



# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

12/17/15

Ms. Michelle H. James  
The Community Action Agency of Western Connecticut, Inc.  
66 North Street  
Danbury, CT 06810

Contract #: 14DSS4301ZO/034C-ECH-31  
Period: 110/01/2014 – 09/30/2017

Amount as Amended: \$10,961,555.00  
A#1

Dear Ms. James:

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 amendment 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](mailto:Josephine.caruso@ct.gov)

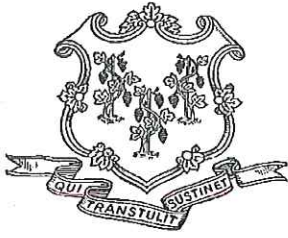
**CONTRACT**

Tina McGill  
860-424-5082  
[tina.mcgill@ct.gov](mailto:tina.mcgill@ct.gov)

Sincerely,

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

C: J. Caruso  
Contract file



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** The Community Action Agency of Western Connecticut, Inc.  
**Contractor Address:** 66 North Street, Danbury, CT .06810  
**Contract Number:** 14DSS4301ZO / 034C-ECH-31  
**Amendment Number:** A1  
**Amount as Amended:** \$10,961,555.00  
**Contract Term as Amended:** 10/1/2014 / 9/30/2017

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The contract between The Community Action Agency of Western Connecticut, 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 09/30/14, is hereby further amended as follows:

1. Through this amendment the FFY2016 allocation of \$3,685,277 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:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**034C-ECH-31 Composite / 14DSS4301ZO Composite 2015/2016**

<b>Contract Amount</b>	Requested	Adjustments	Approved
	\$ 3,685,277		\$ 3,685,277
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
<b>Adjustments &amp; New Contract Amount</b>	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting	-			
	2b. Legal	5,830			
	2c. Independent Audit	3,848			
	2d. Other Contractual Services	9,790			
	TOTAL CONTRACTUAL SERVICES		19,468		
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	12,623			
	3b. Admin. Fringe Benefits	3,913			
	3c. Admin. Overhead	23,890			
	TOTAL ADMINISTRATION		40,426		
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	203,105			
	4b. Program Fringe Benefits	62,969			
	TOTAL DIRECT PROGRAM		266,074		
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	3,813			
	5b. Consumable Supplies	12,994			
	5c. Travel & Transportation	1,185			
	5d. Utilities	4,664			
	5e. Repairs & Maintenance	11,660			
	5f. Insurance	3,730			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	3,321,263			
	TOTAL OTHER COSTS		3,359,309		
<b>6</b>	<b><u>EQUIPMENT</u></b>		-		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 3,685,277		
	(Sum of 1 through 6, minus Line 7)				



**PART I**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**034C-ECH-31 A1 (A) / 14DSS4301ZO (A) 2015/2016**

<b>Contract Amount</b>	Requested \$ 327,273	Adjustments \$ -	Approved \$ 327,273
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
<b>Adjustments &amp; New Contract Amount</b>	XXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal	5,215			
	2c. Independent Audit	3,442			
	2d. Other Contractual Services	9,390			
	TOTAL CONTRACTUAL SERVICES		18,047		
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	12,623			
	3b. Admin. Fringe Benefits	3,913			
	3c. Admin. Overhead	21,364			
	TOTAL ADMINISTRATION		37,900		
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	176,635			
	4b. Program Fringe Benefits	54,763			
	TOTAL DIRECT PROGRAM		231,398		
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	3,395			
	5b. Consumable Supplies	11,887			
	5c. Travel & Transportation	740			
	5d. Utilities	4,172			
	5e. Repairs & Maintenance	10,430			
	5f. Insurance	3,337			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	5,967			
	TOTAL OTHER COSTS		39,928		
<b>6</b>	<b><u>EQUIPMENT</u></b>		-		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 327,273		
	(Sum of 1 through 6, minus Line 7)				

**PART I**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**034C-ECH-31 A1 (B) / 14DSS4301ZO (B) 2015/2016**

<b>Contract Amount</b>	<b>Requested</b>	<b>Adjustments</b>	<b>Approved</b>
	<b>\$ 3,312,505</b>	<b>\$ -</b>	<b>\$ 3,312,505</b>
<b>For Amendments Only</b>			
<b>Previously Approved Contract Amount</b>		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
<b>Adjustments &amp; New Contract Amount</b>	XXXXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	<b>Subcategory (a)</b>	<b>Line Item Total (b)</b>	<b>Adjustments (c)</b>	<b>Revised Total (d)</b>
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	TOTAL OTHER COSTS	3,312,505	3,312,505		
<b>6</b>	<b><u>EQUIPMENT</u></b>				
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		<b>\$ 3,312,505</b>		
	(Sum of 1 through 6, minus Line 7)				

