

Contract Pre-Authorization Form

Request #:

Required Prior to Initiating a POS PSA MOU Amendment PO

Active with SOTS: YES NO

1. CONTRACT INFORMATION

Agency: DOH DORS SDA OEC

Proposed Contractor Name: SARAH, Inc.

FEIN: 06-6011353 Date: 1/6/16

Contact Person: Pat Bourne

Phone #: 860-399-1888 Ext. 306

Address: 1620 Boston Post Road, Suite 200, Westbrook, CT 06499

Email: pbourne@sarah-inc.org

Description of Service/Product (*be specific; if you need more room, continue on page 2*):

This is an amendment to a current contract to provide service coordination for the Birth to Three Program to all eligible children served and to provide any of the other services required by federal law and needed by a child enrolled in the Program. Also to offer opportunities for family support groups to assist families with contacting other families whose children have special needs.

Why does the agency need this contract? (*if you need more room, continue on page 2*):

To provide comprehensive Birth to Three Services to children and their families.

Criteria used to select this contractor (*if you need more room, continue on page 2*):

Competitive Non-Competitive (*please explain*):

Proposed Funding Amt: \$1,750,000

Core Contract #: 12DDS0725BT
Contract Period: 07/01/2012 - 06/30/2017

Agency Program Manager Name: Lynn Skene Johnson
Phone #: 860-418-6141

Agency Unit: Early Intervention

For funds provided by a grant (please attach grant): Provide Grant #:

CFDA #:

DUNS #:

SAM Active Y/N:

2. FUNDING CODES: (Only to be completed by the Agency OR CCU Accountant)

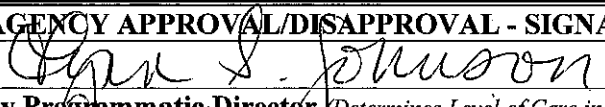

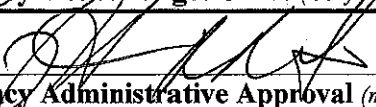
Fund	Department	SID	Program	Account	Project	Bud. Ref.	Amount	Funding Period
11000	OEC64855	12192	53039	52742	OEC...7	2017	1,512,000	7/16-6/17
11000	OEC64855	12192	53039	52742	OEC...7	2018	238,000	7/17-6/18
						(*) See Page 2		

For funds provided by another state agency: Provide agency name & agreement #:

FUNDING CODES - Agency CFO OR CCU Accountant - Approval and Signature

<u>Agency</u> Chief Fiscal Officer	Date	<u>CCU</u> Accountant	Date
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3. AGENCY APPROVAL/DISAPPROVAL - SIGNATURE:

 Agency Programmatic Director (<i>Determines Level of Care in POS Contracts</i>)	1-6-16 Date
 Agency Fiscal/Budget Office (<i>Confirms Availability of Funding and Verifies Coding</i>)	1/6/16 Date
 Agency Administrative Approval (<i>meets program/fiscal and agency priorities</i>)	1/6/16 Date

CCU Grants and Contracts Specialist Signature: _____ Date: _____

Final Central Contracts Unit Approval: _____ Date: _____
(*contract meets form and format requirements*)

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Contract Funding:

The estimated remaining balance of this contract after SFY 2016 payments will be \$1,239,000. The SFY 2016 average payments are \$221,230 per month. Estimated payments for SFY 2017 are \$2,751,000 includes a 3.6% increase in unit counts. Because we pay one month in arrears there will be a remaining payment in SFY 2018 for \$238,000.