

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

7-8-16

Thomas H. Fanning President/CEO Ability Beyond Disability 4 Berkshire Blvd. Bethel, CT 06801

CONTRACT #: 12DSS2201AC / 018ABD-TBI-24 PERIOD: 7/1/2012 To 6/30/2018

AMOUNT: \$1,546,773.00 AMENDMENT: A2

Dear: Mr. Fanning:

I am pleased to inform you that the above referenced amendment has been fully executed and approved. Attached is a scanned copy of the amendment 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 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

Jerome Stallings (860) 424-5427 jerome.stallings@ct.gov

CONTRACT

Tina McGill (860) 424-5082 tina.mcgill@ct.gov

Sincerely,

Roderick L. Bremby Commissioner

C: Jerome Stallings

Dorian Long

Contract file



STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Ability Beyond Disability

Contractor Address: 4 Berkshire Blvd., Bethel, CT .06801

Contract Number: 018ABD-TBI-24/12DSS2201AC

Amendment Number: A2

Amount as Amended: \$1,546,773.00

Contract Term as Amended: 7/1/2012 - 6/30/2018

The contract between Ability Beyond Disability ("Contractor") and the Connecticut Department of Social Services ("Agency"), which was last executed by the parties on July 3, 2014 is hereby further amended as follows:

- 1. The total maximum amount payable under this contract has increased by \$397,083 from \$1,149,690 to \$1,546,773. This increase is to continue services for two (2) years.
- 2. The term of the contract is extended two (2) years and the end date of the contract is changed from 6/30/16 to 6/30/18.
- 3. The budget on page 2 of amendment 1 shall be 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.

PROGRAM NAME: ABILITY BEYOND DISABILITY, INC. – 018ABD-TBI-24 A2

(sum of lines 1 through 6 minus line 7)

	FINANC	ING SU	JMMARY	,		, .		
		R	(A) EQUESTED	AE	(B) JUSTMENTS	<i> </i>	(C) APPROVED	
Total State Grant:			1,149,690		397,083		1,546,773	
For Amendments Only								
	pproved State Grant nount of Amendment							
				1				
ITEM / Line #	Subcategory	Li	ne Item Total	/	Adjustments	R	evised Total	
1. <u>UNIT RATE</u>								
1a. Bed Days								
1b. Client Advocate				<u> </u>				
1c. Security Deposit]						
1d. Other Unit Rate Costs]						
TOTAL UNIT RATE		\$	-					
2. CONTRACTUAL SERVICES								
2a. Accounting								
2b. Legal			4					
2c. Independent Audit]						
2d. Other Contractual Services								
TOTAL CONTRACTUAL SERVICES		\$	-					
3. <u>ADMINISTRATION</u>								
3a. Admin. Salaries	\$ 58,207			\$	20,103.65	\$	78,311	
3b. Admin. Fringe Benefits	\$ 17,419			\$	6,016.16	\$	23,435	
3c. Admin. Overhead	\$ 38,307			\$	13,230.73	\$	51,538	
TOTAL ADMINISTRATION		\$	113,933					
4. <u>DIRECT PROGRAM STAFF</u>								
4a. Program Salaries	\$ 731,574			\$	252,673.10	\$	984,247	
4b. Prog. Fringe Benefits	\$ 218,759	•		\$	75,555.59	\$	294,315	
TOTAL DIRECT PROGRAM	,	\$	950,333					
5. <u>OTHER COSTS</u>								
5a. Program Rent								
5b. Consumable Supplies	\$ 4,808			\$	1,660.58	\$	6,469	
5c. Travel & Transportation	\$ 62,855			\$	21,709.15	\$	84,564	
5d. Utilities	\$ 11,543			\$	3,986.83	\$	15,530	
5e. Repairs & Maintenance	\$ 1,045			\$	361.00	\$	1,406	
5f. Insurance								
5g. Food & Related Costs								
5h. Other Project Expenses	\$ 5,172	1	•	\$	1,786.20	\$	6,958	
TOTAL OTHER COSTS		\$	85,423					
6. <u>EQUIPMENT</u>		\$						
7. PROGRAM INCOME								
7a. Fees								
7b. Other Income								
TOTAL PROGRAM INCOME		\$						
8. TOTAL NET PROGRAM COSTS		\$	1,149,690	\$	397,083	\$	1,546,773	
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ACCEPTANCES AND APPROVALS

