



# STATE OF CONNECTICUT

## DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

12/17/15

Mr. Thomas Morrow  
Executive Director  
Bristol Community Organization, Inc.  
55 South Street  
Bristol, CT 06010

Contract #: 14DSS4301CI/017C-ECH-31  
Period: 10/01/14 – 9/30/17

Amount as Amended: \$7,413,154.00  
A1

Dear Mr. Morrow:

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

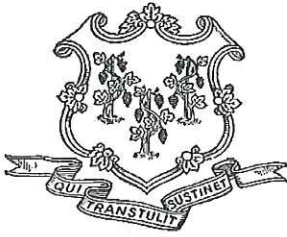
Josephine Caruso  
860-424-5885  
[Josephine.caruso@ct.gov](mailto:Josephine.caruso@ct.gov)

**CONTRACT**

Tina McGill  
860-424-5082  
[tina.mcgill@ct.gov](mailto:tina.mcgill@ct.gov)

Sincerely,  
*Kathleen M. Brennan*  
Deputy Commissioner  
Roderick L. Bremby  
Commissioner *for RLB*

C: J. Caruso  
Contract file



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
**CONTRACT AMENDMENT**

**Contractor:** Bristol Community Organization, Inc.  
**Contractor Address:** 55 South Street, Bristol, CT .06010  
**Contract Number:** 14DSS4301CI / 017C-ECH-31  
**Amendment Number:** A1  
**Amount as Amended:** \$7,413,154.00  
**Contract Term as Amended:** 10/1/2014 / 9/30/2017

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The contract between Bristol Community Organization, 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 Commissioner on 10/15/14, is hereby further amended as follows:

1. Through this amendment the FFY2016 allocation of \$2,479,691 is hereby incorporated into this contract. This funding will allow for the continuation of services during FFY2016, which is the second year of this three year contract. This funding will enable the Contractor to issue vendor payments on behalf of eligible households.
2. The respective Composite Administrative, Program Services and Assurance 16 budgets on pages 13 through 16 of the original contract are hereby deleted and replaced by the respective budgets on page 2 through 5 of this amendment. The budgets for Administrative and Assurance are subject to percentage limitations pursuant to the Low Income Home Energy Assistance Act, and as such may be adjusted during the program year should actual funding differ from the amount anticipated

**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**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**017C-ECH-31 A1 Composite / 14DSS4301CI Composite 2015/2016**

<b>Contract Amount</b>	<b>Requested</b>	<b>Adjustments</b>	<b>Approved</b>
	<b>\$ 2,479,691</b>		<b>\$ 2,479,691</b>
<b>For Amendments Only</b>			
<b>Previously Approved Contract Amount</b>		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
<b>Adjustments &amp; New Contract Amount</b>	XXXXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	<b>Subcategory (a)</b>	<b>Line Item Total (b)</b>	<b>Adjustments (c)</b>	<b>Revised Total (d)</b>
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit	2,563			
	2d. Other Contractual Services	6,834			
	TOTAL CONTRACTUAL SERVICES		9,397		
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	51,751			
	3b. Admin. Fringe Benefits	18,571			
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		70,322		
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	117,742			
	4b. Program Fringe Benefits	24,032			
	TOTAL DIRECT PROGRAM		141,774		
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent	-			
	5b. Consumable Supplies	5,916			
	5c. Travel & Transportation	160			
	5d. Utilities	7,200			
	5e. Repairs & Maintenance	12,413			
	5f. Insurance	2,200			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	2,230,309			
	TOTAL OTHER COSTS		2,258,198		
<b>6</b>	<b><u>EQUIPMENT</u></b>		-		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 2,479,691		
	(Sum of 1 through 6, minus Line 7)				

