

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

11-15-16

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

CONTRACT #: 14DSS4301ZO / 034C-ECH-31
PERIOD: 10/1/2014 To 9/30/2017

AMOUNT: \$13,961,555.00
AMENDMENT: A2

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 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

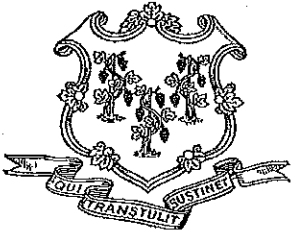
CONTRACT

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

Sincerely,

Roderick L. Bremby
Roderick L. Bremby
Commissioner (KWB)

C: Josephine Caruso
Carlene Taylor
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: A2
Amount as Amended: \$13,961,555.00
Contract Term as Amended: 10/1/2014 to 9/30/2017

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 on 12/17/15, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$3,000,000 from \$10,961,555 to \$13,961,555. This increase will enable the Contractor to issue vendor payments on behalf of eligible households for the Danbury and Stamford service areas.
2. Through this amendment, the FFY2017 allocation of \$6,780,783 is hereby incorporated into this contract. This funding will allow for the continuation of services during FFY2017, which is the third year of this three year contract.
3. The respective Composite, Administrative, Program Services and Assurance 16 budgets on pages 2 through 5 of Amendment #1 are hereby deleted and replaced by the respective budgets on page 2 through 9 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 A2 Composite 2016/2017 Danbury Service Area

	Requested	Adjustments	Approved
Contract Amount	\$ 3,791,526		\$ 3,791,526
<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	2,750			
	2c. Independent Audit	3,630			
	2d. Other Contractual Services	6,000			
	TOTAL CONTRACTUAL SERVICES		12,380		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	23,852			
	TOTAL ADMINISTRATION		23,852		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	244,757			
	4b. Program Fringe Benefits	75,986			
	TOTAL DIRECT PROGRAM		320,743		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	3,740			
	5b. Consumable Supplies	8,500			
	5c. Travel & Transportation	1,350			
	5d. Utilities	8,000			
	5e. Repairs & Maintenance	5,500			
	5f. Insurance	4,400			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	3,403,061			
	TOTAL OTHER COSTS		3,434,551		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 3,791,526		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
PROGRAM NUMBER: 034C-ECH-31 (A) / 14DSS4301ZO (A) A2 2016/2017 Danbury Service Area

	Requested	Adjustments	Approved
Contract Amount	\$ 345,666	\$ -	\$ 345,666
<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	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	-			
	2b. Legal	2,750			
	2c. Independent Audit	3,630			
	2d. Other Contractual Services	6,000			
	TOTAL CONTRACTUAL SERVICES		12,380		
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	23,852			
	TOTAL ADMINISTRATION		23,852		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	208,460			
	4b. Program Fringe Benefits	64,281			
	TOTAL DIRECT PROGRAM		272,741		
5	OTHER COSTS				
	5a. Program Rent	3,740			
	5b. Consumable Supplies	8,500			
	5c. Travel & Transportation	1,350			
	5d. Utilities	8,000			
	5e. Repairs & Maintenance	5,500			
	5f. Insurance	4,400			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	5,203			
	TOTAL OTHER COSTS		36,693		
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 345,666		

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
PROGRAM NUMBER: 034C-ECH-31 (B) / 14DSS4301ZO A2 (B) 2016/2017 Danbury Service Area

Contract Amount	Requested	Adjustments	Approved
	\$ 3,397,858	\$ -	\$ 3,397,858
For Amendments Only			
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				
	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	3,397,858			
	TOTAL OTHER COSTS		3,397,858		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 3,397,858		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
034C-ECH-31 (C) / 14DSS4301ZO A2 (C) 2016/2017 Danbury Service Area

Contract Amount	Requested	Adjustments	Approved
	\$ 48,002	\$ -	\$ 48,002
For Amendments Only			
Previously Approved Contract Amount Adjustments & New Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	-			
	2b. Legal	-			
	2c. Independent Audit	-			
	2d. Other Contractual Services	-			
	TOTAL CONTRACTUAL SERVICES				
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION				
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	36,297			
	4b. Program Fringe Benefits	11,705			
	TOTAL DIRECT PROGRAM		48,002		
5	OTHER COSTS				
	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				
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 48,002		

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME:

Connecticut Energy Assistance Program

034C-ECH-31 Composite / 14DSS4301ZO A2 Composite 2016/2017 Stamford Service Area

PROGRAM NUMBER:

	Requested	Adjustments	Approved
Contract Amount	\$ 2,989,257		\$ 2,989,257
<i>For Amendments Only</i>			
Previously Approved Contract Amount Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	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	1,250			
	2c. Independent Audit	1,650			
	2d. Other Contractual Services	2,000			
	TOTAL CONTRACTUAL SERVICES		4,900		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	10,841			
	TOTAL ADMINISTRATION		10,841		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	153,005			
	4b. Program Fringe Benefits	29,253			
	TOTAL DIRECT PROGRAM		182,258		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	-			
	5b. Consumable Supplies	2,000			
	5c. Travel & Transportation	540			
	5d. Utilities	966			
	5e. Repairs & Maintenance	-			
	5f. Insurance	2,000			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	2,785,752			
	TOTAL OTHER COSTS		2,791,258		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 2,989,257		

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
PROGRAM NUMBER: 034C-ECH-31 (A) / 14DSS4301ZO A2 (A) 2016/2017 Stamford Service Area

	Requested	Adjustments	Approved
Contract Amount	\$ 178,552	\$ -	\$ 178,552
<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	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	-			
	2b. Legal	1,250			
	2c. Independent Audit	1,650			
	2d. Other Contractual Services	2,000			
	TOTAL CONTRACTUAL SERVICES		4,900		
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	10,841			
	TOTAL ADMINISTRATION		10,841		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	132,713			
	4b. Program Fringe Benefits	22,689			
	TOTAL DIRECT PROGRAM STAFF		155,402		
5	OTHER COSTS				
	5a. Program Rent	-			
	5b. Consumable Supplies	2,000			
	5c. Travel & Transportation	540			
	5d. Utilities	966			
	5e. Repairs & Maintenance	-			
	5f. Insurance	2,000			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	1,903			
	TOTAL OTHER COSTS		7,409		
6	EQUIPMENT		-		
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 178,552		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
034C-ECH-31 (B) / 14DSS4301ZO A2 (B) 2016/2017 Stamford Service Area

Contract Amount	Requested	Adjustments	Approved
	\$ 2,783,849	\$ -	\$ 2,783,849
<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				
	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	2,783,849			
	TOTAL OTHER COSTS		2,783,849		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
	<u>TOTAL NET PROGRAM COST</u>		\$ 2,783,849		
8	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME: Connecticut Energy Assistance Program
PROGRAM NUMBER: 034C-ECH-31 (C) / 14DSS4301ZO A2 (C) 2016/2017 Stamford Service Area

Contract Amount	Requested	Adjustments	Approved
	\$ 26,856	\$ -	\$ 26,856
<i>For Amendments Only</i>			
Previously Approved Contract Amount Adjustments & New Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
	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	-			
	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	20,292			
	4b. Program Fringe Benefits	6,564			
	TOTAL DIRECT PROGRAM		26,856		
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	-			
	TOTAL OTHER COSTS				
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 26,856		

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

14DSS4301ZO/034C-ECH-31 A2

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

CONTRACTOR

The Community Action Agency of Western Connecticut, Inc.

Michelle H. James
Michelle H. James, Executive Director

11/8/16
Date

DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Brennan, Deputy Commissioner
RODERICK L. BREMBY, Commissioner

11/15/16
Date

X This contract does not require the approval of the Attorney General pursuant to an agreement between the Department and the Office of the Attorney General, dated 12/29/2015.



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 CT., 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

The Community Action Agency of Western CT., Inc. and that The Community Action Agency of Western CT., 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.

Michelle H. James
Authorized Signatory

Michelle H. James
Printed Name

Sworn and subscribed to before me on this 27 day of May, 2016.

Helena M. Barnett
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
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, 4-252(c), and C.G.S. §9-612(g)(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 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 Agency, candidate Agency, political Agency, or party Agency 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 Agency, candidate Agency, political Agency, or party Agency 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</u>	<u>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</u>	<u>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
Michelle H. James, Executive Director

Subscribed and acknowledged before me this 22 day of April, 2016.

Helena M. Barnett
Commissioner of the Superior Court or Notary Public

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



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:

Table with columns: 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 Connecticut, Inc.
Printed Contractor Name
Michelle H. James, Executive Director
Office of Early Childhood
Awarding State Agency

Subscribed and acknowledged before me this 22 day of April, 2016.
Wellera Barnett
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: 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. 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; an
- 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.

The Community Action Agency of Western Connecticut, Inc.


Michelle H. James
Michelle H. James, Executive Director

Subscribed and acknowledged before me this 22 day of April, 2016.


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

6/30/16
My Commission Expires

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



STATE OF CONNECTICUT



Current User: donna.locurto@ct.gov
Biznet Menu
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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	8	1	1	0	2	2	1	0	1	0	0
10829	Professionals	41	2	4	2	11	0	18	0	4	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	5	0	1	0	1	0	2	0	1	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	1	0	0	0	1	0	0	0	0	0	0
	Totals	55	3	6	2	15	2	21	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.

The Department of Administrative Services - Business Network. [Review our Privacy Policy](#)
Need to contact us? Send e-mail to [DAS Web Design](#)
All State disclaimers and permissions apply.

https://www.biznet.ct.gov/Company/EmploymentInformationDisplay.aspx?recno=22999 11/16/2016