

**Central Contracts Unit
Contract Pre-Authorization Form**

CCU Use Only

Request #:

Active with SOTS: YES NO

Required Prior to Initiating a POS PSA MOD Amendment PO

1. CONTRACT INFORMATION

Agency: DOH DORS SDA OEC

Proposed Contractor Name: South Bay Mental Health, Inc.

FEIN: 04-2934278

Date: 1/5/16

Contact Person: Laura Nolda

Phone #: 860-578-1300

Address: 237 Hamilton St., Suite 205, Hartford, CT 06106

Email: lnolda@southbaymentalhealth.com

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 operate an autism specific, Birth to Three, comprehensive program serving eligible children.

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

Competitive Non-Competitive (please explain):

Proposed Funding Amt: \$1,780,000

Core Contract #: 12DDS0727BT-1

Contract Period: 07/01/2012 – 06/30/2017

Agency Program Manager Name: Lynn Skene Johnson

Agency Unit: Early Intervention

Phone #: 860-418-6141

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	1,638,000	7/16-6/17
11000	OEC64855	12192	53039	52742	OEC...7	2018	142,000	7/17-6/18 (X)

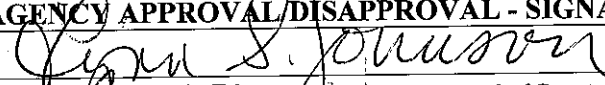
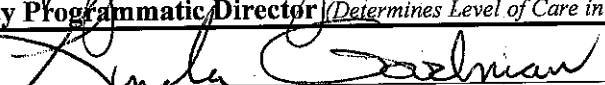
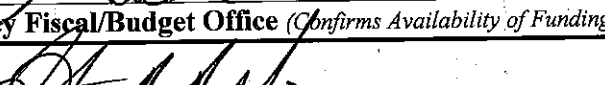
* See Page 2

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

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

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

	1-6-15
Agency Programmatic Director (Determines Level of Care in POS Contracts)	Date
	1/6/16
Agency Fiscal/Budget Office (Confirms Availability of Funding and Verifies Coding)	Date
	1/6/16
Agency Administrative Approval (meets program/fiscal and agency priorities)	Date

CCU Grants and Contracts Specialist Signature: _____ Date: _____

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

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Contract Funding:

The estimated remaining balance of this contract after SFY 2016 payments will be \$2,000. The SFY 2016 average payments are \$131,900 per month. Estimated payments for SFY 2017 are \$1,640,000 this 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 \$142,000.