

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL
HEALTH AND ADDICTION SERVICES

CONTRACT AMENDMENT

Contractor: **Yale University**
Contractor Address: **25 Science Park, 3rd Floor, 150 Munson St., New Haven, CT 06511-3572**
Contract Number: **16MHA6005**
Amendment Number: **3**
Amount as Amended: **\$38,499,746**
Contract Term as Amended: **July 1, 2015-June 30, 2017**

The contract between **Yale University** (the "Contractor") and the **Connecticut Department of Mental Health and Addiction Services** (the "Department" or "Agency"), which was last executed by the parties on 9/1/15, and subsequently amended on 2/29/16 and 4/14/16, is hereby amended as follows:

1. **Maximum Contract Amount:** The total maximum amount payable under this contract is increased by \$19,249,873 from \$19,249,873 to **\$38,499,746**.
2. **Term:** The term of this contract is extended through June 30, 2017.
3. **Annual Funding Amount:** Total funding provided by the Department to the Contractor for State Fiscal Year 2017 services shall not exceed \$19,249,873. The Contractor shall be required to submit a line item budget, in a format approved by the Department, to the Department for review and approval. Such budget shall be submitted no later than August 1, 2016.

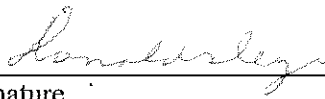
All terms and conditions of the original Contract, and any subsequent amendments thereto, which were not modified by this Amendment shall remain in full force and effect.

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

Yale University

Contractor



Signature

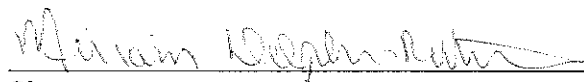
DONALD T. DEYO, DIRECTOR

May 24, 2016

Date

Name and Title of Authorized Official

Connecticut Department of Mental Health and Addiction Services



Signature

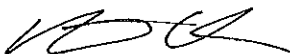
5/25/16

Date

Miriam Delphin-Rittmon, Ph.D., Commissioner

Name and Title of Authorized Official

Connecticut Attorney General *approved as to form:*



Signature

Robert W. Clark

Special Counsel

Title

6/8/16

Date



**STATE OF CONNECTICUT
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE
AUTHORIZED TO EXECUTE CONTRACT**

Certification to accompany a State contract, having a value of \$50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Yale University

Contractor Name

Department of Mental Health and Addictions Svc.

Awarding State Agency

Miriam Delphin-Rittmon

State Agency Official or Employee Signature

Miriam Delphin-Rittmon, Ph.D

Printed Name

5/27/16

Date

Commissioner

Title

Sworn and subscribed before me on this 27th day of May, 2016.

Cheryl A. Proctor
**Commissioner of the Superior Court
or Notary Public**

**Cheryl A. Proctor
Notary Public**

My Commission Expires August 31, 2019

My Commission Expires