CONTRACT AMENDMENT

DEPARTMENT OF SOCIAL SERVICES
STATE OF CONNECTICUT

Amount as Amended: $22,143.37

Amendment Number: 02

Amendment Date: 07/13/07

Contract Address:
Southwestern Connecticut Agency on Aging, Inc.
1000 Lawrence Blvd., 6th Floor, BRIDGEPORT, CT 06604

Contractor:

( )

( )

DSC WAPP-09/40

OG Template 15

XXSSWA-CH04 / 126SS601XX

09/06/00 10/11/06
6. Part I, SECTION TWO labeled SCOPE OF WORK A. CONTRACTOR RESPONSIBILITIES 3. Procedures for Contractor Eligibility and Client Eligibility c. Applicant and Client Assessments and Reassessments of the Original Contract shall be maintained as follows.

7. Part I, SECTION E labeled BUDGET AND PAYMENT of A1 of the Original Contract shall be supplemented with the following:

a. The budget for the services related to the PCA Waiver Program, is supplement to include the period between July 1, 2016 to June 30, 2019, shown on page four (4) of this agreement.

8. Part I, SECTION THREE labeled BUDGET AND PAYMENT of the Original Contract shall be supplemented with the following:

a. The budget for the services related to the CHCP, is supplement to include the period between July 1, 2016 to June 30, 2018, shown on page three (3) of this agreement.
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Budget Year 1</th>
<th>Budget Year 2</th>
<th>Total Year 1</th>
<th>Total Year 2</th>
<th>Total Two Years</th>
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<tbody>
<tr>
<td>1</td>
<td>Contractual Services</td>
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<tr>
<td>2</td>
<td>Administration</td>
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<td>3</td>
<td>Direct Program Staff</td>
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<tr>
<td>4</td>
<td>Other Costs</td>
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<td>5</td>
<td>Equipment</td>
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<tr>
<td>6</td>
<td>Program Income</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Total Net Program Cost</td>
<td></td>
<td></td>
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</table>

Program Name: [Program Name]
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<tr>
<th>Item</th>
<th>12 months</th>
<th>24 months</th>
<th>Total Year 5</th>
<th>Total Year 4</th>
<th>Total Year 3</th>
<th>Total Year 2</th>
<th>Total Year 1</th>
<th>Total Year 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>Budget Year 5</td>
<td>Budget Year 4</td>
<td>Budget Year 3</td>
<td>Budget Year 2</td>
<td>Budget Year 1</td>
<td>Budget Year 0</td>
<td>$2,930</td>
<td>$1,957</td>
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<tr>
<td>Item 2</td>
<td>$3,920</td>
<td>$2,875</td>
<td>$1,972</td>
<td>$1,080</td>
<td>$922</td>
<td>$780</td>
<td>$75</td>
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<tr>
<td>Item 3</td>
<td>$1,315</td>
<td>$1,010</td>
<td>$705</td>
<td>$490</td>
<td>$400</td>
<td>$350</td>
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<td>Item 4</td>
<td>$5,924</td>
<td>$4,918</td>
<td>$3,823</td>
<td>$2,914</td>
<td>$2,215</td>
<td>$1,660</td>
<td>$1,080</td>
<td>$1,080</td>
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**TOTAL NET PROGRAM COST**

**TOTAL PROGRAM INCOME**

**TOTAL EQUIPMENT**

**TOTAL OTHER COSTS**

**TOTAL DIRECT PROGRAM**

**TOTAL ADMINISTRATION**

**TOTAL CONTRACTUAL SERVICES**

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Program Name:

Southwestern CT Agency on Aging, Inc.

248-2080

CHC-POA Weber

TWO YEAR BUDGET

<table>
<thead>
<tr>
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<tbody>
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<td>$1,315</td>
<td>$1,010</td>
<td>$705</td>
<td>$490</td>
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<tr>
<td>$3,920</td>
<td>$2,875</td>
<td>$1,972</td>
<td>$1,080</td>
<td>$922</td>
</tr>
<tr>
<td>$1,957</td>
<td>$1,752</td>
<td>$1,557</td>
<td>$1,357</td>
<td>$1,157</td>
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</table>

**TOTAL**

$17,228
OFFICE OF THE ATTORNEY GENERAL

DATE
7/14/16

DEPARTMENT OF SOCIAL SERVICES

DATE
6/30/2014

CONTRACTOR - SOUTHWESTERN CONNECTICUT AGENCY ON AGING, INC.

Documentation necessary to demonstrate the substantiation to step must be included.

The Contractor is a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

SIGNATURES AND APPROVALS

ASSISTANT ATTORNEY GENERAL (Appointed as of July 14, 2016)

Rosebud L. Bremhier, Commissioner

Michael W. Allen, Executive Director

[Signature]

[Signature]
For the conflict of interest or disclosure of any person, any application, proposal, or form, a principal or key personnel who has a financial interest in the proposed advertisement of goods, services, or products, or is the officer in charge of the programs, or is the officer in charge of the programs.

