

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

**Contractor:** Continuum of Care, Inc.  
**Contractor Address:** 67 Trumbull Street, New Haven, CT .06511  
**Contract Number:** 16DSS4003FD / 093-3FD-HRD-02  
**Amendment Number:** Amendment 1  
**Amount as Amended:** \$114,229.00  
**Contract Term as Amended:** 10/1/2016 to 6/30/2018

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The contract between Continuum of Care, Inc. ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Commissioner on 1/9/2017, 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 this contract is increased by \$55,140 from \$59,089 to \$114,229 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 7/1/2017 to 6/30/2108, Part I, Section B labeled PROGRAM ADMINISTRATION, subsection 2 and 3 of the contract, shall be deleted and replaced with the following changes:
  2. The Contractor will provide Program services at Continuum of Care, Inc. 130 Bassett Street New Haven, Connecticut. Standard Program hours of operation will be: Monday/Wednesday/Friday: 9:00-5:00 and Tuesday/Thursday: 9:00-7:00. Summer Camp hours will Monday through Friday 9:00-2:00. The camp's administrative location will be at 130 Bassett Street.
  3. The Contractor's administrative office is located at Continuum of Care, Inc. 109 Legion Avenue, New Haven, Connecticut, 06519.
5. For the period 7/1/17 through 6/30/18, Part I, Section J. labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract, shall be deleted and replaced with the following:

PART I

FINANCIAL SUMMARY

PROGRAM NAME:

Continuum of Care, Inc.

7/1/2017-6/30/2018

PROGRAM NUMBER:

HRD 093#FD-HRD-A1

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment			\$

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
2	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting	1,416			1,416
	2b. Legal	2,250			2,250
	2c. Independent Audit	900			900
	2d. Other Contractual Services	4,050			4,050
	<b>TOTAL CONTRACTUAL SERVICES</b>				
3	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	9,975			9,975
	3b. Admin. Fringe Benefits	2,625			2,625
	3c. Admin. Overhead	3,713			3,713
	<b>TOTAL ADMINISTRATION</b>				
4	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	27,450		43,350	70,800
	4b. Program Fringe Benefits	7,200		11,790	18,990
	<b>TOTAL DIRECT PROGRAM</b>				
5	<b>OTHER COSTS</b>				
	5a. Program Rent				
	5b. Consumable Supplies	375			375
	5c. Travel & Transportation	5,175			5,175
	5d. Utilities	1,425			1,425
	5e. Repairs & Maintenance				-
	5f. Insurance	3,000			3,000
	5g. Food & Related Costs	301			301
	5h. Other Project Expenses	3,150			3,150
	<b>TOTAL OTHER COSTS</b>	13,426			13,426
6	<b>EQUIPMENT</b>				
7	<b>PROGRAM INCOME</b>				
	7a. Fees	(13,916)			(13,916)
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
8	<b>TOTAL NET PROGRAM COST</b>	59,089	-	55,140	114,229

(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

16DSS4003FD/093-3FD-HRD-02 A1

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

### CONTRACTOR

Continuum of Care, Inc.

  
\_\_\_\_\_  
Patti L. Walker, President & CEO

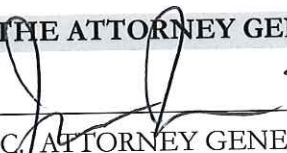
6/23/17  
Date

### DEPARTMENT OF SOCIAL SERVICES

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

6/27/17  
Date

### OFFICE OF THE ATTORNEY GENERAL

  
\_\_\_\_\_  
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 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 President of Continuum of Care, 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  
Continuum of Care, Inc. and that Continuum of Care, 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 and 4a-60a, as amended.

[Signature]  
Authorized Signatory

Patti L. Walker  
Printed Name

Sworn and subscribed to before me on this 11<sup>th</sup> day of May, 2017

[Signature]  
Commissioner of the Superior Court/ Notary Public

**DEBRA J. STICHT**  
**NOTARY PUBLIC**  
Commission Expiration Date  
**MY COMMISSION EXPIRES JULY 31, 2019**



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:**

I, PATTI L. WALKER, President+CEO, of Continuum of CARE, Inc.  
Authorized Signatory Title  
Name of Entity

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

certify that the following is a true and correct copy of a resolution adopted on the 26<sup>th</sup> day of  
JULY, 2016 by the governing body of Continuum of CARE, Inc.,  
Name of Entity

in accordance with all of its documents of governance and management and the laws of  
CONNECTICUT, 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 Continuum of CARE, Inc. comply with the  
Name of Entity  
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 2nd day of AUGUST, 2016.

Patti L. Walker  
Authorized Signatory

AUGUST 2, 2016  
Date

PATTI L. WALKER  
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>
None				

**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>
None				

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

Continuum of Care, Inc.  
Printed Contractor Name

Patti L. Walker  
Printed Name of Authorized Official

[Signature]  
Signature of Authorized Official

Subscribed and acknowledged before me this 11th day of May, 2017.

Debra J. Sticht  
Commissioner of the Superior Court (or Notary Public)

**DEBRA J. STICHT**  
My Commission Expires **PUBLIC**  
MY COMMISSION EXPIRES JULY 31, 2019



# 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
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>Continuum of Care Inc</u>	<u>Patti L. Walker</u>	<u>5/11/17</u>
Printed Name of Bidder or Contractor	Signature of Principal or Key Personnel	Date
	<u>Patti L. Walker</u>	<u>DMHAS</u>
	Printed Name (of above)	Awarding State Agency

Sworn and subscribed before me on this 11th day of May, 2017.

Debra J. Sticht  
Commissioner of the Superior Court  
or Notary Public

**DEBRA J. STICHT**  
**NOTARY PUBLIC**  
My Commission Expires **JULY 31, 2019**





# STATE OF CONNECTICUT

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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

### Continuum of Care, 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
10342	Officials/Managers	10	2	4	0	1	0	1	1	1	0	0
10343	Professionals	67	12	24	6	17	1	6	0	0	0	1
10344	Technicians	3	2	1	0	0	0	0	0	0	0	0
10345	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
10346	Office/Clerical	30	2	7	3	14	0	4	0	0	0	0
10347	Craft Workers (Skilled)	3	3	0	0	0	0	0	0	0	0	0
10348	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
10349	Laborers (Unskilled)	13	3	2	7	0	1	0	0	0	0	0
10350	Service Workers	599	41	68	119	307	17	38	2	4	1	2
	<b>Totals</b>	<b>725</b>	<b>65</b>	<b>106</b>	<b>135</b>	<b>339</b>	<b>19</b>	<b>49</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>3</b>

Do you use minority business as subcontractors or suppliers?  Yes  No Explain: Business opportunities are open to all who bid.

If CT based, do you post all employment openings with the State of Connecticut Employment Service?  Yes  No Explain: Only Some of our positions are posted on the state website. We post all open positions on Career Builder, because some of our programs are not funded by the state.

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

Describe your recruitment, hiring, training and promotion anti-discrimination practices. We have a cultural diversity initiative within our agency and promote hiring within our community.

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.

Hit Counter 1,852

https://www.biznet.ct.gov/Company/EmploymentInformationDisplay.aspx?recno=21088

6/27/2017