

#### STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

# **CONTRACT AMENDMENT**

Contractor:

Community Renewal Team, Inc.

Contractor Address:

555 Windsor Street, Hartford, CT .06120

Contract Number:

14DSS4301EW / 064C-ECH-31

Amendment Number:

A2

Amount as Amended:

\$56,224,637.00

Contract Term as Amended: 10/1/2014 to 9/30/2017

The contract between Community Renewal Team, 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 Commissioner of Department of Social Services on 12/22/15, is hereby further amended as follows:

- Through this amendment, the FFY2017 allocation of \$18,148,284 is hereby incorporated into this contract. This funding will allow for the continuation of services during FFY2017, which is the third year of this three year contract. This funding will enable the Contractor to issue vendor payments on behalf of eligible households.
- 2. The respective Composite Administrative, Program Services and Assurance 16 budgets on pages 2 through 5 of Amendment #1are hereby deleted and replaced by the respective budgets on page 2 through 5 of this amendment. The budgets for Administrative and Assurance are subject to percentage limitations pursuant to the Low Income Home Energy Assistance Act, and as such may be adjusted during the program year should actual funding differ from the amount anticipated.

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.

PARTI

PROGRAM NAME:

064C-ECH-31 Composite / 14DSS4301EP A2 Composite 2016/2017 PROGRAM NUMBER: Approved **Adjustments** Requested 18,148,284 18,148,284 **Contract Amount** For Amendments Only XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX **Previously Approved Contract Amount Adjustments & New Contract Amount** XXXXXXXXXXXXXXX **Revised Total Adjustments** Line Line Item Total Subcategory Item (d) (c) (b) (a) **UNIT RATE** 1a. Bed Days 1b. Client Advocate 1c. Security Deposit 1d. Other Unit Rate Costs TOTAL UNIT RATE CONTRACTUAL SERVICES 2a. Accounting 2b. Legal 2c. Independent Audit 43,680 2d. Other Contractual Services TOTAL CONTRACTUAL 43,680 **SERVICES ADMINISTRATION** 3a. Admin. Salaries 3b. Admin. Fringe Benefits 260,176 3c. Admin. Overhead 260,176 TOTAL ADMINISTRATION DIRECT PROGRAM STAFF 4 1,006,103 4a. Program Salaries 260,691 4b. Program Fringe Benefits 1,266,794 TOTAL DIRECT PROGRAM 5 OTHER COSTS 5,700 5a. Program Rent 48,447 5b. Consumable Supplies 2,352 5c. Travel & Transportation 18,233 5d. Utilities 26,377 5e. Repairs & Maintenance 21,737 5f. Insurance 5g. Food & Related Costs 16,454,788 5h. Other Project Expenses 16,577,634 TOTAL OTHER COSTS 6 **EQUIPMENT** PROGRAM INCOME 7a. Fees 7b. Other Income TOTAL PROGRAM INCOME 18,148,284 \$ TOTAL NET PROGRAM COST 8 (Sum of 1 through 6, minus Line 7)

Connecticut Energy Assistance Program

#### PART I

PROGRAM NAME:

Connecticut Energy Assistance Program

|           | PROGRAM NAME:                         | 064C E             | CH-31 (A) / 14DSS      | 34301EP(A) A2 20   | <u>16</u> /2017      |
|-----------|---------------------------------------|--------------------|------------------------|--------------------|----------------------|
|           | PROGRAM NUMBER:                       | V04C-E             | Requested              | Adjustments        | Approved             |
|           |                                       |                    | \$<br>1,592,880        | \$ -               | \$<br>1,592,880      |
|           | Contract Amount                       |                    |                        |                    |                      |
|           | For Amendments C                      | inly               |                        | XXXXXXXXXXXXXXX    | XXXXXXXXXXXXXXXX     |
|           | Previously Approved Contra            | Ct Amount          | XXXXXXXXXXXXXXXX       | 70000              |                      |
|           | Adjustments & New Contrac             | t Amount 1         |                        |                    | m '- T-ial           |
| _ine<br># | Item                                  | Subcategory<br>(a) | Line Item Total<br>(b) | Adjustments<br>(c) | Revised Total<br>(d) |
| 1         | UNIT RATE                             |                    | <del></del>            |                    |                      |
| •         | 1a. Bed Days                          |                    |                        |                    |                      |
|           | 1b. Client Advocate                   |                    |                        |                    |                      |
|           | 1c. Security Deposit                  |                    |                        | <u> </u>           |                      |
|           | 1d. Other Unit Rate Costs             |                    |                        |                    |                      |
|           | TOTAL UNIT RATE                       |                    |                        |                    |                      |
|           | 101/12 01/11/15                       |                    | ·                      |                    |                      |
| 2         | CONTRACTUAL SERVICES                  |                    |                        |                    |                      |
|           | 2a. Accounting                        |                    |                        |                    |                      |
| •         | 2b. Legal                             | -                  |                        |                    |                      |
|           | 2c. Independent Audit                 |                    |                        |                    | <del> </del>         |
|           | 2d. Other Contractual Services        | 43,680             | -                      |                    |                      |
|           | TOTAL CONTRACTUAL                     |                    | 43,680                 |                    |                      |
|           | SERVICES                              |                    | 10,000                 |                    |                      |
| 3         | ADMINISTRATION                        |                    | <u> </u>               |                    |                      |
|           | 3a. Admin. Salaries                   |                    | 1                      |                    |                      |
|           | 3b. Admin. Fringe Benefits            | 260,176            | 1                      |                    |                      |
|           | 3c. Admin. Overhead                   | 200,170            | 260,176                |                    |                      |
|           | TOTAL ADMINISTRATION                  |                    |                        |                    |                      |
| 4         | DIRECT PROGRAM STAFF                  | 812,937            |                        |                    |                      |
|           | 4a, Program Salaries                  | 218,638            | 1                      | 1                  |                      |
|           | 4b. Program Fringe Benefits           | 210,500            | 1,031,575              |                    |                      |
| _         | TOTAL DIRECT PROGRAM                  |                    |                        |                    |                      |
| 5         | OTHER COSTS                           | 5,700              |                        |                    |                      |
| •         | 5a. Program Rent                      | 48,447             | ·                      |                    |                      |
|           | 5b. Consumable Supplies               | 2,352              |                        |                    | ·                    |
|           | 5c. Travel & Transportation           | 18,233             | 7                      |                    |                      |
|           | 5d. Utilities                         | 26,377             | 1                      |                    |                      |
|           | 5e. Repairs & Maintenance             | 21,737             |                        |                    |                      |
|           | 5f. Insurance                         |                    | 7                      |                    |                      |
|           | 5g. Food & Related Costs              | 134,603            | 1                      |                    |                      |
|           | 5h. Other Project Expenses            |                    | 257,449                |                    |                      |
| _         | TOTAL OTHER COSTS  EQUIPMENT          |                    | -                      |                    |                      |
| 6         | PROGRAM INCOME                        |                    |                        |                    |                      |
| 7         | <del></del>                           |                    |                        |                    |                      |
|           | 7a. Fees                              |                    | $\neg$                 |                    |                      |
|           | 7b. Other Income TOTAL PROGRAM INCOME |                    |                        |                    |                      |
|           |                                       |                    | \$                     |                    |                      |
| 0         | TOTAL NET PROGRAM COST                |                    | 1,592,880              |                    |                      |
| 8         | (Sum of 1 through 6, minus Line 7)    | <u> </u>           |                        |                    |                      |

#### PART I

PROGRAM NAME: PROGRAM NUMBER: Connecticut Energy Assistance Program
064C-ECH-31 (B) / 14DSS4301EP (B) A2 2016/2017

