



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

3-17-16

Mr. James Arena-DeRosa  
President  
Foodshare, Inc.  
450 Woodland Avenue  
Bloomfield, CT 06002

CONTRACT #: 15DSS4501KL / 011FS-EFP-12  
PERIOD: 2/1/2015 To 9/30/2017

AMOUNT: \$98,468.00  
AMENDMENT: A1

Dear Mr. Arena-DeRosa:

I am pleased to inform you that the above referenced amendment has been fully executed and approved. Attached is a scanned copy of the amendment for your files.

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**

Jana Engle  
(860) 424-5429  
jana.Engle@ct.gov

**CONTRACT**

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

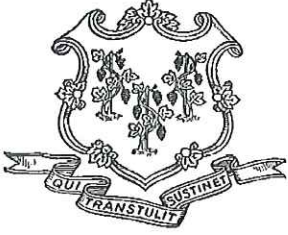
Sincerely,



Roderick L. Bromby  
Commissioner

C: Jana Engle  
Ron Roberts  
Contract file

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES



## CONTRACT AMENDMENT

**Contractor:** Foodshare, Inc.  
**Contractor Address:** 450 Woodland Avenue, Bloomfield, CT 06002  
**Contract Number:** 15DSS4501KL / 011FS-EFP-12  
**Amendment Number:** A1  
**Amount as Amended:** \$98,468.00  
**Contract Term as Amended:** 2/1/2015 / 9/30/2017

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The contract between Foodshare, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 04/07/15, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$57,118.00 from \$41,350.00 to \$98,468.00. This increase is due to the receipt of increased federal funding through the Commodity Supplemental Food program for federal fiscal year 2016.
2. The budget on page 13 of the original contract shall be deleted and replaced in its entirety by the budget on page 2 of this amendment.

**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.**

PART I

FINANCIAL SUMMARY

PROGRAM NAME:  
PROGRAM NUMBER:

CSFP October 1, 2015 -September 30, 2016
011FS-EFP-12/15DSS4501KL A1

Contract Amount	Requested	Adjustments	Approved
	\$ 41,350		\$
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment		\$ 57,118	\$

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			1,000	
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>	-		1,000	1,000
3	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	4,723		7,084	11,807
	3b. Admin. Fringe Benefits	1,070		1,604	2,674
	3c. Admin. Overhead				
	<b>TOTAL ADMINISTRATION</b>	5,793		8,689	14,482
4	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	20,570		28,339	48,909
	4b. Program Fringe Benefits	4,659		6,419	11,078
	<b>TOTAL DIRECT PROGRAM</b>	25,229		34,758	59,987
5	<b>OTHER COSTS</b>				
	5a. Program Rent				
	5b. Consumable Supplies	5,800		5,973	11,773
	5c. Travel & Transportation	1,039		1,240	2,279
	5d. Utilities	1,220		2,356	3,576
	5e. Repairs & Maintenance	1,805		2,367	4,172
	5f. Insurance	464		735	1,199
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	<b>TOTAL OTHER COSTS</b>	10,328		12,671	22,999
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>	41,350		57,118	98,468

## SIGNATURES AND APPROVALS

15DSS4501KL/011FS-EFP-12 A1

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

Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR - Foodshare, Inc.

  
\_\_\_\_\_  
JAMES ARENA-DEROSA, President


3 / 4 / 2016  
Date

DEPARTMENT OF SOCIAL SERVICES

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

3 / 9 / 2016  
Date

OFFICE OF THE ATTORNEY GENERAL

  
\_\_\_\_\_  
ASST./Assoc. Attorney General (Approved as to form)

3 / 17 / 16



**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.

Foodshare, Inc.  
Printed Contractor Name  
  
[Signature]  
Signature of Authorized Official

James Arena-DeRosa  
Printed Name of Authorized Official

Subscribed and acknowledged before me this 4 day of March 2016

Patricia Mason  
Commissioner of the Superior Court (or Notary Public)



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:

Form fields for Consultant's Name and Title, Name of Firm (if applicable), Start Date, End Date, Cost, and 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.

Foodshare, Printed Name of Bidder or Contractor, Signature of Principal or Key Personnel, Date, James Arena-DeRosa, DSS, Printed Name (of above), Awarding State Agency

Sworn and subscribed before me on this 4 day of March, 2016. Patricia Mason, Commissioner of the Superior Court or Notary Public

My Commission Expires





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 President and CEO of Foodshare, Inc, 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

Foodshare, Inc. and that Foodshare, 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

James Arena-DeRosa  
Printed Name


Sworn and subscribed to before me on this 4 day of March, 2016.

  
Commissioner of the Superior Court/  
Notary Public

Commission Expiration Date







# STATE OF CONNECTICUT

Current User: lina.mcgill@ct.gov
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CHRO Form

### 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

#### Foodshare, 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
20818	Officials/Managers	18	6	11	0	0	0	1	0	0	0	0
20819	Professionals	4	2	2	0	0	0	0	0	0	0	0
20820	Technicians	0	0	0	0	0	0	0	0	0	0	0
20821	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
20822	Office/Clerical	14	1	9	0	2	0	1	1	0	0	0
20823	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
20824	Operatives (Semi-skilled)	12	6	1	3	0	2	0	0	0	0	0
20825	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
20826	Service Workers	2	0	1	0	0	1	0	0	0	0	0
<b>Totals</b>		50	15	24	3	2	3	2	1	0	0	0

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.   
In accordance with the organization's Equal Opportunity Employer Policy, Foodshare is committed to equal employment opportunity for all employees and applicants for employment, free from harassment

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.