

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** The Access Agency, Inc.  
**Contractor Address:** 1315 Main Street, Suite 2, Willimantic, CT 06226  
**Contract Number:** 14DSS1301ZL / 163C-HHD-11  
**Amendment Number:** Amendment 3  
**Amount as Amended:** \$155,204.00  
**Contract Term as Amended:** 10/1/2014 to 6/30/2018

---

The contract between The Access Agency, Inc. ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 10/29/2014, and previously amended on 9/30/2015, 10/25/2016 is hereby further amended as follows:

1. The term of the contract is contract is extended for an additional one (1) year and the end date of the contract is changed from 6/30/2017 to 6/30/2018.
2. The total maximum amount payable under the contract has increased by \$36,434 from \$118,770 to \$155,204. This increase is to continue to provide HHD services to the Windham and Tolland County service area.
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 of 7/1/17 through 6/30/18, Part I, Section A. labeled DESCRIPTION OF SERVICES, subsection 1 of the contract, and as amended, shall be supplemented to include at least an additional 100 clients (individuals and/or families) receiving services for a total of 375 (10/1/14 – 6/30/18).
5. For the period 7/1/17 through 6/30/18, Part 1 Section B labeled PROGRAM ADMINISTRATION, subsection 1 of the contract, and as amended, is hereby further amended to reflect the following changes:
  1. The Contract shall reflect revised staffing and percent of salary funded under this contract, to include the following: one full-time Bi-lingual Family Advocate @ 35 hours per week, (65%); one full-time Family Advocate @ 35 hours per week, (5%); and one full-time Bi-Lingual Receptionist, @ 35 hours per week, (15%).
6. For the period 7/1/17 through 6/30/18, Part I, Section J. labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract and Amendments thereof, shall be deleted and replaced with the following:

PART I		FINANCIAL SUMMARY			
PROGRAM NAME:		Access Agency - HHD			
PROGRAM NUMBER:		14DSS1301ZL/163C-HHD-11			
		Requested	Adjustments	Approved	
Contract Amount		\$ 89,770	29,000	\$ 118,770	
<i>For Amendments Only</i>					
Previously Approved Contract Amount		\$ 89,770	29,000	\$ 118,770	
Amount of Amendment		\$ 118,770	36,434	\$ 155,204	
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				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>				
3	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	780		-	780
	3b. Admin. Fringe Benefits	305		-	305
	3c. Admin. Overhead	11,280		3,643	14,924
	<b>TOTAL ADMINISTRATION</b>		12,365	3,643	16,009
4	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	71,687		22,438	94,124
	4b. Program Fringe Benefits	23,018		8,796	31,814
	<b>TOTAL DIRECT PROGRAM</b>		94,705	31,233	125,938
5	<b>OTHER COSTS</b>				
	5a. Program Rent	8,660		1,457	10,117
	5b. Consumable Supplies	1,839		100	1,939
	5c. Travel & Transportation	200		-	200
	5d. Utilities	0		-	-
	5e. Repairs & Maintenance	0		-	-
	5f. Insurance	0		-	-
	5g. Food & Related Costs	0		-	-
	5h. Other Project Expenses	1,000		-	1,000
	<b>TOTAL OTHER COSTS</b>		11,699	1,557	13,257
6	<b>EQUIPMENT</b>				
7	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
8	<b>TOTAL NET PROGRAM COST</b>		118,770	36,434	155,204
	(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**

**14DSS1301ZL/163C-HHD-11 A3**

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

**CONTRACTOR**

The ACCESS Agency, Inc.

  
\_\_\_\_\_  
Peter S. DeBiasi, President/CEO

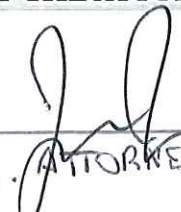
6/19/17  
Date

**DEPARTMENT OF SOCIAL SERVICES**

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

6/20/17  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
\_\_\_\_\_  
Assoc. ATTORNEY GENERAL (Approved as 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(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 Peter S. DeBlasi, President/CEO of The ACCESS Agency, Inc., an entity  
Signatory's Title Name of Entity

duly formed and existing under the laws of State of Connecticut.  
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

The ACCESS Agency, Inc. and that The ACCESS Agency, 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(a)(1) and 4a-60a(a)(1), as amended.

