

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Human Resources Agency of New Britain, Inc.
Contractor Address: 180 Clinton Street, New Britain, CT .06053
Contract Number: 14DSS4301NL / 089C-ECH-31
Amendment Number: A2
Amount as Amended: \$8,814,169.00
Contract Term as Amended: 10/1/2014 to 9/30/2017

The contract between Human Resources Agency of New Britain, 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 on 12/1/15, is hereby further amended as follows:

1. Through this amendment, the FFY2017 allocation of \$2,691,249 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 #1 are 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.

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
089C-ECH-31 Composite / 14DSS4301NL A2 Composite 2016/2017

	Requested	Adjustments	Approved
Contract Amount	\$ 2,691,249		\$ 2,691,249
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	-			
	2b. Legal	-			
	2c. Independent Audit	1,250			
	2d. Other Contractual Services	27,724			
	TOTAL CONTRACTUAL SERVICES	-	28,974		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	830			
	3b. Admin. Fringe Benefits	273			
	3c. Admin. Overhead	12,000			
	TOTAL ADMINISTRATION		13,103		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	148,232			
	4b. Program Fringe Benefits	48,739			
	TOTAL DIRECT PROGRAM STAFF		196,971		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	25,601			
	5b. Consumable Supplies	13,600			
	5c. Travel & Transportation	170			
	5d. Utilities	3,520			
	5e. Repairs & Maintenance	4,508			
	5f. Insurance	1,100			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	2,403,702			
	TOTAL OTHER COSTS		2,452,201		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 2,691,249		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
089C-ECH-31 (A) / 14DSS4301NL (A) A2 2016/2017

	Requested	Adjustments	Approved
Contract Amount	\$ 248,259	\$ -	\$ 248,259
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
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	1,250			
	2d. Other Contractual Services	27,724			
	TOTAL CONTRACTUAL SERVICES	-	28,974		
3	ADMINISTRATION				
	3a. Admin. Salaries	830			
	3b. Admin. Fringe Benefits	273			
	3c. Admin. Overhead	12,000			
	TOTAL ADMINISTRATION		13,103		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	118,515			
	4b. Program Fringe Benefits	38,968			
	TOTAL DIRECT PROGRAM		157,483		
5	OTHER COSTS				
	5a. Program Rent	25,601			
	5b. Consumable Supplies	13,600			
	5c. Travel & Transportation	170			
	5d. Utilities	3,520			
	5e. Repairs & Maintenance	4,508			
	5f. Insurance	1,100			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	200			
	TOTAL OTHER COSTS		48,699		
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 248,259		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
089C-ECH-31 (B) / 14DSS4301NL (B) A2 2016/2017

	Requested	Adjustments	Approved
Contract Amount	\$ 2,403,502	\$ -	\$ 2,403,502
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM STAFF				
5	<u>OTHER COSTS</u>				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	2,403,502			
	TOTAL OTHER COSTS		2,403,502		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 2,403,502		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
089C-ECH-31 (C) / 14DSS4301NL (C) A2 2016/2017

Contract Amount	39488	Adjustments	Approved
	\$ 39,488	\$ -	\$ 39,488
<i>For Amendments Only</i>			
Previously Approved Contract Amount Adjustments & New Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXX		

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	<u>UNIT RATE</u>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	<u>CONTRACTUAL SERVICES</u>				
	2a. Accounting	-			
	2b. Legal	-			
	2c. Independent Audit	-			
	2d. Other Contractual Services	-			
	TOTAL CONTRACTUAL SERVICES	-	-		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION		-		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	29,717			
	4b. Program Fringe Benefits	9,771			
	TOTAL DIRECT PROGRAM		39,488		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	-			
	5b. Consumable Supplies	-			
	5c. Travel & Transportation	-			
	5d. Utilities	-			
	5e. Repairs & Maintenance	-			
	5f. Insurance	-			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	-			
	TOTAL OTHER COSTS		-		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 39,488		
	(Sum of 1 through 6, minus Line 7)				

SIGNATURES AND APPROVALS

14DSS4301NL/089C-ECH-31 A2

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

CONTRACTOR

Human Resources Agency of New Britain, Inc.



Rocco R. Tricarico, Executive Director

10/24/2016
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

10/25/2016
Date

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

WORKFORCE ANALYSIS

Contractor Human Resources Agency of New Britain, Inc.

Address 180 Clinton Street, New Britain, CT .06053

Number of Connecticut Employees	
Full-time: <input type="text"/>	Part-time: <input type="text"/>
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg»¶ Numb

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													
Professionals													
Technicians													
Service Workers													
Office & Clerical													
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS													
Totals One Year Ago													

See Attached

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation ; If no, explain
 Do you promise to develop and implement a successful Affirmative Action Plan?

Yes No N/A Explain:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, inclusive:

Yes No N/A Explain:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?

Yes No Explain:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?

