



STATE OF DELAWARE  
 DEPARTMENT OF CORRECTION  
 245 MCKEE ROAD  
 DOVER, DELAWARE 19904

**CONTRACT ADDENDUM #2**

<b>CONTRACT NAME:</b>	DOC1635-SEXOFTREV - Sex Offender Treatment and Evaluations
<b>VENDOR NAME:</b>	Connections Community Support Programs, Inc.
<b>ADDRESS:</b>	500 West 10 <sup>th</sup> Street, Wilmington, DE 19801
<b>EI#</b>	
<b>VENDOR REPRESENTATIVE NAME:</b>	Ms. Catherine D. McKay, President and CEO
<b>TERMS OF CONTRACT AMENDMENT:</b>	<p>The Delaware Department of Correction and Connections Community Support Programs, Inc. agree to amend the above said contract signed into agreement and commencing on December 1, 2015. Effective immediately, the undersigned hereby agree to the following modifications to Appendix 1:</p> <p>11. Vendor agrees that payment pursuant to this agreement will be governed by the following mandatory maximum allocations and is expressly subject to the understanding that the DDOC will not pay for services which: (1) have not been rendered, (2) which cannot be verified as having been provided, according to monitoring procedures, (3) which have not been provided by DDOC approved agencies/programs, (4) have been provided to clients less than 18 years of age, and/or (5) have been provided to clients not referred and authorized by the DDOC:</p> <ul style="list-style-type: none"> <li>➤ \$3,200.00 ABEL assessments – 2 @ \$350 each; and Polygraph testing - 10 @ \$250 each.</li> <li>➤ \$1,000.00 – Individual counseling sessions at a rate of \$25-\$50/hour.</li> <li>➤ \$101,962.00 Group Therapy – Approximately 32 groups/week @ <del>\$6.25/offender/</del> <u>\$62.50 per</u> group session and Evaluations @ \$15-70/evaluation.</li> </ul> <p>In addition, Connections Community Support Programs, Inc. agrees to modify Connections Business Plan to read: If an offender has previously had an assessment performed, one will not be required at intake.</p> <p>All other services rendered shall be in accordance with the same terms and conditions as set forth in the original contract dated December 1, 2015 – June 30, 2016.</p>

**SIGNATURE PAGE TO FOLLOW**

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be duly executed as of the date and year first above written.

For the Vendor:

ORIGINAL ON FILE

\_\_\_\_\_  
Catherine Devaney McKay  
President & Chief Exec. Officer  
Connections Community Support  
Programs, Inc.

\_\_\_\_\_  
Date

For the Department:

ORIGINAL ON FILE

\_\_\_\_\_  
Robert M. Coupe  
Commissioner  
Delaware Department of Correction

\_\_\_\_\_  
Date

ORIGINAL ON FILE

\_\_\_\_\_  
Alan Grinstead  
Chief, Bureau of Community Corrections  
Delaware Department of Correction

\_\_\_\_\_  
Date

ORIGINAL ON FILE

\_\_\_\_\_  
Janet L. Durkee  
Chief, Bureau of Administrative Services  
Delaware Department of Correction

\_\_\_\_\_  
Date

ORIGINAL ON FILE

\_\_\_\_\_  
Ronald L Price  
Purchasing Services Administrator

\_\_\_\_\_  
Date