



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

5-19-16

Lea Crown
Director of Health/Human Services
City of Meriden
165 Miller Street
Meriden, CT .06450

CONTRACT #: 13DSS5701RS / 080-TPP-03
PERIOD: 7/1/2013 - 6/30/2016

AMOUNT: \$193,769.00
AMENDMENT: A2

Dear Ms. Crown:

The above referenced amendment has been fully executed and approved. Attached is a scanned copy of the amendment for your files.

Any remaining 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:

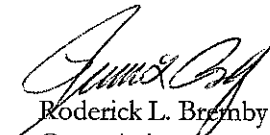
PROGRAM

LoriBeth Williams
(860) 424-5349
loribeth.williams@ct.gov

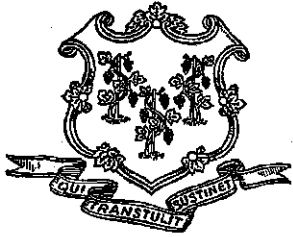
CONTRACT

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

Sincerely,


Roderick L. Bremby
Commissioner

C: LoriBeth Williams



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: City of Meriden

Contractor Address: 165 Miller Street, Meriden, CT .06450

Contract Number: 080-TPP-03/ 13DSS5701RS

Amendment Number: A2

Amount as Amended: \$193,769.00

Contract Term as Amended: 7/1/2013 6/30/2016

The contract between City of Meriden ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties on May 6, 2015 is hereby further amended as follows:

1. The maximum amount payable under this contract shall be decreased by \$9,524 from \$203,293 to \$193,769.00. This decrease is due to SFY 2016 rescissions

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.

PROGRAM NAME:

Meriden TOP 2013-2016
Contract #080-TPP-03 A2/13DSS5701RS

FINANCING SUMMARY

	(A) REQUESTED	(B) ADJUSTMENTS	(C) APPROVED
Total State Grant: \$193,769			
For Amendments Only Previously approved State Grant Amount of Amendment			

ITEM / Line #	Subcategory	Line Item Total	Adjustments	Revised Total
1. UNIT RATE				
1a. Bed Days	\$0			
1b. Client Advocate	\$0			
1c. Security Deposit	\$0			
1d. Other Unit Rate Costs	\$0			
TOTAL UNIT RATE	\$0			
2. CONTRACTUAL SERVICES				
2a. Accounting	\$0			
2b. Legal	\$0			
2c. Independent Audit	\$0			
2d. Other Contractual Services	\$9,334		\$7,000	\$16,334
TOTAL CONTRACTUAL SERVICES	\$9,334		\$7,000	\$16,334
3. ADMINISTRATION				
3a. Admin. Salaries	\$0			
3b. Admin. Fringe Benefits	\$0			
3c. Admin. Overhead	\$14,202		\$969	\$15,171
TOTAL ADMINISTRATION	\$14,202		\$969	\$15,171
4. DIRECT PROGRAM STAFF				
4a. Program Salaries	\$134,146		\$19,898	\$114,248
4b. Prog. Fringe Benefits	\$22,371		\$2,885	\$19,486
TOTAL DIRECT PROGRAM	\$156,517		\$22,783	\$133,734
5. OTHER COSTS				
5a. Program Rent	\$0			
5b. Consumable Supplies	\$6,600		\$387	\$6,987
5c. Travel & Transportation	\$1,200		\$400	\$1,600
5d. Utilities	\$0			
5e. Repairs & Maintenance	\$0		\$1,000	\$1,000
5f. Insurance	\$0			
5g. Food & Related Costs	\$10,077		\$810	\$10,887
5h. Other Project Expenses	\$5,363		\$2,693	\$8,056
TOTAL OTHER COSTS	\$22,940		\$5,290	\$28,530
6. EQUIPMENT				
7. PROGRAM INCOME				
7a. Fees	\$0			
7b. Other Income	\$0			
TOTAL PROGRAM INCOME	\$0			
8. TOTAL NET PROGRAM COSTS	\$203,293		(-)9524	\$193,769
<small>(sum of lines 1 through 6 minus line 7)</small>				

ACCEPTANCES AND APPROVALS
13DSS5701RS/ 080-TPP-03 A2

CONTRACTOR City of Meriden

Lea Crown

Lea Crown, Director of Health/Human Services

5, 9, 2016

Date

DEPARTMENT OF SOCIAL SERVICES

Roderick L. Bremby

RODERICK L. BREMBY, *Commissioner*

5, 10, 16

Date

OFFICE OF THE ATTORNEY GENERAL

Robert W. Clarke

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

Robert W. Clarke

5, 19, 16

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.



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 Director of Health of City of Meriden, 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
City of Meriden and that City of Meriden
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.

Lea Crown
Authorized Signatory

Lea Crown
Printed Name

Sworn and subscribed to before me on this 9th day of May, 2016.

Linda Schapp
Commissioner of the Superior Court/
Notary Public

May 31, 2020
Commission Expiration Date

1501133



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.

City of Meriden, Lea Crown, 5/9/16, Lea Crown, CT

Sworn and subscribed before me on this 9th day of May, 2016.

Linda Ischupp, Commissioner of the Superior Court or Notary Public

May 31, 2020

My Commission Expires

Workforce Analysis

Contractor Name: City of Meriden
 Address: 142 East Main Street, Meriden, CT 06450

Total Number of CT employees:
 Full Time: 506 Part Time: 77

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	30	21	9										
Professionals	45	2	41		1				1				
Technicians	9	9											
Office & Clerical	129	5	114	1	4		3		2				
Craft Workers (skilled)	25	25											
Operatives (semi-skilled)	64	53		4		7							
Laborers (unskilled)	33	26	1	1		5							
Service Workers	218	184	8	9		17							
Totals Above	553	325	173	15	5	29	3		3				
Totals 1 year Ago	583												

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

Apprentices													
Trainees													

EMPLOYMENT FIGURES WERE OBTAINED FROM:

Visual Check: x

Employment Records: x

Other:

1. Have you successfully implemented an Affirmative Action Plan? YES NO

Date of implementation: _____ If the answer is "No", explain.

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:

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

YES NO Explanation:

Reagan

Contractor's Authorized Signature

5-9-2016

Date