I further certify that all principles or key personnel, know of any action by the contractor to circumvent (or

amendment of) any public or private, or for-profit, or any public or private, or for-profit, or for-profit, or for-profit, or for-profit, or for-profit.

I also certify that the contractor is aware of the principles or key personnel.

The contractor means the person, firm, or company, and the contractor's employees are aware of the principles or key personnel.

A contractor means the person, firm, or company, and the contractor's employees are aware of the principles or key personnel.

The following terms have the meaning set forth below:

GIFT CERTIFICATION:

☑️ Initial Certification
☐ 12 Month Anniversary Update (multi-year contracts only)
☐ New Certification

Instructions:

For the conflict of interest or disclosure of any person, any application, proposal, or form, a principal or key personnel who has a financial interest in the proposed advertisement of goods, services, or products, or is the officer in charge of the programs, or is the officer in charge of the programs.

I further certify that all principles or key personnel, know of any action by the contractor to circumvent (or
commissioner of the superior court (or notary public)

My commission expires on: 3/1/2024

[Signature]

Subscribed and acknowledged before me this 27 day of July, 2014.

[Signature]

Printed Name of Authorized Official

Marie Allen

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

Lawful campaign contributions to candidates for the general assembly:

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Recipient</th>
<th>Name of Contributor</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Lawful campaign contributions to candidates for state wide public office:

Assemblies, are listed below:

Support of or supporting of candidates for state wide public office of the General

I further certify that the above campaign contributions I have been made on behalf of any candidate, committee, political committees, or party committees.

Page 2 of 2
Rev. 5-26-15

OMN Enlar Form 1
My Commission Expires Jan 31, 2020

RACHEL HAYES
Commissioner of the Superintendant

Commissioner of the Superintendant

Commissioner of the Superintendant

Commissioned State Agency

Printed Name (of above)

MARTINE ALLEN

Printed Name of Principal or Key Personals

Note: I hereby swear that I am the principal or key personnel of the bidder or contractor

sworn and subscribed before me on this day of June, 20—

termination Date of Employment

Name of Former State Agency

YES □ NO □

Do the consultant a former state employee of former public official

Description of Services Provided:

Consulting Agreement

Computer Maintenance

Cost

Vendor

Start Date

End Date

Consultant’s Name and Title

I, the undersigned, hereby swear that I am the principal or key personnel of the bidder or contractor named above, and that the information contained in the most recently filed

Appendix:

Any new bid or proposal, whichever is earlier.

The above must be amended if there is any change in the information contained in the most recently filed

Compliance with the requirements of the Superintendant of Public Instruction.

The bidder or contractor has entered into a consulting agreement as defined by Connecticut General Statutes §4-48(1)(t): Complete all sections of the form. If the bidder or contractor has entered into another consulting agreement that is subject to the requirements of the Superintendant of Public Instruction, complete all sections of the form. If the bidder or contractor has entered into a consulting agreement that is subject to the requirements of the Superintendant of Public Instruction, complete all sections of the form.

INSTRUCTIONS:

Affidavit of Connecticut

State of Connecticut

Opal Envis Form 5

REV. 3-88-1-14
Amending State Agency

Street Address

City, Bridgeport

State Zip 06610

Name or Corporation (if applicable)

Signature

Date

The summary of state ethics laws is available on the State of Connecticut’s Office of State Ethics website.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative of such entity, certify by my signature below, under the penalties of perjury, that I am in compliance with the State Ethics Law and the Connecticut General Statutes §5-67b and (2) that I have not violated any provisions of such laws.

IMPORTANT NOTE:

[ ] I am a contractor who has already filed an affirmation but am updating such affirmation because

[ ] I am a subcontractor of a contractor who has been awarded a large State construction contract.

[ ] I am a contractor who has been awarded a large State construction contract.

[ ] I am a person seeking a large State construction or procurement contract.

CHECK ONE:

[ ] I am a person seeking a large State construction or procurement contract, as directed below.

INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed.

AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

STATE OF CONNECTICUT

 ром Ethics Form 6

REV. 10-01-11
My Commission Expires

Commissioner of the Superior Court (or Public)

Signature and acknowledgment before me this the ___ day of
_________________________, 20__

Declared and acknowledged before me this the ___ day of
_________________________, 20__

Signature of Authorized Official

Printed Name of Authorized Official

Printed Name of Respondent

Respondent has made no direct investment of money or shares in the equity sector of any corporation or business, for the year of October 1, 2010, as described in section 22 of the competition law relative to the company's accounting, accountability and disclosure act of 2010.

I, the undersigned, do hereby authorize the execution of these documents on behalf of the Respondent. I certify that

CERTIFICATION

A clear, precise, and unambiguous statement of all the non-share-equity interests in the business of a non-profit corporation or a person who is not a director, executive officer, or employee of a corporation, or an individual who is not a director, executive officer, or employee of a corporation, is not to be included in the definition of a "person" for purposes of the law, as set forth in section 4-220 of the Connecticut General Statutes.

