

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: The Manchester Area Conference of Churches, Inc.
Contractor Address: 466 Main Street, PO Box 3804, Manchester, CT 06045
Contract Number: 15DSS4101QP / 077MAC-NSP-04
Amendment Number: A1
Amount as Amended: \$188,000.00
Contract Term as Amended: 7/1/2015 to 6/30/2019

The contract between The Manchester Area Conference of Churches, 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 6/23/2015, is hereby further amended as follows:

1. The term of the contract is extended for an additional two (2) years and the end date of the contract is changed from 6/30/17 to 6/30/19.
2. The contract is amended because the total maximum amount payable under the contract has increased by \$83,556 from \$104,444 to \$188,000 to provide funding for the extended term of the contract.
3. DSS contract/contact person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
4. For the period 7/1/17 through 6/30/19, Part I, Section I. labeled BUDGET AND PAYMENT PROVISIONS, SUBSECTION 1 of this contract, shall be deleted and replaced with the following:

Effective Date: <u>6/12/2017</u>					
CONTRACT NUMBER: <u>15DSS4101QP</u>					
CONTRACT PERIOD: <u>07/01/2015 through 06/30/2019</u>					
ST FISCAL YR (SFY): <u>2018</u>					
PROVIDER: <u>The Manchester Area Conference of Church</u>					
Approved by: <u>LoCurtoD</u>					
4000 INCOME		<u>NSP</u>			
		<u>07/01/2017</u>	<u>Contract Total</u>	<u>Other Funding</u>	<u>Total Income</u>
Program Funding Period:		<u>through June 30</u>			
		<u>2018</u>			
<u>4100 CONTRACT FUNDING</u>	<u>SID</u>	\$ 41,778	\$ 41,778	\$ -	\$ 41,778
4101 State Funds	16148	\$ 41,778	\$ 41,778	\$ -	\$ 41,778
<u>TOTAL INCOME</u>		<u>\$ 41,778</u>	<u>\$ 41,778</u>	<u>\$ -</u>	<u>\$ 41,778</u>
5000 DIRECT EXPENSES		<u>NSP</u>	<u>Contract Total</u>		<u>Total Expenses</u>
<u>5500 MATERIALS AND SUPPLIES</u>		\$ 41,778	\$ 41,778	\$ -	\$ 41,778
5501 Food		\$ 41,778	\$ 41,778	\$ -	\$ 41,778
<u>TOTAL DIRECT EXPENSES</u>		<u>\$ 41,778</u>	<u>\$ 41,778</u>	<u>\$ -</u>	<u>\$ 41,778</u>
7000 INDIRECT EXPENSES		<u>NSP</u>	<u>Contract Total</u>		<u>Total Expenses</u>
<u>TOTAL INDIRECT EXPENSES</u>		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<u>TOTAL EXPENSES</u>		<u>\$ 41,778</u>	<u>\$ 41,778</u>	<u>\$ -</u>	<u>\$ 41,778</u>
INCOME/EXPENSE SUMMARY		<u>NSP</u>	<u>Contract Total</u>		<u>Total</u>
TOTAL INCOME		\$ 41,778	\$ 41,778	\$ -	\$ 41,778
TOTAL EXPENSES		\$ 41,778	\$ 41,778	\$ -	\$ 41,778
<u>EXCESS/(SHORTAGE)</u>		<u>\$ -</u>	<u>\$ (0)</u>	<u>\$ -</u>	<u>\$ (0)</u>

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

15DSS4101QP/077MAC-NSP-04 A1

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

CONTRACTOR

The Manchester Area Conference of Churches, Inc.



Beth Stafford, Executive Director

6, 29, 17
Date

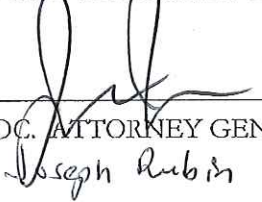
DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

6, 29, 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/CEO of Manchester Area Conference, an entity
Signatory's Title of Churches 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

Manchester Area Conference and that Manchester Area Conference of Churches
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

Beth Stafford
Printed Name

Sworn and subscribed to before me on this 20th day of June, 2017.


Commissioner of the Superior Court/
Notary Public

March 31, 2018
Commission Expiration Date





STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

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 on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: Initial Certification Annual Update (Multi-year contracts only.)

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 an Annual 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) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) "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 the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

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 December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(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(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(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:



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

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>

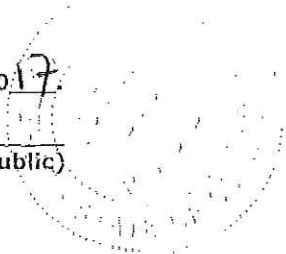
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Beth Stafford
Printed Contractor Name

[Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 5th day of April, 2017.

[Signature]
Commissioner of the Superior Court (or Notary Public)
my commission expires 3/31/18



For State Agency Use Only

Awarding State Agency _____ Planning Start Date _____

Contract Number or Description _____



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:

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.

Manchester Area Conference of Churches Signature of Principal or Key Personnel Date 6/20/17
Beth Stafford DSS
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 20th day of June, 2017

Commissioner of the Superior Court or Notary Public
My Commission Expires March 31, 2018


STATE OF CONNECTICUT

Current User: donna.locurto@ct.gov Biznet Menu Log In/Out

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

Manchester Area Conference of Churches

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
18280	Officials/Managers	3	1	2	0	0	0	0	0	0	0	0
18281	Professionals	2	0	2	0	0	0	0	0	0	0	0
18282	Technicians	0	0	0	0	0	0	0	0	0	0	0
18283	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
18284	Office/Clerical	0	0	0	0	0	0	0	0	0	0	0
18285	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
18286	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
18287	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
18288	Service Workers	4	0	4	0	0	0	0	0	0	0	0
Totals		9	1	8	0	0	0	0	0	0	0	0

Do you use minority business as subcontractors or suppliers? Yes No Explain: We work with local contractors when services are needed and there is a diverse group available in the Manchester area.

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: This is included in our policy manual.

Describe your recruitment, hiring, training and promotion anti-discrimination practices.

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.
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https://www.biznet.ct.gov/Company/EmploymentInformationDisplay.aspx?recno=21418

6/22/2017