



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

12-22-15

Lena Rodriguez
President/CEO
Community Renewal Team, Inc.
555 Windsor Street
Hartford, CT 06120-2418

CONTRACT #: 14DSS4301EW / 064C-ECH-31
PERIOD: 10/1/2014 - 9/30/2017

AMOUNT: \$56,224,637.00
A#1

Dear: Ms. Rodriguez:

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

Josephine Caruso
(860) 424-5885
josephine.caruso@ct.gov

CONTRACT

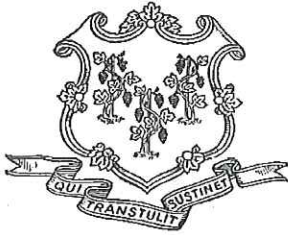
Tina McGill
(860) 424-5082
tina.mcgill@ct.gov

Sincerely,

Kathleen M. Brennan
Deputy Commissioner
Roderick L. Bremby
Commissioner *RLB*

C: Josephine Caruso
Contract file

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: Community Renewal Team, Inc.
Contractor Address: 555 Windsor Street, Hartford, CT .06120
Contract Number: 14DSS4301EW / 064C-ECH-31
Amendment Number: A1
Amount as Amended: \$56,224,637.00
Contract Term as Amended: 10/1/2014 - 9/30/2017

The contract between Community Renewal 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 Commissioner on 9/29/14, is hereby further amended as follows:

1. Through this amendment the FFY2016 allocation of \$19,280,195 is hereby incorporated into this contract. This funding will allow for the continuation of services during FFY2016, which is the second year of this three year contract. This funding will enable the Contractor to issue vendor payments on behalf of eligible households.
2. The respective Composite Administrative, Program Services and Assurance 16 budgets on pages 12 through 15 of the original contract are hereby deleted and replaced by the respective budgets on page 2 through 5 of this amendment. The budgets for Administrative and Assurance are subject to percentage limitations pursuant to the Low Income Home Energy Assistance Act, and as such may be adjusted during the program year should actual funding differ from the amount anticipated.

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.

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
PROGRAM NUMBER: 064C-ECH-31 A1 Composite / 14DSS4301EP Composite 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 19,280,195		\$ 19,280,195
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal	5,410			
	2c. Independent Audit	5,553			
	2d. Other Contractual Services	12,796			
	TOTAL CONTRACTUAL SERVICES		23,759		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	203,128			
	TOTAL ADMINISTRATION		203,128		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	1,022,081			
	4b. Program Fringe Benefits	274,350			
	TOTAL DIRECT PROGRAM		1,296,431		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	6,090			
	5b. Consumable Supplies	71,806			
	5c. Travel & Transportation	1,632			
	5d. Utilities	26,681			
	5e. Repairs & Maintenance	40,774			
	5f. Insurance	23,384			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	17,586,510			
	TOTAL OTHER COSTS		17,756,877		
6	<u>EQUIPMENT</u>				
			-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 19,280,195		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
064C-ECH-31 (A) / 14DSS4301EP(A) 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 1,676,812	\$ -	\$ 1,676,812
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal	4,796			
	2c. Independent Audit	4,922			
	2d. Other Contractual Services	12,161			
	TOTAL CONTRACTUAL SERVICES		21,879		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	175,764			
	TOTAL ADMINISTRATION		175,764		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	873,597			
	4b. Program Fringe Benefits	221,538			
	TOTAL DIRECT PROGRAM		1,095,135		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	6,090			
	5b. Consumable Supplies	69,388			
	5c. Travel & Transportation	1,529			
	5d. Utilities	25,764			
	5e. Repairs & Maintenance	37,712			
	5f. Insurance	20,271			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	223,280			
	TOTAL OTHER COSTS		384,034		
6	<u>EQUIPMENT</u>				
			-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>				
	(Sum of 1 through 6, minus Line 7)		\$ 1,676,812		

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
064C-ECH-31 (B) / 14DSS4301EP (B) 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 17,354,175	\$ -	\$ 17,354,175
For Amendments Only			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	17,354,175			
	TOTAL OTHER COSTS		17,354,175		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 17,354,175		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
064C-ECH-31 (C) / 14DSS4301EP (C) 2015/2016

