



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

H-25-16

Ms. Mollie Melbourne
Chief Executive Officer
Community Health Center Association of Connecticut, Inc.
1484 Highland Avenue, Suite 2 & 3
Cheshire, CT .06410

CONTRACT #: 13DSS3101GB / 159CHC-FAM-01
PERIOD: 7/1/2013 To 6/30/2016

AMOUNT: \$1,494,626.00
AMENDMENT: A3

Dear Ms. Melbourne:

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:

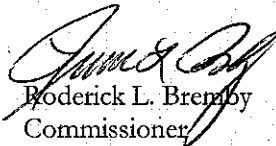
PROGRAM

Peter Palermino
(860) 424-5006
peter.palermino@ct.gov

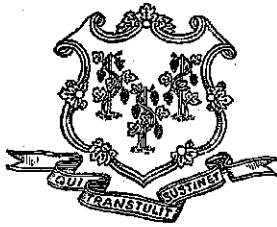
CONTRACT

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

Sincerely,


Roderick L. Bremby
Commissioner

C: Peter Palermino



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Community Health Center Association of Connecticut, Inc.
Contractor Address: 1484 Highland Avenue, Suite 2 & 3, Cheshire, CT 06410
Contract Number: 13DSS3101GB / 159CHC-FAM-01
Amendment Number: A3
Amount as Amended: \$1,494,626.00
Contract Term as Amended: 7/1/2013 / 6/30/2016

The contract between Community Health Center Association of Connecticut, 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 Attorney General on 07/02/2015, is hereby further amended as follows:

1. Part 1, Section G. Subcontracted Services in the original contract shall be revised as follows:

The Contractor shall utilize a total amount not to exceed \$515,388 to enter into subcontracts with the service providers listed below throughout the entire contract period:

- a. Charter Oak Health Center, 21 Grand Street, Hartford, CT 06106; \$29,185
- b. Cornell Scott-Hill Health Center, 428 Columbus Avenue, New Haven, CT 06519 \$29,185
- c. CIFC Community Health Center of Greater Danbury, 57 North Street Suite 309-311, Danbury, CT; \$29,185
- d. Community Health and Wellness Center of Greater Torrington, 469 Migeon Avenue, Torrington, CT \$29,185
- e. Generations Family Health Center, 40 Mansfield Street, Willimantic, CT 06226; \$29,185
- f. Fair Haven Community Health Clinic, 374 Grand Avenue, New Haven, CT 06514; \$29,185
- g. First Choice Health Centers, 94 Connecticut Boulevard, East Hartford, CT 06108; \$29,185
- h. Norwalk Community Health Center, 120 Connecticut Avenue, Norwalk, CT 06854; \$29,185
- i. Optimus Health Center, 982 East Main Street, Bridgeport, CT 06608; \$29,185
- j. Southwest Community Health Center, 968 Fairfield Avenue, Bridgeport, CT 06005; \$29,185
- k. StayWell Health Center, 80 Phoenix Avenue, Waterbury, CT 06702; \$29,185
- l. United Community and Family Services, 47 Town Street, Norwich, CT 06360; \$29,185
- m. Community Health Services, 500 Albany Avenue, Hartford, CT 06120; \$29,185
- n. Intercommunity, Inc., 281 Main Street, East Hartford, CT 06118 - \$29,185
- o. Wheeler Clinic, 10 North Main Street, Bristol, CT 06010 - \$29,185
- p. Family Centers, Inc., 40 Arch Street, Greenwich, CT 06830 - \$14,122 (1/1/16-6/30/16)

