



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

June 20, 2011

Ms. Laura M. Huren
Vice President Business Operations
United Way of Connecticut
1344 Silas Deane Highway
Rocky Hill, CT 06067

Contract #: 119UWC-CTF-01/08CTF0072UW
Period: 07/01/08 - 06/30/14

Amount as Amended: \$2,005,238
Amendment #: A2

Dear Ms. Huren:

I am pleased to inform you that Amendment A2 for the above referenced contract has been fully executed and approved. Attached is a scanned copy of the original amendment for your files.

Requests for Payment should be completed and directed to the program contact identified below. The Department will process requests for payment in accordance with the terms of the contract. Your receipt of payment is contingent upon the continued availability of funds and your agency's compliance with the terms of the contract.

For issues or concerns related to the Program please direct your inquiries to:

PROGRAM

Luz Rivera
(860) 424-5629
luz.rivera@ct.gov

CONTRACT

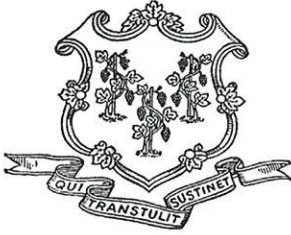
Andrea C. Alexander
(860) 424-5780
andrea.alexander@ct.gov

Sincerely,

Roderick L. Bremby
Commissioner

C: Luz Rivera, *Program Staff, Children's Trust Fund*
Karen Foley-Schain, *Director, Children's Trust Fund*
Contract file

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: UNITED WAY OF CONNECTICUT
Contractor Address: 1344 SILAS DEANE HIGHWAY, ROCKY HILL, CT 06067
Contract Number: 119UWC-CTF-01 / 08CTF0072UW
Amendment Number: A2
Amount as Amended: \$2,005,238
Contract Term as Amended: 07/01/08 - 06/30/14

The contract between **United Way of Connecticut** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Commissioner on 9/22/2010, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by **\$1,009,746** from \$995,492 to \$2,005,238 to provide service delivery at a rate of \$336,582 per State Fiscal Year from 7/1/2011 through 6/30/2014.
2. The budget for SFY 2012 shall be as set forth on page 3 of this amendment.
3. The term of the contract is extended for an additional 3 years and the end date of the contract is changed from 6/30/2011 to 6/30/2014.
4. In the Staffing Plan on page 6 of the original contract, the care coordinator staff shall be changed from 6 to 5 full-time equivalent Care Coordinators.
5. In the "Subcontractors directly involved in implementing program and services involved" section on pages 6 and 7 of the original contract, "For FY'09, it is anticipated that she will provide 15 hours of consulting services per month" is changed to "The subcontractor shall provide 15 hours of consultant services per month during the contract period."
6. In the "Estimated number of calls regarding children (aged birth through eight years) per year" section on page 7 of the original contract, the sentence "It is estimated that Child Development Infoline will serve approximately 6,500 families per year on behalf of the Help Me Grow program" is changed to "Child Development Infoline will serve up to 3,300 Help Me Grow families per year."
7. In the "Program operating hours" section on page 7 of the original contract, "... (except on holidays)" is changed to "... (except on holidays observed by the Contractor and on days of emergency State closures for non-essential state employees)."
8. The dates in the "Timetable" column in the Workplan on pages 9 through 14 of the original contract are changed from "7/1/08 - 6/30/11" to "7/1/08 - 6/30/14."

9. In Objective #1, Activities 1A. in the Workplan on page 9 of the original contract, “Maintain “3.0 FTE Care Coordinator (1 Care Coordinator serves as CDI Liaison and 1 Care Coordinator serves as CDI Specialist) and .5 FTE Administrative Assistant for the unit” is changed to “Maintain staffing level referenced in the Staffing Plan section of Program Description.”

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

United Way of CT CDI/Help Me Grow
08CTF0072UW / 119UWC-CTF-01

Contract Amount	Requested	Adjustments	Approved
	\$ 336,582		\$ 336,582.
<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	0		0	0
	1b. Client Advocate	0		0	0
	1c. Security Deposit	0		0	0
	1d. Other Unit Rate Costs	0		0	0
	TOTAL UNIT RATE	0	0	0	0
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	0		0	0
	2b. Legal	757		0	757
	2c. Independent Audit	941		0	941
	2d. Other Contractual Services	24,744		0	24,744
	TOTAL CONTRACTUAL SERVICES	26,442	26,442	0	26,442
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	25,849		0	25,849
	3b. Admin. Fringe Benefits	8,322		0	8,322
	3c. Admin. Overhead	1,076		0	1,076
	TOTAL ADMINISTRATION	35,247	35,247	0	35,247
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	155,615		0.00	155,615
	4b. Program Fringe Benefits	59,508		0	59,508
	TOTAL DIRECT PROGRAM	215,123	215,123	0.00	215,123
5	<u>OTHER COSTS</u>				
	5a. Program Rent	15,244		0	15,244
	5b. Consumable Supplies	27,667		0	27,667
	5c. Travel & Transportation	540		0	540
	5d. Utilities	4,357		0	4,357
	5e. Repairs & Maintenance	0		0	0
	5f. Insurance	1,546		0	1,546
	5g. Food & Related Costs	6,000		0	6,000
	5h. Other Project Expenses	2,017		0	2,017
	TOTAL OTHER COSTS	57,371	57,371	0	57,371
6	<u>EQUIPMENT</u>	2,399	2,399	0	2,399
7	<u>PROGRAM INCOME</u>				
	7a. Fees	0		0	0
	7b. Other Income	0		0	0
	TOTAL PROGRAM INCOME	0	0	0	0
8	<u>TOTAL NET PROGRAM COST</u>	336,582	336,582	0.00	336,582
	(Sum of 1 through 6, minus Line 7)				

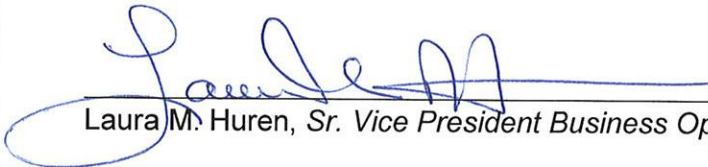
SIGNATURE AND APPROVALS

119UWC-CTF-01 / 08CTF0072UW 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 - UNITED WAY OF CONNECTICUT



Laura M. Huren, Sr. Vice President Business Operations

5/24/11

Date

DEPARTMENT OF SOCIAL SERVICES

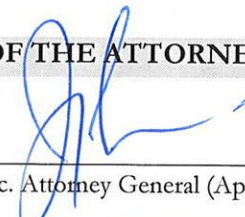


Roderick L. Bremby, Commissioner

6/3/2011

Date

OFFICE OF THE ATTORNEY GENERAL



ASST. / Assoc. Attorney General (Approved as to form & legal sufficiency)
ASSOC. ATTY. GENERAL

6 / 20 / 11

Date