



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

12-9-15

Jewish Federation Association of Connecticut, Inc.
40 Woodland Street
Hartford, CT 06105
Attn: Mr. Robert Fishman

Contract #: 064JFA-RAP-32/10DSS4801OJ
Period: 10/1/10 - 09/30/16

Amount as Amended: \$110,343.00
A4

Dear Mr. Fishman:

I am pleased to inform you that the above referenced amendment 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:

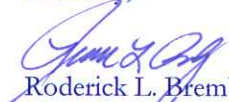
PROGRAM

Charles Anderson
860-424-5820
charles.anderson@ct.gov

CONTRACT

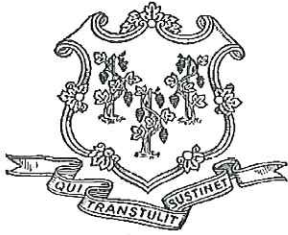
Tina McGill
860-424-5082
tina.mcgill@ct.gov

Sincerely,


Roderick L. Bremby
Commissioner

C: C. Anderson
Contract file

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
CONTRACT AMENDMENT



Contractor: Jewish Federation Association of Connecticut, Inc.
Contractor Address: 40 Woodland Street, Hartford, CT .06105
Contract Number: 10DSS4801OJ / 064JFA-RAP-32
Amendment Number: A4
Amount as Amended: \$110,343.00
Contract Term as Amended: 10/1/2010 / 9/30/2016

The contract between Jewish Federation Association 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 Commissioner on 12/17/14, is hereby further amended as follows:

1. The total maximum payable under this contract is increased by \$43,343.00 from \$67,000.00 to \$110,343.00. This increase is due to additional federal funding for FFY 2016.
2. The budget on page 2 of amendment #A3 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 76 clients annually receiving social services described in Part I, Section A.2. Of this number, at least 70 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 Executive Director (5%), one Statewide Resettlement Coordinator (11%), one Program Manager (28%), and one Book Keeper (33%).

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 #064JFA-RAP-32-A4 / 10DSS48010J

Contract Amount	Requested	Adjustments	Approved
	\$ -	\$ -	\$ -
For Amendments Only			
Previously Approved Contract Amount	\$ 67,000	xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx
Adjustments & New Contract Amount	xxxxxxxxxxxxxxxxxxxx	\$ 43,343	\$ 110,343

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	-		1,125	1,125
	2b. Legal	-			-
	2c. Independent Audit	1,750		1,250	3,000
	2d. Other Contractual Services	35,000		8,678	43,678
	TOTAL CONTRACTUAL SERVICES		36,750	11,053	47,803
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-		5,675	5,675
	3b. Admin. Fringe Benefits	-		885	885
	3c. Admin. Overhead	12,600		3,050	15,650
	TOTAL ADMINISTRATION		12,600	9,610	22,210
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	7,000		15,500	22,500
	4b. Program Fringe Benefits	-		1,543	1,543
	TOTAL DIRECT PROGRAM		7,000	17,043	24,043
5	<u>OTHER COSTS</u>				
	5a. Program Rent	-			-
	5b. Consumable Supplies	600		500	1,100
	5c. Travel & Transportation	3,150		1,750	4,900
	5d. Utilities	1,400		427	1,827
	5e. Repairs & Maintenance	250		250	500
	5f. Insurance	1,050		1,200	2,250
	5g. Food & Related Costs	175		150	325
	5h. Other Project Expenses	4,025		1,360	5,385
	TOTAL OTHER COSTS		10,650	5,637	16,287
6	<u>EQUIPMENT</u>		-		-
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 67,000	\$ 43,343	\$ 110,343

(Sum of 1 through 6, minus Line 7)

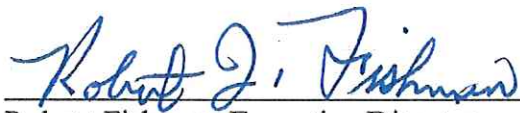
SIGNATURES AND APPROVALS

10DSS4801OJ/064JFA-RAP-32 A4

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: Jewish Federation Association of Connecticut, Inc.

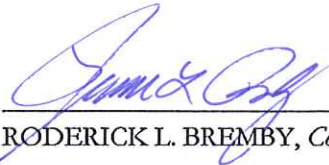


Robert Fishman, Executive Director

12/8/15

Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

12/9/2015

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 Executive Director of Jewish Federation Association of Connecticut, Inc. (JFACT)
Signatory's Title Name of Entity an 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

JFACT and that JFACT
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.

* Robert J. Fishman
Authorized Signatory

Robert Fishman
Printed Name

Sworn and subscribed to before me on this 8th day of December, 2015.

Kathleen P. Fishman
Commissioner of the Superior Court/
Notary Public

KATHLEEN P. FISHMAN
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2016
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.

x Robert J. Fishman
Printed Contractor Name

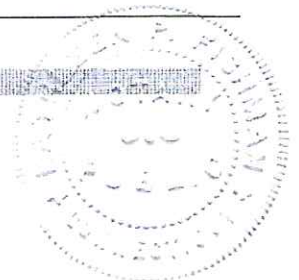
Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this 8th day of December, 2015

Kathleen P. Fishman
Commissioner of the Superior Court (or Notary Public)
KATHLEEN P. FISHMAN
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2016

My Commission Expires





STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: ____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:

Form with 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

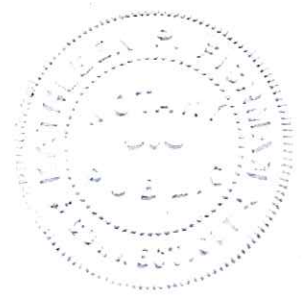
If YES: Name of Former State Agency, Termination Date of Employment

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

Signature section with fields 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 8th day of December, 2015.

Notary Public section with signature of Kathleen P. Fishman, Commissioner of the Superior Court or Notary Public, NOTARY PUBLIC, MY COMMISSION EXPIRES DEC. 31, 2016, My Commission Expires



WORKFORCE ANALYSIS

Contractor Jewish Federation
Association of Connecticut, Inc.

Address 40 Woodland Street,
Hartford, CT .06105

Number of Connecticut Employees	
Full-time: <input type="text" value="1"/>	Part-time: <input type="text" value="2"/>
Employment figures obtained from	
Visual Check <input checked="" type="checkbox"/>	Employment Records <input type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» <input type="checkbox"/> Number <input type="text"/>

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	8	3	3		2								
Professionals	9		9										
Technicians													
Service Workers													
Office & Clerical	4		3		1								
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS	21	3	15										
Totals One Year Ago	21	3	15										

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation ; 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: _____