2. The budget on page 2 of amendment #2 shall be 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.

Community Health Center Association of Connecticut - 13DSS3101GB A3

BUDGET PERIOD: 7.1.13 - 6.30.15

COMPOSITE BUDGET

	13-14	14-15	15-16	Total
	Funding	Funding	Funding	Funding
Line Item	Awarded	Requested	Requested	Requested
Personnel				
Evelyn Barnum			\$384	\$384
Dionne Kotey			\$7,751	\$7,751
Mollie Melbourne	\$2,476	\$4,600	\$3,021	\$10,097
Kathyleen Pitner	\$2,183	\$4,120	\$5,603	\$11,906
Jennifer Succi	\$4,834	\$12,551	\$0	\$17,385
Russo, Lori-Anne	\$1,875	\$0	\$0	\$1,875
Smith, Malone	\$6,475	\$0	\$0	\$6,475
Subtotal Salaries	\$17,843	\$21,272	\$16,759	\$55,874
Fringe Benefits	\$5,933	\$5,531	\$4,022	\$15,486
Subtotal Personnel	\$23,776	\$26,802	\$20,781	\$71,359
Travel				
Local	\$110	\$288	\$50	\$448
Out of Town				
Total Travel	\$110	\$288	\$50	\$448
Equipment				
Equipment	\$0	\$0	\$0	\$0
Total Equipment	\$0	\$0	\$0	\$0
Subcontractors				
COHC	\$37,000	\$34,675	\$29,185	\$100,860
CHS	\$37,000	\$34,675	\$29,185	\$100,860
StayWell	\$37,000	\$34,675	\$29,185	\$100,860
Southwest	\$37,000	\$34,675	\$29,185	\$100,860
Optimus	\$37,000	\$34,675	\$29,185	\$100,860
Norwalk	\$37,000	\$34,675	\$29,185	\$100,860
CIFC-Danbury	\$37,000	\$34,675	\$29,185	\$100,860
CHWC Torrington	\$37,000	\$34,675	\$29,185	\$100,860
Fair Haven	\$37,000	\$34,675	\$29,185	\$100,860
CS-Hill	\$37,000	\$34,675	\$29,185	\$100,860
First Choice	\$37,000	\$34,675	\$29,185	\$100,860
Generations	\$37,000	\$34,675	\$29,185	\$100,860
Family Centers			\$14,122	\$14,122
Intercommunity			\$29,185	\$29,185
Wheeler Clinic			\$29,185	\$29,185
UCFS	\$37,000	\$34,675	\$29,185	\$100,860
Education & Training Consultant			\$5,961	\$5,961
Total Subcontractors	\$481,000	\$450,775	\$457,858	\$1,389,633
Supplies				
Office Materials/Program Supplies	\$0	\$0	\$0	\$0
IT Supplies	\$0	\$0	\$0	\$0
Total Supplies	\$0	\$0	\$0	\$0
Other				
Occupancy	\$3,006	\$3,690	\$3,099	\$9,795
Legal Fees	\$975	\$0	\$0	\$975
Total Other	\$3,981	\$3,690	\$3,099	\$10,770
Total Direct Expenses	\$508,867	\$481,555	\$481,788	\$1,472,210
Indirect Expenses	\$6,521	\$8,064	\$7,831	\$22,416
Total Requested Grant Funds	\$515,388	\$489,619	\$489,619	\$1,494,626

SIGNATURES AND APPROVALS

13DSS3101GB/159CHC-FAM-01 A3

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 Health Center Association of Connecticut, Inc.

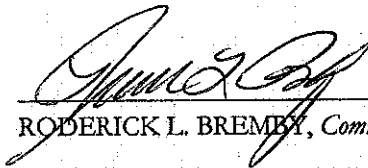


MOLLIE MELBOURNE, Acting Chief Executive Officer

4 / 8 / 2016

Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, Commissioner

4 / 11 / 2016

Date

OFFICE OF THE ATTORNEY GENERAL



ASST/Assoe. Attorney General (Approved as to form)

Robert W. Clark

4 / 25 / 16

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 Mollie Melbourne, MPH of Community Health Center Association of Connecticut, Inc, 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 Community Health Center Association of Connecticut, Inc and that Community Health Center Association of Connecticut, Inc
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.

Mollie Melbourne
Authorized Signatory

Mollie Melbourne, MPH
Printed Name

Sworn and subscribed to before me on this 23 day of March, 2016.

[Signature]
Commissioner of the Superior Court/
Notary Public

1/31/21
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 Health Center Association of Connecticut, Inc.

Printed Contractor Name

Mollie Melbourne, MPH

Printed Name of Authorized Official

Mollie Melbourne
Signature of Authorized Official

Subscribed and acknowledged before me this 23 day of March, 2016.



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

1/31/21
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 submission of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: 2]

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:

Frances Freer, Independent Contractor
Consultant's Name and Title
Name of Firm (if applicable)
10/1/2015 Start Date
3/31/2016 End Date
\$20,000.00 Cost

Description of Services Provided: Supports CHCACT and FQHCs in Connecticut's SNAP enrollment efforts.

Is the consultant a former State employee or former public official? [X] YES [] NO

IF YES: Department of Social Services Name of Former State Agency
6/28/2013 Termination Date of Employment

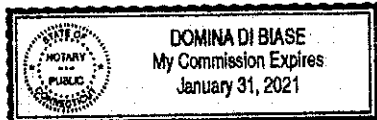
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Community Health Center Association of Connecticut, Inc. Printed Name of Bidder or Contractor
Mollie Melbourne, MPH, Acting CEO Printed Name (of above)
[Signature] Signature of Principal or Key Personnel
2/10/16 Date
Department of Social Services Awarding State Agency

Sworn and subscribed before me on this 10 day of February, 2016.

