

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

**Contractor:** Families in Crisis, Inc.  
**Contractor Address:** 60 Popieluszko Court, 2nd Floor, Hartford, CT 06106  
**Contract Number:** 15DSS1401JS / 064FIC-FIP-13  
**Amendment Number:** Amendment 2  
**Amount as Amended:** \$238,303.00  
**Contract Term as Amended:** 7/1/2015 to 6/30/2019

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The contract between Families in Crisis, 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 12/9/15, and previously amended on 8/4/16 is hereby further amended as follows:

1. The term of the contract has been extended for an additional two (2) years and the end date of the contract is changed from 6/30/17 to 6/30/19.
2. The total maximum amount payable under the contract has increased by \$92,063 (\$45,124 in SFY 18 and \$46,939 in SFY 19) from \$146,240 to \$238,303 to provide funding for the extended term of the contract.
3. For the period 7/1/17 through 6/30/19, Part I, Section B. labeled DESCRIPTION OF SERVICES, subsection 2. of the contract shall be supplemented by the addition of the following:
  2. The Contractor shall serve an additional 100 individuals through the two years of this contract; 50 in 2018 and 50 in 2019, resulting in a grand total of at least 250 individuals served over the four year contract period. If the final number of clients to be served falls within a 10% variance of the targeted number each year, the department will accept and acknowledge those final numbers as successfully achieving the contract deliverable.
4. Part I, Section P. labeled MISCELLANEOUS PROVISIONS of the contract is hereby amended by the addition of the following sections 5. and 6. as follows:
  5. **Lobbying**

Federal grant funds provided under this award may not be used by the grantee or any sub-grantee to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations. This prohibition is related to the use of Federal grants funds and is not intended to affect an individual's right or that of any organization, to petition Congress, or any other level of Government, through the use of other resources.
  6. **Pro Children Act**

In accordance with Part C of Public Law 103-227, the "Pro-Children Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services

to children under the age of 18, if the services are funded by Federal programs whether directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions or facilities and used for inpatient drug and alcohol treatment.

5. DSS contract/contact person on page 1 of the original contract shall be deleted and replaced as follows:  
Donna LoCurto at (860) 424-5323.
6. For the period 7/1/17 through 6/30/19, Part I, Section L. labeled BUDGET/PAYMENT PROVISIONS, subsection 4.a. of this contract shall be deleted and replaced with the following:

Effective Date: **6/8/2017**

CONTRACT NUMBER: **15DSS1401JS**  
 CONTRACT PERIOD: **07/01/2015 through 06/30/2019**  
 ST FISCAL YR (SFY): **2018**  
 PROVIDER: **Families in Crisis**  
 Approved by: **locurtod**

