



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

Julie Peters
Executive Director
Brain Injury Alliance of CT
200 Day Hill Road, Suite 250
Windsor, CT .06095

CONTRACT #: 12DSS2201BZ / 164BIA-TBI-27
PERIOD: 7/1/2012 To 6/30/2018

AMOUNT: \$1,655,580.00
AMENDMENT: A2

Dear Ms. Peters:

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 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

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

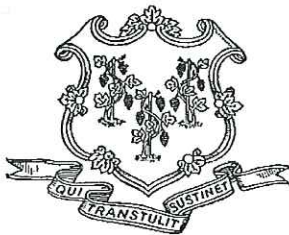
CONTRACT

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: Brain Injury Alliance of CT

Contractor Address: 200 Day Hill Road, Suite 250, Windsor, CT 06095

Contract Number: 164BIA-TBI-27/ 12DSS2201BZ

Amendment Number: A2

Amount as Amended: \$1,655,580.00

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

The contract between Brain Injury Alliance of CT ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties on 6/24/2014, is hereby further amended as follows:

1. The total maximum amount payable under this contract shall be increased by \$483,877 from \$1,171,703 to \$1,655,580. This increase is to continue services for an additional two (2) years.
2. The term of the contract shall be extended by an additional two (2) years and the end date of the contract is changed from 6/30/2016 to 6/30/2018.
3. Page 2, of Amendment No. 1 shall be deleted and replaced 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: TRAUMATIC BRAIN INJURY (TBI) PROGRAM Brain Injury
Alliance of CT


FINANCING SUMMARY

Contract #164BIA-TBI-27 A2	(A) REQUESTED	(B) ADJUSTMENTS	(C) APPROVED
Total State Grant:	\$ -		\$ 1,171,703.00
For Amendments Only Previously approved State Grant Amount of Amendment	\$ 1,171,703.00	\$ 483,877.00	\$ 1,655,580.00

ITEM / Line #	Subcategory	Line Item Total	Adjustments	Revised Total
1. UNIT RATE				
1a. Bed Days				
1b. Client Advocate				
1c. Security Deposit				
1d. Other Unit Rate Costs				
TOTAL UNIT RATE		\$ -		
2. CONTRACTUAL SERVICES				
2a. Accounting	\$ 21,605.00		\$ 9,750.00	
2b. Legal				
2c. Independent Audit	\$ 16,900.00		\$ 10,920.00	
2d. Other Contractual Services				
TOTAL CONTRACTUAL SERVICES		\$ 38,505.00	\$ 20,670.00	\$ 59,175.00
3. ADMINISTRATION				
3a. Admin. Salaries	\$ 112,386.00		\$ 77,400.00	
3b. Admin. Fringe Benefits	\$ 23,358.00		\$ 17,066.00	
3c. Admin. Overhead				
TOTAL ADMINISTRATION		\$ 135,744.00	\$ 94,466.00	\$ 230,210.00
4. DIRECT PROGRAM STAFF				
4a. Program Salaries	\$ 643,950.00		\$ 218,450.00	
4b. Prog. Fringe Benefits	\$ 112,638.00		\$ 35,500.00	
TOTAL DIRECT PROGRAM		\$ 756,588.00	\$ 253,950.00	\$ 1,010,538.00
5. OTHER COSTS				
5a. Program Rent	\$ 153,166.00		\$ 69,041.00	
5b. Consumable Supplies	\$ 11,000.00		\$ 8,250.00	
5c. Travel & Transportation	\$ 16,700.00		\$ 4,500.00	
5d. Utilities	\$ 12,375.00		\$ 11,250.00	
5e. Repairs & Maintenance	\$ 2,000.00			
5f. Insurance	\$ 22,000.00		\$ 12,000.00	
5g. Food & Related Costs				
5h. Other Project Expenses	\$ 23,625.00		\$ 9,750.00	
TOTAL OTHER COSTS		\$ 240,866.00	\$ 114,791.00	\$ 355,657.00
6. EQUIPMENT		\$ -		
7. PROGRAM INCOME				
7a. Fees				
7b. Other Income				
TOTAL PROGRAM INCOME		\$ -		
8. TOTAL NET PROGRAM COSTS (sum of lines 1 through 6 minus line 7)		\$ 1,171,703.00	\$ 483,877.00	\$ 1,655,580.00

