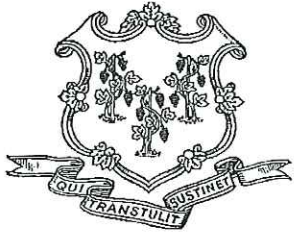


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: City of Meriden
Contractor Address: 165 Miller Street, Meriden, CT .06450
Contract Number: 15DSS1301RS / 080-1RS-HHD-1
Amendment Number: **Amendment 2**
Amount as Amended: \$229,406.00
Contract Term as Amended: 10/1/2015 to 6/30/2018

The contract between City of Meriden ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 2/11/2016, and previously amended on 10/5/2016 is hereby further amended as follows:

1. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 6/30/2017 to 6/30/2018.
2. The total maximum amount payable under the contract has increased by \$76,514 from \$152,892 to \$229,406 to provide funding for the extended term of the contract.
3. DSS contract/contact person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
4. For the period 7/1/17 through 6/30/18, Part I, Section J. labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract and Amendments thereof, shall be deleted and replaced with the following:

PART I

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

CASA BORICUA REMEDIAL EDUCATIONAL/CASE WORKER PROGRAM
1513DSS1301RS

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment	\$152,892	\$76,514	\$ 229,406

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	950		750	1,700
	2b. Legal				-
	2c. Independent Audit	1,000		-	1,000
	2d. Other Contractual Services	4,000		2,600	6,600
	TOTAL CONTRACTUAL SERVICES	5,950		3,350	9,300
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		98,183	47,471	145,654
	4b. Program Fringe Benefits		18,867	8,309	27,176
	TOTAL DIRECT PROGRAM		117,049	55,780	172,830
5	<u>OTHER COSTS</u>				
	5a. Program Rent			-	-
	5b. Consumable Supplies		1,300	575	1,875
	5c. Travel & Transportation			-	-
	5d. Utilities		13,033	9,439	22,472
	5e. Repairs & Maintenance			-	-
	5f. Insurance		14,849	6,620	21,468
	5g. Food & Related Costs			-	-
	5h. Other Project Expenses		711	750	1,461
	TOTAL OTHER COSTS		29,893	17,384	47,276
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u> (Sum of 1 through 6, minus Line 7)	152,892		76,514	229,406

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

15DSS1301RS/080-1RS-HHD-1 A2

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

CONTRACTOR

City of Meriden

Lea Crown

Lea Crown, Director of Health/Human Services

6/30/17

Date

DEPARTMENT OF SOCIAL SERVICES

Roderick L. Bremby

RODERICK L. BREMBY, *Commissioner*

6/22/17

Date

OFFICE OF THE ATTORNEY GENERAL

Joseph Rubin

~~ASST.~~ / ASSOC. ATTORNEY GENERAL (*Approved as to form*)
Joseph Rubin

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(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 Director of Health of City of Meriden, 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
City of Meriden and that City of Meriden
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.

Lea Crow
Authorized Signatory

Lea Crow
Printed Name

Sworn and subscribed to before me on this 20th day of June, 2017.

Linda Ischupp
Commissioner of the Superior Court/
Notary Public

May 31, 2020
Commission Expiration Date



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION — New Resolution
By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of a corporate, company, or partnership policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of a contractor that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

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

CERTIFICATION OF RESOLUTION:

n/A

I, _____, _____, of _____,
 Authorized Signatory Title Name of Entity

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

certify that the following is a true and correct copy of a resolution adopted on the _____ day of _____, 20____ by the governing body of _____,
 Name of Entity

in accordance with all of its documents of governance and management and the laws of _____ and further certify that such resolution has not been modified
 Name of State or Commonwealth

or revoked, and is in full force and effect.

RESOLVED: That the policies of _____ comply with the
 Name of Entity
 nondiscrimination agreements and warranties of Connecticut General Statutes
 §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

The undersigned has executed this certificate this _____ day of _____, 20____.

 Authorized Signatory

 Date

 Printed Name



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of \$50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(2) and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: Initial Certification 12 Month Anniversary Update (Multi-year contracts only.)
 Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;
- 3) "Contractor" means the person, firm or corporation named as the contractor below;
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(f)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(f)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(f)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

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.

City of Meriden Health and Human Services
 Printed Contractor Name
Lea Crown
 Signature of Authorized Official

Lea Crown
 Printed Name of Authorized Official

Subscribed and acknowledged before me this 20th day of June, 2017

Linda Ischupp
 Commissioner of the Superior Court (or Notary Public)

May 31, 2020
 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: ____]

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	
	n/a		
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.

<u>City of Meriden</u>	<u>Lea Crown</u>	<u>6/20/17</u>
Printed Name of Bidder or Contractor	Signature of Principal or Key Personnel	Date
	<u>Lea Crown</u>	<u>DSS</u>
	Printed Name (of above)	Awarding State Agency

Sworn and subscribed before me on this 20th day of June, 2017.

Sandra Schupp
Commissioner of the Superior Court
or Notary Public

May 31, 2020
My Commission Expires



Workforce Analysis

Contractor Name: City of Meriden
 Address: 142 East Main Street, Meriden, CT 06450

Total Number of CT employees:
 Full Time: 506 Part Time: 77

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (sum of all cols. male & female)	White (not of Hispanic Origin)		Black (not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		male	female	male	female	male	female	male	Female	male	female	male	female
Officials & Managers	30	21	9										
Professionals	45	2	41		1				1				
Technicians	9	9											
Office & Clerical	129	5	114	1	4		3		2				
Craft Workers (skilled)	25	25											
Operatives (semi-skilled)	64	53		4		7							
Laborers (unskilled)	33	26	1	1		5							
Service Workers	218	18 4	8	9		17							
Totals Above	553	32 5	173	15	5	29	3		3				
Totals 1 year Ago	583												
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:						Visual Check: x		Employment Records: x		Other:			

1. Have you successfully implemented an Affirmative Action Plan? YES NO
 Date of implementation: _____ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, inclusive: YES NO Not Applicable Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 YES NO Explanation:

Rea Crain

Contractor's Authorized Signature

6/20/17

Date