



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

12/7/15

Mr. Ban Tran  
Connecticut Coalition of Mutual Assistance Associations  
143 Madison Avenue  
Hartford, CT 06106

Contract #: 10DSS4801FK/064CCM-RAP-21 A6  
Period: 10/1/10-9/30/16

Amount as Amended: \$220,531  
A#6

Dear Mr. Tran:

I am pleased to inform you that the above referenced amendment #6 has been fully executed and approved. Attached is a scanned copy of the original amendment for your files.

Requests for Payment should be completed and directed to the program contact identified below. The Department will process requests for payment in accordance with the terms of the contract. Your receipt of payment is contingent upon the continued availability of funds and your agency's compliance with the terms of the contract.

For issues or concerns related to the Program please direct your inquiries to:


**PROGRAM**

**Charles Anderson**  
860-424-5820  
[Charles.anderson@ct.gov](mailto:Charles.anderson@ct.gov)

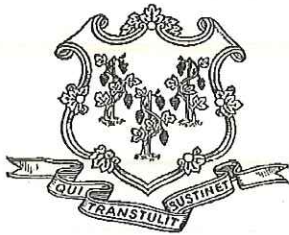
**CONTRACT**

**Tina McGill**  
860-424-5082  
[Tina.mcgill@ct.gov](mailto:Tina.mcgill@ct.gov)

Sincerely,

  
Roderick L. Bremby  
Commissioner

C: C. Anderson  
Contract file



## CONTRACT AMENDMENT

**Contractor:** Connecticut Coalition of Mutual Assistance Associations  
**Contractor Address:** 143 Madison Avenue, Hartford, CT .06106  
**Contract Number:** 10DSS4801FK / 064CCM-RAP-21  
**Amendment Number:** A6  
**Amount as Amended:** \$220,531.00  
**Contract Term as Amended:** 10/1/2010 / 9/30/2016

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The contract between Connecticut Coalition of Mutual Assistance Associations . (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Commissioner on 02/06/15, is hereby further amended as follows:

1. The total maximum payable under this contract is increased by \$44,031.00 from \$176,500.00 to \$220,531.00. This increase is due to additional federal funding for FFY 2016.
2. The budget on page 2 of amendment #A5 is deleted and replaced in its entirety by the budget on page 2 of this amendment.
3. During the period from 10/1/2015 through 9/30/2016, Part I.A, 1, Description of Services in the original contract will be revised to include at least an additional 67 clients annually receiving social services described in Part I, Section A.2. Of this number, at least 31 will be tracked separately as Elderly Refugees, and these clients shall not be eligible to receive Counseling or Employment services specified in Part I, Section A.2.b and A.2.d respectively.
4. Part I, Section B.1, Program Administration in the original contract shall be revised to reflect staffing and percent of salary funded under this amendment to include the following: one Coordinator (19%), and two Case Workers (42% each).
5. The Contractor's DUNS # 015639550 shall be included in this amendment, and made part of the original contract.

**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.**

**PART I**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Refugee Assistance Program**  
**Amendment #064CCM-RAP-21-A6 / 10DSS4801FK**

	Requested	Adjustments	Approved
<b>Contract Amount</b>		\$ -	\$ -
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>	\$ 176,500	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
<b>Adjustments &amp; New Contract Amount</b>	XXXXXXXXXXXXXXXXXX	\$ 44,031	\$ 220,531

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting	12,895		2,400	15,295
	2b. Legal	-			-
	2c. Independent Audit	-			-
	2d. Other Contractual Services	-			-
	TOTAL CONTRACTUAL SERVICES		12,895	2,400	15,295
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	16,347		8,640	24,987
	3b. Admin. Fringe Benefits	1,642			1,642
	3c. Admin. Overhead	-			-
	TOTAL ADMINISTRATION		17,989	8,640	26,629
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	96,163		18,360	114,523
	4b. Program Fringe Benefits	8,023		1,037	9,060
	TOTAL DIRECT PROGRAM		104,186	19,397	123,583
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	18,540		6,000	24,540
	5b. Consumable Supplies	4,696		2,688	7,384
	5c. Travel & Transportation	2,000		1,584	3,584
	5d. Utilities	8,866		3,144	12,010
	5e. Repairs & Maintenance	200		178	378
	5f. Insurance	6,528			6,528
	5g. Food & Related Costs	600			600
	5h. Other Project Expenses	-			-
	TOTAL OTHER COSTS		41,430	13,594	55,024
<b>6</b>	<b><u>EQUIPMENT</u></b>		-		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 176,500	\$ 44,031	\$ 220,531
	(Sum of 1 through 6, minus Line 7)				

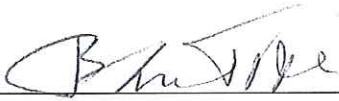
## SIGNATURES AND APPROVALS

10DSS4801FK/064CCM-RAP-21 A6

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

Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - Connecticut Coalition of Mutual Assistance Associations**

  
\_\_\_\_\_  
BAN TRAN, Executive Director

12 / 01 / 2015  
Date

**DEPARTMENT OF SOCIAL SERVICES**

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

12 / 7 / 2015  
Date

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009.



