

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

**Contractor:** Junta for Progressive Action, Inc.  
**Contractor Address:** 169 Grand Avenue, New Haven, CT 06513  
**Contract Number:** 15DSS4001OT / 093-1OT-HRD-1  
**Amendment Number:** Amendment 2  
**Amount as Amended:** \$213,035.00  
**Contract Term as Amended:** 10/1/2015 to 6/30/2018

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The contract between Junta for Progressive Action, 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 3/9/2016, and previously amended on 10/5/2016 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 6/30/17 to 6/30/18.
2. The total maximum amount payable under the contract has increased by \$60,860 from \$152,175 to \$213,035 in order to continue services to the intended population of this contractor.
3. DSS contract/contact person on page 1 or the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
4. 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:**  
**PROGRAM NUMBER:**

<b>Human Resource Development (October 2015 - June 2018)</b>
<b>15DSS4001OT A-2</b>

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
<b>Previously Approved Contract Amount</b>			
<b>Amount of Amendment</b>	\$ 152,175	\$ 60,680	\$ 213,035

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	7,500			7,500
	2b. Legal				
	2c. Independent Audit	3,000			3,000
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>	<b>10,500</b>			<b>10,500</b>
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	35,000		17,500	52,500
	3b. Admin. Fringe Benefits	4,742		2371	7,113
	3c. Admin. Overhead				
	<b>TOTAL ADMINISTRATION</b>	<b>39,742</b>		<b>19,871</b>	<b>59,613</b>
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	63,581		27,249	90,830
	4b. Program Fringe Benefits	16,245		6,962	23,207
	<b>TOTAL DIRECT PROGRAM</b>	<b>79,826</b>		<b>34,211</b>	<b>114,037</b>
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies	3,000		1,000	4,000
	5c. Travel & Transportation				
	5d. Utilities	9,000		1,642	10,642
	5e. Repairs & Maintenance	1,750		750	2,500
	5f. Insurance	5,415		1,915	7,330
	5g. Food & Related Costs				
	5h. Other Project Expenses	2,942		1,471	4,413
	<b>TOTAL OTHER COSTS</b>	<b>22,107</b>		<b>6,778</b>	<b>28,885</b>
<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>	<b>152,175</b>		<b>60,860</b>	<b>213,035</b>
	(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

15DSS4001OT/093-1OT-HRD-1 A2

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

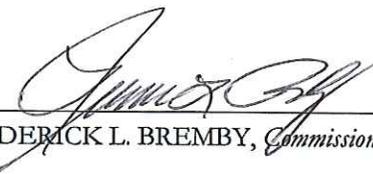
### CONTRACTOR

Junta for Progressive Action, Inc.

  
\_\_\_\_\_  
Sandra Trevino, Executive Director

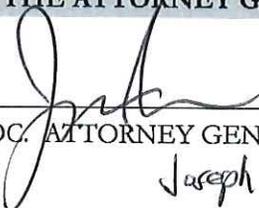
6/20/17  
Date

### DEPARTMENT OF SOCIAL SERVICES

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

6/22/17  
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 Executive Director of Junta for Progressive Action, an entity  
Signatory's Title Name of Entity

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

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

Junta for Progressive Action and that Junta for Progressive Action  
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

Sandra Treviño

Printed Name

Sworn and subscribed to before me on this 20 day of June, 20 17.

Commissioner of the Superior Court/  
Notary Public

FERNANDO Y FANEYTE  
Notary Public  
Commission Expiration Date  
Connecticut  
My Commission Expires Sep 30, 2017



**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:**

Contribution Date	Name of Contributor	Recipient	Value	Description
	N/A			

**Lawful Campaign Contributions to Candidates for the General Assembly:**

Contribution Date	Name of Contributor	Recipient	Value	Description
	N/A			

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

Junta for Progressive Action, Inc.

Printed Contractor Name

Sandra TRENTU

Printed Name of Authorized Official

June 20, 2017

Signature of Authorized Official

Subscribed and acknowledged before me this 20 day of June, 20 17

Commissioner of the Superior Court (or Notary Public)

FERNANDO Y FANEYTE  
 My Commission Expires Notary Public  
 Connecticut  
 My Commission Expires Sep 30, 2017



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 fields for Consultant's Name and Title, Name of Firm, Start Date, End Date, Cost, and Description of Services Provided. All fields contain handwritten 'n/a'.

Is the consultant a former State employee or former public official? [ ] YES [ ] NO

If YES: Name of Former State Agency, Termination Date of Employment. Both fields contain handwritten 'n/a'.

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

Signature and date fields for Bidder/Contractor and Principal/Personnel. Includes printed names and awarding state agency.

Sworn and subscribed before me on this 21 day of June, 2017.

Commissioner of the Superior Court or Notary Public



# WORKFORCE ANALYSIS

Contractor Junta for  
Progressive Action, Inc.

Address 169 Grand Avenue,  
New Haven, CT .06513

Number of Connecticut Employees	
Full-time: <input type="text"/>	Part-time: <input type="text"/>
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» <input type="checkbox"/> 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													
Professionals			2			1	3						
Technicians													
Service Workers						2	4						
Office & Clerical						2	1						
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS			2			5	8						
Totals One Year Ago			2			5	8						

## 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:  a social service agency. we do work with college interns.

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:  But we have no plans to subcontract.

Authorized Signature: \_\_\_\_\_

  
Sandra Trunko

Date: June 21, 2017

**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: Junta for Progressive Action, Inc.

Business Address: 169 Grand Avenue, New Haven, CT .06513

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

Spending Plan Code: HRD

CORE-CT Contract #: 15DSS4001OT A2

DSS Contract #: 093-1OT-HRD-1

PO #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

FEIN #: 237066862 Vendor # 0000017222

Contract Period: From: 10/1/2015 To: 6/30/2018

Payment Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Contract: \$213,035.00

Previous Payments: \$ \_\_\_\_\_

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

Authorization: Sandra Trevino

Contractor Name (print)

Contractor Signature

Date

*June 21, 2017*

**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: Dennis Nesta  
DSS PROGRAM STAFF REP Signature

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

(860) 424-5892  
Phone #

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

DSS FISCAL STAFF APPROVAL - Name (sign & date) \_\_\_\_\_

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