

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Community Health Network of Connecticut, Inc.
Contractor Address: 11 Fairfield Blvd, Wallingford, CT 06492
Contract Number: 16DSS1202GQ / 148-2GQ-MED-02
Amendment Number: A1
Amount as Amended: \$200,000.00
Contract Term as Amended: 2/1/2016 to 12/31/2018

The contract between Community Health Network of Connecticut, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 2/29/2016, is hereby further amended as follows:

1. The term of the contract is extended for one and one half year, and the end date of the contract is changed from 6/30/2017 to 12/31/2018.
2. For the period of July 1, 2017 to December 31, 2108 Part I, Section D. labeled PAYMENT PROVISIONS of the original contract, is amended and replaced with the following:
 - D.1. All requests for payment must be submitted for Department review and approval to the Department's Program Representative as listed in Section L.
 - D.2. Subsequent payments shall be made in accordance with following: Payment Schedule-contingent upon the availability of funds; Contractor's compliance with the terms of the contract; and the DSS Program Representative's receipt and approval of a completed request for payment on DSS Form W-1270; the requisite Financial Reports and other deliverables as described in Part I, Section G.

PAYMENT SCHEDULE

Pay ment #	Amount	Conditions	On or after:
1	\$16,000.00	Upon receipt and approval of the second quarterly financial and non-financial reports	July 15, 2017
2	\$16,000.00	Upon receipt and approval of the third quarterly financial and	October 15, 2017

		monthly non-financial reports	
3	\$16,000.00	Upon receipt and approval of the fourth quarterly financial and monthly non-financial reports	January 15, 2018
4	\$16,000.00	Upon receipt and approval of the first quarterly financial and non-financial reports	April 15, 2018
5	\$16,000.00	Upon receipt and approval of the second quarterly financial and non-financial reports	July 15, 2018
6	\$16,000.00	Upon receipt and approval of the third quarterly financial and monthly non-financial reports	October 15, 2018
7	\$18,000.0	Upon receipt and approval of the fourth quarterly financial and monthly non-financial reports	January 15, 2019

D.3. Surplus/Excess Payments: In the event the Department has overpaid the Contractor, the Contractor shall at the end of the contract period, or earlier if the contract is terminated, return to the Department in full any unexpended funds within thirty (30) days; or such unexpended funds may, at the discretion of the Department's Commissioner, be carried forward and used as part of a new contract period if a new similar contract is executed.

3. Part II, Mandatory Terms & Conditions, Section E.8, on page 38 of original contract, is hereby deleted in its entirety and replaced with the following:

Executive Orders. This Contract is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices, Executive Order No. Seventeen of Governor Thomas J. Meskill promulgated February 15, 1973, concerning the listing of employment openings and Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999, concerning violence in the workplace, all of which are incorporated into and are made a part of the Contract as if they had been fully set forth in it. The Contract may also be subject to Executive Order No. 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services and to Executive Order No. 49 of Governor Dannel P. Malloy, promulgated May 22, 2015, mandating disclosure of certain gifts to public employees and contributions to certain candidates for office. If Executive Order 14 and/or Executive Order 49 are applicable, they are deemed to be incorporated into and are made a part of the Contract as if they had been fully set forth in it. At the Contractor's request, the Client Agency or Connecticut Department of Administrative Services shall provide a copy of these orders to the Contractor.

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.

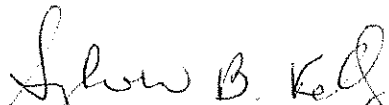
SIGNATURES AND APPROVALS

16DSS1202GQ/148-2GQ-MED-02 A1

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

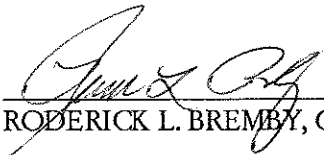
CONTRACTOR

Community Health Network of Connecticut, Inc.


Sylvia B. Kelly, President and CEO

5/22/17
Date

DEPARTMENT OF SOCIAL SERVICES


RODERICK L. BREMBY, *Commissioner*

5/23/17
Date

OFFICE OF THE ATTORNEY GENERAL


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

6/19/17
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

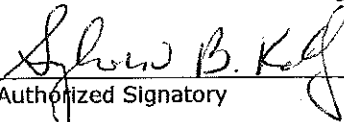
INSTRUCTIONS:

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 President & CEO of Community Health Network of CT, 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 Community Health Network of CT, Inc., and that Community Health Network of CT, Inc., 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.

