



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT  
**Contractor Address:** 100 GREAT MEADOW ROAD, SUITE 400, WETHERSFIELD, CT 06109  
**Contract Number:** 094CHC-FSP-01 / 12DSS4701GB  
**Amendment Number:** A1  
**Amount as Amended:** \$3,188,059  
**Contract Term as Amended:** 10/01/12 - 09/30/15

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The contract between **Community Health Center Association of Connecticut** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 11/5/2012, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$100,000 from \$3,088,059 to \$3,188,059. This increase is to provide the additional services described below.
2. Part I, Section G. k. of the original contract shall be revised to include the following:  
  
Connecticut Association of Human Services (CAHS), 110 Bartholomew Avenue, Hartford, CT 06106 in an amount not to exceed \$100,000.00 for the period 10/1/12 through 9/30/13. The subcontractor shall obtain EarnBenefits Online (EBO) licenses for ten sites for use by CHCACT and its subcontractors, conduct EBO training for up to 50 screeners/outreach workers, provide training to CHCACT staff on the use of EBO data for program evaluation, provide monthly and quarterly data and outreach reports of CAHS partners to CHCACT, provide ongoing training and technical assistance to SNAP outreach workers on EBO and ensure EBO integration with the Department's ConneCT web-based application system.
3. The budget on page 16 of the original contract is deleted and replaced in its entirety by the budget on page 2 of this amendment.

**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.**

**PART I**

**FINANCIAL SUMMARY**  
CHCACT

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

<b>Supplemental Nutrition Assistance Program (SNAP) Outreach</b>
<b>094CHC-FSP-01 A1</b>

<b>Contract Amount</b>	Requested	Adjustments	Approved
	\$ 1,029,353		\$
<i>For Amendments Only</i> <b>Previously Approved Contract Amount</b>			
		\$ 100,000	\$
<b>Amount of Amendment</b>			

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services	815,173		100,000	915,173
	<b>TOTAL CONTRACTUAL SERVICES</b>	815,173	815,173		915,173
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	8,985			
	3b. Admin. Fringe Benefits	2,695			
	3c. Admin. Overhead	40,614			
	<b>TOTAL ADMINISTRATION</b>	52,294	52,294		52,294
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	54,030			
	4b. Program Fringe Benefits	16,210			
	<b>TOTAL DIRECT PROGRAM</b>	70,240	70,240		70,240
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	8,391			
	5b. Consumable Supplies	23,600			
	5c. Travel & Transportation	1,665			
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	57,990			
	<b>TOTAL OTHER COSTS</b>	91,646	91,646		91,646
<b>6</b>	<b><u>EQUIPMENT</u></b>	0	-		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>	0	0		
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>	1,029,353			1,129,353
	(Sum of 1 through 6, minus Line 7)				