Yes No Explain:

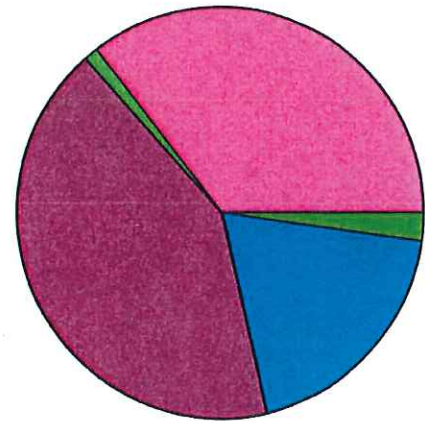
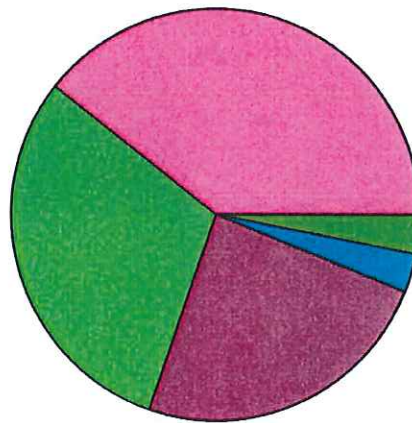
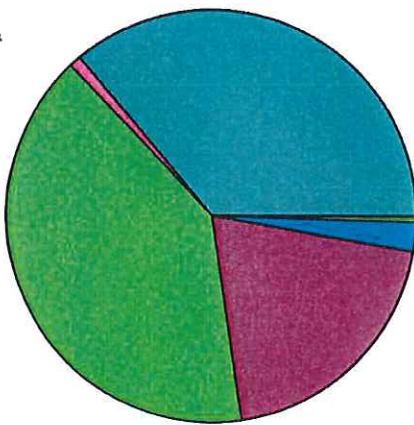
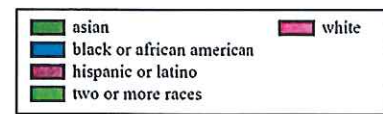
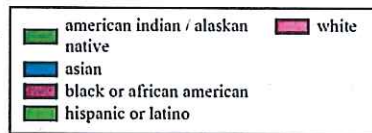
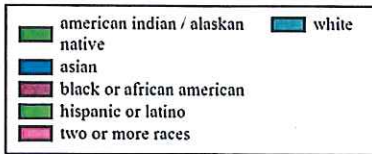
Authorized Signature:  Date: 10/25/2016

EEO Headcount

Human Resources Agency of New Britain, Inc. (B3368)

Class	Title	Employees	Male							Female							
			W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T	
1.1	Exec/Senior Level Officials & Mgrs.	8	2	0	0	0	0	0	0	3	1	2	0	0	0	0	
1.2	First/Mid-Level Officials & Mgrs.	13	0	0	2	0	1	0	0	6	2	2	0	0	0	0	
2	Professionals	95	6	4	5	1	0	0	0	35	18	23	2	0	0	1	
5	Administrative Support Workers	97	4	4	2	0	0	0	0	21	14	49	2	0	0	1	
9	Service Workers	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
N/S	Not Specified	2	0	0	1	0	0	0	0	0	0	1	0	0	0	0	
Total			Male							Female							
	Male	Female	Total	W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T
	33	183	216	13	8	10	1	1	0	0	65	35	77	4	0	0	2
	15 %	85 %		39 %	24 %	30 %	3 %	3 %	0 %	0 %	36 %	19 %	42 %	2 %	0 %	0 %	1 %

* KEY: (W) = White; (B) = Black or African American; (H) = Hispanic or Latino; (A) = Asian; (I) = Indian; (N/H) = Native Hawaiian/Pacific Islander; (T) = Two Or More Races





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 Human Resources Agency of New Britain, Inc., 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
HRA of New Britain, Inc. and that HRA of New Britain, Inc.
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.

[Signature]
Authorized Signatory

Rocco R. Tricario
Printed Name

Sworn and subscribed to before me on this 24th day of October, 2016.

[Signature]
Commissioner of the Superior Court/
Notary Public

IRENE S. CHLASTAWA
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 2/29/2020
2/29/2020
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, Rocco R. Tricarico, Executive Director, of Human Resources Agency of New Britain, 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 19th day of
November, 2007 by the governing body of Human Resources Agency of New Britain, 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 Human Resources Agency of New Britain, Inc 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 24 day of October, 2016.

[Signature]
Authorized Signatory

10/24/2016
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.

Human Resources Agency of New Britain, Inc. Rocco R. Tricarico
Printed Contractor Name Printed Name of Authorized Official

[Signature]
Signature of Authorized Official



Subscribed and acknowledged before me this 24th day of 10, 2016

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

IRENE S. CHLASTAWA
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 2/29/2020

2/29/2020
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: ____]

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.

Human Resources Agency, Signature of Principal or Key Personnel, Date 10/24/2016, Printed Name of Bidder or Contractor, Rocco R. Tricarico, Awarding State Agency

Sworn and subscribed before me on this 24 day of October, 2016.

Commissioner of the Superior Court or Notary Public, My Commission Expires 2/29/2020

IRENE S. CHLASTAWA NOTARY PUBLIC OF CONNECTICUT My Commission Expires 2/29/2020



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: _____

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.

HR A of New Britain, Inc.
Printed Respondent Name

Rocco R. Tricario
Printed Name of Authorized Official

[Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 24 day of October, 2016.

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

2/09/2020
My Commission Expire