Requested

Adjustments

Approved

|           |  |                    | \$                     |                    | \$   |
|-----------|--|--------------------|------------------------|--------------------|--|
|           | Contract Amount  |                    | 16,320,185             | \$                 | 16,320,185   |
|           | For Amendments C                                       | Only               |                        |                    | same against the territorial and all and a control of the territorial and a control of the territor |
|           |  |                    |                        | XXXXXXXXXXXXXXXXX  | XXXXXXXXXXXXXXXX   |
| •         | Previously Approved Contra<br>Adjustments & New Contra | act Amount         | XXXXXXXXXXXXXXXX       |                    |  |
| Line<br># | Item   | Subcategory<br>(a) | Line Item Total<br>(b) | Adjustments<br>(c) | Revised Total<br>(d)   |
| 1         | UNIT RATE  | (47                |                        |                    |  |
| •         | 1a. Bed Days   |                    | _                      |                    |  |
|           | 1b. Client Advocate                                    |                    | _                      |                    |  |
|           | 1c. Security Deposit                                   |                    |                        |                    |  |
|           | 1d. Other Unit Rate Costs                              |                    | $\dashv$               |                    |  |
|           | TOTAL UNIT RATE  |                    |                        |                    |  |
| 2         | CONTRACTUAL SERVICES                                   |                    |                        |                    |  |
| Z         | 2a. Accounting   |                    |                        |                    | · · · · · · · · · · · · · · · · · · ·  |
|           | 2b. Legal  |                    |                        |                    |  |
|           | 2c. Independent Audit                                  |                    |                        |                    |  |
|           | 2d. Other Contractual Services                         |                    |                        |                    |  |
|           | TOTAL CONTRACTUAL                                      |                    |                        |                    | <u> </u>   |
|           | SERVICES   |                    |                        |                    |  |
| 3         | ADMINISTRATION   |                    |                        |                    | ·  |
| J         | 3a. Admin. Salaries                                    |                    |                        |                    |  |
|           | 3b. Admin. Fringe Benefits                             |                    |                        |                    |  |
|           | 3c. Admin. Overhead                                    |                    |                        | <u> </u>           |  |
|           | TOTAL ADMINISTRATION                                   |                    |                        |                    |  |
|           |  |                    |                        |                    |  |
| 4         | DIRECT PROGRAM STAFF                                   |                    |                        |                    |  |
|           | 4a. Program Salaries                                   |                    |                        |                    |  |
|           | 4b. Program Fringe Benefits                            |                    | ·                      |                    |  |
|           | TOTAL DIRECT PROGRAM                                   |                    |                        |                    |  |
| 5         | OTHER COSTS  |                    |                        |                    |  |
| ·         | 5a. Program Rent                                       |                    |                        |                    |  |
|           | 5b. Consumable Supplies                                |                    |                        |                    |  |
|           | 5c. Travel & Transportation                            |                    |                        |                    |  |
|           | 5d. Utilities  |                    |                        |                    |  |
|           | 5e. Repairs & Maintenance                              |                    |                        |                    |  |
|           | 5f. Insurance  |                    |                        |                    |  |
|           | 5g. Food & Related Costs                               | 10.000.105         | · ·                    |                    |  |
|           | 5h. Other Project Expenses                             | 16,320,185         | 16,320,185             |                    |  |
|           | TOTAL OTHER COSTS                                      |                    | 10,020,100             |                    |  |
| 6         | EQUIPMENT  |                    |                        |                    |  |
| 7         | PROGRAM INCOME   |                    |                        |                    |  |
| 7         | 7a. Fees   |                    |                        |                    |  |
|           | 7b. Other Income                                       |                    |                        |                    |  |
|           | TOTAL PROGRAM INCOME                                   |                    |                        |                    |  |
|           | TOTAL NET PROGRAM                                      |                    | \$ 000 405             |                    |  |
| 8         |  |                    | 16,320,185             |                    |  |

#### PART I

PROGRAM NAME: PROGRAM NUMBER: Connecticut Energy Assistance Program
064C-ECH-31 (C) / 14DSS4301EP (C) A2 2016/2017

