

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

7-1-16

Robert J. Fishman
Executive Director
Jewish Federation Association of Connecticut, Inc.
40 Woodland Street
Hartford, CT 06105

CONTRACT #: 15DSS4801OJ / 064-JFA-RAP-35
PERIOD: 7/1/2015 To 6/30/2017

AMOUNT: \$100,000.00
AMENDMENT: A1

Dear Mr. Fishman:

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:

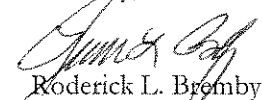
PROGRAM

Charles Anderson
(860) 424-5820
charles.anderson@ct.gov

CONTRACT

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

Sincerely,

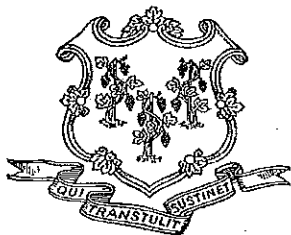

Roderick L. Bromby
Commissioner

C: Charles Anderson
Carlene Taylor
Contract file



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT



Contractor: Jewish Federation Association of Connecticut, Inc.

Contractor Address: 40 Woodland Street, Hartford, CT .06105

Contract Number: 064-JFA-RAP-35/ 15DSS4801OJ

Amendment Number: A1

Amount as Amended: \$100,000.00

Contract Term as Amended: 7/1/2015 - 6/30/2017

The contract between Jewish Federation Association of Connecticut, Inc. ("Contractor") and the Connecticut Department of Social Services ("Agency"), which was last executed by the parties on 8/17/16 is hereby further amended as follows:

1. The term of this contract shall be extended for one (1) year and the end date of the contract is changed from 06/30/2016 to 06/30/2017.
2. The total maximum amount payable in the original contract shall be amended because the total maximum amount payable under this contract has increased by \$50,000 from \$50,000 to \$100,000. This increase is to continue services during the SFY 2017.
3. Part I, page 12 of the original contract is hereby deleted and shall be replaced by the budget on page 2 of this amendment.

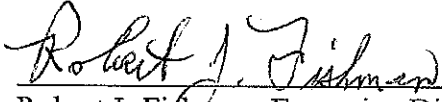
All terms and conditions of the original Contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

1	Effective Date: <input type="text"/>				
2	CONTRACT NUMBER: <u>15DSS48010J</u>				
3	CONTRACT PERIOD: <u>07/01/2015 through 06/30/2017</u>				
4	ST FISCAL YR (SFY): <u>2017</u>				
5	PROVIDER: <u>Jewish Federation Association of CT, Inc</u>				
6	Approved by: <input type="text"/>				
7	4000 INCOME				
	Program Funding Period:		Contract Total	Other Funding	Total Income
8					
11	4100 CONTRACT FUNDING	SID	\$ 50,000	\$ -	\$ 50,000
12	4101 State Funds	16160	\$ 50,000	\$ -	\$ 50,000
68	TOTAL INCOME		\$ 50,000	\$ -	\$ 50,000
69	5000 DIRECT EXPENSES		Contract Total		Total Expenses
75	5300 CONTRACTUAL SERVICES		\$ 35,500	\$ -	\$ 35,500
79	5304 Other Contractual (specify in narrative)		\$ 35,500	\$ -	\$ 35,500
85	5500 MATERIALS AND SUPPLIES		\$ 400	\$ -	\$ 400
86	5501 Food		\$ 100	\$ -	\$ 100
89	5504 Other Mtrls and Sppls (specify in narrati		\$ 300	\$ -	\$ 300
90	5600 FACILITIES		\$ 500	\$ -	\$ 500
94	5604 Utilities		\$ 500	\$ -	\$ 500
100	5800 OTHER EXPENSES		\$ 1,300	\$ -	\$ 1,300
102	5802 Insurance		\$ 1,300	\$ -	\$ 1,300
107	5900 CLIENT SUBSIDIES		\$ 1,800	\$ -	\$ 1,800
108	5901 Transportation		\$ 700	\$ -	\$ 700
113	5906 Other Client Subsidies (specify in narrat		\$ 1,100	\$ -	\$ 1,100
114	TOTAL DIRECT EXPENSES		\$ 39,500	\$ -	\$ 39,500
115	7000 INDIRECT EXPENSES		Contract Total		Total Expenses
116	7100 ADMINISTRATIVE & GENERAL		\$ 10,500	\$ -	\$ 10,500
117	7111 Staff Salaries & Wages		\$ 5,000	\$ -	\$ 5,000
118	7120 Fringe Benefits		\$ 1,000	\$ -	\$ 1,000
119	All Other A&G		\$ 4,500	\$ -	\$ 4,500
120	TOTAL INDIRECT EXPENSES		\$ 10,500	\$ -	\$ 10,500
121	TOTAL EXPENSES		\$ 50,000	\$ -	\$ 50,000
122	INCOME/EXPENSE SUMMARY		Contract Total		Total
123	TOTAL INCOME		\$ 50,000	\$ -	\$ 50,000
124	TOTAL EXPENSES		\$ 50,000	\$ -	\$ 50,000
125	EXCESS/(SHORTAGE)		\$ -	\$ -	\$ -
126					
127					
128					
129					

ACCEPTANCES AND APPROVALS

15DSS4801OJ/ 064-JFA-RAP-35 A1

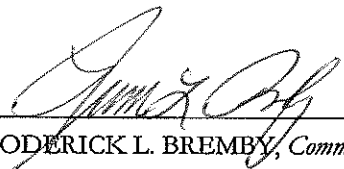
CONTRACTOR Jewish Federation Association of Connecticut, Inc.