**PART I**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**017C-ECH-31 A1 (A) / 14DSS4301CI (A) 2015/2016**

<b>Contract Amount</b>	<b>Requested</b>	<b>Adjustments</b>	<b>Approved</b>
	<b>\$ 226,015</b>	<b>\$ -</b>	<b>\$ 226,015</b>
<b>For Amendments Only</b>			
<b>Previously Approved Contract Amount</b>		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
<b>Adjustments &amp; New Contract Amount</b>	XXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	<b>Subcategory (a)</b>	<b>Line Item Total (b)</b>	<b>Adjustments (c)</b>	<b>Revised Total (d)</b>
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit	2,260			
	2d. Other Contractual Services	6,709			
	TOTAL CONTRACTUAL SERVICES		8,969		
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries	51,751			
	3b. Admin. Fringe Benefits	18,571			
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		70,322		
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	93,791			
	4b. Program Fringe Benefits	18,873			
	TOTAL DIRECT PROGRAM		112,664		
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies	5,736			
	5c. Travel & Transportation	160			
	5d. Utilities	7,200			
	5e. Repairs & Maintenance	12,413			
	5f. Insurance	2,000			
	5g. Food & Related Costs				
	5h. Other Project Expenses	6,551			
	TOTAL OTHER COSTS		34,060		
<b>6</b>	<b><u>EQUIPMENT</u></b>				
			-		
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>				
	(Sum of 1 through 6, minus Line 7)		\$ 226,015		



**PART I**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**017C-ECH-31 (B) / 14DSS4301AI (B) 2015/2016**

<b>Contract Amount</b>	<b>Requested</b>	<b>Adjustments</b>	<b>Approved</b>
	\$ 2,223,385	\$ -	\$ 2,223,385
<b>For Amendments Only</b>			
<b>Previously Approved Contract Amount Adjustments &amp; New Contract Amount</b>		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	2,223,385			
	TOTAL OTHER COSTS		2,223,385		
<b>6</b>	<b><u>EQUIPMENT</u></b>				
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 2,223,385		

(Sum of 1 through 6, minus Line 7)

**PART I**

**PROGRAM NAME:**  
**PROGRAM NUMBER:**

**Connecticut Energy Assistance Program**  
**017C-ECH-31 A1 (C) / 14DSS4301AI (C) 2015/2016**

<b>Contract Amount</b>	<b>Requested</b>	<b>Adjustments</b>	<b>Approved</b>
	\$ 30,291	\$ -	\$ 30,291
<b>For Amendments Only</b>			
<b>Previously Approved Contract Amount</b> <b>Adjustments &amp; New Contract Amount</b>		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b><u>UNIT RATE</u></b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
<b>2</b>	<b><u>CONTRACTUAL SERVICES</u></b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit	303			
	2d. Other Contractual Services	125			
	TOTAL CONTRACTUAL SERVICES		428		
<b>3</b>	<b><u>ADMINISTRATION</u></b>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		-		
<b>4</b>	<b><u>DIRECT PROGRAM STAFF</u></b>				
	4a. Program Salaries	23,951			
	4b. Program Fringe Benefits	5,159			
	TOTAL DIRECT PROGRAM		29,110		
<b>5</b>	<b><u>OTHER COSTS</u></b>				
	5a. Program Rent				
	5b. Consumable Supplies	180			
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance	200			
	5g. Food & Related Costs				
	5h. Other Project Expenses	373			
	TOTAL OTHER COSTS		753		
<b>6</b>	<b><u>EQUIPMENT</u></b>				
<b>7</b>	<b><u>PROGRAM INCOME</u></b>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
<b>8</b>	<b><u>TOTAL NET PROGRAM COST</u></b>		\$ 30,291		

(Sum of 1 through 6, minus Line 7)

## SIGNATURES AND APPROVALS

14DSS4301CI/017C-ECH-31 A1

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 - Bristol Community Organization, Inc.



Thomas Morrow, Executive Director

12/2/15

Date

DEPARTMENT OF SOCIAL SERVICES



KATHLEEN M. BRENNAN, DEPUTY COMMISSIONER

12/17/15

Date

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009, as amended October 10, 2013





**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:**

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>
N/A				

**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>
N/A				

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

Bristol Community Organization, Inc.

Printed Contractor Name

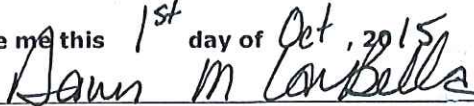


Signature of Authorized Official

Thomas H. Morrow

Printed Name of Authorized Official

Subscribed and acknowledged before me this 1<sup>st</sup> day of Oct, 2015



Commissioner of the Superior Court (or Notary Public)

7-31-2018

My Commission Expires

DAWN M. LABELLA  
NOTARY PUBLIC

MY COMMISSION EXPIRES JUL. 31, 2018



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 for Consultant's Name and Title, Name of Firm, Start Date, End Date, Cost, and 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.