Adjustments

Approved

|           | PROGRAM NOMBER.   |                         | Requested       | Adjustments                             | Approved             |
|-----------|---|-------------------------|-----------------|---|----------------------|
|           | Contract Amount   |                         | \$ 235,219      | \$                                      | \$ 235,219           |
|           | For Amendments C  | nly                     |                 |   |                      |
|           | •   |                         |                 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX     |
|           | Previously Approved Contra<br>Adjustments & New Contrac | act Amount<br>et Amount | xxxxxxxxxxxxx   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                      |
| Line<br># | Item  | Subcategory             | Line Item Total | Adjustments<br>(c)                      | Revised Total<br>(d) |
|           | F   | (a)                     | (b)             | 1                                       |                      |
| 1         | UNIT RATE   |                         |                 | }                                       |                      |
|           | 1a. Bed Days  |                         | 1               |   |                      |
|           | 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                          | <u>-</u>                |                 |   | <del>}</del>         |
|           | TOTAL CONTRACTUAL<br>SERVICES                           |                         | _               |   |                      |
| 3         | ADMINISTRATION  |                         |                 |   |                      |
| J         | 3a. Admin. Salaries                                     |                         | _]              |   |                      |
|           | 3b. Admin. Fringe Benefits                              | -                       |                 |   |                      |
|           | 3c. Admin. Overhead                                     |                         |                 |   |                      |
|           | TOTAL ADMINISTRATION                                    |                         |                 |   |                      |
|           | TOTAL ADMINIOTENTION                                    |                         |                 |   |                      |
| 4         | DIRECT PROGRAM STAFF                                    |                         |                 |   |                      |
| -         | 4a. Program Salaries                                    | 193,166                 |                 | · · ·                                   |                      |
|           | 4b, Program Fringe Benefits                             | 42,053                  | 3               |   |                      |
|           | TOTAL DIRECT PROGRAM                                    |                         | 235,219         | 9                                       |                      |
|           | TOTAL DIRECT PROGRAM                                    |                         |                 |   |                      |
| 5         | OTHER COSTS   |                         |                 |   |                      |
| 3         | 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                                       |                         |                 | }                                       |                      |
|           | - OLUMBIENT   | •                       |                 |   |                      |
| 6         | EQUIPMENT   |                         |                 |   |                      |
| 7         | PROGRAM INCOME  |                         |                 | ļ                                       |                      |
|           | 7a. Fees  |                         | <b>-</b>        |   |                      |
|           | 7b. Other Income  |                         |                 |   |                      |
|           | TOTAL PROGRAM INCOME                                    |                         |                 |   |                      |
|           | TOTAL NET PROGRAM                                       |                         | \$ 235,2        | 19                                      |                      |
| 5         | COST (Sum of 1 through 6, minus Line                    |                         |                 | · <u>·</u> ·                            |                      |

# SIGNATURES AND APPROVALS

# 14DSS4301EW/064C-ECH-31 A2

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

| CONTRACTOR                       |                            |
|----------------------------------|----------------------------|
| Community Renewal Team, Inc.     | 11 8 1 261 6               |
| Lena/Rodriguez, President CEO    | Date                       |
|                                  |                            |
| DEPARTMENT OF SOCIAL SERVICES    |                            |
| RØDERICK L. BREMBY, Commissioner | <u>// /23/2016</u><br>Date |

X 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.



### STATE OF CONNECTICUT $NONDISCRIMINATION\ CERTIFICATION\ -\ \underline{New\ Resolution}$ **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 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. Submit to the awarding State agency prior to contract execution.

### CERTIFICATION OF RESOLUTION:

| CERTIFICATION  |
|--|
| I, Lena Rodriguez , President/CEO , of Community Renewal Team, Inc. ,  Authorized Signatory Title Name of Entity |
| an entity duly formed and existing under the laws of Connecticut  Name of State or Commonwealth                  |
| certify that the following is a true and correct copy of a resolution adopted on the day of                      |
| November 17 , 20 15 , by the governing body of Community Renewal Team, Inc.  Name of Entity                      |
| In accordance with all of its documents of governance and management and the laws 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 Community Renewal Team, Inc. comply with Name of Entity                           |
| nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60 and 4a-60a, as              |
| The indersigned has executed this certificate this 23 rd day of Fibruary ,20 16                                  |
| The undersigned has executed this certificate this 23 rd day of February ,20 /6  Authorized Signatory  Date      |
| Authorized Signatory   |
| Lería Rodriguez  |
| 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.)   |
|------------|---|
|            | <br>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

