



STATE OF CONNECTICUT  
OFFICE OF EARLY CHILDHOOD

CONTRACT AMENDMENT

**Contractor:** Optimus Health Care, Inc.  
**Contractor Address:** 271 Barnum Avenue, Bridgeport, CT 06608  
**Contract Number:** 16OECMHV01OHC  
**Amendment Number:** A1  
**Amount as Amended:** \$650,000.00  
**Contract Term as Amended:** 1/1/2016 – 12/31/2017

The contract between Optimus Health Care, Inc. (*the "Contractor"*) and the Office of Early Childhood (*the "Agency"*), which was last executed by the parties on effective date: 1/1/2016, is hereby amended as follows:

1. The term of the contract is extended for one additional year and the end date of the contract is changed from 12/31/16 to 12/31/17.
2. Part I, Section F of the contract is amended to increase the total maximum amount payable under this contract has increased by \$325,000.00 from \$325,000.00 to \$650,000.00.
3. Part I, Section C.3.c of this contract, is hereby deleted and the following is substituted in lieu thereof:

The Contractor shall submit Program Status Reports for the Program, in a format(s) determined by the OEC, on the following schedule:

Reporting Period	Reports Due on or before
January 1, 2016 – March 31, 2016	April 30, 2016
April 1, 2016 – June 30, 2016	July 31, 2016
July 1, 2016 – September 30, 2016	October 31, 2016
October 1, 2016 – December 31, 2016	January 31, 2017
January 1, 2017 – March 31, 2017	April 30, 2017
April 1, 2017 – June 30, 2017	July 31, 2017
July 1, 2017 – September 30, 2017	October 31, 2017
October 1, 2017 – December 31, 2017	January 31, 2018

4. Part I, Section C.3.d.ii of this contract, is hereby deleted and the following is substituted in lieu thereof:

Semi-annual reporting periods for Form One, part 1 (demographic data) and Form Two (benchmark data) are as follows:

Reporting Period	Reports Due on or before
October 1, 2015 – March 30, 2016	April 15, 2016
October 1, 2015– June 30, 2016	July 15, 2016
October 1, 2015 -September 30, 2016	October 15, 2016
October 1, 2016 – December 30, 2016	January 15, 2017
October 1, 2016 – March 30, 2017	April 15, 2017
October 1, 2016– June 30, 2017	July 15, 2017
October 1, 2016 -September 30, 2017	October 15, 2017
October 1, 2016 – December 30, 2017	January 15, 2018

5. Part I, Section C.4.a of this contract, is hereby deleted and the following is substituted in lieu thereof:

a. The Contractor shall submit to the OEC fiscal reports on forms provided by the OEC on the following schedule:

Reporting Period	Reports Due on or before
January 1, 2016 – June 30, 2016	July 31, 2016
January 1, 2016 – September 30, 2016	October 31, 2016
January 1, 2016 – December 31, 2016	January 31, 2017
January 1, 2017 – June 30, 2017	July 31, 2017
January 1, 2017 – September 30, 2017	October 31, 2017
January 1, 2017 – December 31, 2017	January 31, 2018

6. The budget, Part I, Section F.3 of the contract is hereby amended as follows:

The Contractor shall adhere to the budgets herein.