| 4000 INCOME                                    |            | FIP                                    |                  |               |                  |
|--|------------|--|------------------|---------------|------------------|
| Program Funding Period:                        |            | <b>07/01/2017 through June 30 2018</b> | Contract Total   | Other Funding | Total Income     |
| <b>4100 CONTRACT FUNDING</b>                   | <b>SID</b> | \$ 45,124                              | \$ 45,124        | \$ -          | \$ 45,124        |
| 4101 State Funds                               | 16270      | \$ 45,124                              | \$ 45,124        | \$ -          | \$ 45,124        |
| <b>TOTAL INCOME</b>                            |            | <b>\$ 45,124</b>                       | <b>\$ 45,124</b> | <b>\$ -</b>   | <b>\$ 45,124</b> |
| 5000 DIRECT EXPENSES                           |            | FIP                                    | Contract Total   |               | Total Expenses   |
| <b>5100 SALARIES</b>                           |            | \$ 18,820                              | \$ 18,820        | \$ -          | \$ 18,820        |
| 5101 Staff Salaries & Wages                    |            | \$ 18,820                              | \$ 18,820        | \$ -          | \$ 18,820        |
| <b>5200 FRINGE BENEFITS</b>                    |            | \$ 4,122                               | \$ 4,122         | \$ -          | \$ 4,122         |
| <b>5300 CONTRACTUAL SERVICES</b>               |            | \$ 2,411                               | \$ 2,411         | \$ -          | \$ 2,411         |
| 5303 Contracted Workers - Non-Payroll          |            | \$ 1,030                               | \$ 1,030         | \$ -          | \$ 1,030         |
| 5304 Other Contractual (specify in narrative)  |            | \$ 1,381                               | \$ 1,381         | \$ -          | \$ 1,381         |
| <b>5400 TRANSPORTATION</b>                     |            | \$ 805                                 | \$ 805           | \$ -          | \$ 805           |
| 5401 Staff Travel Reimbursement                |            | \$ 805                                 | \$ 805           | \$ -          | \$ 805           |
| <b>5500 MATERIALS AND SUPPLIES</b>             |            | \$ 1,849                               | \$ 1,849         | \$ -          | \$ 1,849         |
| 5503 Equipment (Less than \$5,000)             |            | \$ 353                                 | \$ 353           | \$ -          | \$ 353           |
| 5504 Other Mtrls and Sppls (specify in narrati |            | \$ 1,496                               | \$ 1,496         | \$ -          | \$ 1,496         |
| <b>5600 FACILITIES</b>                         |            | \$ 7,360                               | \$ 7,360         | \$ -          | \$ 7,360         |
| 5601 Rent and Real Estate Taxes                |            | \$ 5,750                               | \$ 5,750         | \$ -          | \$ 5,750         |
| 5604 Utilities                                 |            | \$ 1,610                               | \$ 1,610         | \$ -          | \$ 1,610         |
| <b>5800 OTHER EXPENSES</b>                     |            | \$ 2,244                               | \$ 2,244         | \$ -          | \$ 2,244         |
| 5802 Insurance                                 |            | \$ 460                                 | \$ 460           | \$ -          | \$ 460           |
| 5804 Staff Training and Conferences            |            | \$ 1,784                               | \$ 1,784         | \$ -          | \$ 1,784         |
| <b>TOTAL DIRECT EXPENSES</b>                   |            | <b>\$ 37,611</b>                       | <b>\$ 37,611</b> | <b>\$ -</b>   | <b>\$ 37,611</b> |
| 7000 INDIRECT EXPENSES                         |            | FIP                                    | Contract Total   |               | Total Expenses   |
| <b>7100 ADMINISTRATIVE &amp; GENERAL</b>       |            | \$ 7,513                               | \$ 7,513         | \$ -          | \$ 7,513         |
| 7111 Staff Salaries & Wages                    |            | \$ 6,084                               | \$ 6,084         | \$ -          | \$ 6,084         |
| 7120 Fringe Benefits                           |            | \$ 1,332                               | \$ 1,332         | \$ -          | \$ 1,332         |
| All Other A&G                                  |            | \$ 97                                  | \$ 97            | \$ -          | \$ 97            |
| <b>TOTAL INDIRECT EXPENSES</b>                 |            | <b>\$ 7,513</b>                        | <b>\$ 7,513</b>  | <b>\$ -</b>   | <b>\$ 7,513</b>  |
| <b>TOTAL EXPENSES</b>                          |            | <b>\$ 45,124</b>                       | <b>\$ 45,124</b> | <b>\$ -</b>   | <b>\$ 45,124</b> |
| INCOME/EXPENSE SUMMARY                         |            | FIP                                    | Contract Total   |               | Total            |
| TOTAL INCOME                                   |            | \$ 45,124                              | \$ 45,124        | \$ -          | \$ 45,124        |
| TOTAL EXPENSES                                 |            | \$ 45,124                              | \$ 45,124        | \$ -          | \$ 45,124        |
| <b>EXCESS/(SHORTAGE)</b>                       |            | <b>\$ -</b>                            | <b>\$ -</b>      | <b>\$ -</b>   | <b>\$ -</b>      |

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

15DSS1401JS/064FIC-FIP-13 A2

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

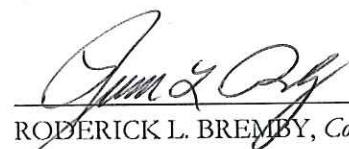
### CONTRACTOR

Families in Crisis, Inc.