Authorized Signatory

Peter S. DeBlasi  
Printed Name

Sworn and subscribed to before me on this 19<sup>th</sup> day of June, 2017.

Claire L. Labelle  
Commissioner of the Superior Court/  
Notary Public

3/31/19  
Commission Expiration Date

CLAIRE L. LABELLE  
Notary Public  
Connecticut  
My Commission Expires Mar 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, Peter S. DeBiasi, President/CEO, of The ACCESS Agency, Inc.,  
Authorized Signatory Title Name of Entity

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

certify that the following is a true and correct copy of a resolution adopted on the 21<sup>st</sup> day of  
June, 20 16 by the governing body of The ACCESS Agency, 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 The ACCESS Agency, Inc. comply with the  
Name of 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 19<sup>th</sup> day of June, 20 17.

Authorized Signatory

6/19/17  
Date  
Claire L Labelle

Peter S. DeBiasi  
Printed Name

CLAIRE L LABELLE  
Notary Public  
Connecticut  
My Commission Expires Mar 31, 2019



**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:

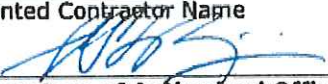
**Lawful Campaign Contributions to Candidates for Statewide Public Office:**

<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.

The ACCESS Agency, Inc.  
Printed Contractor Name  
  
Signature of Authorized Official

Peter S. DeBiasi, President/CEO  
Printed Name of Authorized Official

Subscribed and acknowledged before me this 19<sup>th</sup> day of June, 2017

Claire L. Labelle  
Commissioner of the Superior Court (or Notary Public)

3-31-19 My Commission Expires  
 CLAIRE L. LABELLE  
 Notary Public  
 Connecticut  
 My Commission Expires Mar 31, 2019

3-31-19



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:

Table with columns: 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.

Signature section: Printed Name of Bidder or Contractor (The ACCESS Agency, Inc.), Signature of Principal or Key Personnel (Peter S. DeBlasi), Date, Awarding State Agency

Sworn and subscribed before me on this 19th day of June, 2017.

Signature of Notary Public: Claire L. Labelle, Commissioner of the Superior Court or Notary Public

My Commission Expires 3-31-19, My Commission Expires Mar 31, 2019

Handwritten date: 3-31-19



# WORKFORCE ANALYSIS

Contractor **The ACCESS Agency, Inc.**

Number of Connecticut Employees		89
Full-time:	56	Part-time: 33
Employment figures obtained from		
Visual Check	<input type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	Contractor «ContractorOrg»   Number

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	18	18	18	18	18	18	18	18	18	18	18	18	18
Professionals	18	18	18	18	18	18	18	18	18	18	18	18	18
Technicians	18	18	18	18	18	18	18	18	18	18	18	18	18
Service Workers	18	18	18	18	18	18	18	18	18	18	18	18	18
Office & Clerical	18	18	18	18	18	18	18	18	18	18	18	18	18
Craft Workers (Skilled)	18	18	18	18	18	18	18	18	18	18	18	18	18
Operators (Semi-Skilled)	18	18	18	18	18	18	18	18	18	18	18	18	18
Laborers (Unskilled)	18	18	18	18	18	18	18	18	18	18	18	18	18
<b>TOTALS</b>	18	18	18	18	18	18	18	18	18	18	18	18	18
Totals One Year Ago	18	18	18	18	18	18	18	18	18	18	18	18	18

## FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees	14	14	14	14	14	14	14	14	14	14	14	14	14

1. Have you successfully implemented an Affirmative Action Plan?

Yes  No  If yes, date of implementation 1991 ; 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: 6/19/17