

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: The New Haven Family Alliance, Inc.
Contractor Address: 230 Ashmun Street, New Haven, CT .06511
Contract Number: 15DSS1401TH / 093NHA-FIP-10
Amendment Number: Amendment 2
Amount as Amended: \$238,303.00
Contract Term as Amended: 7/1/2015 to 6/30/2019

The contract between The New Haven Family Alliance, Inc. ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 12/9/15, and previously amended on 7/26/16 is hereby further amended as follows:

1. The term of the contract has been extended for an additional two (2) years and the end date of the contract is changed from 6/30/17 to 6/30/19.
2. The total maximum amount payable under the contract has increased by \$92,063 (\$45,124 in SFY 18 and \$46,939 in SFY 19) from \$146,240 to \$238,303 to provide funding for the extended term of the contract.
3. For the period 7/1/17 through 6/30/19, Part I, Section B., labeled DESCRIPTION OF SERVICES, subsection 2, of the contract shall be supplemented by the addition of the following:
 2. The Contractor shall serve an additional 100 individuals through the two years of this contract; 50 in 2018 and 50 in 2019, resulting in a grand total of at least 250 individuals served over the four year contract period. If the final number of clients to be served falls within a 10% variance of the targeted number each year, the department will accept and acknowledge those final numbers as successfully achieving the contract deliverable.
4. Part I, Section P. labeled MISCELLANEOUS PROVISIONS of the contract is hereby amended by the addition of the following sections 5. and 6. as follows:

5. Lobbying

Federal grant funds provided under this award may not be used by the grantee or any sub-grantee to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations. This prohibition is related to the use of Federal grants funds and is not intended to affect an individual's right or that of any organization, to petition Congress, or any other level of Government, through the use of other resources.

6. Pro Children Act

In accordance with Part C of Public Law 103-227, the "Pro-Children Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs whether directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts.

The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities and used for inpatient drug and alcohol treatment.

5. DSS contract/contact person on page 1 of the original contract shall be deleted and replaced as follows:
Donna LoCurto at (860) 424-5323.
6. For the period 7/1/17 through 6/30/19, Part I, Section L. labeled BUDGET/PAYMENT PROVISIONS, subsection 4.a. of this contract as amended is hereby further amended to add the following:

Effective Date: **5/19/2017**

CONTRACT NUMBER: **15DSS1401TH**
 CONTRACT PERIOD: **07/01/2015 through 06/30/2019**
 ST FISCAL YR (SFY): **2018**
 PROVIDER: **New Haven Family Alliance, Inc.**
 Approved by: **lourtod**

4000 INCOME		FIP			
		07/01/2017	Contract Total	Other Funding	Total Income
Program Funding Period:		through June 30, 2018			
4100 CONTRACT FUNDING	SID	\$ 45,124	\$ 45,124	\$ -	\$ 45,124
4101 State Funds	16270	\$ 45,124	\$ 45,124	\$ -	\$ 45,124
TOTAL INCOME		\$ 45,124	\$ 45,124	\$ -	\$ 45,124
5000 DIRECT EXPENSES		FIP	Contract Total		Total Expenses
5100 SALARIES		\$ 26,997	\$ 26,997	\$ -	\$ 26,997
5101 Staff Salaries & Wages		\$ 26,997	\$ 26,997	\$ -	\$ 26,997
5200 FRINGE BENEFITS		\$ 5,365	\$ 5,365	\$ -	\$ 5,365
5300 CONTRACTUAL SERVICES		\$ 840	\$ 840	\$ -	\$ 840
5304 Other Contractual (specify in narrative)		\$ 840	\$ 840	\$ -	\$ 840
5400 TRANSPORTATION		\$ 500	\$ 500	\$ -	\$ 500
5401 Staff Travel Reimbursement		\$ 500	\$ 500	\$ -	\$ 500
5500 MATERIALS AND SUPPLIES		\$ 1,131	\$ 1,131	\$ -	\$ 1,131
5501 Food		\$ 800	\$ 800	\$ -	\$ 800
5504 Other Mtrls and Sppls (specify in narrati		\$ 331	\$ 331	\$ -	\$ 331
5600 FACILITIES		\$ 4,568	\$ 4,568	\$ -	\$ 4,568
5601 Rent and Real Estate Taxes		\$ 2,100	\$ 2,100	\$ -	\$ 2,100
5603 Maintenance & Repair - Facility and Pla		\$ 200	\$ 200	\$ -	\$ 200
5604 Utilities		\$ 1,428	\$ 1,428	\$ -	\$ 1,428
5605 Other Facilities (specify in narrative)		\$ 840	\$ 840	\$ -	\$ 840
5800 OTHER EXPENSES		\$ 5,723	\$ 5,723	\$ -	\$ 5,723
5801 Communications		\$ 1,848	\$ 1,848	\$ -	\$ 1,848
5802 Insurance		\$ 1,697	\$ 1,697	\$ -	\$ 1,697
5804 Staff Training and Conferences		\$ 2,000	\$ 2,000	\$ -	\$ 2,000
5806 Other (specify in narrative)		\$ 178	\$ 178	\$ -	\$ 178
TOTAL DIRECT EXPENSES		\$ 45,124	\$ 45,124	\$ -	\$ 45,124
7000 INDIRECT EXPENSES		FIP	Contract Total		Total Expenses
TOTAL INDIRECT EXPENSES		\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES		\$ 45,124	\$ 45,124	\$ -	\$ 45,124
INCOME/EXPENSE SUMMARY		FIP	Contract Total		Total
TOTAL INCOME		\$ 45,124	\$ 45,124	\$ -	\$ 45,124
TOTAL EXPENSES		\$ 45,124	\$ 45,124	\$ -	\$ 45,124
EXCESS/(SHORTAGE)		\$ -	\$ -	\$ -	\$ -

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

SIGNATURES AND APPROVALS

15DSS1401TH/093NHA-FIP-10 A2

The Contractor **IS NOT** a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR

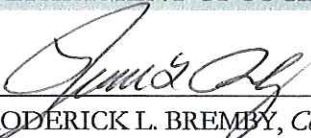
The New Haven Family Alliance, Inc.



Barbara Tinney, Executive Director

6/16/2017
Date

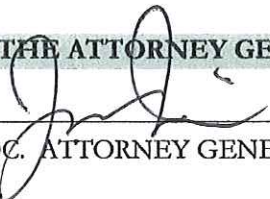
DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

6/19/2017
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST.~~ ASSOC. ATTORNEY GENERAL (*Approved as to form*)

Joseph Rubin

6/30/17
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 Executive Director of New Haven Family Alliance 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

New Haven Family Alliance and that New Haven Family Alliance.
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.

Barbara Tinney
Authorized Signatory

Barbara Tinney
Printed Name

Sworn and subscribed to before me on this 15th day of June, 2019.

Danita Bowen
Commissioner of the Superior Court/
Notary Public

March 31, 2020
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</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</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.

New Haven Family alliance
Printed Contractor Name

Barbara Tinney
Printed Name of Authorized Official

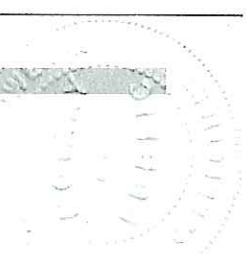
Barbara Tinney
Signature of Authorized Official

Subscribed and acknowledged before me this 15th day of JUNE, 2017

Danita Bowen
Commissioner of the Superior Court (or Notary Public)

March 31, 2020
My Commission Expires

DANITA BOWEN
NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 31, 2020





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.

New Haven Family Alliance, Signature of Principal or Key Personnel: Barbara Tinney, Date: June 15, 2017, Awarding State Agency

Sworn and subscribed before me on this 15th day of June, 2017.

Signature of Notary Public: Danita Bowen, Commissioner of the Superior Court or Notary Public

My Commission Expires: March 31, 2020



STATE OF CONNECTICUT

Current User: barbara.linnay@nhfamilyalliance.org

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

New Haven Family Alliance

	ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
Edit	13123	Officials/Managers	7	0	1	2	3	0	1	0	0	0	0
Edit	13124	Professionals	16	1	1	8	3	3	0	0	0	0	0
Edit	13125	Technicians	0	0	0	0	0	0	0	0	0	0	0
Edit	13126	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
Edit	13127	Office/Clerical	1	0	0	0	1	0	0	0	0	0	0
Edit	13128	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
Edit	13129	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
Edit	13130	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
Edit	13131	Service Workers	0	0	0	0	0	0	0	0	0	0	0
Edit		Totals	24	1	2	10	7	3	1	0	0	0	0

Do you use minority business as subcontractors or suppliers? Yes No Explain: This grant has no subcontractors

If CT based, do you post all employment openings with the State of Connecticut Employment Service? Yes No Explain: NHFA posts all openings ithe State of Connecticut Employment Service

Do you use an Affirmative Action Plan? Yes No Explain: NHFA IS A RACIALLY AND CULTURALLY DIVERSE ORGANIZATION

Describe your recruitment, hiring, training and promotion anti-discrimination practices. NHFA POSTS OPENINGS WITH CT EMPLOYMENT SERVICE AND DOES EXTENSIVE OUTREACH TO THE COMMUNITY TO RECRUIT STAFF, POST PROMOTION OPENINGS INTERNALLY TO ALL STAFF AND FOLLOWS AFFIRMATIVE ACTION NONDISCRIMINATORY PRINCIPLES IN

Save

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Hit Counter 9,755

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
REQUEST FOR PAYMENT
DSS ACCOUNTS PAYABLE

Voucher#: _____ VR Processed by: _____ VR Date: _____ Voucher Approved by: _____ Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____ Purchase/Contract Type: PO POS PSA MOA/TI BOND
 Vendor/Contractor Name: The New Haven Family Alliance, Inc. Check One: Competitive Non-Competitive
 Business Address: 230 Ashmun Street, New Haven, CT .06511 Spending Plan Code: FIP
 CORE-CT Contract #: 1SDSS1401TH A2
 DSS Contract #: 093NHA-FIP-10

Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN) PO #: _____ Receipt # _____
 FEIN #: 061324343 Vendor # 0000013809

The New Haven Family Alliance, Inc.
 230 Ashmun Street, New Haven, CT .06511
 Contract Period: From: 7/1/2015 To: 6/30/2019
 Payment Period: From: _____ To: _____
 Total Contract: \$238,303.00
 Previous Payments: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: Barbara Tinney
 Contractor Name (print) _____ Contractor Signature *Barbara Tinney* Date *06/16/2017*

DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Anthony J. Judkins (860) 424-5696
 DSS PROGRAM STAFF REP Signature _____ Phone # _____

Co-sign (if required) Signature _____ Phone # _____

DSS FISCAL STAFF APPROVAL - Name (sign & date)

Date _____
 Financial Report Required Yes No
 Financial Report within last 3 mos. Yes No
 Attach Explanation If Report Is More Than 3 Months Old