

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

**Contractor:** The Community Action Agency of Western Connecticut, Inc.  
**Contractor Address:** 66 North Street, Danbury, CT .06810  
**Contract Number:** 14DSS1301ZO / 034C-HHD-28  
**Amendment Number:** Amendment 3  
**Amount as Amended:** \$719,013.00  
**Contract Term as Amended:** 10/1/2014 to 6/30/2018

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The contract between The Community Action Agency of Western Connecticut, 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 12/8/2014, and previously amended on 9/30/2015 and 10/05/2016 is hereby further amended as follows:

1. The term of the 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 this contract has increased by \$168,791.00 from \$550,222.00 to \$719,013.00. This increase is to continue to provide HHD services to the Danbury, Stamford and Norwalk service areas.
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 300 clients (individuals) and 25 families receiving services in the Danbury service area; an additional 65 clients in the Stamford service area; and an additional 80 clients in the Norwalk service area.
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. Danbury service area – one (1) full-time Program Manager @ 35 hours per week, (30%); one (1) full-time Community Support Specialist @ 35 hours per week, (50%); one (1) full-time Community Support Specialist @ 35 hours per week, (15%); one (1) full-time Community Support Specialist/Pantry Coordinator @ 35 hours per week, (15%); and one full-time Community Services Specialist @ 35 hours per week, (20%).  
  
Norwalk service area – one (1) full-time Site Director @ 35 hours per week, (5%); one (1) full-time Community Support Specialist @ 35 hours per week, (50%); one (1) part-time Community Support Specialist @ 21 hours per week, (50%); and one (1) full-time Community Services Specialist @ 35 hours per week, (13%).  
  
Stamford service area – one (1) full-time Site Director @ 35 hours per week, (4%); and two (2) full-time Community Services Specialists @ 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

## COMPOSITE FINANCIAL SUMMARY

PROGRAM NAME:

Hispanic Human Development

PROGRAM NUMBER:

14DSS1301Z0/034C-HHD-28 A3

		Requested	Adjustments	Approved	
<b>Contract Amount</b>		\$ 550,222	\$ 168,791	\$ 719,013	
<i>For Amendments Only</i>					
<b>Previously Approved Contract Amount</b>					
<b>Amount of Amendment</b>					
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				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal	8,104		488	8,592
	2c. Independent Audit	5,909		1,527	7,436
	2d. Other Contractual Services			2,955	2,955
	<b>TOTAL CONTRACTUAL SERVICES</b>		15,837	4,970	20,807
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	0			
	3b. Admin. Fringe Benefits	0			
	3c. Admin. Overhead	35,111		11,159	46,270
	<b>TOTAL ADMINISTRATION</b>		35,111	11,159	46,270
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	314,564		96,862	411,426
	4b. Program Fringe Benefits	99,144		24,644	123,788
	<b>TOTAL DIRECT PROGRAM</b>		413,708	121,506	535,214
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	30,476		7,119	37,595
	5b. Consumable Supplies	11,532		5,295	16,827
	5c. Travel & Transportation	2,030		178	2,208
	5d. Utilities	2,690		3,342	6,032
	5e. Repairs & Maintenance	7,553		2,052	9,605
	5f. Insurance	4,126		1,526	5,651
	5g. Food & Related Costs	0		0	0
	5h. Other Project Expenses	27,159		11,644	38,803
	<b>TOTAL OTHER COSTS</b>		85,566	31,156	116,722
<b>6</b>	<b><u>EQUIPMENT</u></b>				
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		550,222	168,791	719,013
	(Sum of 1 through 6, minus Line 7)				

**DANBURY SERVICE AREA FINANCIAL SUMMARY**

PROGRAM NAME: HHD - Danbury  
 PROGRAM NUMBER: 14DSS1301Z0/034C-HHD-28 A3

Contract Amount	Requested	Adjustments	Approved
	\$ 235,408	\$ 81,357	\$ 316,765

*For Amendments Only*  
 Previously Approved Contract Amount  
 Adjustments & New Contract Amount

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal	3,753		488	4,241
	2c. Independent Audit	2,675		732	3,407
	2d. Other Contractual Services	813		1,465	2,278
	TOTAL CONTRACTUAL SERVICES		7,241	2,685	9,926
<b>3</b>	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead	16,457		5,208	21,665
	TOTAL ADMINISTRATION		16,457	5,208	21,665
<b>4</b>	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	134,475		48,856	183,331
	4b. Program Fringe Benefits	44,205		12,532	56,737
	TOTAL DIRECT PROGRAM		178,680	61,388	240,068
<b>5</b>	<b>OTHER COSTS</b>				
	5a. Program Rent	2,835		1,530	4,365
	5b. Consumable Supplies	6,316		2,800	9,116
	5c. Travel & Transportation	1,240		100	1,340
	5d. Utilities	2,218		732	2,950
	5e. Repairs & Maintenance	5,827		488	6,315
	5f. Insurance	1,970		537	2,507
	5g. Food & Related Costs	0			
	5h. Other Project Expenses	12,624		5,889	18,513
	TOTAL OTHER COSTS		33,030	12,076	45,106
<b>6</b>	<b>EQUIPMENT</b>				
<b>7</b>	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b>TOTAL NET PROGRAM COST</b>		235,408	81,357	316,765
	(Sum of 1 through 6, minus Line 7)				