ACCEPTANCES AND APPROVALS
12DSS2201BZ/ 164BIA-TBI-27 A2

CONTRACTOR Brain Injury Alliance of CT



Julie Peters, Executive Director

6/23/16
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

6/29/16
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASST.~~ ASST. ATTORNEY GENERAL (*Approved as to form*)
Robert W. Clark

9/21/16
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:

- 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>

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>

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

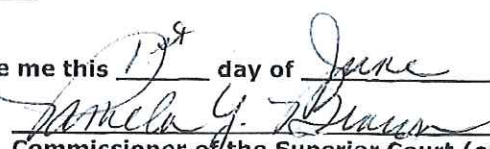
Brain Injury Alliance of Connecticut
Printed Contractor Name

Julie Peters
Printed Name of Authorized Official


Signature of Authorized Official

Subscribed and acknowledged before me this 13th day of June, 2016.

PAMELA Y. BROWN
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2020


Commissioner of the Superior Court (or Notary Public)
April 30, 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: 1]

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 fields for Consultant's Name and Title, Name of Firm, 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.

Brain Injury Alliance of CT
Printed Name of Bidder or Contractor
Signature of Principal or Key Personnel
Date 6/23/16
JULIE PETERS
Printed Name (of above)
Awarding State Agency DSS

Sworn and subscribed before me on this 23rd day of June, 2016.

Signature of Notary Public
Commissioner of the Superior Court or Notary Public
April 30 2020
My Commission Expires

PAMELA Y. BROWN
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 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(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 Executive Director of Brain Injury Alliance of CT, 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

Brain Injury Alliance of CT and that Brain Injury Alliance of CT
Name of Entity Name of Entity

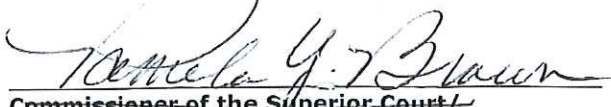
has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut

General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.


Authorized Signatory

JULIE PETERS
Printed Name

Sworn and subscribed to before me on this 23rd day of June, 2016.


~~Commissioner of the Superior Court~~
Notary Public

PAMELA Y. BROWN
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2020
Commission Expiration Date



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: Brain Injury Alliance of Connecticut

INSTRUCTIONS:

CHECK ONE: Initial Certification. 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.

- 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:

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.

JULIE PEETERS
Printed Respondent Name

Nicholas Scibelli
Printed Name of Authorized Official

[Signature]
Signature of Authorized Official



NICHOLAS V. SCIBELLI
Notary Public, State of Connecticut
My Commission Expires Dec. 31, 2018

[Signature]

Subscribed and acknowledged before me this 16th day of September, 2016.

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

12-31-2018
My Commission Expire

STATE OF CONNECTICUT

Current User: tina.mcgill@ct.gov
Biznet Menu
Log In/Out

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

Brain Injury Alliance of Connecticut

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
2089	Officials/Managers	1	0	1	0	0	0	0	0	0	0	0
2090	Professionals	5	0	5	0	0	0	0	0	0	0	0
2091	Technicians	0	0	0	0	0	0	0	0	0	0	0
2092	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
2093	Office/Clerical	3	1	1	0	1	0	0	0	0	0	0
2094	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
2095	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
2096	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
2097	Service Workers	0	0	0	0	0	0	0	0	0	0	0
	Totals	9	1	7	0	1	0	0	0	0	0	0

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.

The Department of Administrative Services - Business Network. [Review our Privacy Policy](#)
 Need to contact us? Send e-mail to [DAS Web Design](#)
 All State [disclaimers and permissions](#) apply.
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