

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

**Contractor:** Allied Community Resources, Inc.  
**Contractor Address:** 6 Craftsman Road, East Windsor, CT 06088  
**Contract Number:** 08DSS7101AS / 049ACR-MFP-01  
**Amendment Number:** A9  
**Amount as Amended:** \$19,519,168.00  
**Contract Term as Amended:** 10/1/2008 to 9/30/2017

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The contract between Allied Community Resources, Inc. ("Contractor") and the Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 5/29/2009 and amended on 3/5/2010, 2/9/2011, 1/8/2012, 4/4/2012, 6/2/2013, 10/31/2014, 7/14/2015, and 7/14/2016 ("Contract"), is hereby further amended as follows:

1. The term of the contract is extended for an additional **three (3)** months and the end date of the contract is changed from **6/30/2017** to **9/30/2017**.
2. The total maximum amount payable under the contract has increased by **\$1,146,860.00** from **\$18,372,308.00** to **\$19,519,168.00** to provide funding for the extended term of the Contract.
3. For the period of **7/1/2017** through **9/30/2017**, the budget shall be supplemented with the addition of the following:

BUDGET	MFP	CFC
PROGRAM ADMINISTRATION PERSONNEL EXPENSES	July 1 - September 30, 2017 FY 2018	July 1 - September 30, 2017 FY 2018
SALARIES	\$ 132,500.00	\$ 330,000.00
FRINGE	\$ 26,500.00	\$ 59,400.00
<b>TOTAL PERSONNEL</b>	<b>\$ 159,000.00</b>	<b>\$ 389,400.00</b>
<b>OPERATING EXPENSES</b>		
PAYROLL & PROVIDER	\$ -	
PROCESSING	\$ 3,000.00	\$ 6,250.00
Outreach & Training	\$ 375.00	\$ 2,500.00
DIRECTED PROGRAM EXPENSE	\$ 900.00	
PHONE/FAX	\$ 2,500.00	\$ 5,000.00
OFFICE EXPENSE	\$ 4,000.00	\$ 6,500.00
POSTAGE	\$ 3,125.00	\$ 27,500.00
EQUIPMENT/MAINT	\$ 2,250.00	\$ 3,750.00
MIS (Hardware, Support & Software)	\$ 16,250.00	\$ 30,000.00
VEHICLE & TRAVEL EXPENSE	\$ 3,500.00	\$ 3,750.00
FACILITIES(Rent, Utilities, Insurance)	\$ 11,250.00	\$ 15,000.00
FURNITURE	\$ 250.00	\$ 500.00
LEGAL	\$ 250.00	\$ 875.00
AUDIT	\$ 1,375.00	\$ 3,750.00
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 49,025.00</b>	<b>\$ 105,375.00</b>
Fidelity Bond	\$ 500.00	\$ 875.00
<b>TOTAL PERSONNEL &amp; OPERATING EXPENSES</b>	<b>\$ 208,525.00</b>	<b>\$ 495,650.00</b>
Overhead @ 11%	\$ 22,937.50	\$ 54,521.50
<b>TOTAL PROGRAM ADMINISTRATION BUDGET</b>	<b>\$ 231,462.50</b>	<b>\$ 550,171.50</b>
***Paid Time Off		\$ 52,500.00
***Training		\$ 67,500.00
Steering Committee Transportation	\$ 750.00	
Transition Services	\$ 162,830.00	
State Funded Transition Services	\$ 13,625.00	
State Funded Fee For Service	\$ 1,375.00	
Demo - 24 Hour Recovery	\$ 750.00	
Substance Abuse budget	\$ 62,500.00	
Peer Support budget	\$ 2,000.00	
Informal Caregiver budget	\$ 1,396.00	
<b>Total advances</b>	<b>\$ 245,226.00</b>	
<b>Total MFP</b>	<b>\$ 476,688.50</b>	<b>\$ 670,171.50</b>

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

08DSS7101AS/049ACR-MFP-01 A9

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

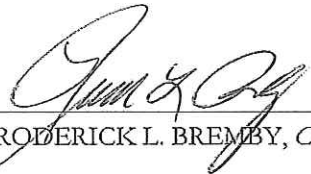
CONTRACTOR

Allied Community Resources, Inc.

  
\_\_\_\_\_  
Carol Bohnet, CEO

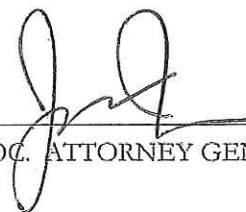
06/19/17  
Date

DEPARTMENT OF SOCIAL SERVICES


  
\_\_\_\_\_  
RODERICK L. BREMBY, *Commissioner*

6/19/17  
Date

OFFICE OF THE ATTORNEY GENERAL

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

6/27/17  
Date



# STATE OF CONNECTICUT

Current User: marcia.mcdonough@ct.gov
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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

### Allied Community Resources, 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
7102	Officials/Managers	13	4	9	0	0	0	0	0	0	0	0
7103	Professionals	14	3	6	0	2	1	2	0	0	0	0
7104	Technicians	1	1	0	0	0	0	0	0	0	0	0
7105	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
7106	Office/Clerical	59	4	35	0	6	1	12	0	1	0	0
7107	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
7108	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
7109	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
7110	Service Workers	0	0	0	0	0	0	0	0	0	0	0
<b>Totals</b>		<b>87</b>	<b>12</b>	<b>50</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

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.

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Hit Counter 1,811



**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.

Allied Community Resources, Inc.  
Printed Contractor Name  
Carol A Bohnet  
Signature of Authorized Official

Carol A. Bohnet  
Printed Name of Authorized Official

Subscribed and acknowledged before me this 17 day of January, 2017

Deborah J. Geline  
Commissioner of the Superior Court (or Notary Public)

11/2020  
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 (containing 'NONE').

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.

Allied Community Resources, Inc. Printed Name of Bidder or Contractor; Signature of Principal or Key Personnel; Date 1/17/2017

Carol A. Bohnet Printed Name (of above); Awarding State Agency

Sworn and subscribed before me on this 17 day of January, 2017.

Signature of Notary Public; Commissioner of the Superior Court or Notary Public

11/2020 My Commission Expires



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: \_\_\_\_\_

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. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

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. United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.

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:

- [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.

Allied Community Resources, Inc.
Printed Respondent Name

Carol A. Bohnet
Printed Name of Authorized Official

[Handwritten Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 17 day of January, 2017.

[Handwritten Signature]
Commissioner of the Superior Court (or Notary Public)
11/2020
My Commission Expire





**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 and 4a-60a, 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 CEO/President of Allied Community Resources, 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  
Allied Community Resources, Inc and that Allied Community Resources, 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 and 4a-60a, as amended.

Carol A Bohnet  
Authorized Signatory

Carol A. Bohnet  
Printed Name

Sworn and subscribed to before me on this 17 day of January, 2017.

Delmon I. Amos 11/2020  
Commissioner of the Superior Court/ Notary Public Commission Expiration Date

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

W-1270

Voucher #: \_\_\_\_\_ VR Processed by: \_\_\_\_\_

Voucher Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYEE INFORMATION**

Vendor Invoice #: \_\_\_\_\_ Purchase/Contract Type:  PO  POS  PSA  MOA/TI  BOND

Vendor/Contractor Name: Allied Community Resources, Inc.

Business Address: 6 Craftsman Road, East Windsor, CT .06088

Check One:  Competitive  Non-Competitive

Spending Plan Code: MFP

CORE-CT Contract #: 08DSS7101AS

DSS Contract #: 049ACR-MFP-01

PO #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

FEIN #: 061538357 Vendor # 0000010775

Contract Period: From: 10/1/2008 To: 9/30/2017

Payment Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Contract: \$19,519,168.00

Previous Payments: \$ \_\_\_\_\_

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

Authorization: Carol Bohnet

Contractor Name (print) \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

**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: Kenniel Martin  
DSS PROGRAM STAFF REP Signature

(860) 424-5563  
Phone #

Date \_\_\_\_\_

Co-sign (if required) Signature \_\_\_\_\_ Phone # \_\_\_\_\_

DSS FISCAL STAFF APPROVAL - Name (sign & date) \_\_\_\_\_

\* Financial Report Required  Yes  No  
 \* Financial Report within last 3 mos.  Yes  No  
 \* Attach Explanation if Report Is More Than 3 Months Old