**NORWALK SERVICE AREA FINANCIAL SUMMARY**

PROGRAM NAME: HHD - Norwalk A3  
 PROGRAM NUMBER: 14DSS1301Z0/034C-HHD-28

	Requested	Adjustments	Approved
<b>Contract Amount</b>	\$ 233,480	\$ 64,657	\$ 298,127

<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>			
<b>Adjustments &amp; New Contract Amount</b>			

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				
	2b. Legal	3,752			3,752
	2c. Independent Audit	2,606		570	3,176
	2d. Other Contractual Services	753		1,197	1,950
	TOTAL CONTRACTUAL SERVICES		7,111	1,767	8,878
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead	15,685		3,891	19,576
	TOTAL ADMINISTRATION		15,685	3,891	19,576
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	128,433		34,675	163,108
	4b. Program Fringe Benefits	42,352		7,980	50,332
	TOTAL DIRECT PROGRAM		170,785	42,655	213,440
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	21,199		5,589	26,788
	5b. Consumable Supplies	4,221		1,483	5,704
	5c. Travel & Transportation	790		78	868
	5d. Utilities	432		2,570	3,002
	5e. Repairs & Maintenance	1,624		1,462	3,086
	5f. Insurance	1,683		781	2,464
	5g. Food & Related Costs				
	5h. Other Project Expenses	9,950		4,371	14,321
	TOTAL OTHER COSTS		39,899	16,334	56,233
<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>		233,480	64,647	298,127
	(Sum of 1 through 6, minus Line 7)				

**STAMFORD SERVICE AREA FINANCIAL SUMMARY**

PROGRAM NAME: HHD - Stamford  
 PROGRAM NUMBER: 14DSS1301Z0/034C-HHD-28 A3

	Requested	Adjustments	Approved
<b>Contract Amount</b>	\$ 81,334	\$ 22,787	\$ 104,121

<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Adjustments & New Contract Amount			

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal	599			599
	2c. Independent Audit	628		225	853
	2d. Other Contractual Services	258		293	551
	TOTAL CONTRACTUAL SERVICES		1,485	518	2,003
<b>3</b>	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	0			
	3b. Admin. Fringe Benefits	0			
	3c. Admin. Overhead	2,969		2,060	5,029
	TOTAL ADMINISTRATION		2,969	2,060	5,029
<b>4</b>	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	51,656		13,330	64,986
	4b. Program Fringe Benefits	12,587		4,133	16,719
	TOTAL DIRECT PROGRAM		64,243	17,463	81,706
<b>5</b>	<b>OTHER COSTS</b>				
	5a. Program Rent	6,442			6,442
	5b. Consumable Supplies	995		1,012	2,007
	5c. Travel & Transportation	-			0
	5d. Utilities	40		40	80
	5e. Repairs & Maintenance	102		102	204
	5f. Insurance	473		208	681
	5g. Food & Related Costs				
	5h. Other Project Expenses	4,585		1,384	5,969
	TOTAL OTHER COSTS		12,637	2,746	15,383
<b>6</b>	<b>EQUIPMENT</b>				
<b>7</b>	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b>TOTAL NET PROGRAM COST</b>		81,334	22,787	104,121
	(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**

14DSS1301ZO/034C-HHD-28 A3

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

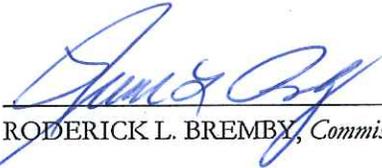
**CONTRACTOR**

The Community Action Agency of Western Connecticut, Inc.

  
\_\_\_\_\_  
Michelle H. James, Executive Director

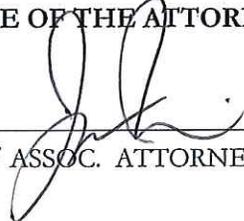
6/13/17  
Date

**DEPARTMENT OF SOCIAL SERVICES**

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

6/14/2017  
Date

**OFFICE OF THE ATTORNEY GENERAL**

  
\_\_\_\_\_  
~~ASST.~~ / ASSOC. ATTORNEY GENERAL (*Approved as to 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 Michelle H. James of The Community Action Agency of Western Connecticut, Inc. (CAAWC), 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

CAAWC and that CAAWC  
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.

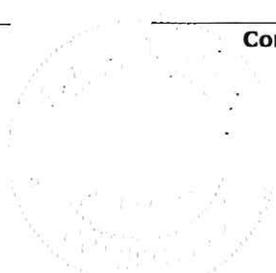
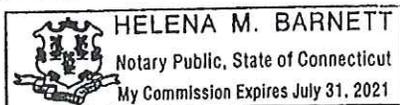
Michelle H. James  
Authorized Signatory

Michelle H. James  
Printed Name

Sworn and subscribed to before me on this 19 day of April, 2017.

