

### STATE OF CONNECTICUT

#### DEPARTMENT OF SOCIAL SERVICES

#### 55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

7-1-16

Michelle H. James
Executive Director
The Community Action Agency of Western Connecticut, Inc.
66 North Street
Danbury, CT .06810

CONTRACT #: 15DSS1511ZO / 034-1ZO-CBG-1 PERIOD: 9/1/2015 To 9/30/2016 AMOUNT: \$100,000.00 AMENDMENT: A1

Dear Ms. James:

I am pleased to inform you that the above referenced amendment has been fully executed and approved. Attached is a scanned copy of the 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** 

Clare Fravel (860) 424-5032

CONTRACT

Tina McGill (860) 424-5082 tina.mcgill@ct.gov

Sincerely,

Roderick L. Bremby Commissioner

C: Clare Fravel

Cassie Norfleet-Johnson

Contract file



## STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

### **CONTRACT AMENDMENT**

Contractor: The Community Action Agency of Western Connecticut, Inc.

Contractor Address: 66 North Street, Danbury, CT 06810

Contract Number: 034-1ZO-CBG-1/15DSS1511ZO

Amendment Number: A1

Amount as Amended: \$100,000.00

Contract Term as Amended: 9/1/2015 - 9/30/2016

The contract between The Community Action Agency of Western Connecticut, Inc. ("Contractor") and the Connecticut Department of Social Services "Agency"), which was last executed by the parties on June 8, 2016 is hereby amended as follows:

1. The term of the contract is extended by three (3) months and the end date of the contract is changed from 06/30/2016 to 09/30/2016. This extension is to ensure the transition of services to another service provider.

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.

### ACCEPTANCES AND APPROVALS

15DSS1511ZO/ 034-1ZO-CBG-1 A1

CONTRACTOR The Community Action Agency of Western Con	necticut, Inc.
Mikelle H. Jame	6 123116
Michelle H. James, Executive Director	Date
	•
DEPARTMENT OF SOCIAL SERVICES	
April 21	6,28,16
ROBERICK L. BREMBY, Commissioner	Date
RODERICK L. BREMBY, Commissioner	Date
	1 .
OFFICE OF THE ATTORNEY GENERAL	
12U	7,1,16
ASST. ASSOC. ATTORNEY GENERAL (Approved as to form)	Date



# STATE OF CONNECTICUT NONDISCRIMINATION CERTIFICATION — <u>Affidavit</u> <u>By Entity</u>

For Contracts Valued at \$50,000 or More

Documentation in the form of an <u>affidavit signed under penalty of false statement by a chief executive</u> <u>officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy</u> that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

#### INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

#### AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am Executive Director of The Community Action Agency of Western Connecticut, Inc., an entity duly formed and existing under the laws of the State of Connecticut. I certify that I am authorized to execute and deliver this affidavit on behalf of The Community Action Agency of Western Connecticut, Inc. and that The Community Action Agency of Western Connecticut, Inc. has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Michelle H Janes

Michelle James

Sworn and subscribed to before me on this /9 day of JUNE, 20/5.

Commissioner of the Superior Court/ Notary Public

Commission Expiration Dai

HELENA'M. BARNETT
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 6/30/2016



# STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250, 4-252(c), and C.G.S. §9-612(g)(2); and Governor Dannel P. Malloy's Executive Order 49.

#### INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE:	Initial Certification 12 Month Anniversary Update (Multi-year contracts only.)
	Updated Certification because of change of information contained in the most
	recently filed certification or twelve-month anniversary update.

#### GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor:
- 3) "Contractor" means the person, firm or corporation named as the contactor below,
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding Gifts by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a Gift to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

#### CAMPAIGN CONTRIBUTION CERTIFICATION:

My Commission Expires 6/30/2016

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any campaign contributions to, or solicited any contributions on behalf of, any exploratory Agency, candidate Agency, political Agency, or party Agency established by, or supporting or authorized to support, any candidate for <u>statewide public office</u>, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that all lawful campaign contributions that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory Agency, candidate Agency, political Agency, or party Agency established by, or supporting or authorized to support any candidates for <u>statewide public office</u> or the <u>General Assembly</u>, are listed below:

Lawrui Campa	iiga Contribu	tions to Candidates for Statewide	Рибис Описе:		
Contribution	<u>Date</u>	Name of Contributor	Recipient	Value	Description
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Lawful Campa	ign Contribu	tions to Candidates for the Genera	il Assembly:		
Contribution	<u>Date</u>	Name of Contributor	Recipient	<u>Value</u>	Description
		,			
			·	*****	
Sworn as true	to the best of	my knowledge and belief, subject to t	he penalties of false s	atement,	
			Q.	. 11 21	A
The Commu Printed Contr	nity Action A	gency of Western Connecticut, Inc	s. /hww Michelle H	LUL (). James, Executive	this
		20			-Director
Subscribed a	nd acknowled	dged before me this <u>22</u> day of		<u>ما ( م. , 20 )</u> .	
			Sioner of the Superio	toria	D.E.
		I. BARNETT	avaci vi me supend	a Court of Hotary	AUNIL
Na	TARY PUBLIC	OF CONNECTICUT			



# STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

#### INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

Connecticut General St	atutes § 4a-81(b), or that I am the	or key personnel of the bidder or contractor awarded a contract, as described individual awarded such a contract who is authorized to execute such contract, reement in connection with such contract, except for the agreement listed below
Consultant's Name and	Title	Name of Firm (if applicable)
Start Date	End Date	Cost
Description of Services	Provided	
<del>, , , ,</del>		
	<u>, , , , , , , , , , , , , , , , , , , </u>	
777		
IFYES:	er State employee or former public o	Official? YES NO Termination Date of Employment
If YES: Name of Form	ner State Agency	Termination Date of Employment ubject to the penalties of false statement.
If YES:  Name of Form  Sworn as true to the b	ner State Agency est of my knowledge and belief, so tion Agency of Western Connec	Termination Date of Employment ubject to the penalties of false statement.
If YES:  Name of Form  Sworn as true to the E	ner State Agency est of my knowledge and belief, so tion Agency of Western Connec	Termination Date of Employment ubject to the penalties of false statement.
If YES:  Name of Form  Sworn as true to the b  The Community Ac  Printed Contractor N	ner State Agency est of my knowledge and belief, so tion Agency of Western Connec	Termination Date of Employment  ubject to the penalties of false statement.  Hicut, Inc.  Michelle H. James, Executive Director  Office of Early Childhood  Awarding State Agency



#### State of Connecticut

Commission On Human Rights and Opportunities (CHRO) Workplace Analysis Affirmative Action Report **Employee Information Form** 

White - Not of Hispanic Origin Black - Not of Hispanic Origin Asian - Asian/Pacific Islander

Native - American Indian or Alaskan Native

The Community Action Agency of Western Connecticut, Inc.

	The Community Action Agency of Western Connecticut, Inc.											
ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanie Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
10828	Officials/Managers	3	• 1	0	0	1	0	0	0	1	0	0
10829	Professionals	36	. 1	4	1	11	4	12	0	3	0	0
10830	Technicians	0	0	0	0	0	0	0	0	0	0,	0
10831	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
10832	Office/Clerical	7	0	2	0	1	0	2	0	2	0	0
10833	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
	Operatives (Semi- skilled)	0	0	0	0 -	. 0	0	0	0	0	0 .	0
10835	Laborers (Unskilled)	0	0	. 0	0	0	0	0	0	0	0	0
10836	Service Workers	2	0	0	0	1	0	1	0	0	0	0
	Totals	48	2	6	1	14	4	15	0	6	0 .	0

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Do you use minority business as subcontractors or suppliers?	Yes	ONo	Explain:		^
Subcontractors of suppliers.			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
If CT based, do you post all employment	Yes	ONo	Explain:		
openings with the State of Connecticut Employment Service?		<b>G</b> 175			<u> </u>
Do you use an Affirmative Action Plan?	Yes  Yes  Output  Output	O No	Explain:		, m
			L		<u> </u>
Describe vous reasuitment hiring training a	nd nrom	otion	T4. 1 - 15-		1

anti-discrimination practices.

to qualified individuals regardless of race, color, religion, age, sex, marital status, civil union status, national origin, ancestry.

The Department of Administrative Services - Business Network. <u>Review our Privacy Policy</u>
Need to contact us? Send e-mail to <u>DAS Web Desiun</u>
All State disclaimers and permissions apply.