

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

Person-To-Person, Inc.

Contractor Address:

1864 Post Road, Darien, CT .06820

Contract Number:

15DSS6102LN / 035-PTP-CSV-01

Amendment Number:

A2

Amount as Amended:

\$259,742.00

Contract Term as Amended: 10/1/2015 to 9/30/2017

The contract between Person-To-Person, 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 2/17/2016, and previously amended on 5/30/17 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 \$23,233 from \$236,509 to \$259,742 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 H. 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 I. 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: 15DSS6102LN

CONTRACT PERIOD: 10/01/2015 through 09/30/2017

ST FISCAL YR (SFY): 2018

PROVIDER: Person-to-Person, INc.

Approved by: LoCurtoD

Approved by. Locuitod								
4000 INCOME		<u>CSV</u>						
Program Funding Period:		07/01/2017 through 09/30/2017		Contract Total		Other Funding	<u>Total Income</u>	
4100 CONTRACT FUNDING	SID	\$	23,233	\$	23,233	\$ -	\$	23,233
4101 State Funds	1 6160	\$	23,233	\$	23,233	\$ -	\$	<mark>23,233</mark>
<u>TOTAL INCOME</u>			23,233	\$	23,233	<u>\$</u>	<u>\$</u>	23,233
5000 DIRECT EXPENSES			CSV	Con	tract Total		Tota	l Expenses
5100 SALARIES	\$	10,483	\$	10,483	\$ -	\$	10,483	
5101 Staff Salaries & Wages	\$	10,483	\$	10,483	\$ -	\$	10,483	
5200 FRINGE BENEFITS	\$	1,390	\$	1,390	\$ -	\$	1,390	
5900 CLIENT SUBSIDIES			11,360	\$	11,360	<u>\$</u>	\$	11,360
5906 Other Client Subsidies (specify in narrative)			11,360	\$	11,360	\$ -	\$	11,360
TOTAL DIRECT EXPENSES			23,233	\$	23,233	<u>\$</u> -	\$	23,233
7000 INDIRECT EXPENSES			<u>CSV</u>	Cont	tract Total		Tota	l Expenses
TOTAL INDIRECT EXPENSES				\$		<u>\$</u>	<u>\$</u>	
TOTAL EXPENSES			23,233	\$	23,233	<u>\$</u>	\$	23,233
INCOME/EXPENSE SUMMARY			CSV	Cont	tract Total			Total
TOTAL INCOME		\$	23,233	\$	23,233	\$ -	\$	23,233
TOTAL EXPENSES			23,233	\$	23,233	\$ -	\$	23,233
EXCESS/(SHORTAGE)				\$		<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

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

CONTRACTOR	
Person-To-Person, Inc. Ceci Maher, Executive Director	<u>U / 20/ 17</u> Date
. 4	
DEPARTMENT OF SOCIAL SERVICES	
MUNA OS RODERICK L. BREMBY Commissioner	6,27,17 Date
OFFICE OF THE ATTORNEY GENERAL	6,30,17
ASST. / ASSOC. ATTORNEY GENERAL (Approved as to form)	Date



STATE OF CONNECTICUT NONDISCRIMINATION CERTIFICATION — Affidavit By Entity

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 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</u>

INSTRUCTIONS:

For use by an <u>entity</u> (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.

Kimberly Collibee Notary Public-Connecticut My Commission Expires June 30, 2019

Notary Public



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 recently filed	n because of change of information contained in the most I 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:
- "Contractor" means the person, firm or corporation named as the contactor below;
- "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 <u>statewide public office</u>, 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 <u>statewide public office</u> or the <u>General Assembly</u>, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor CEA MUNEY	Recipient H	₩(00 0	Description Campara	Controlat					
Lawful	Campaign Contributions to	Candidates for the Ger	eral Assembly:							
Contribution Date	Name of Contributor	Recipient	Description							
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement. Person to Person Inc Printed Contractor Name Printed Name of Authorized Official Signature of Authorized Official										
	Subscribed and ack	nowledged before me	this day of of the Superior Co	, 20 urt (or Notary Pu	blic)					
		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.

any new bid or propos	ai, willchever is earlier.						
AFFIDAVIT: [Num	ber of Affidavits Sworn and S	ubscribed On This Day:	1				
contract, as described contract who is autho consulting agreement	reby swear that I am a princ in Connecticut General Statu orized to execute such cont in connection with such contr	ites § 4a-81(b), or that I a ract. I further swear the act, except for the agree	m the individual awa at I have not enter ment listed below	arded such a ed into any			
Consultant's Name and	d Title	Name of Firm (if applicable)					
Start Date	End Date	Cost					
Description of Services	s Provided:						
If YES: Name of Form Sworn as true to the b	mer State employee or formed ner State Agency pest of my knowledge and bel per or Contractor Signatur	Termination	- ly2	 nt			
	Printed N	ame (of above)	Awarding S	tate Agency			
Sworn and subscrib	ed before me on this	day of	, 20				
		sioner of the Superior Co y Public	ourt				
.01	Mv Com	mission Expires					

WORKFORCE ANALYSIS

Contractor P Person, Inc				Nu	mber o	f Conne	ecticut I	Employ	rees				6
Address 1864 Post Road,			Ful	Full-time: 18					Part-time: 3				
Darien, CT	.06820			Em	Employment figures obtained from								
				Vis	ual Che	eck 🖃	T		25	Employment Records			
				Other Contractor «ContractorOrg»¶ Number									
JOB CATEGORIES	TOTALS	(Not of	IITE Hispanic gin)	BLACK (Not of Hispanic Origin)		HISP	ANIC	ASIAN OR PACIFIC ISLANDER		AMER. INDIAN OR ALASKAN NATIVE			N WITH BILITIES
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers	4		4										
Professionals	13		5	1	5	l V	\ The state of the state of th						
Technicians Service Workers										li tayi			
Office & Clerical	3		2					1					
Craft Workers			4 9.						0				
(Skilled) Operators (Semi- Skilled)													
Laborers (Unskilled)													
TOTALS													
Totals One Year Ago													
				FOF	RMAL OI	N-THE-J	OB-TRA	INEES					
Apprentices													
Trainees													
1. Have you successfully implemented an Affirmative Action Plan? Yes No I f yes, date of implementation 1/1/2013; If no, explain Do you promise to develop and implement a successful Affirmative Action Plan?													
Yes 🗌	No 🗌	N/A [Expla	in:									
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 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: We have fewer than 50 employed.													
4. If you plan to subcontract, will you act aside a portion of the contract for legitimate minority business enterprises?													
Yes No Explain:													
Authorized Signature:													