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.

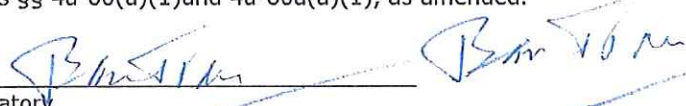
**AFFIDAVIT:**

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

I am **Ban Tran, Executive Director of Connecticut Coalition of Mutual Assistance Associations**, an entity duly formed and existing under the laws of **Connecticut**.

I certify that I am authorized to execute and deliver this affidavit on behalf of **Connecticut Coalition of Mutual Assistance Associations** and that **Connecticut Coalition of Mutual Assistance Associations** 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.

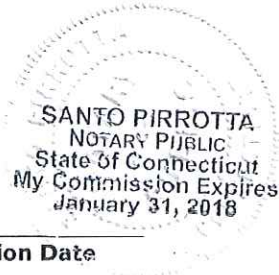
\_\_\_\_\_  
Authorized Signatory 

BAN TRAN  
Printed Name

Sworn and subscribed to before me on this 2 day of December, 2015.

\_\_\_\_\_  
Commissioner of the Superior Court/  
Notary Public

\_\_\_\_\_  
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:**

I, **Ban Tran, Executive Director of Connecticut Coalition of Mutual Assistance Associations**, an entity duly formed and existing under the laws of **Connecticut**, certify that the following is a true and correct copy of a resolution adopted on the **20<sup>th</sup> day of October, 2015** by the governing body of **Connecticut Coalition of Mutual Assistance Associations**, 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 or revoked, and is in full force and effect.

RESOLVED: That the policies of **Connecticut Coalition of Mutual Assistance Associations** comply with the 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 1<sup>st</sup> day of Dec, 2015.

Ban Tran  
Authorized Signatory

12/01/2015  
Date

BAN TRAN  
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>
	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.

BAN TRAN  
Printed Contractor Name

BAN TRAN  
Printed Name of Authorized Official

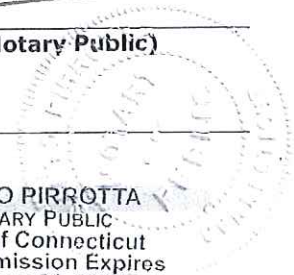
[Signature]  
Signature of Authorized Official

Subscribed and acknowledged before me this 12 day of December, 2015

[Signature]  
Commissioner of the Superior Court (or Notary Public)

1-31-2018  
My Commission Expires

SANTO PIRROTTA  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires  
January 31, 2018







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:

N/A
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 [x] 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.

BAN TRAN
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date 12/02/15

BAN TRAN
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 2 day of December, 2015.

Commissioner of the Superior Court or Notary Public

1-31-2018
My Commission Expires



# WORKFORCE ANALYSIS

Contractor **Connecticut Coalition of Mutual Assistance Associations**

Address **143 Madison Avenue, Hartford, CT .06106**

<b>Number of Connecticut Employees</b>	
Full-time: _____	Part-time: <u>7</u>
<b>Employment figures obtained from</b>	
Visual Check <input type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other <input type="checkbox"/> _____	

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								1					
Professionals													
Technicians													
Service Workers													
Office & Clerical		1											
Craft Workers (Skilled)			1						4				
Operators (Semi-Skilled)													
Laborers (Unskilled)													
<b>TOTALS</b>													
Totals One Year Ago													

### FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes  No  If yes, date of implementation 10/01/15 ; 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: \_\_\_\_\_

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: \_\_\_\_\_

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

12/01/2015



STATE OF CONNECTICUT
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE
AUTHORIZED TO EXECUTE CONTRACT

Certification to accompany a State contract, having a value of \$50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

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

Connecticut Coalition of Mutual Assistance Associations
Contractor Name

Department of Social Services
Awarding State Agency

[Handwritten Signature]
State Agency Official or Employee Signature

12/7/2015
Date

Roderick L. Bremby
Printed Name

Commissioner
Title

Sworn and subscribed before me on this 7 day of December, 2015

[Handwritten Signature: Kathleen M. Brennan]
Commissioner of the Superior Court
or Notary Public

Juris No 307252
My Commission Expires