Effective Date: **12/7/2016**

CONTRACT NUMBER: **16OECMHV01OHC-\$325,000**

CONTRACT PERIOD: **01/01/2016 through 12/31/2016**

ST FISCAL YR (SFY): **2016**

PROVIDER: **OPTIMUS HEALTH CARE, INC.**

Approved by: **CappuccittiM**

4000 INCOME		MIECHV BR2015- Extension	Total Income
<b>Program Funding Period:</b>		<b>01/01/2016 through 12/31/2016</b>	
		CFDA #93.505	
<b>4100 CONTRACT FUNDING</b>	<b>SID</b>	<b>\$ 325,000</b>	<b>\$ 325,000</b>
4102 Federal/Other Funds	22709-OEC...007/15	\$ 325,000	\$ 325,000
<b>TOTAL INCOME</b>		<b>\$ 325,000</b>	<b>\$ 325,000</b>
5000 DIRECT EXPENSES		MIECHV BR2015- Extension	Total Expenses
<b>5100 SALARIES</b>		<b>\$ 229,037</b>	<b>\$ 229,037</b>
5101 Staff Salaries & Wages		\$ 229,037	\$ 229,037
<b>5200 FRINGE BENEFITS</b>		<b>\$ 64,130</b>	<b>\$ 64,130</b>
<b>5400 TRANSPORTATION</b>		<b>\$ 4,347</b>	<b>\$ 4,347</b>
5401 Staff Travel Reimbursement		\$ 4,347	\$ 4,347
<b>5500 MATERIALS AND SUPPLIES</b>		<b>\$ 5,670</b>	<b>\$ 5,670</b>
5504 Other Mtrls and Sppls (specify in narrative)		\$ 5,670	\$ 5,670
<b>5600 FACILITIES</b>		<b>\$ 12,423</b>	<b>\$ 12,423</b>
5601 Rent and Real Estate Taxes		\$ 12,423	\$ 12,423
<b>5800 OTHER EXPENSES</b>		<b>\$ 6,265</b>	<b>\$ 6,265</b>
5801 Communications		\$ 3,375	\$ 3,375
5804 Staff Training and Conferences		\$ 2,890	\$ 2,890
<b>TOTAL DIRECT EXPENSES</b>		<b>\$ 321,872</b>	<b>\$ 321,872</b>
7000 INDIRECT EXPENSES		MIECHV BR2015- Extension	Total Expenses
<b>7100 ADMINISTRATIVE &amp; GENERAL</b>		<b>\$ 3,128</b>	<b>\$ 3,128</b>
All Other A&G		\$ 3,128	\$ 3,128
<b>TOTAL INDIRECT EXPENSES</b>		<b>\$ 3,128</b>	<b>\$ 3,128</b>
<b>TOTAL EXPENSES</b>		<b>\$ 325,000</b>	<b>\$ 325,000</b>
INCOME/EXPENSE SUMMARY		MIECHV BR2015- Extension	Total
TOTAL INCOME		\$ 325,000	\$ 325,000
TOTAL EXPENSES		\$ 325,000	\$ 325,000
EXCESS/(SHORTAGE)		\$ -	\$ -

Effective Date: **11/18/2016**

CONTRACT NUMBER: 16OECMHV01OHC-\$650,000  
 CONTRACT PERIOD: 01/01/2016 through 12/31/2017  
 ST FISCAL YR (SFY): 2017  
 PROVIDER: OPTIMUS HEALTH CARE, INC.  
 Approved by: **CappuccittiM**

