

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Town of Wallingford
Contractor Address: Wallingford Town Hall, 45 South Main Street, Wallingford, CT 06492
Contract Number: 15DSS4002BP / 148-2BP-HRD-1
Amendment Number: Amendment 2
Amount as Amended: \$104,022.00
Contract Term as Amended: 10/1/2015 to 6/30/2018

The contract between Town of Wallingford ("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 6/10/2016, and previously amended on 10/14/2015 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 6/30/17 to 6/30/18.
2. The total maximum amount payable under the contract has increased by \$29,717 from \$74,305 to \$104,002 in order to continue services to the intended population of this contractor.
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:

Human Resource Development Program
15DSS 4002BP A2

Contract Amount	Requested	Adjustments	Approved
	\$ 74,305		
<i>For Amendments Only</i> Previously Approved Contract Amount Amount of Amendment	\$ 74,305	\$ 29,717	\$ 104,022

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	13,375		5,349	18,724
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION	13,375		5,349	18,724
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	60,390		24,368	85,298
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM STAFF	60,390		24,368	85,298
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>	74,305		29,717	104,022
	(Sum of 1 through 6, minus Line 7)				

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

15DSS4002BP/148-2BP-HRD-1 A2

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

CONTRACTOR

Town of Wallingford

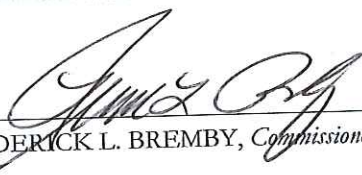


William W Dickinson, Mayor

6/21/17

Date

DEPARTMENT OF SOCIAL SERVICES

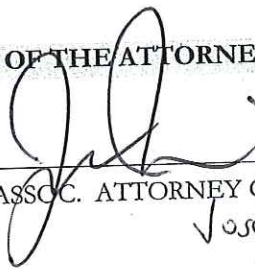


RODERICK L. BREMBY, *Commissioner*

6/22/17

Date

OFFICE OF THE ATTORNEY GENERAL



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

Joseph Rubin

6/30/17

Date



WILLIAM W. DICKINSON, JR.
MAYOR

OFFICE OF THE MAYOR
TOWN OF WALLINGFORD
CONNECTICUT

45 SOUTH MAIN STREET
WALLINGFORD, CT 06492
TELEPHONE 203 294-2070
FAX 203 294-2073

AFFIRMATIVE ACTION POLICY STATEMENT

It is the policy and practice of the Town of Wallingford to assure that no person will be discriminated against or be denied the benefits of any activity, program, or employment process, in whole or in part, in the areas of recruiting, advertising, hiring, upgrading, promoting, training, transfers, demotions, layoffs, terminations, rehiring employment and/or rates of pay and other compensations.

The Town of Wallingford is an Affirmative Action/Equal Opportunity employer and is strongly committed to all policies which afford equal opportunity employment to all qualified persons without regards to race, color, religion, ancestry, national origin, age, sex, sexual orientation, genetic information, marital status, learning or physical disabilities including but, not limited to blindness, present/past history of mental disability, mental retardation, political belief or criminal record, unless the provisions of Section 46a-60(b), 46a-80(b) and 46a-81(b) of the Connecticut General Statutes are controlling or there is a bonafide occupational qualification excluding persons in one of the above protected groups. The Town encourages people with the foregoing statuses and characteristics to apply for positions with the Town.

This Town will implement, monitor, enforce and achieve full compliance with this Affirmative Action Policy in conjunction with the applicable federal and state laws, regulations and executive orders listed below:

- Civil Rights Act of 1964, as amended
- 13th, 14th, and 15th Amendments of the United States Constitution
- Presidential Executive Order 11246, amended by 11375
- Equal Pay Act of 1963
- Title 23 U.S.C. 140
- Title 49 C.F. L. Part 23
- Act 1 Sections 1 and 20 of the Connecticut Constitution
- Gubernatorial Executive Orders #3, #9, #11, and #17
- Connecticut Fair Employment Practices Law (46a-63-64)
- Discrimination Against Criminal Offenders (46a-80)
- Connecticut General Statutes
- Americans with Disabilities Act of 1992
- Public Act No. 91-58
- Civil Rights Act of 1991