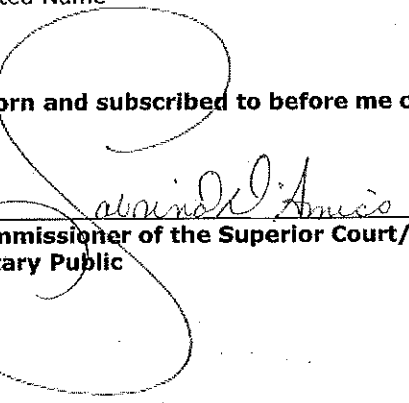


Authorized Signatory

Sylvia B. Kelly

Printed Name

Sworn and subscribed to before me on this 05 day of May, 2017.



Commissioner of the Superior Court/
Notary Public

10/31/18

Commission Expiration Date



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.

Community Health Network of CT, Inc.
Printed Contractor Name

Sylvia B. Kelly
Printed Name of Authorized Official

Sylvia B. Kelly
Signature of Authorized Official

Subscribed and acknowledged before me this 05 day of May, 2017

abninda J. Amico
Commissioner of the Superior Court (or Notary Public)
10/31/2018
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: 2]

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, 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.

Community Health Network of CT, Inc. Signature of Principal or Key Personnel Date 05/05/17

Sylvia B. Kelly Department of Social Services
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 05 day of May, 20 17.

Commissioner of the Superior Court or Notary Public

My Commission Expires 10/31/17



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: Community Health Network of CT, Inc.

INSTRUCTIONS:

CHECK ONE: [] Initial Certification. [X] 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; and
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:

[X] 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.

Community Health Network of CT, Inc.
Printed Respondent Name

Sylvia B. Kelly
Printed Name of Authorized Official

[Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 05 day of May, 2017.

[Signature]
Commissioner of the Superior Court (or Notary Public)
10/31/18
My Commission Expire

WORKFORCE ANALYSIS

Contractor Community Health
Network of Connecticut, Inc.

Address 11 Fairfield Blvd,
Wallingford, CT .06492

Number of Connecticut Employees	
Full-time: 494	Part-time: 3
Employment figures obtained from	
Visual Check <input checked="" type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» Numb

JOB CATEGORIES	TOTALS	WHITE (Not of Hispanic Origin)		BLACK (Not of Hispanic Origin)		HISPANIC		ASIAN OR PACIFIC ISLANDER		AMER. INDIAN OR ALASKAN NATIVE		PERSON WITH DISABILITIES	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers	43	10	23		5	1	2		2				
Professionals	218	29	154	2	18	1	6	6	2				1
Technicians	64	14	34	1	9	2	4						
Service Workers													
Office & Clerical	172	10	79	2	27	4	49		1				2
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS	497	63	290	5	59	8	61	6	5				3
Totals One Year Ago	505	57	295	4	59	10	69	4	7				3

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation 01/01/2001 ; If no, explain

Do you promise to develop and implement a successful Affirmative Action Plan?

Yes No N/A Explain:

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 N/A Explain: CHNCT has no job classifications that require apprenticeship tra

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 Explain:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?

Yes No Explain:

Authorized Signature:

Shaw B. Kelly

Date:

5/5/07

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

Voucher #: _____ VR Processed by: _____

Voucher Approved by: _____

Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____
 Vendor/Contractor Name: Community Health Network of Connecticut, Inc.
 Business Address: 11 Fairfield Blvd, Wallingford, CT .06492

Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)
 CORE-CT Contract #: 16DSS1202GQ A1
 DSS Contract #: 148-2GQ-MED-02
 PO #: _____
 FEIN #: _____ Vendor # 0000068176
 Contract Period: From: 2/1/2016 To: 12/31/2018
 Payment Period: From: _____ To: _____
 Total Contract: \$200,000.00
 Previous Payments: \$ _____
 Receipt # _____

Check One: PSA MOA/VI BOND
 PO POS Non-Competitive
 Spending Plan Code: MED
 Vendor Signature: _____ Date: _____

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

Authorization: Sylvia B. Kelly

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	20		DSS					168	
\$ 20	20		DSS					168	
\$ 20	20		DSS					168	
\$ 20	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: Jo Ann P. Ettiennne-Modeste
 DSS PROGRAM STAFF REP Signature

(860) 424-5745
 Phone #

Date: _____

Co-sign (if required) Signature _____ Phone # _____

DSS FISCAL STAFF APPROVAL - Name (sign & date) _____

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