

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: State Education Resource Center
Contractor Address: 25 Industrial Park Road, Middletown, CT .06457
Contract Number: 16DSS1413GG / 083-3GG-FIP-01
Amendment Number: A1
Amount as Amended: \$100,000.00
Contract Term as Amended: 7/1/2016 to 6/30/2019

The contract between State Education Resource Center (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties on 9/15/2016, is hereby amended as follows:

1. The term of the contract is extended for an additional two (2) years and the end date of the contract is changed for 6/30/17 to 6/30/19.
2. Part I, Section D. labeled BUDGET, of the contract is amended because the total maximum amount payable under this contract has increased by \$50,000 (\$25,000 in SFY 18 and \$25,000 in SFY19) from \$50,000 to \$100,000.
3. For the period of 7/1/17 to 6/30/19, Part I, Section B. labeled CONTRACTOR RESPONSIBILITIES, subsections 1-9 of this contract, shall be deleted in its entirety and replaced with the following:
 1. Serve in the capacity of fiscal agent for the 19th and 20th Annual NEFC, being held respectively in March 2018 and 2019.
 2. Provide services necessary to carry out the NEFC including: registration and customer services for the period the Agreement, the maintenance of an Eventbrite account for NEFC; onsite presence for the event each year; purchase of the Conference related items (giveaways, etc.) identified by the Committee.
 3. Support for Eventbrite registration system including, but not limited to; event management and data reporting.
 4. Enter into a contractual agreement with the Conference venue on behalf of the NEFC.
 5. Research and prepare with assistance from the Committee, then purchase event liability insurance coverage for the NEFC event dates, at a reasonable cost to the NEFC, and provide the Committee with a copy of the declaration page.
4. For the period of 7/1/17 to 6/30/19, Part I, Section C. labeled DEPARTMENT RESPONSIBILITIES, subsection 3. of this contract, is hereby deleted and the following is substituted in lieu thereof:
 3. Ensure the availability of NEFC member, including two (2) Connecticut NEFC members at (1) 2 hour instructor led Eventbrite training to be held on one date in the Fall 2017.
5. For the period of 7/1/17 to 6/30/19, Part I, Section D. labeled BUDGET of this contract, is hereby deleted in its entirety and replaced with the following:

Contractor shall be paid a total of \$12,000 (\$6,000 in SFY 18 and SFY 19) for Administrative/Fiduciary Services. Contractor will process transferred sponsorship payment as received by the Department from state agency partners not to exceed \$38,000 (\$19,000 in SFY 18 and SFY19) in accordance with the payment schedule.

BUDGET BREAKDOWN		
SERVICES	ALLOCATION	CONDITIONS
Administrative/Fiduciary Services	\$12,000.00	According to schedule found in section E.
Payments, processed as received by the Department by the sponsors; not to exceed 38,000.00		
	\$38,000.00	Transferred upon receipt and processing by the Department.
TOTAL	\$50,000.00	

6. For the period 7/1/17 to 6/30/19, Part I, Section E. labeled CONTRACTOR PAYMENT SCHEDULE, subsection 1. of this contract is hereby deleted and replaced with the following:

1. As compensation for the administrative and fiduciary services rendered pursuant to this agreement, SERC shall be paid Six Thousand Dollars (\$6,000.00) for each year by the Department for all services described herein, based upon the following schedule:

PAYMENT	YEAR 1 DATE (on or about)	YEAR 2 DATE (on or about)		ANNUAL AMOUNT
1st	October 1, 2017	October 1, 2018		\$1,500.00
2nd	January 1, 2018	January 1, 2019		\$1,500.00
3rd (FINAL)	June 1, 2018	June 1, 2019		\$3,000.00
			ANNUAL TOTAL:	\$6,000.00

7. Part I, Section F. labeled LIASONS and NOTICES, subsection b. of this contract shall be deleted and replaced as follows:

Contracts Administration Matters:

Donna LoCurto
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Phone 860-424-5323, Email: donna.locurto@ct.gov

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.

SIGNATURES AND APPROVALS

16DSS1413GG/083-3GG-FIP-01 A1

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

CONTRACTOR

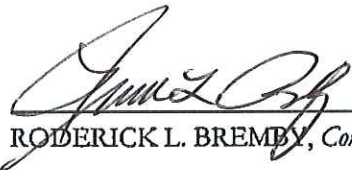
State Education Resource Center



Ingrid M. Canady, Executive Director

6/7/17
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, Commissioner

6/8/17
Date

OFFICE OF THE ATTORNEY GENERAL



~~ASSOC.~~ / ASSOC. ATTORNEY GENERAL (Approved as to form)

6/29/17
Date



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 Ingrid M. Canady of the State Education Resource Center, 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
the State Education Resource Center and that the State Education Resource Center
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

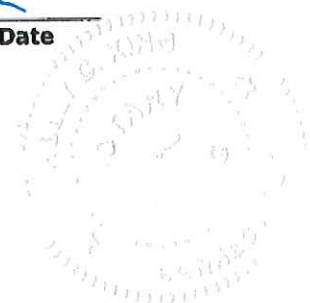
Ingrid M. Canady
Printed Name

Sworn and subscribed to before me on this 7 day of June, 2017.

