



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

March 24, 2016

Elinor C. Carbone
Mayor
City of Torrington
140 Main Street
Torrington, CT .06790

Contract #: 143-SBG-37/14DSS5012AD
Period: 10/01/14 - 6/30/2016

Amount: \$78,870.00
A2

Dear Mayor Carbone:

I am pleased to inform you that the above referenced contract has been fully executed and approved. Attached is a scanned copy of the amended contract for your files.

Requests for Payment should be completed and directed to the program contact identified below. The Department will process requests for payment in accordance with the terms of the contract. Your receipt of payment is contingent upon the continued availability of funds and your agency's compliance with the terms of the contract.

For issues or concerns related to the Program please direct your inquiries to:

PROGRAM

Dennis Nesta
(860) 424-5892
Dennis.nesta@ct.gov

CONTRACT

Marlene Hamilton
(860) 424-5778
marlene.hamilton@ct.gov

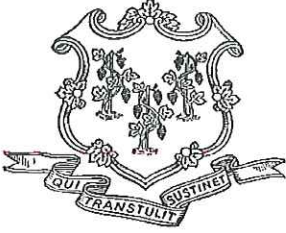
Sincerely,

Kathleen M. Brennan
Deputy Commissioner
Roderick L. Bremby
Commissioner

C: Carlene Taylor
Contract file

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT



Contractor: City of Torrington
Contractor Address: 140 Main Street, Torrington, CT .06790
Contract Number: 143-SBG-37/ 14DSS5012AD
Amendment Number: A2
Amount as Amended: \$78,870.50
Contract Term as Amended: 10/1/2014 6/30/2016

The contract between the City of Torrington and the Connecticut Department of Social Services, which was last executed by the parties and signed by the Department's Commissioner on 9/09/14, and previously amended on 9/24/15 is hereby further amended as follows:

1. The term of the contract is extended three (3) months and the end date of the contract is changed from 3/31/2016 to 6/30/2016.
2. Section 1 of Amendment 1 is amended because the total maximum amount payable under this contract has increased by \$11, 267 from \$67,603.50 to \$78,870.50.
3. The budget on page 2 of Amendment 1 is hereby deleted and replaced in its entirety by the budget on page 2 of this Amendment.

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.

PART I

FINANCIAL SUMMARY

PROGRAM NAME:
PROGRAM NUMBER:

City of Torrington Social Services Block Grant
143-SBG-37/14DSS5012AD A2

Contract Amount	Requested	Adjustments	Approved
<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 67,603		
Amount of Amendment		\$ 11,267	\$ 78,870

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE		\$ -		
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				\$ -
	2b. Legal				\$ -
	2c. Independent Audit				\$ -
	2d. Other Contractual Services	56,304		9,384	\$ 65,688.00
	TOTAL CONTRACTUAL SERVICES	56,304	\$ 56,304.00	9,384	\$ 65,688.00
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	9,636		1,606	\$ 11,242.00
	3b. Admin. Fringe Benefits	1,663		277	\$ 1,940.00
	3c. Admin. Overhead				\$ -
	TOTAL ADMINISTRATION	11,299	\$ 11,299.00	1,883	\$ 13,182.00
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries				\$ -
	4b. Program Fringe Benefits				\$ -
	TOTAL DIRECT PROGRAM		\$ -		\$ -
5	<u>OTHER COSTS</u>				
	5a. Program Rent				\$ -
	5b. Consumable Supplies				\$ -
	5c. Travel & Transportation				\$ -
	5d. Utilities				\$ -
	5e. Repairs & Maintenance				\$ -
	5f. Insurance				\$ -
	5g. Food & Related Costs				\$ -
	5h. Other Project Expenses				\$ -
	TOTAL OTHER COSTS		\$ -		\$ -
6	<u>EQUIPMENT</u>				
		\$ -			\$ -
7	<u>PROGRAM INCOME</u>				
	7a. Fees				\$ -
	7b. Other Income				\$ -
	TOTAL PROGRAM INCOME		\$ -		\$ -
8	<u>TOTAL NET PROGRAM COST</u> (Sum of 1 through 6, minus Line 7)	67,603	\$ 67,603.00	11,267	\$ 78,870.00

ACCEPTANCES AND APPROVALS

14DSS5012AD A2/143-SBG-37 A2

CONTRACTOR City of Torrington

Elinor Carbone
Elinor C. Carbone, Mayor

3 / 22 / 16
Date

DEPARTMENT OF SOCIAL SERVICES

Kathleen M. Brennan
RODERICK L. BREMBY, *Commissioner*

3 / 24 / 16
Date

OFFICE OF THE ATTORNEY GENERAL

This contract does not require the approval of the Attorney General pursuant to an agreement between the Department and the Office of the Attorney General, dated 12/29/2015.

WORKFORCE ANALYSIS

Contractor City of
Torrington

Address 140 Main Street,
Torrington, CT .06790

Number of Connecticut Employees	
Full-time: <u>265</u>	Part-time: <u>79</u>
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	Contractor «Contractor Org» Number

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	33	21	10	1	0	1	0	0	0	0	0	1	0
Professionals	27	27	0	0	0	0	0	0	0	0	0	0	0
Technicians	19	19	0	0	0	0	0	0	0	0	0	0	0
Service Workers	99	90	5	1	0	2	1	0	0	0	0	1	0
Ones & Clerical	34	3	31	0	0	0	0	0	0	0	0	0	0
Craft Workers (Skilled)	41	41	0	0	0	0	0	0	0	0	0	0	0
Operators (Semi-Skilled)	-	-	-	-	-	-	-	-	-	-	-	-	-
Laborers (Unskilled)	12	12	0	0	0	0	0	0	0	0	0	0	0
TOTALS	2105	213	410	2	0	3	1	0	0	0	0	2	0
Totals One Year Ago	252	202	43	3	0	3	1	0	0	0	0	3	0

FORMAL ON-THE-JOB-TRAINEES

Apprentices	-	-	-	-	-	-	-	-	-	-	-	-	-
Trainees	-	-	-	-	-	-	-	-	-	-	-	-	-

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation 4/1988; 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: N/A

Authorized Signature: Kelley Reel Date: 3/22/2016



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 Mayor of Torrington, 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

Torrington and that Torrington
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.

Elmor Carbone
Authorized Signatory

Elmor Carbone
Printed Name

Sworn and subscribed to before me on this 22nd day of March, 2016.

Maurice M. Wall
Commissioner of the Superior Court/
Notary Public

09.30.2017
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.)

✓ Extension

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>
N/A				

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>
N/A				

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

Printed Contractor Name

Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this day of , 20

Commissioner of the Superior Court (or Notary Public)

My Commission Expires