The Town of Wallingford advertises, receives and reviews applications and résumés, conducts examinations and interviews candidates without regard to any protected status listed above, except in the case of a bonafide occupational qualification or need. In implementing this policy and ensuring that equal opportunity is being provided to protected class members, this Town will

The Town of Wallingford advertises, receives and reviews applications and résumés, conducts examinations and interviews candidates without regard to any protected status listed above, except in the case of a bonafide occupational qualification or need. In implementing this policy and ensuring that equal opportunity is being provided to protected class members, this Town will contact minority and women organizations and the media each time a hiring opportunity occurs. All advertising will emphasize that the Town is "An Equal Opportunity Employer."

To substantiate the efforts made and affirmative actions taken to provide equal opportunity to minorities and women in each instance of new employment, the Town will maintain documentation and copies of advertisements sent to women and minority organizations. The Town will annually review its EEO/Affirmative Action procedures.

Testing Accommodation. Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting the Personnel Director at: Personnel Department, Town of Wallingford, 45 South Main Street, Wallingford, CT 06492. Questions may also be addressed to the Personnel Department by calling (203) 294-2080, via facsimile at (203) 294-2084 or by TDD by calling (203) 294-2070. This request must be made at the time of application and the following information must be provided: position applying for, social security number, and a description of the specific accommodation needed. In considering such requests, the applicant will be required to submit medical documentation to the Personnel Director sufficient to substantiate the request for an accommodation. The Personnel Director will notify the applicant if the specific accommodation will be made or will discuss alternative accommodations. Candidates selected for interviews may also request an accommodation for the interview process by providing the same information as stated above.

For most positions, the Town of Wallingford utilizes functional job descriptions that list essential functions or tasks of particular jobs. Candidates for appointment, promotion or transfer must be able to perform these essential functions with or without a reasonable accommodation. Requests for accommodation should be submitted in writing to the Personnel Director at the time of application for employment, promotion or transfer. The Personnel Director will review accommodation requests to determine if the accommodation is reasonable or if it would result in an undue hardship to the Town.

Interviews. Appointing authorities and supervisors are trained to ask only nondiscriminatory interview questions. A "Guide to Oral Examinations and Interviewing," prepared by the Personnel Director, is used to instruct interview panels and oral examiners in the area of nondiscriminatory questions. Employees at all levels are instructed not to subject persons in protected classes to discrimination through insensitivity and lack of knowledge.

Classifications. Employees may be promoted, demoted, transferred, laid off or reinstated during their employment careers with the Town of Wallingford. Such actions will be taken without regard to protected class membership, except where a bonafide occupational qualification exists or at the employees' request. Job assignments shall not be made based upon membership in any protected class.

Benefits, Compensation and Training. Each full-time employee, without regard to protected status, shall enjoy the same benefits (health and life insurance, vacation, sick leave, pension, etc.) and compensation as other employees in similar circumstances in accordance with his or her collective bargaining agreement. Leave determinations, both paid and unpaid, shall not be made based upon any protected status. In those situations where compensatory time pertains, there will be no decisions made based upon protected status. Opportunities for training, and funding for such training, are available to all employees consistent with budgetary constraints and priorities of the Town. Employees who are members of a protected class shall be afforded the same training opportunities, consistent with their classifications, as other employees in similar situations.


Confidentiality of Medical Records. The privacy of medical records of applicants, candidates and employees is paramount. Such records shall not be divulged or released to another person or agency without the express written release and permission by the covered individual. Applicants, candidates and employees may voluntarily release and "self-identify" private medical information pertaining to a disability. In such cases, the Town shall have no liability. Requests for accommodations shall be treated in the same manner as personal medical records and shall not be released to third parties absent the written permission of the covered individual.