1. Certification requirements.

Signed:

Date:

2. Respondent means the person who shall be designated as the Respondent, and includes any person holding himself or herself out as a director, executive officer, or employee of the corporation, or an individual who is not a director, executive officer, or employee of a corporation.

3. The following words and phrases shall have the same meaning as defined in section 4-220 of the Connecticut General Statutes:

Annual Report:

B. Additional definitions.

Check applicable box:

A. Who must complete and submit this form. Effective October 1, 2013, this form must be submitted for any non-stock elections of control of the business subject to the United States of America.

B. A non-stock election is one that is not a stock election, as defined in section 4-220 of the Connecticut General Statutes. The form must be submitted within the United States of America.

C. Certificate of Non-Compliance with the Federal Trade Commission Act of 1914, as amended, of the United States of America.

D. Certificate of Non-Compliance with the Federal Trade Commission Act of 1933, as amended, of the United States of America.


U. Certificate of Non-Compliance with the Federal Trade Commission Act of 2026, as amended, of the United States of America.

V. Certificate of Non-Compliance with the Federal Trade Commission Act of 2030, as amended, of the United States of America.


X. Certificate of Non-Compliance with the Federal Trade Commission Act of 2038, as amended, of the United States of America.

Y. Certificate of Non-Compliance with the Federal Trade Commission Act of 2042, as amended, of the United States of America.

Z. Certificate of Non-Compliance with the Federal Trade Commission Act of 2046, as amended, of the United States of America.

Additional information:
The undersigned has executed this certificate this 31st day of June, 2016.

§§ 46-60(a)(1) and 46-60a(a)(1), as amended.

Name of Entity
Affirmation of Agreement and Warranties of Connecticut General Stakes

RESOLVED: That the policies of

or revoked, and is in full force and effect.

Name of State of Incorporation

In accordance with all of its documents of governance and management and the laws of

Name of Entity
Affirmation of Agreement and Warranties of Connecticut General Stakes

CERTIFICATION OF RESOLUTION:

By the Board of Directors of

The State of Connecticut

Instructions:

For use by an entity (Corporation, Limited Liability Company, or Partnership) where entering into any contract for use by an entity (Corporation, Limited Liability Company, or Partnership) where entering into any contract for use by an entity (Corporation, Limited Liability Company, or Partnership) where entering into any contract

FOR CONTRACTS VALID AT $50,000 OR MORE

07-08-2009
Form D
I, the undersigned head of the awarding State agency or designee, certify that the attached prior resolution complies with the non-discrimination agreements and warranties of Connecticut General Statutes § 4a-69(a)(1) and § 4a-69a(e) as amended, and the attached prior resolution complies with the non-discrimination agreements and warranties of Connecticut General Statutes § 4a-69(a)(1) and § 4a-69a(e) as amended.

I have reviewed the attached prior resolution. I certify that:

I, the undersigned, am a duly authorized corporate officer or member of the Board of Directors, manager, member or other governing body of a contractor that

NAME OF CITY/ TOWN/ ORGANIZATION

CERTIFICATION OF PRIOR RESOLUTION:

contract execution.

Certificate of Form: New Resolution. Submit all documentation to the awarding State agency prior to contract execution. Contract awarded, amended or rescinded by the awarding State agency.

For use by any entity (corporation, limited liability company, or partnership) when entering into any contract valued at $50,000 or more.
Attix Corporate Seal

EVA N. THOMPSON, Secretary

Dated at Bridgeport, Connecticut this 31st day of June 2016.

November 19, 2015

Adopted and is in full force and effect and was in effect on

I HEREBY CERTIFY THAT THE FOREGOING RESOLUTION WAS DATED

Agreements, on behalf of the corporation,

Resolved, that effective November 19, 2015, when Samuel Dobbie, Chairman of the Board

a question was pressed, the following motion was made and unanimously passed:

At a duly called meeting of the Board of Directors of the Southwestern Connecticut Agency

CONTRACT EXECUTION

BOARD OF DIRECTORS RESOLUTION

Southwestern CT

Agency on Aging
The policy is not binding unless countersigned by an authorized representative.

Policy Number: 2000/01/15
Policy Effective Date: 07/10/15

Audited Period: Annual
Minimum Premium: 
Deposit Premium:
Total Estimated Annual Premium: 

Issuing Office: Clinton
Middletown, CT 06457
360 Main Street

Producer's Code: 80446

Producer's Name: SERGIO A. DELBECCHIO, LLC
Address: 1201 W. Huron, 10th Floor

Business of Named Insured: Construksi Des
The Named Insured is: Corporation

FEIN Number: 060166079

Policy Number: 006049675

Policy Number: 006049675

Company Code: 323
NCCI Company Number: 96125

Workers Compensation and Employers Liability Policy

INSURER: THE HARTFORD COMMERCIAL INSURANCE COMPANY

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INFORMATION PAGE

FORM WC 00 00 00 00 A

INFORMATION PAGE