Commissioner of the Superior Court or Notary Public

1/31/2021 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: 2]

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:

Judith Feinstein, Independent Contractor
Consultant's Name and Title
Name of Firm (if applicable)
7/1/2014 Start Date 3/31/2016 End Date \$45,000.00 Cost

Description of Services Provided: Develops and implements activities required by DSS's Process and Technology Improvement Grant.

Is the consultant a former State employee or former public official? [X] YES [] NO

If YES: University of Connecticut Name of Former State Agency 9/27/2014 Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.
Community Health Center Association of Connecticut, Inc.
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date 3/23/16
Mollie Melbourne, MPH, Acting CEO Department of Social Services
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 23 day of March, 2016

Commissioner of the Superior Court or Notary Public
1/31/21
My Commission Expires





Current User: tina.mcgill@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 Health Center Association of Connecticut, 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
4708	Officials/Managers	5	2	2	1	0	0	0	0	0	0	0
4709	Professionals	6	1	2	1	2	0	0	0	0	0	0
4710	Technicians	0	0	0	0	0	0	0	0	0	0	0
4711	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
4712	Office/Clerical	13	1	5	0	3	1	2	0	1	0	0
4713	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
4714	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
4715	Laborers (Unskilled)	23	1	9	0	8	0	5	0	0	0	0
4716	Service Workers	0	0	0	0	0	0	0	0	0	0	0
	Totals	47	5	18	2	13	1	7	0	1	0	0

Do you use minority business as subcontractors or suppliers? Yes No Explain: CHCACT does not only use minority business as subcontractors and suppliers; offerings, price points, and capabilities of various vendors are taken into consideration when deciding who

If CT based, do you post all employment openings with the State of Connecticut Employment Service? Yes No Explain: CHCACT utilizes the CT DOL Job Bank to post positions as needed.

Do you use an Affirmative Action Plan? Yes No Explain: No plan since fewer than 50 employees.

Describe your recruitment, hiring, training and promotion anti-discrimination practices. CHCACT is an equal opportunity employer. Jobs are posted on CHCACT's Job Bank and other applicable job search sites for the position. Applicants are interviewed in a similar manner to select the best

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.

Hit Counter 363



**STATE OF CONNECTICUT
AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY**

Written or electronic affirmation to accompany a large State construction or procurement contract, having a cost of more than \$500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

- I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]
- I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]
- I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.
- I am a contractor who has already filed an affirmation, but I am updating such affirmation either (i) no later than thirty (30) days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

IMPORTANT NOTE:

Within fifteen (15) days after the request of such agency, institution or quasi-public agency for such affirmation contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website.

<i>Evelyn Barnum</i>	<i>9/28/15</i>	
Signature	Date	
Evelyn Barnum	Chief Executive Officer	
Printed Name	Title	
Community Health Center Association of Connecticut, Inc.		
Firm or Corporation (If applicable)		
1484 Highland Avenue, Suite 2	Cheshire	CT 06410
Street Address	City	State Zip

Department of Social Services
Awarding State Agency



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 Health Center Association of Connecticut

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, 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. Community Health Center Association of Connecticut Evelyn Barnum

Printed Respondent Name

Printed Name of Authorized Official

Signature of Authorized Official (Handwritten: Evelyn Barnum)

Subscribed and acknowledged before me this 17th day of June, 2015

Commissioner of the Superior Court (or Notary Public)

4.30.2010 My Commission Expires

WORKFORCE ANALYSIS

Contractor Community
Health Center Association
of Connecticut, Inc.

Address 1484 Highland
Avenue, Suite 2 & 3,
Cheshire, CT .06410

Number of Connecticut Employees	
Full-time: 47	Part-time: 0
Employment figures obtained from	
Visual Check <input checked="" type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» 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	4	2	2	0	0	0	0	0	0	0	0	0	0
Professionals	7	1	2	2	2	0	0	0	0	0	0	0	0
Technicians													
Service Workers													
Office & Clerical	13	1	5	0	3	1	2	0	1	0	0	0	0
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)	23	1	9	0	8	0	5	0	0	0	0	0	0
TOTALS	47	5	18	2	13	1	7	0	1	0	0	0	0
Totals One Year Ago	32	6	12	1	9	1	2	1	0	0	0	0	0

FORMAL ON-THE-JOB-TRAINEES

Apprentices	N/A												
Trainees	N/A												

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation _____; If no, explain No plan since fewer than 50
Do you promise to develop and implement a successful Affirmative Action Plan?

Yes No N/A Explain: CHCACT has a written policy of Equal Opportunity/Affirmative Actio

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: N/A

Authorized Signature: _____

Date: 8 April 2016