12DSS2201AC/ 018ABD-TBI-24 A2

CONTRACTOR Ability Beyond Disability	
Jane Davis, President/CEO	<u>6 129116</u> Date
DEPARTMENT OF SOCIAL SERVICES	
Aug & Bh	6,30,15
RODERICK L. BREMBY, Commissioner	Date Date
OFFICE OF THE ATTORNEY GENERAL	
	718116
ASST)/ASSOC. ATTORNEY GENERAL (Approved as to form) Robert W. Clark	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.)			
	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:

- "Contract" means that contract between the State of Connecticut (and/or one or more of it 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;
- "Contractor" means the person, firm or corporation named as the contactor 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);
- 6) "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 <u>statewide public office</u>, 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 <u>statewide public office</u> or the <u>General Assembly</u>, are listed below:

Lawful Campaign	Contributions to Candid	lates for Statewid	e Public Office	a:
Contribution Date	Name of Contributor	Recipient	<u>Value</u>	<u>Description</u>

Lawful Campaign	Contributions to Candid	lates for the Gene	ral Assembly:	
Contribution Date	Name of Contributor	Recipient	<u>Value</u>	Description
				·
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	ne best of my knowledge ar		•	
<u>Ability Beyo</u> Printed Contractor	nd Disability, Inc. Name	<u>Thomas</u> Printed N	H. Fanning ame of Author	rized Official
Thirt				
Signature of Auth	orized Official	ي. المام	Q,	1
Subscribed and a	cknowledged before me	this 241 day	of Marc	20.16.
	Con	missioner of the	Superior Com	t (or Notary Public)
A Company		MARCELLA'J NOTARY		rt (or Notary Public)
	My My	Convincialing	186S SEP. 30, 2020	



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 President/CEO of Ability Beyond Disability, an entity duly formed and existing under the laws of the State of Connecticut. I certify that I am authorized to execute and deliver this affidavit on behalf of Ability Beyond Disability and that Ability Beyond Disability has a policy in place that complies with the nondiscrimination agreements and warrantics of Connecticut General Statutes §§ 4a-60 and 4a-60a, as amended.

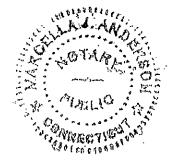
Thomas H. Fanning

Sworn and subscribed to before me on this 9th day of Ma

Commissioner of the Superior Court/

Commission Explication Of Explication Commission Explication (No. 2020)

Notary Public





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	1
	_		
a contract, as such a contrac	gned, hereby swear that I am a prin described in Connecticut General S It who is authorized to execute such	Statutes § 4a-81(b), or contract. I further swea	that I am the individual awarded if that I have not entered into any
consulting agr	eement in connection with such cont	tract, except for the ag	reement listed below:
Consultant's N	ame and Title	Name of Firm (if	applicable)
Start Date	End Date	Cost	·
Description of	Services Provided:		
If YES:	ant a former State employee or form		YES NO
Sworn as true	to the best of my knowledge and be	elief, subject to the penal	ties of false statement.
Ability B	eyond Disability, Inc. 🥤	16th	6-13-16
Printed Name	of Bidder or Contractor Signature o	of Principal or Key Pers	onnel Date
	5 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1 () 1	H. Fanning e (of above)	Awarding State Agency
Sworn and s	ubscribed before me on this	day of June	20/6
	Ma	rcella 4. Ce	uder5n
	Commis	ssioner of the Superior	Court + Court

NOTARY PUBLIC

MY COMMISSION EXPIRES SEP. 30, 2020

My Commission Expires

or Notary PublimARCELLA JANDERSON

OPM Iran Certification Form 7 (Rev. 3-28-14)



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: Ability Beyond Disability, 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. 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: 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. "Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes; "Respondent" means the person whose name is set forth at the beginning of this form; and 2) "State agency" and "quasi-public agency" have the same meanings as provided in section 1-79 of the Connecticut General 3) 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 $\overline{1}$, 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. Ability Beyond Disability, Inc. Thomas H. Fanning **Printed Name of Authorized Official** Printed Respondent Name Signature of Authorized Official 20lb . Subscribed and acknowledged before me this r of the Sepresign Court (or Notary Public)

NOTARY PUBLIC MAN POONWASSENDAY PER PITES 30, 2020