

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: 049ACR-MFP-01/ 08DSS7101AS
Amendment Number: A8
Amount as Amended: \$18,372,308.00
Contract Term as Amended: 10/1/2008 to 6/30/2017

The contract between **Allied Community Resources, 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 7/14/15, is hereby further amended as follows:

1. The total maximum amount payable under this contract is **increased by \$4,590,441.00 from \$13,781,867.00 to \$18,372,308**. The additional funding shall be used to deliver program services for the original population as amended October 1, 2008 and to deliver Program services to Community First Choice Participants.
2. The term of the contract is extended for an additional twelve (12) months and the end date of the contract is changed from 06/30/16 to 06/30/17.
3. The budget for the period between 7/1/2016 through 6/30/17 shall be set on page 2 of this amendment.
4. **Amendment to Part I. Section C.1.k.** Section C.1.k, in Amendment Seven (A7), is deleted in its entirety and replaced with the following:
 - k. Develop, implement and maintain a training program for Participants who elect to hire Individual Providers. The training program shall include an on-going assessment of and additional training for, Participants who hire Individual Providers to ensure continued compliance with hiring and employment responsibilities. Effective September 1, 2016, Participants may pay a monthly fee to opt out of direct of pay card (as a cost of five dollars (\$5.00) per month/per employee) services;
5. **Amendment to Part I. Section C.1.n.** Section C.1.n, in A7, is deleted in its entirety and replaced with the following:
 - n. Provide Fiscal Intermediary Services to support a CFC Participant's receipt of authorized CFC Services to no more than an average monthly count of 2361 CFC Participants;

BUDGET PAGE: ALLIED COMMUNITY RESOURCES INC.
Money Follows the Person

Allied Community Resources/FY 2017	
SALARIES	\$489,628.00
FRINGE	\$97,925.60
TOTAL PERSONNEL	\$587,553.60
OPERATING EXPENSES	
PROCESSING	\$ 17,000.00
Outreach & Training	\$2,600.00
DIRECTED PROGRAM EXPENSE	\$3,000.00
PHONE/FAX	\$9,000.00
OFFICE EXPENSE	\$15,000.00
POSTAGE	\$15,000.00
EQUIPMENT/MAINT	\$10,000.00
IT (Hardware, Support & Software)	\$44,500.00
VEHICLE & TRAVEL EXPENSE	\$14,000.00
FACILITIES (Rent, Utilities, Insurance)	\$45,000.00
FURNITURE	\$1,000.00
LEGAL	\$2,000.00
AUDIT	\$5,500.00
TOTAL OPERATING EXPENSES	\$183,600.00
Fidelity Bond	\$2,000.00
TOTAL PERSONNEL & OPERATING EXPENSES	\$773,153.60
Overhead	\$85,046.40
TOTAL PROGRAM ADMINISTRATION	\$ 858,200.00
PROGRAM	
Steering Committee Transportation	\$3,000.00
Transition Services	\$651,320.00
State Funded Transition Services	\$54,500.00
State Funded Fee For Service	\$5,500.00
Demo - 24 Hour Recovery	\$87,000.00
Substance Abuse	\$250,000.00
Peer Support	\$100,000.00
Informal Caregiver	\$250,000.00
Program Total	\$1,401,320.00
MFP Total	\$2,259,520.00
CFC	\$1,850,921.00
Paid Time Off	\$210,000.00
Training	\$270,000.00
PTO Total	\$480,000.00
GRAND TOTAL	\$4,590,441.00

6. **Amendment to Part I. Section C.1.aa.** Section C.1.aa., in A7 is deleted in its entirety and replaced with the following:
 - aa. The Contractor shall make payments to Vendors and Individual Providers using a variety of payment methods, including electronic transfer, direct deposit, and by check through US Mail. Effective September 1, 2016, Participants may pay a monthly fee to opt of direct or pay card (at a cost of five dollars (\$5.00) per month per employee) services;
7. **Amendment to Part I. Section F.1.i.** Section F.1.i., in A7, is deleted in its entirety and replaced with the following:
 - i. Conduct a complete CBC on any Provider selected by the Participant for employment prior to initiating payment. Effective September 1, 2016, Participants may pay for CBCs out of their budget for new hires (at a cost of five dollars (\$5.00) per CBC).
8. **Amendments to Part I. Section K.1.g.** Section K.1.g. in Amendment Six (A6) is hereby amended to add an new subsection v. after subsection vi., as follows:
 - v. When the Department's review of any financial report, financial reconciliation or on-site examination of the Contractor's financial records indicate that under expenditure, or underutilization of contract funds has, or is likely to occur by the end of each contract year, the Department may, with advance notice to and in consultation with the Contractor demand either: the return to the Department, in full, of any unexpended funds; alter the payment schedule for the balance of the contract period; direct the Contractor to reinvest the under expended funds in the program so long as the reinvestment tasks are within the agreed to scope of work or authorize that the unexpended funds be carried over and used as part of a new contract period, if a new and/or similar contract is executed.
9. **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.**

ACCEPTANCES AND APPROVALS

08DSS7101AS/ 049ACR-MFP-01 A8

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

CONTRACTOR: ALLIED COMMUNITY RESOURCES, INC.

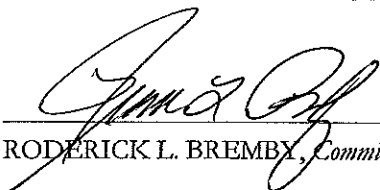


Carol Bohnet, CEO

06/30/2016

Date

DEPARTMENT OF SOCIAL SERVICES

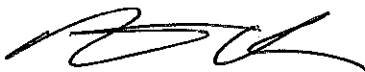


RODERICK L. BREMBY, *Commissioner*

6/30/16

Date

OFFICE OF THE ATTORNEY GENERAL



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

Robert W. Clark

7/14/16

Date



**STATE OF CONNECTICUT
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE
AUTHORIZED TO EXECUTE CONTRACT**

Certification to accompany a State contract, having a value of \$50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.


CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

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

Allied Community Resources, Inc.
Contractor Name

Department of Social Services
Awarding State Agency



State Agency Official or Employee Signature



Date

Roderick L. Bremby

Printed Name

Commissioner

Title

Sworn and subscribed before me on this 30 day of June, 2016



Commissioner of the Superior Court
or Notary Public

Juris No 307252

My Commission Expires



**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.



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: NA - None

Consultant's Name and Title Name of Firm (if applicable)
Start Date End Date Cost

Description of Services Provided:
NA

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.

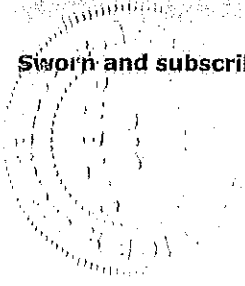
Allied Community Resources, Inc. Signature of Principal or Key Personnel Date June 30, 2016

Carol Bohnet Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 30th day of June, 2016.

Maryanne Battigie Commissioner of the Superior Court or Notary Public

02/28/2021 My Commission Expires





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/CEO 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(a)(1) and 4a-60a(a)(1), as amended.

Carol A. Bohnet
Authorized Signatory

Carol A. Bohnet
Printed Name

Sworn and subscribed to before me on this 13th day of June, 2016.

Maryanne Battigle
Commissioner of the Superior Court/
Notary Public

02/28/2021
Commission Expiration Date

