

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

6-13-16

Paula M. Colen
Executive Director
EASTCONN
376 Hartford Turnpike
Hampton, CT 06247

CONTRACT #: 13DSS5701IK / 063ECN-TPP-02
PERIOD: 7/1/2013 To 6/30/2016

AMOUNT: \$276,000.00
AMENDMENT: A2

Dear Ms. Colen:

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

LoriBeth Williams
(860) 424-5349
loribeth.williams@ct.gov

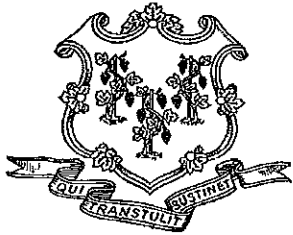
CONTRACT

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

Sincerely,

Roderick L. Bretnby
Commissioner

C: LoriBeth Williams



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: EASTCONN

Contractor Address: 376 Hartford Turnpike, Hampton, CT .06247

Contract Number: 063ECN-TPP-02/ 13DSS5701IK

Amendment Number: A2

Amount as Amended: \$276,000.00

Contract Term as Amended: 7/1/2013-6/30/2016

The contract between EASTCONN ("Contractor") and the Connecticut Department of Social Services "Department", which was last executed by the parties on 4/24/2015 is hereby further amended as follows:

1. The total maximum amount payable under this contract has increased by \$64,000 from \$212,000 to \$276,000. This increase is due to the Contractor's management of an additional program site located in Willimantic, CT.

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: EASTCONN #13DSS5701IK A2
Teen Pregnancy Prevention


FINANCING SUMMARY

	(A) REQUESTED	(B) ADJUSTMENTS	(C) APPROVED
Total State Grant: \$ 276,000	212,000	3/1/16 inc. 64,000	276,000
Year 1-2-3			
For Amendments Only Previously approved State Grant Amount of Amendment	212,000	64,000	276,000

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				
2b. Legal				
2c. Independent Audit				
2d. Other Contractual Services	\$12,000			
TOTAL CONTRACTUAL SERVICES		\$12,000		\$12,000
3. ADMINISTRATION				
3a. Admin. Salaries				
3b. Admin. Fringe Benefits				
3c. Admin. Overhead	\$23,980			
TOTAL ADMINISTRATION		\$19,500	\$4,480	\$23,980
4. DIRECT PROGRAM STAFF				
4a. Program Salaries	\$175,266			
4b. Prog. Fringe Benefits	\$47,041			
TOTAL DIRECT PROGRAM		\$165,000	\$57,307	\$222,307
5. OTHER COSTS				
5a. Program Rent	\$4,875			
5b. Consumable Supplies	\$5,613			
5c. Travel & Transportation	\$5,613			
5d. Utilities				
5e. Repairs & Maintenance				
5f. Insurance				
5g. Food & Related Costs	\$1,612			
5h. Other Project Expenses				
TOTAL OTHER COSTS		\$15,500	\$2,213	\$17,713
6. EQUIPMENT				
7. PROGRAM INCOME				
7a. Fees				
7b. Other Income	\$212,000			
TOTAL PROGRAM INCOME		\$212,000	\$64,000	\$276,000
8. TOTAL NET PROGRAM COSTS		\$0		
(sum of lines 1 through 6 minus line 7)				

ACCEPTANCES AND APPROVALS
13DSS5701IK/ 063ECN-TPP-02 A2

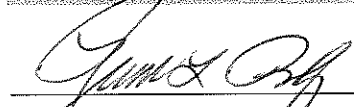
CONTRACTOR EASTCONN



Paula M. Colen, Executive Director

4/18/2016
Date


DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

6/7/16
Date

OFFICE OF THE ATTORNEY GENERAL



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

6/13/16
Date

WORKFORCE ANALYSIS

Contractor EASTCONN

Address 376 Hartford
Turnpike, Hampton, CT
.06247

Number of Connecticut Employees	
Full-time: 470	Part-time: 110
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» 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	18	9	7			1		1					
Professionals	271	51	201	3	3	6	3	4					
Technicians	9	4	5			2	4						
Service Workers	99	17	74	1						1			
Office & Clerical	56	2	45	1	1	1	6						
Craft Workers (Skilled)													
Operators (Semi-Skilled)	80	27	36		1	8	6			2			
Laborers (Unskilled)	47	17	22	1		3	4						
TOTALS	580	127	390	6	5	21	23	5		2	1		
Totals One Year Ago	544	120	367	5	3	16	23	1	5	2	0		

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes XX No If yes, date of implementation 5/1/90; 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: N/A

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 XX 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 School District

Authorized Signature: *Carla M. Cullen* Date: 4/18/2016



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 Executive Director of EASTCONN, an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of State of Connecticut
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

EASTCONN and that EASTCONN
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.

Paula M. Colen
Authorized Signatory

Paula M. Colen
Printed Name

Sworn and subscribed to before me on this 18th day of April, 2016.

Carol A. Klenyk
Commissioner of the Superior Court/
Notary Public

8/31/19
Commission Expiration Date





STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION — New Resolution
By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of a corporate, company, or partnership policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of a contractor 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. Submit to the awarding State agency prior to contract execution.

CERTIFICATION OF RESOLUTION:

I, Paula M. Colen, Executive Director, of EASTCONN,
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the laws of the State of Connecticut,
Name of State or Commonwealth

certify that the following is a true and correct copy of a resolution adopted on the 18th day of
April, 2016 by the governing body of EASTCONN,
Name of Entity

in accordance with all of its documents of governance and management and the laws of
the State of Connecticut, and further certify that such resolution has not been modified
Name of State or Commonwealth

or revoked, and is in full force and effect.

RESOLVED: That the policies of EASTCONN comply with the
Name of Entity

nondiscrimination agreements and warranties of Connecticut General Statutes
§§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

The undersigned has executed this certificate this 18th day of April, 2016.

Paula M. Colen
Authorized Signatory

4/18/2016
Date

Paula M. Colen
Printed Name



**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.)

XX 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.

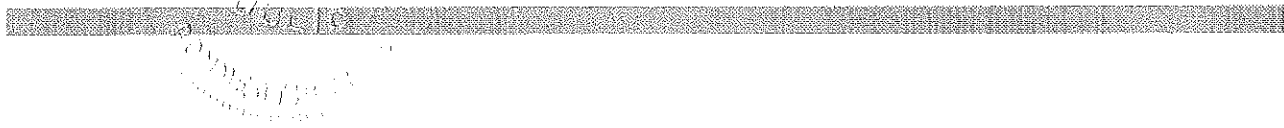
EASTCONN
Printed Contractor Name
Paula M. Colen
Signature of Authorized Official

Paula M. Colen
Printed Name of Authorized Official

Subscribed and acknowledged before me this 18 day of April, 2016

Carol A. Klumyk
Commissioner of the Superior Court (or Notary Public)

8/31/19
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.

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. EASTCONN, Signature of Principal or Key Personnel (Paula M. Colen), Date (4/18/16), Dept. of Social Services Awarding State Agency.

Sworn and subscribed before me on this 18th day of April, 2016.

Commissioner of the Superior Court or Notary Public (Carol A. Klenk), My Commission Expires 5/31/19