Finally, as Mayor, I am committed to the effective implementation, monitoring and enforcement of our Affirmative Action Policy. The ultimate responsibility for this Policy rests with the Mayor; however, the day-to-day duties will be coordinated by the Equal Employment Opportunity Officer of the Town. In addition, all supervisory and managerial personnel are to aid in the development and implementation of the Town's Affirmative Action Policy and will be responsible for compliance with its objectives.

I hereby restate the appointment of James R. Hutt, Personnel Director, (203) 294-2080 to serve as the Affirmative Action/Equal Employment Opportunity Officer for the Town of Wallingford.

The duties of the Affirmative Action/Equal Opportunity Officer shall include:

1. The development, implementation, and monitoring of the Town of Wallingford Affirmative Action Policy.
2. Acquaint workers with their specific responsibilities under the plan.
3. Initiate and maintain contact with recruitment sources and organizations servicing members of protected groups concerning the achievement of affirmative action requirements.
4. Conduct meetings and orientation sessions, as necessary, to advise workers and management of goals of the plan.


William W. Dickinson, Jr.
Mayor

April 1, 2014
April 6, 2015 (Rev.)
March 15, 2016
February 17, 2017

WORKFORCE ANALYSIS

Contractor Name: Town of Wallingford, CT Total Number of CT employees: 439
 Address: 45 South Main Street, Wallingford, CT 06492 Full Time: 402 Part Time: 37

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	20	16	2				2				
Professionals	81	58	21						1	1			
Technicians	31	26	4	1									
Office & Clerical	95	10	83		1		1						
Craft Workers (skilled)	68	61	2	2		1		2					
Operatives (semi-skilled)	1		1										
Laborers (unskilled)	42	40						1		1			
Service Workers	101	87	8	1		4		1					
Totals Above	439	298	121	4	1	5	3	4	1	2	0		
Totals 1 year Ago	444	302	123	5	1	4	3	4	0	2	0		

FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)

Apprentices													
Trainees													

EMPLOYMENT FIGURES WERE OBTAINED FROM: Visual Check Employment Records Other-EEO-9

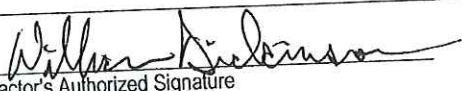
1. Have you successfully implemented an Affirmative Action Plan? YES NO
 Date of implementation: _____ If the answer is "No", explain. The Town of Wallingford has an Affirmative Action Policy Statement dated April 1, 2015.

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: Not Applicable

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises? YES NO Explanation: _____
 In accordance with the Set-a-Side provisions within PA 15-5.


 Contractor's Authorized Signature

10/28/15
 Date

William W. Dickinson, Jr., Mayor



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 Mayor of Wallingford, 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

Wallingford and that Wallingford
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.

William W. Dickinson
Authorized Signatory

William W. Dickinson
Printed Name

Sworn and subscribed to before me on this 21st day of June, 2017.

Joan M. Stave
Commissioner of the Superior Court/
Notary Public

June 30, 2019
Commission Expiration Date

JOAN M. STAVE
NOTARY PUBLIC
My Commission Expires June, 30 2019



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>
N/A				

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>
N/A				

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

Wallingford
Printed Contractor Name
William Dickinson
Signature of Authorized Official

William W. Dickinson
Printed Name of Authorized Official

Subscribed and acknowledged before me this 21st day of June, 2017

Joan M. Stave
Commissioner of the Superior Court (or Notary Public)

June 30, 2019
My Commission Expires

JOAN M. STAVE
NOTARY PUBLIC
My Commission Expires **June, 30, 2019**



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

N/A

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:

Form fields for Consultant's Name and Title, Name of Firm (if applicable), Start Date, End Date, Cost, and 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.

Signature lines for Printed Name of Bidder or Contractor, Signature of Principal or Key Personnel, Date, Printed Name (of above), and Awarding State Agency.

Sworn and subscribed before me on this ____ day of ____, 20__.

Commissioner of the Superior Court or Notary Public

My Commission Expires