

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:** 12DSS4701GB / 094CHC-FSP-01  
**Amendment Number:** A10  
**Amount as Amended:** \$4,373,438.00  
**Contract Term as Amended:** 10/1/2012 to 9/30/2016

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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 07/08/2016, is hereby further amended as follows:

1. The total maximum amount payable under the contract is increased by \$514,676.00 from \$3,858,762 to \$4,373,438.00. The amount of \$514,676.00 is due to the receipt of SNAP Outreach federal funds for FFY 2016.
2. The budget on page 14 in the original contract shall be deleted and replaced by the budget on page 3 of this amendment.
3. Item #3 on page 1 of Amendment #5 – Client Based Outcomes and Measures shall be appended to include the following:

3. OUTCOME

- a. Contact at least **8,500** hard to reach low-income clients during the period of 4/1/16 - 9/30/16 living within the targeted areas through distribution of information about SNAP.

MEASURES

- a. Documented distribution of at least **8,500** bi-lingual program flyers and USDA SNAP information during the period of 4/1/16-9/30/16.
- b. Materials developed or reprinted with SNAP funds must include the USDA non-discrimination statement and contain the funding credit statement. The agency website must also contain the non-discrimination statement or a link to it.

6. OUTCOME

- a. Increased Food Stamp Program participation through prescreening and application assistance.

MEASURES

- a. Documentation of at least **4,125 pre-screenings** of community members during the period of 4/1/16-9/30/16.
- b. Documentation of SNAP **application assistance** provided to at least **2,065** people during the period of 4/1/16-9/30/16. Documentation of application assistance in client files should include a copy of the SNAP application, a client release form, copies of supporting documents that accompanied the SNAP application to the local DSS regional office and case notes. All client files must be retained for three years. Client information is confidential and must be kept in a secure area.

**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.**

## FINANCIAL SUMMARY

PROGRAM NAME:  
CONTRACT YEAR:

Supplemental Nutrition Assistance Program (SNAP) Outreach  
April 1, 2016 to September 30, 2016

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>	3,808,295	770,703	3,858,762
Previously Approved Contract Amount		\$ 3,858,762	\$ 3,858,762
Amount of Amendment		\$ 514,676	\$ 4,373,438

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
2	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services	3,043,683.00		429,300.00	
	<b>TOTAL CONTRACTUAL SERVICES</b>		3,043,683.00	429,300.00	3,472,983.00
3	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	36,141.00			
	3b. Admin. Fringe Benefits	10,567.00			
	3c. Admin. Overhead	154,940.00		17,724.65	
	<b>TOTAL ADMINISTRATION</b>		201,648.00	17,724.65	219,372.65
4	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	183,525.00		43,125.45	
	4b. Program Fringe Benefits	51,924.00		10,781.37	
	<b>TOTAL DIRECT PROGRAM</b>		235,449.00	53,906.82	289,355.82
5	<b>OTHER COSTS</b>				
	5a. Program Rent	39,024.00		7,720.00	
	5b. Consumable Supplies	121,682.00		3,920.00	
	5c. Travel & Transportation	7,713.00		2,104.53	
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	209,563.00			
	<b>TOTAL OTHER COSTS</b>		377,982.00	13,744.53	391,726.53
6	<b>EQUIPMENT</b>				
7	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
8	<b>TOTAL NET PROGRAM COST</b> (Sum of 1 through 6, minus Line 7)	3,858,762.00	3,858,762.00	514,676.00	4,373,438.00

(Sum of 1 through 6, minus Line 7)

### SIGNATURES AND APPROVALS

12DSS4701GB/094CHC-FSP-01 A10

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

#### CONTRACTOR

Community Health Center Association of Connecticut, Inc.

Evelyn Barnum  
Evelyn Barnum, Chief Executive Officer

9/30/16  
Date

#### DEPARTMENT OF SOCIAL SERVICES

Roderick L. Bremby  
RODERICK L. BREMBY, *Commissioner*

9/30/16  
Date

#### OFFICE OF THE ATTORNEY GENERAL

Joseph Rubin  
ASST. / ASSOC. ATTORNEY GENERAL (*Approved as to form*)  
Joseph Rubin

10/24/16  
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.

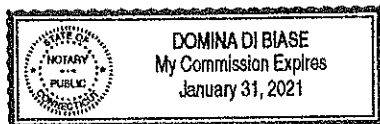
Mollie Melbourne  
Authorized Signatory

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
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.]
X 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.

Evelyn Barnum September 21, 2016
Signature Date

Evelyn Barnum CEO
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



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, Inc.

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, Inc. Evelyn Barnum

Printed Respondent Name

Printed Name of Authorized Official

Evelyn Barnum
Signature of Authorized Official

Subscribed and acknowledged before me this 21 day of September, 2016.

Commissioner of the Superior Court (or Notary Public)
My Commission Expires 1/3/2021