Contract Amount	Requested	Adjustments	Approved
\$ 249,208	\$ -	\$ 249,208	
<i>For Amendments Only</i>			
Previously Approved Contract Amount	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	-			
	2b. Legal	614			
	2c. Independent Audit	631			
	2d. Other Contractual Services	635			
	TOTAL CONTRACTUAL SERVICES		1,880		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	27,364			
	TOTAL ADMINISTRATION		27,364		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	148,484			
	4b. Program Fringe Benefits	52,812			
	TOTAL DIRECT PROGRAM		201,296		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	-			
	5b. Consumable Supplies	2,418			
	5c. Travel & Transportation	103			
	5d. Utilities	917			
	5e. Repairs & Maintenance	3,062			
	5f. Insurance	3,113			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	9,055			
	TOTAL OTHER COSTS		18,668		
6	<u>EQUIPMENT</u>				
			-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>				
	(Sum of 1 through 6, minus Line 7)		\$ 249,208		

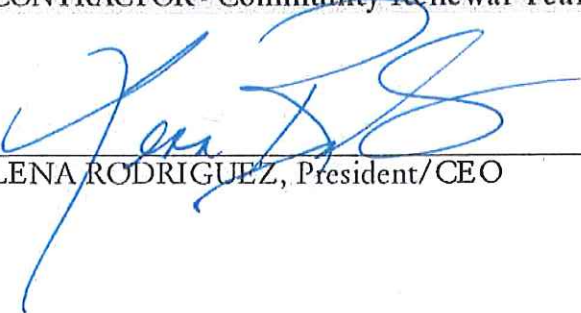
SIGNATURES AND APPROVALS

14DSS4301E W/064C-ECH-31 A1

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

Documentation necessary to demonstrate the authorization to sign must be attached.


CONTRACTOR - Community Renewal Team, Inc.



LENA RODRIGUEZ, President/CEO

12 / 17 / 2015
Date

DEPARTMENT OF SOCIAL SERVICES



KATHLEEN M. BRENNAN, Deputy Commissioner

12 / 22 / 15
Date

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009, as amended October 10, 2013



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, Lena Rodriguez, President & CEO, of Community Renewal Team, Inc.,
Authorized Signatory Title Name of Entity

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

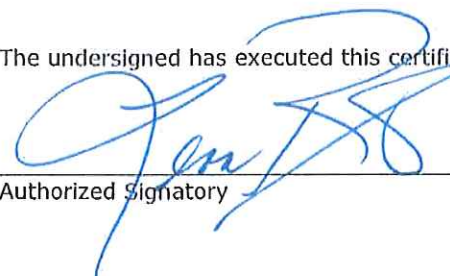
certify that the following is a true and correct copy of a resolution adopted on the ____ day of
_____, 2015 by the governing body of Community Renewal Team, Inc.,
Name of Entity

in accordance with all of its documents of governance and management and the laws of
State of Connecticut, 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 Community Renewal Team, Inc.
Name of Entity
comply with the 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 17 day of December, 2015.



Authorized Signatory

12/17/2015

Date

Lena Rodriguez

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>
NA				

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>
NA				

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

Community Renewal Team, Inc.
 Printed Contractor Name


 Signature of Authorized Official

Lena Rodriguez
 Printed Name of Authorized Official

Subscribed and acknowledged before me this 17 day of December 2015


 Commissioner of the Superior Court (or Notary Public)

7/31/2018
 My Commission Expires



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: Community Renewal Team, Inc.

INSTRUCTIONS:

CHECK ONE: [] Initial Certification. [X] 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:

XX 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.

Community Renewal Team, Inc.
Printed Respondent Name

Lena Rodriguez
Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this 17 day of December, 2015.

Commissioner of the Superior Court (or Notary Public)

7/31/2018
My Commission Expire

WORKFORCE ANALYSIS

Contractor Community
Renewal Team, Inc.

Address 555 Windsor Street,
Hartford, CT .06120

Number of Connecticut Employees	
Full-time: 519	Part-time: 46
Employment figures obtained from	
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	57	13	15	2	15	1	10	1	0	0	0	0	0
Professionals	230	15	58	18	60	7	62	2	0	1	5	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	88	5	16	21	23	7	15	0	0	0	0	0	0
Office & Clerical	160	1	18	0	54	6	77	0	0	0	1	0	0
Craft Workers (Skilled)	1	1	0	0	0	0	0	0	0	0	0	0	0
Operators (Semi-Skilled)	9	0	0	9	0	0	0	0	0	0	0	0	0
Laborers (Unskilled)	20	0	0	11	1	6	2	0	0	0	0	0	0
TOTALS	565	35	107	61	153	27	166	3	0	1	6	0	0
Totals One Year Ago	698	36	136	76	194	32	198	2	15	2	7	0	0

FORMAL ON-THE-JOB-TRAINEES

Apprentices	0												
Trainees	0												

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation 1965 ; 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: 12/17/2015