



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

12/14/15

Mr. Amos Smith
Community Action Agency of New Haven, Inc.
419 Whalley Avenue
New Haven, CT 06511

Contract #: 14DSS4301EP / 093C-ECH-31 A1
Period: 10/01/2014 – 09/30/2017

Amount as Amended: \$24,706,862.00
A1

Dear Mr. Smith:

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 agreement 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

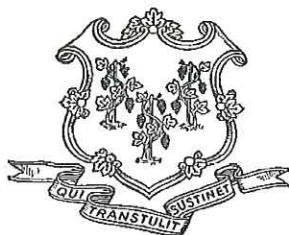
CONTRACT

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

Sincerely,


Roderick L. Bremby
Commissioner

C: J. Caruso
Contract file



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Community Action Agency of New Haven, Inc.
Contractor Address: 419 Whalley Avenue, New Haven, CT .06511
Contract Number: 14DSS4301EP / 093C-ECH-31
Amendment Number: A1
Amount as Amended: \$24,706,862.00
Contract Term as Amended: 10/1/2014 / 9/30/2017

The contract between Community Action Agency of New Haven, 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 10/21/14, is hereby further amended as follows:

1. Through this amendment the FFY2016 allocation of \$8,237,302 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
093C-ECH-31 Composite / 14DSS4301EP Composite 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 8,237,302		\$ 8,237,302
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

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	-			
	2b. Legal	-			
	2c. Independent Audit	5,922			
	2d. Other Contractual Services	7,000			
	TOTAL CONTRACTUAL SERVICES		12,922		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	157,809			
	3b. Admin. Fringe Benefits	43,305			
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		201,114		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	388,983			
	4b. Program Fringe Benefits	153,021			
	TOTAL DIRECT PROGRAM		542,004		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	38,520			
	5b. Consumable Supplies	13,598			
	5c. Travel & Transportation	2,200			
	5d. Utilities	7,858			
	5e. Repairs & Maintenance	-			
	5f. Insurance	9,995			
	5g. Food & Related Costs	500			
	5h. Other Project Expenses	7,408,591			
	TOTAL OTHER COSTS		7,481,262		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>				
	(Sum of 1 through 6, minus Line 7)		\$ 8,237,302		

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
093C-ECH-31 A1 (A) / 14DSS4301EP (A) 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 727,130	\$ -	\$ 727,130
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount			

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				
	2b. Legal				
	2c. Independent Audit	5,922			
	2d. Other Contractual Services	7,000			
	TOTAL CONTRACTUAL SERVICES		12,922		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	157,809			
	3b. Admin. Fringe Benefits	43,305			
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		201,114		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	332,477			
	4b. Program Fringe Benefits	132,496			
	TOTAL DIRECT PROGRAM		464,973		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	26,170			
	5b. Consumable Supplies	9,098			
	5c. Travel & Transportation	1,000			
	5d. Utilities	4,858			
	5e. Repairs & Maintenance	-			
	5f. Insurance	6,995			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	-			
	TOTAL OTHER COSTS		48,121		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 727,130		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
093C-ECH-31 A1 (B) / 14DSS4301EP (B) 2015/2016

	Requested	Adjustments	Approved
Contract Amount	\$ 7,408,591	\$ -	\$ 7,408,591
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

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				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	7,408,591			
	TOTAL OTHER COSTS		7,408,591		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 7,408,591		

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
093C-ECH-31 A1 (C) / 14DSS4301EP (C) 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 101,581	\$ -	\$ 101,581
For Amendments Only			
Previously Approved Contract Amount Adjustments & New Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXX		

<i>Line #</i>	<i>Item</i>	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				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES		-		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		-		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	56,506			
	4b. Program Fringe Benefits	20,525			
	TOTAL DIRECT PROGRAM		77,031		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	12,350			
	5b. Consumable Supplies	4,500			
	5c. Travel & Transportation	1,200			
	5d. Utilities	3,000			
	5e. Repairs & Maintenance	-			
	5f. Insurance	3,000			
	5g. Food & Related Costs	500			
	5h. Other Project Expenses				
	TOTAL OTHER COSTS		24,550		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 101,581		

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

14DSS4301EP/093C-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 - Community Action Agency of New Haven, Inc.

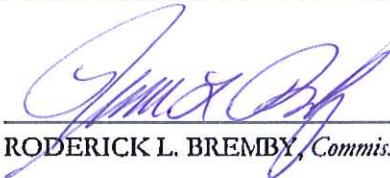


Amos Smith, President & CEO

12/10/15

Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

12/14/2015

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
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 Amos L. Smith of Community Action Agency of New an entity
Signatory's Title Name of Entity Haven

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
Community Action Agency and that Community Action Agency
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.

Amos L. Smith
Authorized Signatory

Amos L. Smith
Printed Name

Sworn and subscribed to before me on this 10 day of December, 2015.

[Signature]
Commissioner of the Superior Court/
Notary Public

2/28/16
Commission Expiration Date



**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>

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.

Community Action Agency of New Haven, Inc.

Printed Contractor Name

X Amos L. Smith
Signature of Authorized Official

Amos L. Smith

X

Printed Name of Authorized Official

Subscribed and acknowledged before me this 20 day of August, 2018

Amos L. Smith
Commissioner of the Superior Court (or Notary Public)

2/25/2018
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:

Amos L. Smith/President & CEO
Community Action Agency of New Haven
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.
Community Action Agency
Printed Name of Bidder or Contractor
Signature of Principal or Key Personnel
Date 12/10/2015

Amos L. Smith
Printed Name (of above)
Awarding State Agency

Sworn and subscribed before me on this 10 day of December, 2015

Commissioner of the Superior Court or Notary Public
My Commission Expires 2/28/18



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: Community Action Agency of New Haven

INSTRUCTIONS:

CHECK ONE: [] Initial Certification. [x] 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.

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.

Check applicable box:

- [x] 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... [] 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.

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: [x] 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.

Community Action Agency of New Haven Printed Respondent Name

Amos L. Smith Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this 10th day of December, 2015.

Commissioner of the Superior Court (or Notary Public)

My Commission Expire



Current User: tina.mogill@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

Community Action Agency of New Haven, 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
2980	Officials/Managers	8	0	1	1	6	0	0	0	0	0	0
2981	Professionals	7	0	4	0	0	0	2	0	1	0	0
2982	Technicians	5	1	0	4	0	0	0	0	0	0	0
2983	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
2984	Office/Clerical	21	1	3	4	8	1	4	0	0	0	0
2985	Craft Workers (Skilled)	8	0	1	1	3	0	3	0	0	0	0
2986	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
2987	Laborers (Unskilled)	1	0	0	1	0	0	0	0	0	0	0
2988	Service Workers	0	0	0	0	0	0	0	0	0	0	0
	Totals	50	2	9	11	17	1	9	0	1	0	0

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.

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.

Hlt Counter 638