4000 INCOME			MIECHV Current Year	MIECHV Carry Forward	
<b>Program Funding Period:</b>			<u>01/01/2017</u> through <u>12/31/2017</u>	<u>01/01/2017</u> through <u>12/31/2017</u>	<b>Total Income</b>
			X10MC29476 CFDA #93.870	X10MC29476 CFDA #93.870	
			Chtfld 2=\$325,000 Current Year 1/1/17-12/31/17	Chtfld 2=Carry Forward 1/1/16- 12/31/16	
<b>4100 CONTRACT FUNDING</b>	<b>SID</b>		\$ 325,000	\$ -	\$ 325,000
4102 Federal/Other Funds	22683-OEC...007		\$ 325,000		\$ 325,000
4102 Federal/Other Funds	22683-OEC...007/CF			\$ -	\$ -
<b>TOTAL INCOME</b>			<b>\$ 325,000</b>	<b>\$ -</b>	<b>\$ 325,000</b>
5000 DIRECT EXPENSES			MIECHV Current Year	MIECHV Carry Forward	Total Expenses
<b>5100 SALARIES</b>			\$ 227,671	\$ -	\$ 227,671
5101 Staff Salaries & Wages			\$ 227,671	\$ -	\$ 227,671
<b>5200 FRINGE BENEFITS</b>			\$ 63,748	\$ -	\$ 63,748
<b>5400 TRANSPORTATION</b>			\$ 1,071	\$ -	\$ 1,071
5401 Staff Travel Reimbursement			\$ 1,071		\$ 1,071
<b>5500 MATERIALS AND SUPPLIES</b>			\$ 550	\$ -	\$ 550
5504 Other Mtrls and Sppls (specify in narrative)			\$ 550		\$ 550
<b>5600 FACILITIES</b>			\$ 20,925	\$ -	\$ 20,925
5601 Rent and Real Estate Taxes			\$ 20,925		\$ 20,925
<b>5800 OTHER EXPENSES</b>			\$ 11,035	\$ -	\$ 11,035
5801 Communications			\$ 4,635		\$ 4,635
5804 Staff Training and Conferences			\$ 3,610		\$ 3,610
5806 Other (specify in narrative)			\$ 2,790		\$ 2,790
<b>TOTAL DIRECT EXPENSES</b>			<b>\$ 325,000</b>	<b>\$ -</b>	<b>\$ 325,000</b>
7000 INDIRECT EXPENSES			MIECHV Current Year	MIECHV Carry Forward	Total Expenses
<b>TOTAL INDIRECT EXPENSES</b>			\$ -	\$ -	\$ -
<b>TOTAL EXPENSES</b>			<b>\$ 325,000</b>	<b>\$ -</b>	<b>\$ 325,000</b>
INCOME/EXPENSE SUMMARY			MIECHV Current Year	MIECHV Carry Forward	Total
TOTAL INCOME			\$ 325,000	\$ -	\$ 325,000
TOTAL EXPENSES			\$ 325,000	\$ -	\$ 325,000
<b>EXCESS/(SHORTAGE)</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

7. Part I, Section F.4.b of this contract, is hereby amended as follows:

- b. Federal funding has been provided for this contract as follows:  
 HRSA Grant Number: D89MC28262 and X10MC29476  
 CFDA (Catalog of Federal Domestic Assistance) Title: Affordable Care Act  
 CFDA Numbers: 93.505 (D89MC28262) and 93.870 (X10MC29476)  
 Award Name: Maternal, Infant and Early Childhood Home Visiting Program  
 Award Year: 2015  
 Research and Design: No  
 Name of Federal Agency: Department of Health & Human Services, Health Resources & Services Administration

8. Part I, Section F.6.d of this contract, is hereby deleted and the following is substituted in lieu thereof:

- d. No budget revisions proposed by the Contractor may be submitted later than 45 calendar days before the each Program funding period has ended, except that the Agency may entertain, at any time, a budget revision for the purpose of increasing funds solely for the audit of the Program. The final financial report shall show all category overruns. Costs incurred after the end of the funding period shall be disallowed except those which the Agency has expressly approved in writing and in advance.

9. 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.

IN WITNESS WHEREOF, the parties have executed this Contract by their duly authorized representatives with full knowledge of and agreement with its terms and conditions.

## SIGNATURES AND APPROVALS

### 16OECMHV01OHC Amendment 1

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

**CONTRACTOR – OPTIMUS HEALTH CARE, INC.**

  
\_\_\_\_\_  
LUDWIG SPINELLI, *Chief Executive Officer*

12/21/16  
Date

**OFFICE OF EARLY CHILDHOOD**

  
\_\_\_\_\_  
PIETRO ROSATO, *Director of Business Operations*

12/29/16  
Date

**CONNECTICUT ATTORNEY GENERAL (APPROVED AS TO FORM)**

This contract amendment, prepared on a template previously reviewed and approved by the Connecticut Attorney General, is therefore exempt from individual review and approval pursuant to a Memorandum of Agreement between the Connecticut Office of Early Childhood and the Connecticut Attorney General as amended on July 15, 2016.