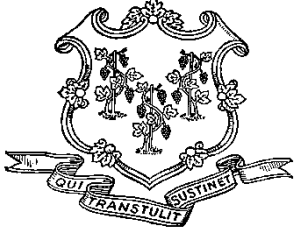


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: TEAM, Inc.
Contractor Address: 30 Elizabeth Street Derby, CT 06418
Contract Number: 15DSS6101ZG / 084C-CSV-02
Amendment Number: A1
Amount as Amended: \$272,725.00
Contract Term as Amended: 7/1/2015 to 6/30/2017

The contract between TEAM, 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 12/22/2015 , is hereby further amended as follows:

1. The total maximum amount payable under this contract has decreased by \$27,575.00 from \$300,000.00 to **\$272,725.00**. This decrease is due to reductions to State Fiscal Year (SFY) 2017. Budget Year 1 shall not exceed \$150,000.00 and Budget Year 2 shall not exceed \$122,725.00.
2. For SFY 2017, the Contractor shall adhere to the budget as modified on page 2 of this amendment.

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: **10/4/2016**

CONTRACT NUMBER: **15DSS6101ZG**
 CONTRACT PERIOD: **07/01/2015 through 06/30/2017**
 ST FISCAL YR (SFY): **2017**
 PROVIDER: **TEAM, Inc.**
 Approved by: **LoCurtoD**

4000 INCOME		Contract Total	Other Funding	Total Income
Program Funding Period:				
4100 CONTRACT FUNDING	SID	\$ 122,725	\$ -	\$ 122,725
4101 State Funds	16128	\$ 122,725	\$ -	\$ 122,725
<u>TOTAL INCOME</u>		<u>\$ 122,725</u>	<u>\$ -</u>	<u>\$ 122,725</u>
5000 DIRECT EXPENSES		Contract Total		Total Expenses
5100 SALARIES		\$ 46,868	\$ -	\$ 46,868
5101 Staff Salaries & Wages		\$ 46,868	\$ -	\$ 46,868
5200 FRINGE BENEFITS		\$ 14,511	\$ -	\$ 14,511
5600 FACILITIES		\$ 1,706	\$ -	\$ 1,706
5603 Maintenance & Repair - Facility and		\$ 441	\$ -	\$ 441
5604 Utilities		\$ 658	\$ -	\$ 658
5605 Other Facilities (specify in narrative)		\$ 607	\$ -	\$ 607
5800 OTHER EXPENSES		\$ 349	\$ -	\$ 349
5802 Insurance		\$ 349	\$ -	\$ 349
5900 CLIENT SUBSIDIES		\$ 50,000	\$ -	\$ 50,000
5906 Other Client Subsidies (specify in na		\$ 50,000	\$ -	\$ 50,000
<u>TOTAL DIRECT EXPENSES</u>		<u>\$ 113,434</u>	<u>\$ -</u>	<u>\$ 113,434</u>
7000 INDIRECT EXPENSES		Contract Total		Total Expenses
7100 ADMINISTRATIVE & GENERAL		\$ 9,291	\$ -	\$ 9,291
7111 Staff Salaries & Wages		\$ 5,172	\$ -	\$ 5,172
7120 Fringe Benefits		\$ 2,060	\$ -	\$ 2,060
All Other A&G		\$ 2,059	\$ -	\$ 2,059
<u>TOTAL INDIRECT EXPENSES</u>		<u>\$ 9,291</u>	<u>\$ -</u>	<u>\$ 9,291</u>
<u>TOTAL EXPENSES</u>		<u>\$ 122,725</u>	<u>\$ -</u>	<u>\$ 122,725</u>
INCOME/EXPENSE SUMMARY		Contract Total		Total
TOTAL INCOME		\$ 122,725	\$ -	\$ 122,725
TOTAL EXPENSES		\$ 122,725	\$ -	\$ 122,725
<u>EXCESS/(SHORTAGE)</u>		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

SIGNATURES AND APPROVALS

15DSS6101ZG/084C-CSV-02 A1

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

CONTRACTOR

TEAM, Inc.

[Redacted Signature]

David Morgan, President/CEO

4/5/2017
Date

DEPARTMENT OF SOCIAL SERVICES

[Redacted Signature]

RODERICK L. BREMBY, Commissioner

4/10/17
Date

OFFICE OF THE ATTORNEY GENERAL

[Redacted Signature]

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

Joseph Rubini

5/2/17
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 and 4a-60a, 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.

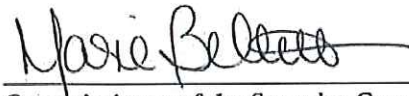
AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am **CEO/President of TEAM, 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 TEAM, Inc. and that TEAM, Inc. has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60 and 4a-60a, as amended.



David Morgan

Sworn and subscribed to before me on this 21 day of December, 2016.