Bristol Community Organization, Inc. Signature of Key Personnel, Date 12/4/15

Thomas H. Morrow Department of Social Services
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 4th day of December, 2015.

Commissioner of the Superior Court or Notary Public Roger E. Chiasson II

My Commission Expires





STATE OF CONNECTICUT

Written or electronic PDF copy of the written certification to accompany a large state contract pursuant to P.A. No. 13-162 (Prohibiting State Contracts With Entities Making Certain Investments In Iran)

Respondent Name: Bristol Community Organization, Inc.

INSTRUCTIONS:

CHECK ONE:  Initial Certification.  Amendment or renewal.

A. Who must complete and submit this form. Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

Pursuant to P.A. No. 13-162, upon submission of a bid or prior to executing a large state contract, the certification portion of this form must be completed by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization or other business organization whose principal place of business is located outside of the United States. United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.

Check applicable box:

- Respondent's principal place of business is within the United States or Respondent is a United States subsidiary of a foreign corporation. Respondents who check this box are not required to complete the certification portion of this form, but must submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process.
 Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. CERTIFICATION required. Please complete the certification portion of this form and submit it with the ITB or RFP response or contract package if there was no bid process.

B. Additional definitions.

- 1) "Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes;
2) "Respondent" means the person whose name is set forth at the beginning of this form; and
3) "State agency" and "quasi-public agency" have the same meanings as provided in section 1-79 of the Connecticut General Statutes.

C. Certification requirements.

No state agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any Respondent whose principal place of business is located outside the United States and is not a United States subsidiary of a foreign corporation unless the Respondent has submitted this certification.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Commissioner of the Superior Court, a Notary Public or a person authorized to take an oath in another state.

CERTIFICATION:

I, the undersigned, am the official authorized to execute contracts on behalf of the Respondent. I certify that:

- Respondent has made no direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010.
 Respondent has either made direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or Respondent made such an investment prior to October 1, 2013 and has now increased or renewed such an investment on or after said date, or both.

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

Bristol Community Organization, Inc.
Printed Respondent Name

Thomas H. Morrow, Executive Director
Printed Name of Authorized Official

[Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 4th day of December, 2015.

[Signature]
Commissioner of the Superior Court (or Notary Public)

My Commission Expires





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.

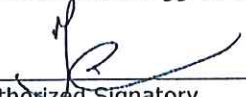
**AFFIDAVIT:**

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am Executive Director of Bristol Community Organization, an entity  
Signatory's Title Name of Entity

duly formed and existing under the laws of the State of Connecticut.  
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of  
Bristol Community Organization and that Bristol Community Organization  
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

Thomas H. Morrow  
\_\_\_\_\_  
Printed Name

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

  
\_\_\_\_\_  
Commissioner of the Superior Court

7-31-2018  
\_\_\_\_\_  
Commission Expiration Date

Notary Public  
**DAWN M. LABELLA**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES JUL. 31, 2018

STATE OF CONNECTICUT

Current User: tina.mcgrill@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

#### Bristol Community Organization, Inc.

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
6760	Officials/Managers	13	0	11	1	1	0	0	0	0	0	0
6761	Professionals	4	1	3	0	0	0	0	0	0	0	0
6762	Technicians	0	0	0	0	0	0	0	0	0	0	0
6763	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
6764	Office/Clerical	3	0	0	0	0	0	3	0	0	0	0
6765	Craft Workers (Skilled)	22	1	18	0	0	0	3	0	0	0	0
6766	Operatives (Semi-skilled)	6	4	2	0	0	0	0	0	0	0	0
6767	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
6768	Service Workers	28	0	21	0	1	0	6	0	0	0	0
<b>Totals</b>		<b>76</b>	<b>6</b>	<b>55</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Do you use minority business as subcontractors or suppliers?  Yes  No Explain:

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:

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

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