

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Hispanic Federation, Inc.
Contractor Address: 55 Exchange Place, 5th Floor, New York, NY .10005
Contract Number: 14DSS1303DW / 999-HF-HHD-02
Amendment Number: **Amendment 4**
Amount as Amended: \$450,908.00
Contract Term as Amended: 10/1/2014 to 6/30/2018

The contract between Hispanic Federation, 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 6/8/2015, and previously amended on 10/2/2015, 5/16/2016, and 10/12/2016 is hereby further amended as follows:

1. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 6/30/2017 to 6/30/2018.
2. The total maximum amount payable under the contract has increased by \$71,938 from \$378,970 to \$450,908 to provide funding for the extended term of the contract.
3. DSS contract/contact person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
4. For the period 7/1/17 through 6/30/18, Part I, Section J. labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract and Amendments thereof, shall be deleted and replaced with the following:

PART I

FINANCIAL SUMMARY

PROGRAM NAME:

Hispanic Federation-CT Capacity Building for Hispanic HHD Service Providers

PROGRAM NUMBER:

14DSS1303DWA-4

| Contract Amount | Requested | Adjustments | Approved |
|-------------------------------------|------------|-------------|------------|
| <i>For Amendments Only</i> | | | |
| Previously Approved Contract Amount | \$ 378,970 | | \$ 450,908 |
| Amount of Amendment | | \$ 71,938 | \$ 450,908 |

| Line # | Item | Subcategory (a) | Line Item Total (b) | Adjustments (c) | Revised Total (d) |
|--------|-----------------------------------|--------------------|------------------------|--------------------|----------------------|
| 1 | UNIT RATE | | | | |
| | 1a. Bed Days | | | | |
| | 1b. Client Advocate | | | | |
| | 1c. Security Deposit | | | | |
| | 1d. Other Unit Rate Costs | | | | |
| | TOTAL UNIT RATE | 0 | | | |
| 2 | CONTRACTUAL SERVICES | | | | |
| | 2a. Accounting | - | | | |
| | 2b. Legal | \$200.00 | | | \$200.00 |
| | 2c. Independent Audit | \$3,333.00 | | \$1,333.00 | \$4,666.00 |
| | 2d. Other Contractual Services | \$96,131.00 | | \$3,000.00 | \$99,131.00 |
| | TOTAL CONTRACTUAL SERVICES | \$99,664.00 | | \$4,333.00 | \$103,997.00 |
| 3 | ADMINISTRATION | | | | |
| | 3a. Admin. Salaries | \$0.00 | | \$0.00 | \$0.00 |
| | 3b. Admin. Fringe Benefits | \$0.00 | | \$0.00 | \$0.00 |
| | 3c. Admin. Overhead | \$27,257.00 | | \$4,582.00 | \$31,839.00 |
| | TOTAL ADMINISTRATION | \$27,257.00 | | \$4,582.00 | \$31,839.00 |
| 4 | DIRECT PROGRAM STAFF | | | | |
| | 4a. Program Salaries | \$149,063.00 | | \$33,620.00 | \$182,683.00 |
| | 4b. Program Fringe Benefits | \$22,999.00 | | \$2,690.00 | \$25,689.00 |
| | TOTAL DIRECT PROGRAM | \$172,062.00 | | \$36,310.00 | \$208,372.00 |
| 5 | OTHER COSTS | | | | |
| | 5a. Program Rent | \$24,420.00 | | \$8,400.00 | \$32,820.00 |
| | 5b. Consumable Supplies | \$4,461.00 | | \$1,635.00 | \$6,096.00 |
| | 5c. Travel & Transportation | \$12,250.00 | | \$5,000.00 | \$17,250.00 |
| | 5d. Utilities | \$3,440.00 | | \$1,250.00 | \$4,690.00 |
| | 5e. Repairs & Maintenance | \$0.00 | | \$0.00 | \$0.00 |
| | 5f. Insurance | \$7,755.00 | | \$2,500.00 | \$10,255.00 |
| | 5g. Food & Related Costs | \$9,400.00 | | \$3,999.00 | \$13,399.00 |
| | 5h. Other Project Expenses | \$14,466.00 | | \$3,281.00 | \$17,747.00 |
| | | \$3,778.00 | | \$648.00 | \$4,426.00 |
| 6 | EQUIPMENT | | | | |
| 7 | PROGRAM INCOME | | | | |
| | 7a. Fees | \$0.00 | | | |
| | 7b. Other Income | \$0.00 | | | |
| | TOTAL PROGRAM INCOME | \$0.00 | | | |
| 8 | TOTAL NET PROGRAM COST | \$378,970.00 | | \$71,938.00 | \$450,908.00 |

(Sum of 1 through 6, minus Line 7)

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

14DSS1303DW/999-HF-HHD-02 A4

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

CONTRACTOR

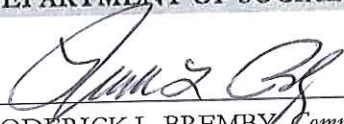
Hispanic Federation, Inc.



Jose Calderon, President

Date 06/21/2017

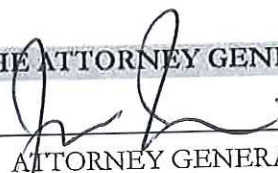
DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

Date 6/27/17

OFFICE OF THE ATTORNEY GENERAL



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

Date 6/30/17



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 President of Hispanic Federation, an entity
Signatory's Title Name of Entity

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

I certify that I am authorized to execute and deliver this affidavit on behalf of
Hispanic Federation Inc. and that Hispanic Federation 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.

[Signature]
Authorized Signatory

Jose Calderon
Printed Name

Sworn and subscribed to before me on this 22nd day of June, 2017.

[Signature]
Commissioner of the Superior Court/
Notary Public

September 3, 2018
Commission Expiration Date



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – New Resolution

By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of a corporate, company, or partnership policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of a contractor 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. Submit to the awarding State agency prior to contract execution.

CERTIFICATION OF RESOLUTION:

I, Jose Calderon, President, of Hispanic Federation, Inc
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the laws of State of Connecticut,
Name of State or Commonwealth

certify that the following is a true and correct copy of a resolution adopted on the 21st day of
June, 2017 by the governing body of Hispanic Federation,
Name of Entity

in accordance with all of its documents of governance and management and the laws of
Connecticut and further certify that such resolution has not been modified
Name of State or Commonwealth

or revoked, and is in full force and effect.

RESOLVED: That the policies of Hispanic Federation comply with the
Name of Entity

nondiscrimination agreements and warranties of Connecticut General Statutes
§§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

The undersigned has executed this certificate this 21st day of June, 2017.

[Signature]
Authorized Signatory

06/21/17
Date

Jose Calderon
Printed Name



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> |
|--------------------------|----------------------------|------------------|--------------|--------------------|
| NONE | | | | |
| | | | | |
| | | | | |

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> |
|--------------------------|----------------------------|------------------|--------------|--------------------|
| NONE | | | | |
| | | | | |
| | | | | |

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

Hispanic Federation, Inc.
Printed Contractor Name

Rose Calderon
Printed Name of Authorized Official

[Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 22nd day of June, 2017

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

BETHSY REID
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RE6079792
Qualified in New York County
My Commission Expires September 03, 2018

September 3, 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:

Form with fields for Consultant's Name and Title, Name of Firm (if applicable), 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.

Form with fields for Printed Name of Bidder or Contractor, Signature of Principal or Key Personnel, Date, Printed Name (of above), and Awarding State Agency.

Sworn and subscribed before me on this 22nd day of June, 2017.

BETHSY REID
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RE6079792
Qualified in New York County
My Commission Expires September 03, 2018

Signature of Principal or Key Personnel
Date
September 3, 2018
My Commission Expires

WORKFORCE ANALYSIS

Contractor Hispanic Federation, Inc.

Address 55 Exchange Place,
5th Floor, New York, NY
.10005

| | |
|---|--|
| Number of Connecticut Employees | |
| Full-time: <input type="text" value="2"/> | Part-time: <input type="text" value="1"/> |
| Employment figures obtained from | |
| Visual Check <input type="checkbox"/> | Employment Records <input type="checkbox"/> |
| Other <input type="checkbox"/> | Contractor «ContractorOrg» Number <input type="text"/> |

| 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 | | | | | | | 1 | | | | | | |
| Professionals | | | | | | 1 | | | | | | | |
| Technicians | | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | | |
| Office & Clerical | | | | | | | 1 | | | | | | |
| Craft Workers (Skilled) | | | | | | | | | | | | | |
| Operators (Semi-Skilled) | | | | | | | | | | | | | |
| Laborers (Unskilled) | | | | | | | | | | | | | |
| TOTALS | | | | | | 1 | 2 | | | | | | |
| Totals One Year Ago | | | | | | | 3 | | | | | | |

FORMAL ON-THE-JOB-TRAINEES

| | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Apprentices | | | | | | | | | | | | | |
| Trainees | | | | | | | | | | | | | |

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation ; If no, explain


Do you promise to develop and implement a successful Affirmative Action Plan?

Yes No N/A Explain:
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:

Authorized Signature:  Date: 04/21/2019