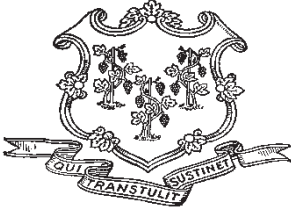


STATE OF CONNECTICUT  
DEPARTMENT OF HOUSING



CONTRACT AMENDMENT

Contractor: Community Health Center, Inc.  
Contractor Address: 635 Main Street, Middletown, CT 06457  
Contract Number: 15DOH0801AP  
Amendment Number: 1  
Amount as Amended: \$256,338.00  
Contract Term as Amended: 9/1/2015 - 6/30/2017

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The contract between **Community Health Center, Inc.** (*the "Contractor"*) and the **Department Of Housing** (*the "Agency"*), which was last executed by the parties on effective date: 09/04/15, amended as follows:

1. The contract is amended because the total maximum amount payable under this contract has decreased by **(\$7,588.00) from \$263,926.00 to \$256,338.00** due to a recession of 5.75% in SFY 2017 State funding.
2. Part I, Section E. 9 of the contract shall be deleted in its entirety.
3. Part I, Section(s) G.1.d. of the contract shall be deleted in its entirety.
4. Part I, Section(s) G. 1.g. of the contract shall be deleted and the following is substituted in lieu thereof:
  - g. Contractor shall use reasonable efforts to ensure that Clients complete a client satisfaction survey **[for each separate program]** provided by the Contractor. A summary of these surveys will be presented to the Board of Directors and approved in the Board minutes. These minutes will be reviewed during the Department's annual visit.
5. Part I, Section H.1. and 2. of the contract shall be deleted and the following is substituted in lieu thereof:
  1. **Payment Provisions.** The Agency agrees to pay for the services provided and as described under this contract up to a maximum amount not to exceed **\$256,338.00**, for the entire contract period.
  2. The maximum amount payable under this contract shall be composed of **\$256,338.00** state funding through 6-30-17.

6. The budget, Part I, Section H. 5.a. on page 10 of the contract is hereby deleted and the following is substituted in lieu thereof:

Effective Date: 11/17/2016  
 CONTRACT NUMBER: 15DOH0801AP A1 -\$256,338.00  
 CONTRACT PERIOD: 09/01/2015 through 06/30/2017  
 ST FISCAL YR (SFY): 2017  
 PROVIDER: Community Health Center, Inc.  
 Approved by: Berryja

4000 INCOME		TLP - State	SSBG TANF	Total Income
Program Funding Period:		<u>07/01/2016</u> through <u>06/30/2017</u>	<u>07/01/2016</u> through <u>06/30/2017</u>	
4100 CONTRACT FUNDING	SID	\$ 42,059	\$ 82,316	\$ 124,375
4101 State Funds	16149-1200903	\$ 42,059		\$ 42,059
4102 Federal/Other Funds	20710		\$ 82,316	\$ 82,316
<b>TOTAL INCOME</b>		<b>\$ 42,059</b>	<b>\$ 82,316</b>	<b>\$ 124,375</b>
5000 DIRECT EXPENSES		TLP - State	SSBG TANF	Total Expenses
5100 SALARIES		\$ 26,774	\$ 56,669	\$ 83,443
5101 Staff Salaries & Wages		\$ 26,774	\$ 56,669	\$ 83,443
5200 FRINGE BENEFITS		\$ 6,185	\$ 13,091	\$ 19,276
5400 TRANSPORTATION		\$ 1,627	\$ -	\$ 1,627
5401 Staff Travel Reimbursement		\$ 1,627		\$ 1,627
5500 MATERIALS AND SUPPLIES		\$ 1,058	\$ -	\$ 1,058
5504 Other Mtrls and Sppls (specify in narrative)		\$ 1,058		\$ 1,058
<b>TOTAL DIRECT EXPENSES</b>		<b>\$ 35,644</b>	<b>\$ 69,760</b>	<b>\$ 105,404</b>
7000 INDIRECT EXPENSES		TLP - State	SSBG TANF	Total Expenses
7100 ADMINISTRATIVE & GENERAL		\$ 6,415	\$ 12,556	\$ 18,971
All Other A&G		\$ 6,415	\$ 12,556	\$ 18,971
<b>TOTAL INDIRECT EXPENSES</b>		<b>\$ 6,415</b>	<b>\$ 12,556</b>	<b>\$ 18,971</b>
<b>TOTAL EXPENSES</b>		<b>\$ 42,059</b>	<b>\$ 82,316</b>	<b>\$ 124,375</b>
INCOME/EXPENSE SUMMARY		TLP - State	SSBG TANF	Total
TOTAL INCOME		\$ 42,059	\$ 82,316	\$ 124,375
TOTAL EXPENSES		\$ 42,059	\$ 82,316	\$ 124,375
<b>EXCESS/(SHORTAGE)</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

7. Part I, Section(s) I. 2.f. of this contract is hereby deleted and the following is substituted in lieu thereof:
  - a. No budget revisions proposed by the Contractor may be submitted later than 45 calendar days **prior** to the end of each contract year during the contract period, except that the Department 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 will show all category overruns. Costs incurred after the end of the budget period will be disallowed except those which the Department has expressly approved in writing and in advance.
  
8. 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.

SIGNATURES AND APPROVALS

15DOH0801AP A1

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

**CONTRACTOR: COMMUNITY HEALTH CENTER, INC.**

  
\_\_\_\_\_  
MARK MASSELLI, *President/CEO*

1/14/2017  
Date

**DEPARTMENT OF HOUSING**

  
\_\_\_\_\_  
EVONNE M. KLEIN, *Commissioner*

1/16/17  
Date

**CONNECTICUT ATTORNEY GENERAL**

*Approved as to form:*

Part I of this Contract having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG.