

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Community Action Agency of New Haven, Inc.
Contractor Address: 419 Whalley Avenue, New Haven, CT 06511
Contract Number: 15DSS6101EP / 093C-CSV-02
Amendment Number: Amendment 2
Amount as Amended: \$458,213.00
Contract Term as Amended: 7/1/2015 to 9/30/2017

The contract between Community Action Agency of New Haven, Inc. ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 12/21/2015, and previously amended on 1/18/17 is hereby further amended as follows:

1. The term of the contract is extended for an additional three (3) months and the end date of the contract is changed from 6/30/17 to 9/30/17.
2. The total maximum amount payable under the contract has increased by \$40,909 from \$417,304 to \$458,213 to provide funding for the extended term of the contract.
3. DSS contract/contact person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
4. For the period of 7/1/17 through 9/30/17, Part I, Section J. labeled FINANCIAL REPORTING, subsection 1 of the contract, is hereby deleted and the following is substituted in lieu thereof:
 1. The Contractor will submit quarterly financial reports in a format outlined by the Departments Program Representative within twenty (20) calendar days following the end of each quarterly period. The final fiscal report is due within forty-five (45) calendar days following the end of the entire contract period.
5. For the period 7/1/17 through 9/30/17, Part I, Section L. labeled BUDGET AND PAYMENT REVISIONS, subsection 1 of the contract, and as amended, thereof shall be deleted and replaced with the following:

Effective Date: 6/16/2017
 CONTRACT NUMBER: 15DSS6101EP
 CONTRACT PERIOD: 07/01/2015 through 09/30/2017
 ST FISCAL YR (SFY): 2018
 PROVIDER: Community Action Agency of New Haven, I
 Approved by: LoCurtoD

| 4000 INCOME | | CANNH - MYF | ULGH - MYF | | | |
|---|-------|---|---|------------------|---------------|------------------|
| Program Funding Period: | | <u>07/01/2017</u> through <u>09/30/2017</u> | <u>07/01/2017</u> through <u>09/30/2017</u> | Contract Total | Other Funding | Total Income |
| 4100 CONTRACT FUNDING | SID | \$ 22,909 | \$ 18,000 | \$ 40,909 | \$ - | \$ 40,909 |
| 4101 State Funds | 16128 | \$ 22,909 | \$ 18,000 | \$ 40,909 | \$ - | \$ 40,909 |
| TOTAL INCOME | | <u>\$ 22,909</u> | <u>\$ 18,000</u> | <u>\$ 40,909</u> | <u>\$ -</u> | <u>\$ 40,909</u> |
| 5000 DIRECT EXPENSES | | CANNH - MYF | ULGH - MYF | Contract Total | | Total Expenses |
| 5100 SALARIES | | \$ 14,620 | \$ 12,440 | \$ 27,060 | \$ - | \$ 27,060 |
| 5101 Staff Salaries & Wages | | \$ 14,620 | \$ 12,440 | \$ 27,060 | \$ - | \$ 27,060 |
| 5200 FRINGE BENEFITS | | \$ 3,655 | \$ 3,110 | \$ 6,765 | \$ - | \$ 6,765 |
| 5400 TRANSPORTATION | | \$ 3,000 | \$ 2,000 | \$ 5,000 | \$ - | \$ 5,000 |
| 5401 Staff Travel Reimbursement | | \$ 3,000 | \$ 2,000 | \$ 5,000 | \$ - | \$ 5,000 |
| 5500 MATERIALS AND SUPPLIES | | \$ 1,634 | \$ 450 | \$ 2,084 | \$ - | \$ 2,084 |
| 5501 Food | | \$ 1,000 | | \$ 1,000 | \$ - | \$ 1,000 |
| 5504 Other Mtrls and Sppls (specify in narrative) | | \$ 634 | \$ 450 | \$ 1,084 | \$ - | \$ 1,084 |
| TOTAL DIRECT EXPENSES | | <u>\$ 22,909</u> | <u>\$ 18,000</u> | <u>\$ 40,909</u> | <u>\$ -</u> | <u>\$ 40,909</u> |
| 7000 INDIRECT EXPENSES | | CANNH - MYF | ULGH - MYF | Contract Total | | Total Expenses |
| TOTAL INDIRECT EXPENSES | | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |
| TOTAL EXPENSES | | <u>\$ 22,909</u> | <u>\$ 18,000</u> | <u>\$ 40,909</u> | <u>\$ -</u> | <u>\$ 40,909</u> |
| INCOME/EXPENSE SUMMARY | | CANNH - MYF | ULGH - MYF | Contract Total | | Total |
| TOTAL INCOME | | \$ 22,909 | \$ 18,000 | \$ 40,909 | \$ - | \$ 40,909 |
| TOTAL EXPENSES | | \$ 22,909 | \$ 18,000 | \$ 40,909 | \$ - | \$ 40,909 |
| EXCESS/(SHORTAGE) | | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |

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.

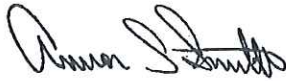
SIGNATURES AND APPROVALS

15DSS6101EP/093C-CSV-02 A2

The Contractor **IS NOT** a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

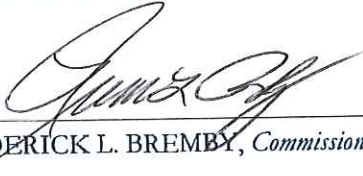
Community Action Agency of New Haven, Inc.