Robert J. Fishman, Executive Director

6/28/16
Date

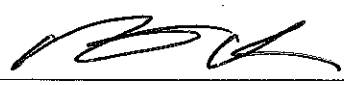
DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, Commissioner

6/28/16
Date

OFFICE OF THE ATTORNEY GENERAL



ASST. ASSOC. ATTORNEY GENERAL (*Approved as to form*)
Robert W. Clark

7/1/16
Date

WORKFORCE ANALYSIS

Contractor Jewish Federation
Association of Connecticut,
Inc.

Address 40 Woodland Street,
Hartford, CT .06105

Number of Connecticut Employees	
Full-time: <u> 1 </u>	Part-time: <u> 1 </u>
Employment figures obtained from	
Visual Check <input checked="" type="checkbox"/>	Employment Records <input type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» <u> 1 </u> Number

JOB CATEGORIES	TOTALS	WHITE (Not of Hispanic Origin)		BLACK (Not of Hispanic Origin)		HISPANIC		ASIAN OR PACIFIC ISLANDER		AMER. INDIAN OR ALASKAN NATIVE		PERSON WITH DISABILITIES	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers	8	3	3		2								
Professionals	9		9										
Technicians													
Service Workers													
Office & Clerical	4		3		1								
Craft Workers (Skilled)													
Operators (Semi Skilled)													
Laborers (Unskilled)													
TOTALS	21	3	15		3								
Totals One Year Ago	21	3	15		3								

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation ; If no, explain
Do you promise to develop and implement a successful Affirmative Action Plan?

Yes No N/A Explain:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, inclusive:

Yes No N/A Explain:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?

Yes No Explain:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?

Yes No Explain:

Authorized Signature:

Robert J. [Signature]

Date:

6-28-16



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 Jewish Federation Association of CT, Inc. (JFACT), 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
JFACT and that JFACT
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.

Robert J. Fishman
Authorized Signatory

Robert J. Fishman
Printed Name

Sworn and subscribed to before me on this 28th day of June, 2016.

Kathleen P. Fishman
Commissioner of the Superior Court/
Notary Public

KATHLEEN P. FISHMAN
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2016

Commission Expiration Date





STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – New Resolution
By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of a corporate, company, or partnership policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of a contractor 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. Submit to the awarding State agency prior to contract execution.

CERTIFICATION OF RESOLUTION:

I, Robert J. Fishman, Executive Director, of Jewish Federation Association of CT, Inc
Authorized Signatory Title
Name of Entity

an entity duly formed and existing under the laws of Connecticut,
Name of State or Commonwealth

certify that the following is a true and correct copy of a resolution adopted on the 28th day of
June, 2016 by the governing body of Jewish Federation Association of CT, Inc.
Name of Entity

in accordance with all of its documents of governance and management and the laws of
Connecticut, and further certify that such resolution has not been modified
Name of State or Commonwealth

or revoked, and is in full force and effect.

RESOLVED: That the policies of Jewish Federation Association of CT, Inc comply with the
Entity Name of
nondiscrimination agreements and warranties of Connecticut General Statutes
§§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

The undersigned has executed this certificate this 28th day of June, 2016.

Robert J. Fishman
Authorized Signatory

6-28-16
Date

Robert J. Fishman
Printed Name



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:

Contribution Date	Name of Contributor	Recipient	Value	Description
DOES NOT APPLY				

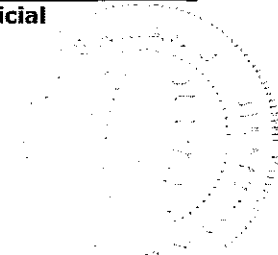
Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description
DOES NOT APPLY				

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

Robert J. Fishman
 Printed Contractor Name
Robert A. Fishman
 Signature of Authorized Official

Robert J. Fishman
 Printed Name of Authorized Official



Subscribed and acknowledged before me this 28th day of June, 2016

Kathleen P. Fishman
 Commissioner of the Superior Court (or Notary Public)
KATHLEEN P. FISHMAN
 NOTARY PUBLIC
 MY COMMISSION EXPIRES DEC. 31, 2016
 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: 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. Includes signature of Robert J. Fishman, Date 6-28-16, and Awarding State Agency Department of Social Services.

Sworn and subscribed before me on this 28th day of June, 2016. Kathleen P. Fishman, Commissioner of the Superior Court or Notary Public, MY COMMISSION EXPIRES DEC. 31, 2016

