Annual Salary	No. of Persons	% funded in this contract	Total Salary
J. Vendetti, .88 FTE Nurturing Connections Coordinator/NPG	$ 53,284.00	1	100	$ 53284.00
M. Catania,.35FTE Nurturing Group Facilitator	$ 17,277.00	1	100	$ 17277.00
K. Novak, 1 FTE IHCBT Clinical Therapist	$ 74,500.00	1	100	$ 74500.00
J. Gonzalez, .75 FTE NFN Clinical Supervisor	$ 49,765.00	1	100	$ 49765.00
.5 FTE HV Intern	$	1	n/a	$ 0.00
.5 FTE HV Intern	$	1	n/a	$ 0.00
.5 FTE HV Intern	$	1	n/a	$ 0.00
.5 FTE HV Intern	$	$1.00	n/a	$ 0.00
	$			$
	$			$

TOTAL PROGRAM SALARIES $ 194,826
(Financial Summary, Line 4a)

4b. Program Fringe Benefits and Payroll Taxes

h/Dental/Life Insurance	@		
Pension	@		
F.I.C.A./Medicare	@		
Umemployment Compensation	@		
Worker's Compensation	@		
LTD			
Separation			
		0	

TOTAL PROGRAM FRINGE BENEFITS & PAYROLL TAXES $ 23,910
(Financial Summary, Line 4b)

TOTAL DIRECT PROGRAM STAFF $ 218,736
(Financial Summary, Line 4)

5. OTHER COSTS

5a. Program Rent

Item	Unit Cost	Total Cost
	$	$
	$	$
	$	$
	$	$

TOTAL PROGRAM RENT $ 0.00
(Financial Summary, Line 5a)

5. OTHER COSTS (continued)

5b. Consumable Supplies

Item	Unit Cost	Total Cost
Office Supplies	$	$ 1,500.00
Educational Supplies	$	$ 2,000.00
	$	$
	$	$

TOTAL CONSUMABLE SUPPLIES $ 3,500.00
(Financial Summary, Line 5b)

5c. Travel and Transportation

Item	Unit Cost	Total Cost
Mileage	$ $.50/mile	$ 8,064.00
	$	$
	$	$
	$	$

TOTAL TRAVEL AND TRANSPORTATION $ 8,064.00
(Financial Summary, Line 5c)

5d. Utilities

Item	Unit Cost	Total Cost
Phones	$	$ 600.00
	$	$
	$	$
	$	$

TOTAL UTILITIES $ 600.00
(Financial Summary, Line 5d)

5e. Repairs and Maintenance

Item	Unit Cost	Total Cost
Equipment Repairs	$	$ 500.00
	$	$
	$	$
	$	$

TOTAL REPAIRS AND MAINTENANCE $ 500.00
(Financial Summary, Line 5e)

5f. Insurance

Insurance Type	Unit Cost	Total Cost
	$	$
	$	$
	$	$
	$	$

TOTAL INSURANCE $ 0.00
(Financial Summary, Line 5f)

5g. Food and Related Costs

Item	Unit Cost	Total Cost
Functions	$	$ 2,500.00
	$	$
	$	$
	$	$

TOTAL FOOD AND RELATED COSTS $ 2,500.00
(Financial Summary, Line 5g)

5h. Other Project Costs

Item	Unit Cost	Total Cost
Training Costs	$	$ 1,667.00
Laura Renfro, MFT Student Supervision	$	$ 4,000.00
Photocopying	$	$ 1,500.00

TOTAL OTHER PROJECT COSTS $ 7,167.00
(Financial Summary, Line 5h)

TOTAL OTHER COSTS $ 22,331.00
(Financial Summary, Line 5)

6. EQUIPMENT

6a. Equipment

Item	Unit Cost	Total Cost
	$	$
	$	$
	$	$

TOTAL EQUIPMENT $ 0.00
(Financial Summary, Line 6)

PART III

FINANCIAL SUMMARY

PROGRAM NAME:	University of CT Health Center - NFN and IHCBT
PROGRAM NUMBER:	08CTF0105UH

	Requested	Adjustments	Approved
Contract Amount			
For Amendments Only			
Previously Approved Contract Amount			
Amount of Amendment			$

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days	0		0	0
	1b. Client Advocate	0		0	0
	1c. Security Deposit	0	0.00	0	0
	1d. Other Unit Rate Costs	0		0	0
	TOTAL UNIT RATE	0.00		0.00	0.00
2	CONTRACTUAL SERVICES				
	2a. Accounting	0		0	0
	2b. Legal	0		0	0
	2c. Independent Audit	0	9900.00	0	0
	2d. Other Contractual Services	9900		-9900	0
	TOTAL CONTRACTUAL SERVICES	9900.00		-9900.00	0.00
3	ADMINISTRATION				
	3a. Admin. Salaries			40600	40600
	3b. Admin. Fringe Benefits	0	67666.00	0	0
	3c. Admin. Overhead	67666		-11333	56333
	TOTAL ADMINISTRATION	67666.00		29267.00	96933.00
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	245567		-50741	194826
	4b. Program Fringe Benefits	60369	305936.00	-36459	23910
	TOTAL DIRECT PROGRAM	305936.00		-87200.00	218736.00
5	OTHER COSTS				
	5a. Program Rent	0		0	0
	5b. Consumable Supplies	5000		-1500	3500
	5c. Travel & Transportation	14000		-5936	8064
	5d. Utilities	1000		-400	600
	5e. Repairs & Maintenance		22498.00	500	500
	5f. Insurance			0	0
	5g. Food & Related Costs	1500		1000	2500
	5h. Other Project Expenses	998		6169	7167
	TOTAL OTHER COSTS	22498.00		-167.00	22331.00
6	EQUIPMENT	0.00	0.00	0.00	0.00
7	PROGRAM INCOME				
	7a. Fees	0		0	0
	7b. Other Income	0	0.00	0	0
	TOTAL PROGRAM INCOME	0.00		0.00	0.00
8	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)	406000.00	406000.00	-68000.00	338000.00