[Signature]
Commissioner of the Superior Court
Notary Public

May 31, 2022
Commission Expiration Date

HOLLY C. KING
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2022





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 Daniel 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>
N/A				

Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>
N/A				

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

SERC
 Printed Contractor Name

Ingrid M. Canady
 Signature of Authorized Official

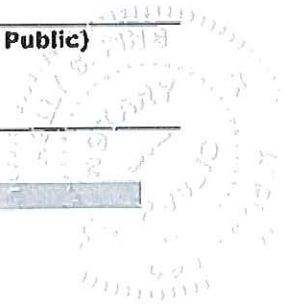
Ingrid M. Canady
 Printed Name of Authorized Official

Subscribed and acknowledged before me this 7 day of June, 2017

HOLLY C. KING
NOTARY PUBLIC
 MY COMMISSION EXPIRES MAY 31, 2022

Holly C King
 Commissioner of the Superior Court (or Notary Public)

May 31, 2022
 My Commission Expires





STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: ____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:

Form with fields for Consultant's Name and Title, Name of Firm (if applicable), Start Date, End Date, Cost, and Description of Services Provided.

Is the consultant a former State employee or former public official? [] YES [] NO

If YES: Name of Former State Agency, Termination Date of Employment

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

State Education Resource Center, Signature of Principal or Key Personnel, Date 6/7/17

Ingrid M. Canady, Printed Name (of above), Awarding State Agency

Sworn and subscribed before me on this 17 day of June, 2017.

Holly C King, Commissioner of the Superior Court or Notary Public

May 31, 2022, My Commission Expires

HOLLY C. KING, NOTARY PUBLIC, MY COMMISSION EXPIRES MAY 31, 2022





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: Ingrid M. Canady

INSTRUCTIONS:

CHECK ONE: [] Initial Certification. [X] 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...

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.

Check applicable box:

X 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...

[] 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.

Ingrid M. Canady
Printed Respondent Name

Ingrid M. Canady
Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this 7 day of June, 2017.

HOLLY C. KING
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2022

Holly C King
Commissioner of the Superior Court (or Notary Public)
My Commission Expire May 31, 2022



**STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
REQUEST FOR PAYMENT
DSS ACCOUNTS PAYABLE**

W-1270

Voucher #: _____ VR Processed by: _____

VR Date: _____

Voucher Approved by: _____

Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____ Check One: PO POS MOA/VI BOND

Vendor/Contractor Name: State Education Resource Center

Business Address: 25 Industrial Park Road, Middletown, CT .06457

Check One: PSA Non-Competitive

Spending Plan Code: FIP

Remittance Address: (where the check is to be mailed -- YOU MUST FILL THIS IN)

CORE-CT Contract #: 16DSS1413GG A1

DSS Contract #: 083-3GG-FIP-01

PO #: _____ Vendor # 0000164080

FEIN #: _____ Receipt # _____

State Education Resource Center

25 Industrial Park Road, Middletown, CT .06457

Contract Period: From: 7/1/2016 To: 6/30/2019

Payment Period: From: _____ To: _____

Total Contract: \$100,000.00

Previous Payments: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: Ingrid M. Canady

Contractor Name (print)

Contractor Signature

Date

DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$ 20			DSS					168	
\$ 20			DSS					168	
\$ 20			DSS					168	
\$ 20			DSS					168	

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Anthony J. Judkins
DSS PROGRAM STAFF REP Signature

Date: _____ (860) 424-5696
Phone #

Co-sign (if required) Signature

Phone #

*Financial Report Required Yes No
 *Financial Report within last 3 mos. Yes No
 *Attach Explanation If Report Is More Than 3 Months Old

DSS FISCAL STAFF APPROVAL - Name (sign & date)

WORKFORCE ANALYSIS

Contractor State Education
Resource Center

Address 25 Industrial Park
Road, Middletown, CT
.06457

Number of Connecticut Employees	
Full-time: <input type="text" value="44"/>	Part-time: <input type="text" value="5"/>
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	Contractor «ContractorOrg» Number <input type="text"/>

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	8	1	5	0	1	0	1	0	0	0	0	0	0
Professionals	21	3	11	1	2	0	1	0	2	0	1	0	1
Technicians	4	3	0	0	1	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0
Office & Clerical	16	0	9	0	5	0	2	0	0	0	0	0	0
Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Operators (Semi-Skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	49	7	25	1	9	0	4	0	2	0	1	0	1
Totals One Year Ago													

FORMAL ON-THE-JOB-TRAINEES

Apprentices	0	0	0	0	0	0	0	0	0	0	0	0	0
Trainees	0	0	0	0	0	0	0	0	0	0	0	0	0

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: