

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

Thames Valley Council for Community Action, Inc.

Contractor Address:

One Sylvandale Road, Jewett City, CT .06351

Contract Number:

14DSS4301ZK / 104C-ECH-31

Amendment Number:

A2

Amount as Amended:

\$20,786,394.00

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

The contract between Thames Valley Council for Community Action, 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 12/01/2015, is hereby further amended as follows:

- 1. Through this amendment the FFY2017 allocation of \$6,479,586 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.

PART I

PROGRAM NAME:

Connecticut Energy Assistance Program

	PROGRAM NAME:	404C E	CH-31 Composite / 14DSS	4301ZK A2 Composite	2016/2017
	PROGRAM NUMBER:	104C-E	Requested	Adjustments	Approved
			\$ 6,479,586		\$ 6,479,586
	Contract Amount		ψ 0,410,000		
	For Amendments Only			xxxxxxxxxxxxx	XXXXXXXXXXXXXXXX
	Previously Approved Contract Amou	nt	XXXXXXXXXXXXXX	7////	
	Adjustments & New Contract Amoun	<u>t</u>	Line Item Total	Adjustments	Revised Total
ine #	Item	Subcategory	(b)	(c)	(d)
		(a)	(6)		
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
3	CONTRACTION CEDVICES				
2	CONTRACTUAL SERVICES				
	2a. Accounting	-			
	2b. Legal	-	7		
	Independent Audit Other Contractual Services	-	7		
	TOTAL CONTRACTUAL				
	SERVICES		<u> </u>		+
	CLITTICE				
3	ADMINISTRATION				
•	3a. Admin. Salaries		_		
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	62,015			
	TOTAL ADMINISTRATION		62,015		
	e (1)				s: e
4	DIRECT PROGRAM STAFF	000 027			
	4a. Program Salaries	392,037	-		
	4b. Program Fringe Benefits	139,709	531,746		
	TOTAL DIRECT PROGRAM		331,740		
		,			
5	OTHER COSTS	30,588		(
	5a. Program Rent	38,400			
	5b. Consumable Supplies	1,050			
	5c. Travel & Transportation	-			1
	5d. Utilities	16,800			
	5e. Repairs & Maintenance	840	20		
	5f. Insurance	-			
	5g. Food & Related Costs	5,798,147			
	5h. Other Project Expenses TOTAL OTHER COSTS	91. 391	5,885,825		
	TOTAL OTHER COSTS				
c	EQUIPMENT		-		
6	EQUIFWENT	1			1
7	PROGRAM INCOME				
1	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
	101/11/100.1		0		
	TOTAL NET PROGRAM COST	1	\$ 6,479,586		

PROGRAM NAME:

Connecticut Energy Assistance Program

104C-ECH-31 (A) / 14DSS4301ZK (A) A2 2016/2017 PROGRAM NUMBER: Approved Adjustments Requested 621,050 \$ \$ 621,050 \$ **Contract Amount** For Amendments Only XXXXXXXXXXXXX XXXXXXXXXXXXXXX **Previously Approved Contract Amount**

	Adjustments & New Contract Amo	unt	XXXXXXXXXXXXXXX		
	Adjustments & New Contract Amo	unic		2.22 0 000	Revised Total
Line #	Item	Subcategory	Line Item Total	Adjustments	
#	Kom	(a)	(b)	(c)	(d)
1	UNIT RATE				
	1a. Bed Days		191		
	1b. Client Advocate				
	1c. Security Deposit		1		
	1d. Other Unit Rate Costs TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES	N 2 4		12)	1
2	2a. Accounting	-			
		-	¥)		
	2b. Legal	· · · · · · · · · · · · · · · · · · ·			
	2c. Independent Audit				
	2d. Other Contractual Services	e	-		. ,
	TOTAL CONTRACTUAL		-		
	SERVICES	7			
			- W		
3	ADMINISTRATION 3a. Admin. Salaries	<u> </u>			
				(*************************************	
	3b. Admin. Fringe Benefits	62,015			
	3c. Admin. Overhead	02,010	62,015		
	TOTAL ADMINISTRATION		02,010		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	331,829			
	4b. Program Fringe Benefits	115,528			
	TOTAL DIRECT PROGRAM		447,357		
5	OTHER COSTS		-		-
Ū	5a. Program Rent	30,588			
	5b. Consumable Supplies	38,400			
	5c. Travel & Transportation	1,050			
	5d. Utilities	18 C			
		16,800			
	5e. Repairs & Maintenance	840			
	5f. Insurance	-			
	5g. Food & Related Costs	24,000	-		
	5h. Other Project Expenses	24,000	111,678		
	TOTAL OTHER COSTS	5	111,070		
	FOURMENT		14		
6	EQUIPMENT				
Diame.			*	5	20
7	PROGRAM INCOME 7a. Fees		F-12		
	7b. Other Income				
	TOTAL PROGRAM INCOME			n n	
0	TOTAL NET PROGRAM COST		\$ 621,050		
8	(Sum of 1 through 6, minus Line 7	7)			
	(Sum of 1 am 2 agr)	x			

PART I

PROGRAM NAME:

Connecticut Energy Assistance Program

104C-FCH-31 (B) / 14DSS4301ZK (B) A2 2016/2017

FROOKAM NOMBER	Requested Adjustme					Approved	
Contract Amount	\$	5,774,147	\$		\$	5,774,147	
For Amendments Only			VYYYXXX	xxxxxxxxx	XX	xxxxxxxxxxx	
PROGRAM NUMBER: Contract Amount For Amendments Only Previously Approved Contract Amount Adjustments & New Contract Amount	XXX	XXXXXXXXXXX	XXXXXXX				

	Adjustments & New Contract Amou	int	XXXXXXXXXXXXXXX		
Line	Adjustinents a new communication		I to Hom Tatal	Adjustments	Revised Total
#	<i>Item</i>	Subcategory	Line Item Total	(c)	(d)
	-	(a)	(b)	(0)	
1	UNIT RATE				
	1a. Bed Days		_		
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				- 1
	TOTAL UNIT RATE				
				8	
2	CONTRACTUAL SERVICES				
	2a. Accounting		1		
	2b. Legal				
	2c. Independent Audit		1		
	2d. Other Contractual Services TOTAL CONTRACTUAL				
	SERVICES				1
	9211119				8
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits		-		
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				*
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries		-		
	4b. Program Fringe Benefits		-		
	TOTAL DIRECT PROGRAM		7		
	//				
5	OTHER COSTS				
	5a. Program Rent		-		
	5b. Consumable Supplies				
	5c. Travel & Transportation		-		
	5d. Utilities				
	5e. Repairs & Maintenance		-		
	5f. Insurance		-		
	5g. Food & Related Costs		-		
	5h. Other Project Expenses	5,774,147	E 774 147		
	TOTAL OTHER COSTS		5,774,147		
6	<u>EQUIPMENT</u>				
5 5	DDOCDAM INCOME			*	
7	PROGRAM INCOME 7a. Fees				2
	7a. Fees 7b. Other Income				
	TOTAL PROGRAM INCOME				
	101/101/100/04/10		62 19274777		
8	TOTAL NET PROGRAM COST		\$ 5,774,147		
	12 14 Harrish 6 minus Line 7	\			

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME:

Connecticut Energy Assistance Program
C-ECH-31 (C) / 14DSS4301ZK (C) A2 2016/2017

	PROGRAM NUMBER:	104C-E	CH-31 (C) / 14DSS4	1301ZK (C) A2 2010	5/2017
			Requested	Adjustments	Approved
1	Contract Amount		\$ 84,389	\$ -	\$ 84,389
	For Amendments On	ly			
	Previously Approved			XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
	Contract Amount	9			
	Adjustments & New Contract	Amount	XXXXXXXXXXXXXXX		Desired Tetal
Line #	Item	Subcategory	Line Item Total	Adjustments	Revised Total (d)
		(a)	(b)	(c)	(4)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit 1d. Other Unit Rate Costs	"			
	TOTAL UNIT RATE				
	TOTAL ONLY TOTAL	55 S			
2	CONTRACTUAL SERVICES				
_	2a. Accounting	=			
	2b. Legal	-			
	2c. Independent Audit	-			
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES			7	
		2)			
3	ADMINISTRATION				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits 3c. Admin. Overhead	9701 			
	TOTAL ADMINISTRATION		_	-	T .
	TOTAL ADMINIOTIVITIEN		W		
4	DIRECT PROGRAM STAFF				
**************************************	4a. Program Salaries	60,208			
	4b. Program Fringe Benefits	24,181			
	TOTAL DIRECT PROGRAM		84,389	9	
			21		
5	OTHER COSTS				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation 5d. Utilities	-			
	5e. Repairs & Maintenance				
	5f. Insurance				10
	5g. Food & Related Costs			70.00	
	5h. Other Project Expenses				
	TOTAL OTHER COSTS			-	
	2				
6	EQUIPMENT		li li	-	
					n
7	PROGRAM INCOME	7			
	7a. Fees		_		
	7b. Other Income		-		
	TOTAL PROGRAM INCOME		<u> </u>		
	TOTAL NET PROGRAM COST	I	\$ 84,38	39	
8	(Sum of 1 through 6, minus Line 7)				
	(Sum of Fullough of Hillus Line 1)				

_ _ _

SIGNATURES AND APPROVALS

14DSS4301ZK/104C-ECH-31 A2

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

CONTRACTOR	
Thames Valley Council for Community Action, Inc.	
Deborah Morahan	10/19/16 Date
Deborah Monahan, Executive Director	
DEPARTMENT OF SOCIAL SERVICES	
RODERICK L. BREMBY, Commissioner.	10 21 2016 Date
KODEKICK E. DICEKILY , COMMISSION	

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 — Affidavit By Entity

For Contracts Valued at \$50,000 or More

Documentation in the form of an <u>affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60 and 4a-60a, as amended</u>

INSTRUCTIONS:

For use by an <u>entity</u> (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 **Executive Director** an oath. T am Connecticut duly formed and existing under the laws of Name of State or Commonwealth I certify that I am authorized to execute and deliver this affidavit on behalf of TVCCA, inc. and that 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 and 4a-60a, as amended. Authorized Signatory Deborah Monahan Printed Name Sworn and subscribed to before me on this Commissioner of the Superior Court/ Notary Public

DAWN BATES
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 1/31/2020



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

Deborah Monahan Date
Debarah Marahan 815/15
The undersigned has executed this certificate this
$\S\S 4a-60(a)(1)$ and $4a-60a(a)(1)$, as amended.
comply with the nondiscrimination agreements and warranties of Connecticut General Statutes
RESOLVED: That the policies of Thames Valley Council for Community Action, Inc.
has not been modified or revoked, and is in full force and effect.
of governance and management and the laws of the State of Connecticut and further certify that such resolution
governing body of Thames Valley Council for Community Action, Inc., in accordance with all of its document
correct copy of a resolution adopted on the
entity duly formed and existing under the laws of the State of Connecticut, certify that the following is a true an
I, Deborah Monahan, Executive Director of Thames Valley Council for Community Action, Inc., an
CERTIFICATION OF RESOLUTION:
with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of t form. Submit to the awarding State agency prior to contract execution.



