



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

March 24, 2016

David Martin
Mayor
City of Stamford
888 Washington Boulevard
Stamford, CT .06904

Contract #: 135-SBG-38/14DSS5011YN
Period: 10/01/14 - 6/30/2016

Amount: \$90,766.00
A2

Dear Mayor Martin:

I am pleased to inform you that the above referenced contract has been fully executed and approved. Attached is a scanned copy of the amended contract 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

Dennis Nesta
(860) 424-5892
Dennis.nesta@ct.gov

CONTRACT

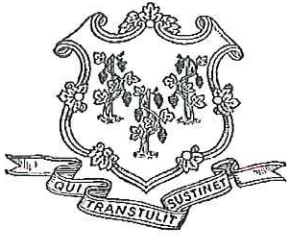
Marlene Hamilton
(860) 424-5778
marlene.hamilton@ct.gov

Sincerely,

Kathleen M. Brennan
Deputy Commissioner for
Roderick L. Bremby
Commissioner

C: Carlene Taylor
Contract file

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: City of Stamford
Contractor Address: 888 Washington Boulevard, Stamford, CT .06904
Contract Number: 135-SBG-38/ 14DSS5011YN
Amendment Number: A2
Amount as Amended: \$90,766.00
Contract Term as Amended: 10/1/2014 6/30/2016

The contract between the City of Stamford and the Department of Social Services which was executed by the parties and signed by the Department's Commissioner on 10/2/14, and previously amended on 9/24/15 is hereby further amended as follows:

1. The term of the contract is extended by three (3) months and the end date of the contract is changed from 3/31/2016 to 6/30/2016.
2. Section 1 of Amendment 1 is amended because the total maximum amount payable under this contract has increased by \$12,967 from \$77,799 to \$90,766 in lieu of a 3 month extension.
3. The budget on page 2 of Amendment 1 is hereby 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:

Social Services Block Grant	City of Stamford -
Case Management	
14DSS5011YN A2/135-SBG-38 A2	

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 77,799		\$ 77,799
Amount of Amendment		\$ 12,967	\$ 90,766

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
3	ADMINISTRATION				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	75,326		12,967	88,293
	4b. Program Fringe Benefits	2,473		-	2,473
	TOTAL DIRECT PROGRAM		77,799	12,967	90,766
5	OTHER COSTS				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses				
	TOTAL OTHER COSTS				
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST (Sum of 1 through 6, minus Line 7)		77,799	12,967	90,766

ACCEPTANCES AND APPROVALS

14DSS5011YN A2/135-SBG-38 A2

CONTRACTOR City of Stamford

David Martin

David Martin, Mayor

3/24/16
Date

DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Brennan, Deputy Commissioner

RODERICK L. BREMBY, *Commissioner*

3/24/16
Date

OFFICE OF THE ATTORNEY GENERAL

This contract does not require the approval of the Attorney General pursuant to an agreement between the Department and the Office of the Attorney General, dated 12/29/2015.

Approved as to Form
Corporation Counsel

By- BR

Date 3-17-16

**CONTRACTOR/GRANTEE COMPLIANCE FORMS
WORKFORCE ANALYSIS**

Contractor/Grantee Name: City of Stamford
Address: 888 Washington Boulevard
Stamford, CT 06904


Total number of CT employees:
Full-time 1,263 Part-time 576
(incl. temporary employees)

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

JOB CATEGORIES	OVERALL TOTALS (sum of all cols male and female)	WHITE (NOT OF HISPANIC ORIGIN)		BLACK (NOT OF HISPANIC ORIGIN)		HISPANIC		ASIAN OR PACIFIC ISLANDER		AMER. INDIAN OR ALASKAN NATIVE		PEOPLE WITH DISABILITIES	
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Officials & Managers	68	42	20	2	2	0	0	1	1	0	0		
Professionals	246	117	71	8	19	6	8	5	12	0	0		
Technicians	130	79	18	9	13	4	1	1	5	0	0	*see below	
Protective Service	580	404	54	63	18	28	8	3	2	0	0		
Office & Clerical	192	41	86	7	39	3	12	1	3	0	0		
Para-Professionals	272	54	60	21	101	9	17	1	9	0	0		
Skilled Craft	112	85	17	3	0	5	1	0	1	0	0		
Service/Maintenance	239	137	8	39	11	39	1	2	2	0	0		
TOTALS ABOVE	1839	959	334	152	203	94	48	14	35	0	0		
TOTALS 2007 EEO	1894	1015	346	157	205	85	39	18	28	0	1		
FORMAL, ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above.)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM: <u> </u> VISUAL CHECK <u> X </u> EMPLOYMENT RECORDS <u> X </u> OTHER: EEO-4													

- Have you successfully implemented an Affirmative Action Plan? Yes X No
Date of Implementation January, 1999 If the answer is "No", explain.
- Do you promise to develop and implement a successful Affirmative Action Plan?
Yes X No Explanation:
- 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 Not Applicable X Explanation:
- 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 X No Explanation:

City of Stamford workforce: 29.7% minority Stamford/Norwalk Labor Market Area: 25.3%
- If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises? Yes X No Explanation:


Contractor's/Grantee's Authorized Signature
David R. Martin, Mayor

Date 3/22/16

Approved as to Forr Corporation Counsel
By Bul
Date 1-16-14

*ADA regulations prohibit requiring employees to disclose disabilities; therefore this information is not available.



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 Mayor of the City of Stamford, 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
the City of Stamford and that the City of Stamford
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.

David R. Martin
Authorized Signatory

David R. Martin, Mayor
Printed Name

Sworn and subscribed to before me on this 22nd day of March, 2016.

Erik J. Larson
~~Commissioner of the Superior Court/~~
Notary Public

April 30, 2018
Commission Expiration Date

ERIK J. LARSON
NOTARY PUBLIC
State of Connecticut
My Commission Expires
April 30, 2018

Approved as to Form
Corporation Counsel
By RM
Date 3-17-16



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.

City of Stamford Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date

David R. Martin, Mayor CT DPH Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 22nd day of March, 2016.

Commissioner of the Superior Court or Notary Public

April 30, 2018 My Commission Expires

Approved as to Form Corporation Counsel

By [Signature]

Date 3-17-16