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;

"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);

"Gift" has the same meaning given that term in C.G.S. § 4-250(1);

"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:

ns to Candidates for Statewide Public Office:

| Lawful                      | Campaign Contributions to      | Candidates for State    | EMIGE LADIIC OWNER  | •                          |
|-----------------------------|--------------------------------|-------------------------|---|----------------------------|
| Contribution<br><u>Date</u> | Name of Contributor            | <u>Recipient</u>        | <u>Value</u>  | <u>Description</u>         |
|                             |                                |                         |   |                            |
| Lawful                      | Campaign Contributions to      | Candidates for the      | General Assembly:   |                            |
| Contribution<br><u>Date</u> | Name of Contributor            | <u>Recipient</u>        | <u>Value</u>  | <u>Description</u>         |
|                             | Renewal Team, Inc.             | vieuge and beliefy sub- | Lena Rodrigue   |                            |
|                             | as true to the best of my know | vledge and belief, sub  | •   |                            |
| Printed Contr               | actor Name                     |                         | Printed Name of   |                            |
|                             | Subscribed and ac              | cknowledged before      | e me this よろ day  | offibruary 2014            |
|                             |                                | Commission              | oner of the Superior  | r Court (or Notary Public) |
|                             |                                | July<br>My Comm         | 31, 2018<br>ission Expires 7/3  | 1/2018                     |
|                             |                                |                         | Annual Street Control of Control |                            |



# 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 whichever is earlier

| any new bid or              | proposal, whichever is e                         | earlier.                                 |                                 |                                 |   |
|-----------------------------|--|--|---------------------------------|---------------------------------|---|
| • ===D AVIT:                | Mumber of Affidavits                             | Sworn and Subscr                         | lbed On This D                  | ay:]                            |   |
| I, the undersign            | nod hereby swear that                            | I am a principal o<br>it General Statute | r key personne<br>s § 4a-81(b), | el of the bidde<br>or that I am | er or contractor awarded<br>the individual awarded<br>ave not entered into any<br>listed below: |
| N/A<br>Consultant's N       | ame and Title                                    | •  | Name of Fire                    | n (if applicab                  | le)   |
| Start Date                  | End Date   |  | Cost .                          | · ·                             |   |
| Description of              | Services Provided:                               |  |                                 |                                 |   |
| If YES: Name                | of Former State Agence<br>to the best of my know | y<br>viedge and belief,                  |                                 | n Date of Empore                |   |
| N1                          | of Former State Agence<br>to the best of my know | y<br>Hedge and belief,                   |                                 |                                 | alse statement.   |
| Community R<br>Printed Name | enewal Team, Inc<br>of Bidder or Contractor      |  | ncipal or Key                   | Personnel                       | Date  |
| :                           |  | Lena Rodriguez<br>Printed Name (of       | above)                          |                                 | Awarding State Agency   |
| Sworn and                   | subscribed before me                             | on this $\frac{23}{}$                    | day of cbn                      | jary.                           | 20 <u>16</u> .  |
|                             |  | ~ / / / <i>U</i>                         | ner of the Su                   | perior Court                    |   |