Helena Barnett  
Commissioner of the Superior Court/  
Notary Public

7/31/2021  
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.

The Community Action Agency of Western Connecticut, Inc.

Printed Contractor Name

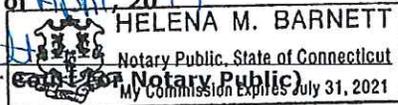
Michelle H. James  
Signature of Authorized Official

Michelle H. James

Printed Name of Authorized Official

Subscribed and acknowledged before me this 19 day of April, 2017

Helena Barnett  
Commissioner of the Superior Court



7/31/2021  
My Commission Expires



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: The Community Action Agency of Western Connecticut, 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.

The Community Action Agency of Western Connecticut, Inc.
Printed Respondent Name

Michelle H. James
Printed Name of Authorized Official

Michelle H. James
Signature of Authorized Official

Subscribed and acknowledged before me this 19 day of April, 2017.

Nelena Barnett
Commissioner of the Superior Court (or Notary Public)

7/31/2021
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:

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

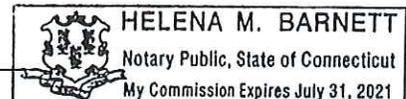
If YES: Name of Former State Agency, Termination Date of Employment

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

Printed Name of Bidder or Contractor, Signature of Principal or Key Personnel, Date, Printed Name (of above), Awarding State Agency

Sworn and subscribed before me on this 14 day of June, 2017.

Helena Barnett, Commissioner of the Superior Court or Notary Public, My Commission Expires 7/31/21



STATE OF CONNECTICUT

Current User: donna.locurto@ct.gov
Biznet Menu Log In/Out

**State of Connecticut**  
 Commission On Human Rights and Opportunities (CHRO)  
 Workplace Analysis Affirmative Action Report  
 Employee Information Form

White - Not of Hispanic Origin  
 Black - Not of Hispanic Origin  
 Asian - Asian/Pacific Islander  
 Native - American Indian or Alaskan Native

The Community Action Agency of Western Connecticut, Inc.

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
10828	Officials/Managers	4	1	0	0	2	0	0	0	1	0	0
10829	Professionals	52	1	6	2	14	1	25	0	3	0	0
10830	Technicians	0	0	0	0	0	0	0	0	0	0	0
10831	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
10832	Office/Clerical	12	0	2	0	2	1	5	0	2	0	0
10833	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
10834	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
10835	Laborers (Unskilled)	2	0	0	0	1	0	1	0	0	0	0
10836	Service Workers	0	0	0	0	0	0	0	0	0	0	0
	<b>Totals</b>	<b>70</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>19</b>	<b>2</b>	<b>31</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>

Do you use minority business as subcontractors or suppliers?  Yes  No Explain:

If CT based, do you post all employment openings with the State of Connecticut Employment Service?  Yes  No Explain:

Do you use an Affirmative Action Plan?  Yes  No Explain:

Describe your recruitment, hiring, training and promotion anti-discrimination practices.

The Department of Administrative Services - Business Network. [Review our Privacy Policy](#)  
 Need to contact us? Send e-mail to [DAS Web Design](#)  
 All State [disclaimers and permissions](#) apply.  
 Hit Counter 1,797

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

W-1270

Voucher #: VR Processed by: VR Date: Voucher Approved by: Date:

PAYEE INFORMATION

Vendor Invoice #: \_\_\_\_\_  
 Vendor/Contractor Name: The Community Action Agency of Western Connecticut, Inc.

Business Address: 66 North Street, Danbury, CT .06810

Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)

Purchase/Contract Type:  PO  POS  MOA/TI  BOND  
 Check One:  Competitive  Non-Competitive

Spending Plan Code: HHHD  
 CORE-CT Contract #: 14DSS1301ZO A3  
 DSS Contract #: 034C-HHD-28

PO #: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 FEIN #: 060813725 Vendor # 0000010318  
 Contract Period: From: 10/1/2014 To: 6/30/2018  
 Payment Period: From: \_\_\_\_\_ To: \_\_\_\_\_

The Community Action Agency of Western Connecticut, Inc.  
 66 North Street, Danbury, CT .06810

Total Contract: \$719,013.00  
 Previous Payments: \$ \_\_\_\_\_  
 This Payment: \$ \_\_\_\_\_

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

Authorization: Michelle H. James

*Michelle H James*

Contractor Name (print)

Contractor Signature

6/13/17  
 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			DSS					168	
\$ 20			DSS					168	
\$ 20			DSS					168	
\$ 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: Clare Fravel  
 DSS PROGRAM STAFF REP Signature

Date: \_\_\_\_\_ (860) 424-5032  
 Phone #

Co-sign (if required) Signature \_\_\_\_\_ Phone # \_\_\_\_\_

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

DSS FISCAL STAFF APPROVAL - Name (sign & date)