

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

**Contractor:** New Opportunities, Inc.  
**Contractor Address:** 232 North Elm Street, Waterbury, CT .06702  
**Contract Number:** 15DSS6101TO / 151C-CSV-02  
**Amendment Number:** A1  
**Amount as Amended:** \$363,634.00  
**Contract Term as Amended:** 7/1/2015 to 6/30/2017

---

The contract between New Opportunities, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 12/9/2015, is hereby further amended as follows:

1. The total maximum amount payable under this contract has decreased by \$36,366.00 from \$400,000.00 to **\$363,634.00**. This decrease is due to reductions to State Fiscal Year (SFY) 2017. Budget Year 1 shall not exceed \$200,000.00 and Budget Year 2 shall not exceed \$163,634.00.
2. For SFY 2017, the Contractor shall adhere to the budget as modified on page 2 of this amendment.
3. For SFY 2017, on Page 4, Part I, Section A.6.f of the original contract shall be revised as follows: An Employment readiness/life skill development course. This course will include a minimum of 180 hours in skill development including goal setting, job readiness, financial education, nutrition/wellness, career interest inventory, computer skills, and study skills tutoring. The program will utilize a curriculum that is a hybrid model which incorporates the best practices of the Adkins Life Skills Program, Getting Ahead in a Just Getting By World, and Employment Tips 4 Success.
4. For SFY 2017, on Page 4, Part I, Section A.6.g of the original contract shall be revised as follows: A Work Experience opportunity. This work experience opportunity will include a minimum of 120 hours of on the job training through a manufacturing/assembly operation and training for the National Food Handler License (ServSafe) that are currently administered by the Contractor

**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.**

Effective Date: 9/20/2016

CONTRACT NUMBER: 15DSS6101TO

CONTRACT PERIOD: 07/01/2015 through 06/30/2017

ST FISCAL YR (SFY): 2017

PROVIDER: New Opportunities Inc.

Approved by: LoCurtoD

4000 INCOME		Contract Total	Other Funding	Total Income
<b>Program Funding Period:</b>				
<u>4100 CONTRACT FUNDING</u>	<u>SID</u>	\$ 163,634	\$ -	\$ 163,634
4101 State Funds	16128	\$ 163,634	\$ -	\$ 163,634
<u>TOTAL INCOME</u>		<u>\$ 163,634</u>	<u>\$ -</u>	<u>\$ 163,634</u>
5000 DIRECT EXPENSES		Contract Total		Total Expenses
<u>5100 SALARIES</u>		\$ 81,578	\$ -	\$ 81,578
5101 Staff Salaries & Wages		\$ 81,578	\$ -	\$ 81,578
<u>5200 FRINGE BENEFITS</u>		\$ 17,762	\$ -	\$ 17,762
<u>5300 CONTRACTUAL SERVICES</u>		\$ 3,273	\$ -	\$ 3,273
5304 Other Contractual (specify in narrative)		\$ 3,273	\$ -	\$ 3,273
<u>5500 MATERIALS AND SUPPLIES</u>		\$ 2,750	\$ -	\$ 2,750
5501 Food		\$ 250	\$ -	\$ 250
5504 Other Mtrls and Sppls (specify in narrative)		\$ 2,500	\$ -	\$ 2,500
<u>5900 CLIENT SUBSIDIES</u>		\$ 41,908	\$ -	\$ 41,908
5901 Transportation		\$ 625	\$ -	\$ 625
5906 Other Client Subsidies (specify in narrative)		\$ 41,283	\$ -	\$ 41,283
<u>TOTAL DIRECT EXPENSES</u>		<u>\$ 147,271</u>	<u>\$ -</u>	<u>\$ 147,271</u>
7000 INDIRECT EXPENSES		Contract Total		Total Expenses
<u>7100 ADMINISTRATIVE &amp; GENERAL</u>		\$ 16,363	\$ -	\$ 16,363
All Other A&G		\$ 16,363	\$ -	\$ 16,363
<u>TOTAL INDIRECT EXPENSES</u>		<u>\$ 16,363</u>	<u>\$ -</u>	<u>\$ 16,363</u>
<u>TOTAL EXPENSES</u>		<u>\$ 163,634</u>	<u>\$ -</u>	<u>\$ 163,634</u>
INCOME/EXPENSE SUMMARY		Contract Total		Total
TOTAL INCOME		\$ 163,634	\$ -	\$ 163,634
TOTAL EXPENSES		\$ 163,634	\$ -	\$ 163,634
<u>EXCESS/(SHORTAGE)</u>		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**SIGNATURES AND APPROVALS**

15DSS6101TO/151C-CSV-02 A1

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

**CONTRACTOR**

New Opportunities, Inc.

[Redacted Signature]

James H. Gatling, Ph.D. President/Chief Executive Officer

4 / 4 / 2017  
Date

**DEPARTMENT OF SOCIAL SERVICES**

[Redacted Signature]

RODERICK L. BREMBY, Commissioner

4 / 25 / 17  
Date

**OFFICE OF ATTORNEY GENERAL**

[Redacted Signature]

ASST. / ASSOC. ATTORNEY GENERAL (Approved as to form) Joseph Rubin

5 / 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 President/CEO of New Opportunities, 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  
New Opportunities, Inc. and that New Opportunities, 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.

James H Gatling  
Authorized Signatory

James H Gatling, Ph. D  
Printed Name

Sworn and subscribed to before me on this 8<sup>th</sup> day of August, 2016.

Michael Keenan  
Commissioner of the Superior Court/  
Notary Public

10/31/2020  
Commission Expiration Date



## 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 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2)*

### 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 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 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(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 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>
N/A				

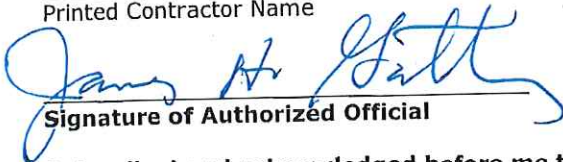
**Lawful Campaign Contributions to Candidates for the General Assembly:**

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>
N/A				

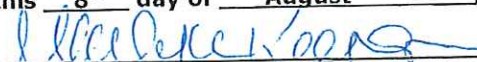
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

New Opportunities, Inc.  
Printed Contractor Name

James H. Gatling, Ph.D.  
Printed Name of Authorized Official

  
Signature of Authorized Official

Subscribed and acknowledged before me this 8<sup>th</sup> day of August, 2016.

  
Commissioner of the Superior Court (or Notary Public)



# 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:**

_____		_____
Consultant's Name and Title		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.

New Opportunities, Inc. \_\_\_\_\_ 8/8/16  
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date

James H. Gatling, Ph.D. \_\_\_\_\_  
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 8<sup>th</sup> day of August, 2016.

Maureen Krason  
Commissioner of the Superior Court  
or Notary Public



**STATE OF CONNECTICUT**

Written or electronic PDF copy of the written certification to accompany a large state contract pursuant to P.A. No. 13-162 (Prohibiting State Contracts With Entities Making Certain Investments In Iran)

**Respondent Name:** New Opportunities, Inc.

**INSTRUCTIONS:**

**CHECK ONE:**  Initial Certification.  
 Amendment or renewal.

**A. Who must complete and submit this form.** Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

Pursuant to P.A. No. 13-162, upon submission of a bid or prior to executing a large state contract, **the certification portion of this form must be completed** by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization or other business organization **whose principal place of business is located outside of the United States**. United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.

**Check applicable box:**

Respondent's principal place of business is within the United States or Respondent is a United States subsidiary of a foreign corporation. Respondents who check this box **are not required to complete the certification portion of this form**, but must submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process.

Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. **CERTIFICATION required.** Please complete the certification portion of this form and submit it with the ITB or RFP response or contract package if there was no bid process.

**B. Additional definitions.**

- 1) "Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes;
- 2) "Respondent" means the person whose name is set forth at the beginning of this form; and
- 3) "State agency" and "quasi-public agency" have the same meanings as provided in section 1-79 of the Connecticut General Statutes.

**C. Certification requirements.**

No state agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any Respondent whose principal place of business is located outside the United States and is not a United States subsidiary of a foreign corporation unless the Respondent has submitted this certification.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Commissioner of the Superior Court, a Notary Public or a person authorized to take an oath in another state.

**CERTIFICATION:**

I, the undersigned, am the official authorized to execute contracts on behalf of the Respondent. I certify that:

Respondent has made no direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010.

Respondent has either made direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or Respondent made such an investment prior to October 1, 2013 and has now increased or renewed such an investment on or after said date, or both.

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

New Opportunities, Inc.  
**Printed Respondent Name**

James H. Gatling, PhD.  
**Printed Name of Authorized Official**

*James H. Gatling*  
**Signature of Authorized Official**

Subscribed and acknowledged before me this 8th day of August, 2016.

*Lorraine Keenan*  
**Commissioner of the Superior Court (or Notary Public)**

*10/31/2020*  
**My Commission Expires**



# WORKFORCE ANALYSIS

Contractor New Opportunities, Inc.

Address 232 North Elm Street, Waterbury, CT .06702

Number of Connecticut Employees	
Full-time: 146	Part-time: 156
Employment figures obtained from Human Resources	
Visual Check <input type="checkbox"/>	Employment Records <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	47					3	4						
Professionals	85					2	19		1				
Technicians													
Service Workers	68	4	12	14	20	5	13						
Office & Clerical	42	1	13		13	3	11		1				
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)	60	13	6	14	9	9	8		1				
<b>TOTALS</b>	<b>302</b>	<b>36</b>	<b>72</b>	<b>40</b>	<b>74</b>	<b>22</b>	<b>55</b>		<b>3</b>				
Totals One Year Ago	316	39	75	46	78	20	56		2				

### FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes  No  If yes, date of implementation August 2010 ; 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:

*James H. Smith*

Date: 4/4/17

**STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
REQUEST FOR PAYMENT  
DSS ACCOUNTS PAYABLE**

W-1270

Voucher #: \_\_\_\_\_ VR Processed by: \_\_\_\_\_

Voucher Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_

**PAYEE INFORMATION**

Vendor Invoice #: \_\_\_\_\_  
 Vendor/Contractor Name: New Opportunities, Inc.  
 Business Address: 232 North Elm Street Waterbury, CT 06702

Purchase/Contract Type:  PO  POS  PSA  MOA/VI  BOND  
 Check One:  Competitive  Non-Competitive  
 Spending Plan Code: CSV

Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)  
 CORE-CT Contract #: 15DSS6101TO  
 DSS Contract #: 151C-CSV-02  
 PO #: \_\_\_\_\_  
 FEIN #: 066071847 Vendor # 0000010563  
 Receipt # \_\_\_\_\_

New Opportunities, Inc.  
 232 North Elm Street, Waterbury, CT .06702

Contract Period: From: 7/1/2015 To: 6/30/2017  
 Payment Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Total Contract: \$363,634.00

Previous Payments: \$ \_\_\_\_\_  
 Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: James H. Gatling, Ph.D.

*James H. Gatling*  
 Contractor Signature

Contractor Name (print) \_\_\_\_\_ Date April 4, 2017

**DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.**

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$ 20	20		DSS					168	
\$ 20	20		DSS					168	
\$ 20	20		DSS					168	
\$ 20	20		DSS					168	

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Cassandra Norfleet-Johnson  
 DSS PROGRAM STAFF REP Signature

Date \_\_\_\_\_ (860) 424-5408  
 Phone # \_\_\_\_\_

Co-sign (if required) Signature \_\_\_\_\_ Phone # \_\_\_\_\_

\*Financial Report Required  Yes  No  
 \*Financial Report within last 3 mos.  Yes  No  
 \*Attach Explanation If Report Is More Than 3 Months Old

DSS FISCAL STAFF APPROVAL - Name (sign & date) \_\_\_\_\_