### 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: <u>Community Renewal Team, Inc.</u>  |                    |
|---|--------------------|
| INSTRUCTIONS:   |                    |
| CHECK ONE: Initial Certification.  Amendment or renewal.  |                    |
| <b>A. Who must complete and submit this form.</b> Effective October 1, 2013, this form <u>must</u> 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, <b>the certification portion of th form must be completed</b> by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization or other business organization <b>whose principal place of business is located outside of the United States</b> . United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one th 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 musually submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process   | ust<br>5.          |
| Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. <b>CERTIFICATION required.</b> Please complete the certification portion of this form and submit it with the ITB or R response or contract package if there was no bid process.  | FP                 |
| B. Additional definitions.  |                    |
| <ol> <li>"Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes;</li> <li>"Respondent" means the person whose name is set forth at the beginning of this form; and</li> <li>"State agency" and "quasi-public agency" have the same meanings as provided in section 1-79 of the Connecticut General Statutes.</li> </ol>  | eral               |
| 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 Co a Notary Public or a person authorized to take an oath in another state.   | urt                |
| 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 Octobe 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 Octo 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010 Respondent made such an investment prior to October 1, 2013 and has now increased or renewed such an investment on or a said date, or both.   | obe<br>, o<br>afte |
| Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.  |                    |
| Community Renewal Team Inc.  Printed Respondent Name  Lena Rodriguez  Printed Respondent Name  Printed Name of Authorized Official  |                    |
| ( ) aut ( )   |                    |
| Signature of Authorized Official  Signature of Authorized Official  And the form most his 23 day of 12 hym (4-74 , 20 14.   |                    |
| Subscribed and acknowledged perore me this subscribed and acknowledged and acknowledged and acknowledged acknowledged and acknowledged acknowledged and acknowledged |                    |
| Commissioner of the Superior Court (or Notary Public)   |                    |



Current User: donna.locurto@ct.gov

# STATE OF CONNECTICUL



CHRO Form

#### **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

|            |                               |        |               | Comi            | nunity R      | enewai          | eam              |                    |               |                 |                |                  |
|------------|-------------------------------|--------|---------------|-----------------|---------------|-----------------|------------------|--------------------|---------------|-----------------|----------------|------------------|
| 1D<br>6805 | Job Category                  | Totals | White<br>Male | White<br>Female | Black<br>Male | Black<br>Female | Hispanic<br>Male | Hispanic<br>Female | Asiau<br>Male | Asian<br>Female | Native<br>Male | Native<br>Female |
| 6805       | Officials/Managers            | 71     | 12            | 22              | 1             | 15              | 1                | 11                 | 1             | 8               | 0              | 0                |
| 6806       | Professionals                 | 279    | 16            | 69              | 22            | 80              | 8                | 70                 | 0             | 7               | 2              | 5                |
| 6807       | Technicians                   | 0      | 0             | 0               | 0             | 0               | 0                | 0                  | 0             | 0               | 0              | 0                |
| 6808       | Sales Workers                 | 0      | . 0           | 0               | 0             | 0               | 0                | 0                  | 0             | 0               | 0              | 0                |
| 6809       | Office/Clerical               | 186    | 3             | 22              | 3             | 63              | 6                | 87                 | 0             | 0               | 0              | 2                |
| 6810       | Craft Workers<br>(Skilled)    | 0      | 0             | 0               | 0             | 0               | 0                | 0                  | 0             | 0               | 0              | 0                |
| 6811       | Operatives (Semi-<br>skilled) | 18     | · I           | 1               | 13            | 2               | 1                | 0                  | 0             | Ű               | . 0            | 0                |
| 6812       | Laborers (Unskilled)          | 22     | 0             | 0               | 10            | 3               | 7                | 1                  | 1             | 0               | 0.             | 0                |
| 6813       | Service Workers               | 126    | 4             | 22              | 27            | 35              | 9                | 29                 | 0             | 0               | 0              | 0                |
|            | Totals                        | 702    | 36            | 136             | 76            | 198             | 32               | 198                | 2             | 15              | 2              | 7                |

| Do you use minority business as yes<br>subcontractors or suppliers?                                     | ○No             | Explain:                     | Ŷ  |
|---|-----------------|------------------------------|--|
| If CT based, do you post all employment  yes openings with the State of Connecticut Employment Service? | ⊖No             | Explain:                     | . 0                                      |
| Do you use an Affirmative Action Plan?   Yes  | ON <sub>0</sub> | Explain:                     | ÷  |
| Describe your recruitment, hiring, training and prom  | otion           | It is the policy of Communit | v Renewal Team, Inc. and its departments |

anti-discrimination practices.

to select, develop, and promote employees based on individual ability and job performance. It has been, and shall continue to be, our

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