



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

1-28-16

Lucy P. Nolan
Executive Director
End Hunger Connecticut Inc.
65 Hungerford Street
Hartford, CT 06106

CONTRACT #: 14DSS4711JF / 064EHC-FSP-11
PERIOD: 10/1/2014 - 3/31/2016

AMOUNT: \$104,111.00
AMENDMENT: A2

Dear Ms. Nolan:

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:

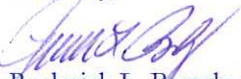
PROGRAM

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

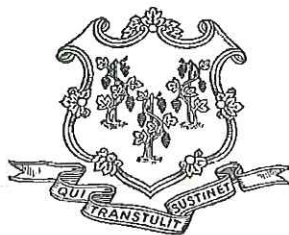
CONTRACT

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

Sincerely,


Roderick L. Bremby
Commissioner

C: Todd Mallard
Ron Roberts
Contract file



CONTRACT AMENDMENT

Contractor: End Hunger Connecticut Inc.
Contractor Address: 102 Hungerford Street, Hartford, CT .06106
Contract Number: 14DSS4711JF / 064EHC-FSP-11
Amendment Number: A2
Amount as Amended: \$104,111.00
Contract Term as Amended: 10/1/2014 / 3/31/2016

The contract between End Hunger Connecticut 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 10/29/15, is hereby further amended as follows:

1. The total maximum amount payable under this contract is increased by \$27,500.00 from \$76,611.00 to \$104,111.00. This increase is due to the receipt of SNAP outreach funding for federal fiscal year 2016.
2. The budget on page 2 of A1 shall be deleted and replaced 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

1/7/2016 **FINANCIAL SUMMARY**

PROGRAM NAME:

End Hunger Connecticut, inc. SNAP Outreach

PROGRAM NUMBER:

064EHC-FSP-11 / 14DSS4711JF A2

	Requested	Adjustments	Approved
Contract Amount	\$ 52,903	\$ 27,500	\$ 52,903
<i>For Amendments Only</i>			
Previously Approved Contract Amount		\$ 23,709	\$ 23,709
Amount of Amendment		\$ 27,500	

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	1,050.00		600.00	1,650.00
	2b. Legal				-
	2c. Independent Audit	1,875.00			1,875.00
	2d. Other Contractual Services	594.00		600.00	1,194.00
	TOTAL CONTRACTUAL SERVICES		3,519.00	1,200.00	4,719.00
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	6,287.40		3,515.50	9,802.90
	3b. Admin. Fringe Benefits	2,144.88		1,102.12	3,247.00
	3c. Admin. Overhead	-			-
	TOTAL ADMINISTRATION		8,432.28	4,617.62	13,049.90
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	36,547.72		13,544.52	50,092.24
	4b. Program Fringe Benefits	11,457.45		4,246.22	15,703.67
	TOTAL DIRECT PROGRAM		48,005.17	17,790.74	65,795.91
5	<u>OTHER COSTS</u>				
	5a. Program Rent	3,823.20		1,255.20	5,078.40
	5b. Consumable Supplies	1,868.75		900.00	2,768.75
	5c. Travel & Transportation	4,989.60		275.74	5,265.34
	5d. Utilities	4,744.00		1,460.70	6,204.70
	5e. Repairs & Maintenance	-			-
	5f. Insurance	500.00			500.00
	5g. Food & Related Costs	-			-
	5h. Other Project Expenses	729.00			729.00
	TOTAL OTHER COSTS		16,654.55	3,891.64	20,546.19
6	<u>EQUIPMENT</u>				
					-
7	<u>PROGRAM INCOME</u>				
	7a. Fees				-
	7b. Other Income				-
	TOTAL PROGRAM INCOME				-
8	<u>TOTAL NET PROGRAM COST</u>	76,611.00	\$ 76,611.00	27,500.00	104,111.00
	(Sum of 1 through 6, minus Line 7)				

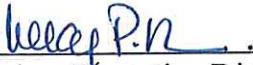
SIGNATURES AND APPROVALS

14DSS4711JF/064EHC-FSP-11 A2

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.

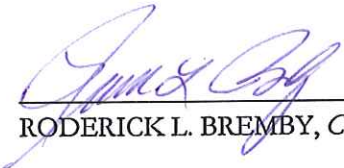
CONTRACTOR - End Hunger Connecticut Inc.



Lucy Nolan, Executive Director

1/7/16
Date


DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*


1/11/16
Date

OFFICE OF THE ATTORNEY GENERAL



ASST./Assoc. Attorney General (Approved as to form)
Robert W. Clark

1/08/16
Date



STATE OF CONNECTICUT

Current User: tina.mcgill@ct.gov
Biznet Menu
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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

End HungerConnecticut!

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
10900	Officials/Managers	4	0	3	0	1	0	0	0	0	0	0
10901	Professionals	4	0	3	0	0	0	1	0	0	0	0
10902	Technicians	0	0	0	0	0	0	0	0	0	0	0
10903	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
10904	Office/Clerical	0	0	0	0	0	0	0	0	0	0	0
10905	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
10906	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
10907	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
10908	Service Workers	0	0	0	0	0	0	0	0	0	0	0
	Totals	8	0	6	0	1	0	1	0	0	0	0

Do you use minority business as subcontractors or suppliers? Yes No Explain: NA we do not subcontract

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: It is in our Personnel Policy

Describe your recruitment, hiring, training and promotion anti-discrimination practices. We recruit by placing ads with the State of CT Employment Service, on our ads we emphasize that we do not discriminate and minority candidates are urged to apply, and often we look for employees who

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**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.



**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:**

none

_____ 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.

END CONSULTING CONTRACT Lucy P. Nolan 10/01/15
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date

Department of Social Services
Awarding State Agency LUCY P. NOLAN
Printed Name (of above)

Sworn and subscribed before me on this 1st day of October, 2015.

[Signature]
Commissioner of the Superior Court
or Notary Public



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 END HUNGER CONNECTICUT!, 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
END HUNGER CONNECTICUT! and that END HUNGER CONNECTICUT!
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.

Lucy P. Nolan
Authorized Signatory

LUCY P. NOLAN
Printed Name

Sworn and subscribed to before me on this 1st day of October, 2015.

David W. Cooney
Commissioner of the Superior Court/
Notary Public

Commission Expiration Date