Commissioner of the Superior Court/
Notary Public

Aug 31, 2017

Commission Expiration Date

MARIE BELLETTI
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2017



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, David Morgan, President/ CEO, of TEAM, Inc.,
Authorized Signatory Title Name of Entity

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

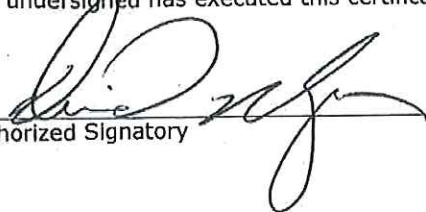
certify that the following is a true and correct copy of a resolution adopted on the 27th day of
December, 2016 by the governing body of TEAM Inc.,
Name of Entity

in accordance with all of its documents of governance and management and the laws of
CT, and further certify that such resolution has not been modified
Name of State or Commonwealth

or revoked, and is in full force and effect.

RESOLVED: That the policies of TEAM Inc 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 27th day of December, 2016.


Authorized Signatory

12/27/16
Date

David Morgan
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>

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>

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

TEAM, Inc
 Printed Contractor Name

 Signature of Authorized Official

David Morgan
 Printed Name of Authorized Official

Subscribed and acknowledged before me this 28th day of Dec, 2016

 Commissioner of the Superior Court (or Notary Public)

My Commission Expires
 PATRICIA M. WIGGS, Notary Public, State of CT
 My Commission Expires October 31, 2018



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: _____]

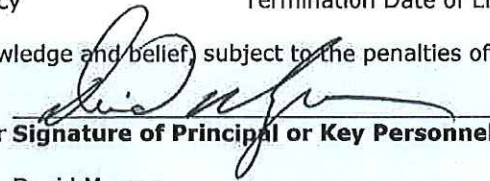
I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have 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: <u>N/A</u>		

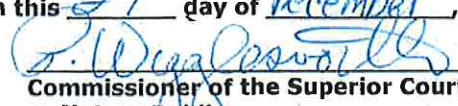
Is the consultant a former State employee or former public official? YES NO

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.

<u>TEAM, Inc.</u>		<u>12/27/16</u>
Printed Name of Bidder or Contractor	Signature of Principal or Key Personnel	Date
<u>David Morgan</u>	_____	_____
Printed Name (of above)	Awarding State Agency	

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



Commissioner of the Superior Court
or Notary Public

My Commission Expires _____

PATRICIA M. WIGGLESWORTH
Notary Public, State of Connecticut
My Commission Expires October 31, 2018

Client#: 81220

AMINC2

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Starkweather & Shepley (NM) Insurance Brokerage, Inc. PO Box 549 Providence, RI 02901-0549	CONTACT NAME: Linda Cretella	FAX (A/C, No): 860-506-8414	
	PHONE (A/C, No, Ext): 203 735-5115	E-MAIL ADDRESS: Lcretella@StarShep.com	
INSURED Team, Inc. 30 Elizabeth Street Derby, CT 06418	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Selective Insurance		11867
	INSURER B: NY Marine & Gen'l(Valley Forge)		16608
	INSURER C: Travelers		25674
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S2092090	12/31/2016	12/31/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S2092090	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			S2092090	12/31/2016	12/31/2017	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC201500010241	12/31/2016	12/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Directors & Officers Liab.			105542169	12/31/2016	12/31/2017	\$2,000,000 \$2,500 retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

State of Connecticut Office of Policy and Management Office Of Finance 450 Capitol Avenue MS # 54FIN Hartford, CT 06106	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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W-1270

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

Voucher #: _____ VR Processed by: _____

VR Date: _____

Voucher Approved by: _____

Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____

Vendor/Contractor Name: TEAM, Inc.

Business Address: 30 Elizabeth Street, Derby, CT .06418

Entrance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)

TEAM, Inc.
30 Elizabeth Street, Derby, CT .06418

Purchase/Contract Type: PO POS PSA MOA/TI BOND
Check One: Competitive Non-Competitive
Spending Plan Code: CSV
CORE-CT Contract #: 15DSS6101ZG
DSS Contract #: 084C-CSV-02
PO #: _____ Receipt # _____
FEIN #: 060835182 Vendor # 0000010272
Contract Period: From: 7/1/2015 To: 6/30/2017
Payment Period: From: _____ To: _____
Total Contract: \$272,725.00
Previous Payments: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: David Morgan

Contractor Name (print)

Contractor Signature

Date

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	Charfield 1	Charfield 2
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____
\$ _____	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: Gretchen Yelmini

DSS PROGRAM STAFF REP Signature

Date: _____ (860) 424-4874
Phone # _____

Co-sign (if required) Signature

Phone # _____

DSS FISCAL STAFF APPROVAL - Name (sign & date)

*Financial Report Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Financial Report within last 3 mos.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Attach Explanation If Report Is More Than 3 Months Old		