**PART I**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**034C-ECH-31 A1 (C) / 14DSS4301ZO (C) 2015/2016**

<b>Contract Amount</b>	Requested	Adjustments	Approved
	\$ 45,499	\$ -	\$ 45,499
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
<b>Adjustments &amp; New Contract Amount</b>	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting	-			
	2b. Legal	615			
	2c. Independent Audit	406			
	2d. Other Contractual Services	400			
	TOTAL CONTRACTUAL SERVICES		1,421		
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	2,526			
	TOTAL ADMINISTRATION		2,526		
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	26,470			
	4b. Program Fringe Benefits	8,206			
	TOTAL DIRECT PROGRAM		34,676		
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	418			
	5b. Consumable Supplies	1,107			
	5c. Travel & Transportation	445			
	5d. Utilities	492			
	5e. Repairs & Maintenance	1,230			
	5f. Insurance	393			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	2,791			
	TOTAL OTHER COSTS		6,876		
<b>6</b>	<b><u>EQUIPMENT</u></b>		-		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 45,499		

(Sum of 1 through 6, minus Line 7)

## SIGNATURES AND APPROVALS

14DSS4301ZO/034C-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 - The Community Action Agency of Western Connecticut, Inc.**

Michelle H. James  
MICHELLE H. JAMES, Executive Director

12/15/15

Date

**DEPARTMENT OF SOCIAL SERVICES**

Kathleen M. Brennan  
KATHLEEN M. BRENNAN  
DEPUTY COMMISSIONER

12/17/15

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 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.

The Community Action Agency of  
Western Connecticut, Inc.  
\_\_\_\_\_  
Printed Contractor Name

Michelle H. James  
\_\_\_\_\_  
Printed Name of Authorized Official

*Michelle H. James*  
\_\_\_\_\_  
Signature of Authorized Official

Subscribed and acknowledged before me this 22 day of June, 2015

HELENA M. BARNETT  
NOTARY PUBLIC OF CONNECTICUT  
My Commission Expires 6/30/2016

*Helena Barnett*  
\_\_\_\_\_  
Commissioner of the Superior Court (or Notary Public)

*6-30-2016*  
\_\_\_\_\_  
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: 1]

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.

The Community Action Agency of Western CT, Inc. Michelle H James 6/22/15  
Printed Name of Bidder or Contractor **Signature of Principal or Key Personnel** **Date**

Michelle H. James DSS  
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 22 day of June, 2015.

Helena Barnett  
**Commissioner of the Superior Court  
or Notary Public**  
6-30-2016  
**My Commission Expires**

**HELENA M. BARNETT  
NOTARY PUBLIC OF CONNECTICUT  
My Commission Expires 6/30/2016**



**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 **Executive Director of The Community Action Agency of Western Connecticut, 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 The Community Action Agency of Western Connecticut, Inc. and that The Community Action Agency of Western Connecticut, Inc. 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.

  
\_\_\_\_\_  
Michelle James

Sworn and subscribed to before me on this 19 day of JUNE, 2015.

  
\_\_\_\_\_  
Commissioner of the Superior Court/  
Notary Public

6-30-16  
\_\_\_\_\_  
Commission Expiration Date

**HELENA M. BARNETT**  
**NOTARY PUBLIC OF CONNECTICUT**  
**My Commission Expires 6/30/2016**





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: The Community Action Agency of Western Connecticut, 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.

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.

Check applicable box:

[X] 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:

[X] 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.

The Community Action Agency of Western CT, Inc. Michelle H. James
Printed Respondent Name Printed Name of Authorized Official

Michelle H. James
Signature of Authorized Official

Subscribed and acknowledged before me this 22 day of June, 2015.

HELENA M. BARNETT
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 6/30/2016

Helena Barnett
Commissioner of the Superior Court (or Notary Public)
6-30-2016
My Commission Expires



Current User: tina.mcjill@ct.gov

Biznet Menu

Log In/Out

CHRO Form

### State of Connecticut

Commission On Human Rights and Opportunities (CHRO)  
Workplace Analysis Affirmative Action Report  
Employee Information Form

White - Not of Hispanic Origin  
Black - Not of Hispanic Origin  
Asian - Asian/Pacific Islander  
Native - American Indian or Alaskan Native

#### The Community Action Agency of Western Connecticut, Inc.

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
10828	Officials/Managers	3	1	0	0	1	0	0	0	1	0	0
10829	Professionals	36	1	4	1	11	4	12	0	3	0	0
10830	Technicians	0	0	0	0	0	0	0	0	0	0	0
10831	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
10832	Office/Clerical	7	0	2	0	1	0	2	0	2	0	0
10833	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
10834	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
10835	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
10836	Service Workers	2	0	0	0	1	0	1	0	0	0	0
	Totals	48	2	6	1	14	4	15	0	6	0	0

Do you use minority business as subcontractors or suppliers?  Yes  No Explain:

If CT based, do you post all employment openings with the State of Connecticut Employment Service?  Yes  No Explain:

Do you use an Affirmative Action Plan?  Yes  No Explain:

Describe your recruitment, hiring, training and promotion anti-discrimination practices.

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