  
\_\_\_\_\_  
Joyce Betts, Executive Director

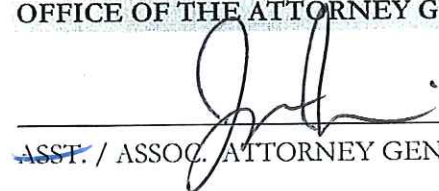
6/19/17  
Date

### DEPARTMENT OF SOCIAL SERVICES

  
\_\_\_\_\_  
RODERICK L. BREMBY, *Commissioner*

6/19/17  
Date

### OFFICE OF THE ATTORNEY GENERAL

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

6/30/17  
Date



**STATE OF CONNECTICUT**  
**NONDISCRIMINATION CERTIFICATION – Affidavit**  
**By Entity**  
**For Contracts Valued at \$50,000 or More**

*Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60 and 4a-60a, as amended*

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

**AFFIDAVIT:**

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

  
\_\_\_\_\_  
Joyce Belts

Sworn and subscribed to before me on this 28 day of December, 2016.

  
\_\_\_\_\_  
Notary Public

03-31-2020  
\_\_\_\_\_  
Commission Expiration Date

**ISMAEL COLON**  
Notary Public, State of Connecticut  
My Commission Expires 03-31-2020



**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 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(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 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:**

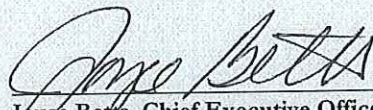
| <u>Contribution</u> | <u>Date</u> | <u>Name of Contributor</u> | <u>Recipient</u> | <u>Value</u> | <u>Description</u> |
|---------------------|-------------|----------------------------|------------------|--------------|--------------------|
|                     |             | N/A                        |                  |              |                    |
|                     |             |                            |                  |              |                    |
|                     |             |                            |                  |              |                    |
|                     |             |                            |                  |              |                    |
|                     |             |                            |                  |              |                    |

**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> |
|---------------------|-------------|----------------------------|------------------|--------------|--------------------|
|                     |             | N/A                        |                  |              |                    |
|                     |             |                            |                  |              |                    |
|                     |             |                            |                  |              |                    |
|                     |             |                            |                  |              |                    |
|                     |             |                            |                  |              |                    |

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

Families in Crisis, Inc.  
Printed Contractor Name

  
Joyce Betts, Chief Executive Officer

Subscribed and acknowledged before me this 28 day of December, 2016.

  
~~Commissioner of the Superior Court~~ Notary Public

**ISMAEL COLON**  
Notary Public, State of Connecticut  
My Commission Expires 03-31-2020



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:

Form fields for Consultant's Name and Title (NIA), Name of Firm (NIA), Start Date (NIA), End Date (NIA), Cost, and Description of Services Provided (NIA).

Is the consultant a former State employee or former public official? YES NO
If YES: Name of Former State Agency (NIA) Termination Date of Employment (NIA)

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

Families in Crisis, Inc.
Printed Contractor Name

Joyce Betts (Signature)
Joyce Betts, Chief Executive Officer
Office of Early Childhood
Awarding State Agency

Subscribed and acknowledged before me this 28 day of December, 2016.

Commissioner of the Superior Court or Notary Public

ISMAEL COLON
Notary Public, State of Connecticut
My Commission Expires 03/31/2022





STATE OF CONNECTICUT
AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Written or electronic affirmation to accompany a large State construction or procurement contract, having a cost of more than \$500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

- I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]
I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]
I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.
I am a contractor who has already filed an affirmation, but I am updating such affirmation either (i) no later than thirty (30) days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

IMPORTANT NOTE:

Within fifteen (15) days after the request of such agency, institution or quasi-public agency for such affirmation contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws\* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

\* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website

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

Families in Crisis, Inc.
Printed Contractor Name

Joyce Betts, Chief Executive Officer
Office of Early Childhood
Awarding State Agency

Subscribed and acknowledged before me this 28 day of December, 2016.

Commissioner of the Superior Court 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: Families in Crisis, 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.

Families in Crisis, Inc.  
  
Joyce Betts, Chief Executive Officer

Subscribed and acknowledged before me this 28 day of December, 2016.

