

## STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

March 31, 2016

Mollie Melbourne Chief Executive Officer Community Health Center Association of Connecticut, Inc. 1484 Highland Avenue, Suite 2 & 3 Cheshire, CT .06410

CONTRACT #: 12DSS4701GB / 094CHC-FSP-01

PERIOD:

10/1/2012 To 4/30/2016

AMOUNT: \$3,846,762.00 AMENDMENT: A6

Dear: Mollie

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**

Todd Mallard (860) 424-4968 todd.mallard@ct.gov

#### CONTRACT

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

Sincerely,

Boderick L. Bren Commissioner

C: Todd Mallard
Ron Roberts
Contract file



### STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

#### **CONTRACT AMENDMENT**

Contractor: Community Health Center Association of Connecticut, Inc.

Contractor Address: 1484 Highland Avenue, Suite 2 & 3, Cheshire, CT .06410

Contract Number: 094CHC-FSP-01/12DSS4701GB

Amendment Number: A6

**Amount as Amended:** \$3,846,762.00

Contract Term as Amended: 10/1/2012 4/30/2016

The contract between Community Health Center Association of Connecticut, Inc. ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties on 2/24/2016 is hereby further amended as follows:

1. The term of the contract is extended by one (1) month and the end date of the contract is changed from 03/31/2016 to 04/30/2016. This is extension is to ensure no lapse in services and to allow Department time to secure USDA/FNS approval of funding.

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.

### ACCEPTANCES AND APPROVALS

12DSS4701GB/ 094CHC-FSP-01 A6

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Mollie Melkourge, Chief Executive Officer

DEPARTMENT OF SOCIAL SERVICES

RODERCK L. BREMBY, Commissioner

3/31/16

OFFICE OF THE ATTORNEY GENERAL

ASSOC. ATTORNEY GENERAL (Approved as to form)

Robert W. Clark

<u>4/14/16</u> Date



# STATE OF CONNECTICUT NONDISCRIMINATION CERTIFICATION — Affidavit By Entity

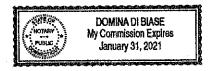
For Contracts Valued at \$50,000 or More

Documentation in the form of an <u>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</u>

#### INSTRUCTIONS:

For use by an <u>entity</u> (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 Community Health Center Association
an oath. I am Signatory's Title of of Connecticut, Inc., an 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 bahalf of Community Health Center Association  of Connecticut, Inc
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
Mollie Melbourne, MPH
Printed Name
Sworn and subscribed to before me on this 23 day of March, 2016.
Commissioner of the Superior Court/ Commission Expiration Date
Notary Public



OPM Ethics Form 1



# 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 it 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;
- "Contractor" means the person, firm or corporation named as the contactor 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 <u>statewide public office</u>, 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 <u>statewide public office</u> or the <u>General Assembly</u>, are listed below:

Lawful Campaign	Contributions to Candid	lates for Statewid	e Public Office	<b>)</b> :
Contribution Date	Name of Contributor	<u>Recipient</u>	<u>Value</u>	Description
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awful Campaign	Contributions to Candi	dates for the Gene	ral Assembly:	
Contribution Date	Name of Contributor	<u>Recipient</u>	<u>Value</u>	Description
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Sworn as true to th	ne best of my knowledge a	nd belief, subject to	the penalties o	of false statement.
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Printed Contractor	Name	Printed N	lame of Autho	rized Official
Liller	uls			
Signature of Aut	horized Official	-		
Subscribed and a	/ acknowledged before m	e this 25 day	of Maro	20 16
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	A DI BIASE CO	mmissioner of the	Superior Cou	rt (or Notary Public)
	ission Expires y 31, 2021			
Official Control	' R	Commission Exp	lua-	

January 31, 2021



# 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:
<u>Judith Feinstein, Independent Contractor</u> Consultant's Name and Title  Name of Firm (if applicable)
7/1/2014         3/31/2016         \$45,000.00           Start Date         End Date         Cost
Description of Services Provided: <u>Develops and implements activities required by</u>
DSS's Process and Technology Improvement Grant.
Is the consultant a former State employee or former public official? X YES NO
If YES: University of Connecticut 9/27/2014 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.  Community Health Center Association of Connecticut, Inc.
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date
Mollie Melbourne, MPH, Acting CEO Department of Social Services
Printed Name (of above) Awarding State Agency.
Sworn and subscribed before me on this 23 day of March 2010
Commissioner of the Superior Court or Notary Public
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My Commission Expires