Amos Lee Smith, President & CEO

6/21/17
Date

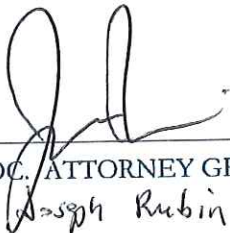
DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

6/22/17
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST.~~ ASSOC. ATTORNEY GENERAL. (*Approved as to form*)

Joseph Rubin

6/30/17
Date



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Affidavit
By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy 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 Amos L. Smith of Community Action Agency of New Haven, Inc., an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of Connecticut.
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

Community Action Agency of New Haven, Inc. and that Community Action Agency of New Haven, Inc.
Name of Entity Name of Entity

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.

[Signature]
Authorized Signatory

Amos Lee Smith
Printed Name

Sworn and subscribed to before me on this 09 day of November, 2016.

[Signature]
Commissioner of the Superior Court/
Notary Public

2/28/2018
Commission Expiration Date





STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – New Resolution
By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of a corporate, company, or partnership policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of a contractor 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. Submit to the awarding State agency prior to contract execution.

CERTIFICATION OF RESOLUTION:

I, Jameca Malloy, Secretary, of Community Action Agency of New Haven,
Authorized Signatory Title Name of Entity

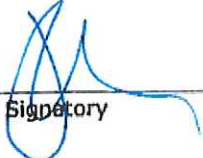
an entity duly formed and existing under the laws of Connecticut,
Name of State or Commonwealth

certify that the following is a true and correct copy of a resolution adopted on the 29th day of
June, 2013 by the governing body of Community Action Agency of New Haven,
Name of Entity

in accordance with all of its documents of governance and management and the laws of
Connecticut and further certify that such resolution has not been modified or revoked, and is in full force and effect.
Name of State or Commonwealth

RESOLVED: That the policies of Community Action Agency of New Haven comply with the
Name of Entity
nondiscrimination agreements and warranties of Connecticut General Statutes
§§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

The undersigned has executed this certificate this 22nd day of October, 2016.



Authorized Signatory

10-22-16

Date

Jameca Malloy
Printed Name



**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, pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(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:

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of its 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 contractor 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:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(f)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(f)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(f)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

| <u>Contribution Date</u> | <u>Name of Contributor</u> | <u>Recipient</u> | <u>Value</u> | <u>Description</u> |
|--------------------------|----------------------------|------------------|--------------|--------------------|
| | | | | |
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Lawful Campaign Contributions to Candidates for the General Assembly:

| <u>Contribution Date</u> | <u>Name of Contributor</u> | <u>Recipient</u> | <u>Value</u> | <u>Description</u> |
|--------------------------|----------------------------|------------------|--------------|--------------------|
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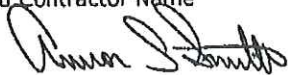
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Community Action Agency of New Haven, Inc.

Amos L. Smith

Printed Contractor Name

Printed Name of Authorized Official



Signature of Authorized Official

Subscribed and acknowledged before me this 21 day of October, 2010


Commissioner of the Superior Court (or Notary Public)

2/28/2018
My Commission Expires





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.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: ____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:

Amos L. Smith / President & CEO
Consultant's Name and Title

Community Action Agency of New Haven, Inc
Name of Firm (if applicable)

Start Date

End Date

Cost

Description of Services Provided:

Is the consultant a former State employee or former public official? [] YES [] NO

If YES:

Name of Former State Agency

Termination Date of Employment

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

Community Action Agency of New Haven, Inc.
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date

Amos L. Smith
Printed Name (of above) Awarding State Agency



Sworn and subscribed before me on this 21 day of October, 2014

[Signature]
Commissioner of the Superior Court or Notary Public

2/28/2018
My Commission Expires

WORKFORCE ANALYSIS

Contractor Community
Action Agency of New
Haven, Inc.

Address 419 Whalley Avenue,
New Haven, CT .06511

| | |
|---------------------------------------|--|
| Number of Connecticut Employees | |
| Full-time: 33 | Part-time: 7 |
| Employment figures obtained from | |
| Visual Check <input type="checkbox"/> | Employment Records X <input checked="" type="checkbox"/> |
| Other <input type="checkbox"/> | Contractor «ContractorOrg» Number |

| JOB CATEGORIES | TOTALS | WHITE (Not of Hispanic Origin) | | BLACK (Not of Hispanic Origin) | | HISPANIC | | ASIAN OR PACIFIC ISLANDER | | AMER INDIAN OR ALASKAN NATIVE | | PERSON WITH DISABILITIES | |
|--------------------------|-----------|--------------------------------|----------|--------------------------------|----------|----------|----------|---------------------------|----------|-------------------------------|----------|--------------------------|----------|
| | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| Officials & Managers | 4 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 13 | 1 | 3 | 1 | 3 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 0 |
| Technicians | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 17 | 0 | 2 | 7 | 4 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Office & Clerical | 4 | 0 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft Workers (Skilled) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operators (Semi-Skilled) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers (Unskilled) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 40 | 1 | 6 | 11 | 9 | 1 | 5 | 1 | 2 | 0 | 0 | 0 | 0 |
| Totals One Year Ago | 47 | 1 | 9 | 12 | 10 | 0 | 7 | 1 | 2 | 0 | 0 | 0 | 0 |

FORMAL ON-THE-JOB-TRAINEES

| | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apprentices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Trainees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation 2007 ; If no, explain
Do you promise to develop and implement a successful Affirmative Action Plan?

Yes No N/A Explain:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, inclusive:

Yes No N/A Explain:

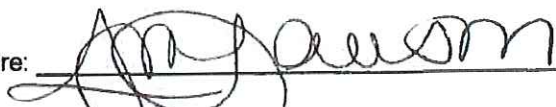
3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?

Yes No Explain:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?

Yes No Explain:

Authorized Signature:



Date:

6/21/2017