Commissioner of the Superior Court (or Notary Public)

03-31-2020  
My Commission Expires

# STATE OF CONNECTICUT

Current User: donna.locurto@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

### Families in Crisis, 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 |
|---------------|---------------------------|-----------|------------|--------------|------------|--------------|---------------|-----------------|------------|--------------|-------------|---------------|
| 2008          | Officials/Managers        | 7         | 1          | 1            | 0          | 3            | 1             | 1               | 0          | 0            | 0           | 0             |
| 2009          | Professionals             | 25        | 3          | 5            | 5          | 5            | 4             | 3               | 0          | 0            | 0           | 0             |
| 2010          | Technicians               | 0         | 0          | 0            | 0          | 0            | 0             | 0               | 0          | 0            | 0           | 0             |
| 2011          | Sales Workers             | 0         | 0          | 0            | 0          | 0            | 0             | 0               | 0          | 0            | 0           | 0             |
| 2012          | Office/Clerical           | 1         | 0          | 0            | 0          | 0            | 0             | 1               | 0          | 0            | 0           | 0             |
| 2013          | Craft Workers (Skilled)   | 0         | 0          | 0            | 0          | 0            | 0             | 0               | 0          | 0            | 0           | 0             |
| 2014          | Operatives (Semi-skilled) | 2         | 0          | 0            | 1          | 0            | 1             | 0               | 0          | 0            | 0           | 0             |
| 2015          | Laborers (Unskilled)      | 0         | 0          | 0            | 0          | 0            | 0             | 0               | 0          | 0            | 0           | 0             |
| 2016          | Service Workers           | 0         | 0          | 0            | 0          | 0            | 0             | 0               | 0          | 0            | 0           | 0             |
| <b>Totals</b> |                           | <b>35</b> | <b>4</b>   | <b>6</b>     | <b>6</b>   | <b>8</b>     | <b>6</b>      | <b>5</b>        | <b>0</b>   | <b>0</b>     | <b>0</b>    | <b>0</b>      |

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

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

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

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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.  
HR Counter 1,813

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

W-1270

Voucher #: \_\_\_\_\_ VR Processed by: \_\_\_\_\_

Voucher Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYEE INFORMATION**

Vendor Invoice #: \_\_\_\_\_ Purchase/Contract Type:  PO  POS  PSA  MOA/TA  BOND

Vendor/Contractor Name: Families in Crisis, Inc.

Check One:  Competitive  Non-Competitive

Business Address: 60 Popieluszko Court, 2nd Floor, Hartford, CT .06106

Spending Plan Code: FIP

CORE-CT Contract #: 15DSS1401JS A2

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

DSS Contract #: 064FIC-FIP-13

PO #: \_\_\_\_\_ FEIN #: 061001676 Vendor # 0000010805 Receipt # \_\_\_\_\_

Families in Crisis, Inc.

Contract Period: From: 7/1/2015 To: 6/30/2019

60 Popieluszko Court, 2nd Floor, Hartford, CT .06106

Payment Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Contract: \$238,303.00

Previous Payments: \$ \_\_\_\_\_

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

Authorization: Joyce Betts



Contractor Name (print)

Contractor Signature

Date

**DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.**

| Amount | Budget Reference | Fund | Department | Program | SID | Account | Project/Grant | Chartfield 1 | Chartfield 2 |
|--------|------------------|------|------------|---------|-----|---------|---------------|--------------|--------------|
| \$     | 20               |      | DSS        |         |     |         |               | 168          |              |
| \$     | 20               |      | DSS        |         |     |         |               | 168          |              |
| \$     | 20               |      | DSS        |         |     |         |               | 168          |              |
| \$     | 20               |      | DSS        |         |     |         |               | 168          |              |

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Anthony J. Judkins  
DSS PROGRAM STAFF REP Signature

Date: \_\_\_\_\_ (860) 424-3696  
Phone #

Co-sign (if required) Signature \_\_\_\_\_ Phone # \_\_\_\_\_

\*Financial Report Required  Yes  No  
\*Financial Report within last 3 mos.  Yes  No  
\*Attach Explanation If Report Is More Than 3 Months Old

DSS FISCAL STAFF APPROVAL - Name (sign & date)