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 2 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 it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;

2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;

"Contractor" means the person, firm or corporation named as the contactor below;

4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);

"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 Can	didates for Statewid	e Public Offic	e:
Contribution Date	Name of Contributor	Recipient	<u>Value</u>	<u>Description</u>
				N
	*			
Lawful Campaign	Contributions to Can	didates for the Gene	eral Assembly	
Contribution Date	Name of Contributor	Recipient	<u>Value</u>	<u>Description</u>
				· · · · · · · · · · · · · · · · · · ·
Sworn as true to t	he best of my knowledg	e and belief, subject to	the penalties	of false statement.
TVCCA			Monahan	3
Printed Contractor	Name	Printed N	lame of Autho	orized Official
Dehoval	n Horalian	_		
Signature of Aut	horized Official	Cha	17.11	-12
Subscribed and	acknowledged before	me this day	of July	20/6
NOWENERY DIE TO IC	BATES OF CONNECTICUT Expires 1/31/2020	Commissioner of the	31/00	urt (or Notary Public)
		PIV CUIIIIIIISSIUII EXD	11 63	



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 Sv	worn and Subscribed On	This Day:]	
contract, as de contract who	ned, hereby swear that I scribed in Connecticut Ge is authorized to execute them in connection with	neral Statutes § 4a-81(such contract. I furt	b), or that I am the her swear that I ha	individual awarded such a ave not entered into any
Consultant's Na	ame and Title	- 	Name of Firm (if a	ipplicable)
Start Date	End Da	te	Cost	
Description of	Services Provided:			
980	of Former State Agency		al? Termination Date	☐ NO of Employment
TUCEA	to the best of my knowled	ge and belief, subject to	Isralien	7/6/16
Timeca Name	or Brader or Constructor		Menahan	Awarding State Agency
Sworn and st	ubscribed before me on	Commissioner of the	July 20	<u>16</u>
NOTARY PUE	WN BATES BLIC OF CONNECTICUT SION Exotres 1/31/2020	or Notary Public	ires	

My Commission Expires 1/31/2020



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)

Charles I
Respondent Name:
INSTRUCTIONS:
CHECK ONE: Initial Certification. Amendment or renewal.
A. Who must complete and submit this form. 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, the certification portion of this form must be completed by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization or other business organization whose principal place of business is located outside of the United States. United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.
Check applicable box:
Respondent's principal place of business is within the United States or Respondent is a United States subsidiary of a foreign corporation. Respondents who check this box are not required to complete the certification portion of this form, but must submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process.
Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. CERTIFICATION required. Please complete the certification portion of this form and submit it with the ITB or RFP response or contract package if there was no bid process.
B. Additional definitions.
 "Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes; "Respondent" means the person whose name is set forth at the beginning of this form; and "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.
TUCCA, Inc. Deburch Manahan
Printed Respondent Name Printed Name of Authorized Official Debyrah Harahan
Signature of Authorized Official
Subscribed and acknowledged before me this
MILLIA QUANT
DAWN BATES Commissioner of the Superior Court (or Notary Public)

My Commission Expire



Current User: donna.locurto@ct.gov

Biznet Menu

Log In/Out

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

Thames Valley Council for Community Action, Inc.

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanie Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
2809	Officials/Managers	50	12	33	0	1	0	0	2	1	1	0
2810	Professionals	142	6	102	1	9	1	19	1	3	0	0
2811	Technicians	2	2	0	0	0	0	0	0	0	0	0
2812	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
2813	Office/Clerical	24	0	20	0	1	0	3	0	0	0	0
2814	Craft Workers (Skilled)	2	1	0	0	0	1	0	0	0	0	0
2815	Operatives (Semi- skilled)	7	5 .	1	0	0	0	1	0	0	0	0
2816	Laborers (Unskilled)	1	1	0	0	0	0	0	0	0	0	0
2817	Service Workers	139	21	80	2	13	4	16	0	1	0	2
	Totals .	367	48	236	3	24	6	39	3	5	1	2

Do you use minority business as vyes ONo subcontractors or suppliers?	Explain:	^
If CT based, do you post all employment openings with the State of Connecticut Employment Service?	Explain: All jobs are posted on agency website and Job Central website	a. ^
Do you use an Affirmative Action Plan?	Explain:	Ŷ
Describe your recruitment, hiring, training and promotion anti-discrimination practices.	TVCCA is an equal opportunity agency and does not discriminate in any personnel matters.	^

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

Hit Counter 1,204