

STATE OF CONNECTICUT **DEPARTMENT OF SOCIAL SERVICES**

CONTRACT AMENDMENT

Contractor:

Goodwin College

Contractor Address:

One Riverside Drive, East Hartford, CT .06118

Contract Number:

15DSS4602ZJ / 043-2ZJ-FSE-1

Amendment Number:

A1

Amount as Amended:

\$932,625.00

Contract Term as Amended: 10/1/2015 - 9/30/2018

The contract between Goodwin College (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 1/8/2016, is hereby further amended as follows:

- The total maximum amount payable under this contract is increased by \$518,125.00 from \$414,500.00 to \$932,625.00 due to receipt of SNAP employment and training funds for FFY 2017.
- The budget on page 11 of the original contract is hereby deleted and shall be replaced with the budget on page 2 of this amendment.

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

FINANCIAL SUMMARY

PROGRAM NAME: PROGRAM NUMBER:

Goodwin College SNAP E & T Programs 043-2ZJ-FSE-1 / 15DSS4602ZJ A1

	Requested	Adjustments	Į.	Approved
Contract Amount				
For Amendments Only				
Previously Approved Contract Amount	\$ 414,500			
Amount of Amendment		\$518,125.00	\$	932,625

	Amount of Amendment	<u>1</u>	_·	φυ (6, 120,00	φ 932,023
Line #	ltem	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE		·		
	1a. Bed Days		\$0		\$0
	1b. Client Advocate		\$0		\$0
	1c. Security Deposit		\$0		\$0
	1d. Other Unit Rate Costs		\$0		\$0
	TOTAL UNIT RATE		\$0		\$0
2	CONTRACTUAL SERVICES				\$0
	2a. Accounting		\$0		\$0
	2b. Legal		\$0		\$0
	2c. Independent Audit		\$0		\$0
	2d. Other Contractual Services TOTAL CONTRACTUAL		\$0		\$0
	SERVICES		\$0		\$0
					\$0
3	ADMINISTRATION				\$0
	3a. Admin. Salaries		\$0		\$0
	3b. Admin. Fringe Benefits		\$0		\$0
	3c. Admin. Overhead		\$0		\$0
	TOTAL ADMINISTRATION		\$0		\$0
					\$0
4	DIRECT PROGRAM STAFF				\$0
	4a. Program Salaries	\$120,000	\$120,000		\$0
	4b. Program Fringe Benefits		\$0		\$0
	TOTAL DIRECT PROGRAM		\$120,000		\$0
5	OTHER COSTS	1			\$0
	5a. Program Rent		\$0		\$0
	5b. Consumable Supplies		\$0		\$0
	5c. Travel & Transportation		\$0		\$0
	5d. Utilities		\$0	·	\$0
	5e. Repairs & Maintenance		\$0		\$0
	5f. Insurance		\$0		\$0
	5g. Food & Related Costs		\$0		\$0
	5h. Other Project Expenses	\$916,250	\$916,250		\$0
	TOTAL OTHER COSTS		\$916,250		\$0
6	EQUIPMENT			3	
7	PROGRAM INCOME		\$0		
-	7a. Fees		match \$916,250		
	7b. Other Income	-	\$0		
	TOTAL PROGRAM INCOME		\$1,036,250		\$518,125
8	TOTAL NET PROGRAM COST		\$518,125	Reimbursed at 50%	\$518,125

SIGNATURES AND APPROVALS

15DSS4602ZJ/043-2ZJ-FSE-1 A1

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

CONTRACTOR	
Goodwin College	
Eric J. Emet, Director of Retention	Date_12/_9/16
Enc J. Emet, Director of Retention	
DEPARTMENT OF SOCIAL SERVICES	
RODERICK L. BREMBY, Commissioner	11212017 Date
OFFICE OF THE ACTORNEY GENERAL	
	1120117
ASST. / ASSOC ATTORNEY GENERAL (Approved as to form) Joseph Rubin	Date



STATE OF CONNECTICUT NONDISCRIMINATION CERTIFICATION — <u>Affidavit</u> 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(a)(1) and 4a-60a(a)(1), as amended</u>

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 Vice President, College Relations and Advancement of Goodwin College, an entity duly formed and existing under the laws of the State of Connecticut. I certify that I am authorized to execute and deliver this affidavit on behalf of Goodwin College and that Goodwin College 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.

Todd Andrews

Sworn and subscribed to before me on this \mathcal{L}	day of January, 20 15.	
amberty General	August 31,2018	
Commissioner of the Superior Court/	Commission Expiration Date	
Notary Public		

Amber M. Newman Notary Public-Connecticut My Commission Expires August 31, 2018



STATE OF CONNECTICUT

$NONDISCRIMINATION \ CERTIFICATION - \underline{New \ Resolution}$

By Entity

For Contracts Valued at \$50,000 or More

Documentation in the form of a <u>corporate</u> , <u>company</u> , <u>or partnership policy adopted by resolution of the</u>
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, Todd Andrews, Vice President, College Relations and Advancement of Goodwin College, an entity duly
formed and existing under the laws of the State of Connecticut, certify that the following is a true and correct
copy of a resolution adopted on the 27 day of 404057 , 2014 by the
governing body of Goodwin College, in accordance with all of its documents of governance and management
and the laws of the State of Connecticut and further certify that such resolution has not been modified or
revoked, and is in full force and effect.
RESOLVED: That the policies of Goodwin College comply with the 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 20 day of January, 2015. Month Year



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.)
		n because of change of information contained in the most d 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 agency below;
- 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 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);
- 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.

Rev. 11-29-11 Page 2 of 2

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(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(g)(2)(A). I further certify that all lawful campaign contributions that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(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:						
Contribution	<u>Date</u>	Name of Contributor	Recipient	<u>Value</u>	<u>Description</u>	
		Add to the second secon		 		
Lawful Campa	aign Contribu	tions to Candidates for the Genera	al Assembly:			
<u>Contribution</u>	<u>Date</u>	Name of Contributor	Recipient	<u>Value</u>	<u>Description</u>	
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OPM Ethics Form 5 Rev. 10-01-11



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.

SERVINE PROPERTY OF A SERVINE SERVINE

CONTRACT: 043GCC-FSE-01 / 13DSS4602ZJ A2

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.

days after the effe	ctive 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 Subs	cribed On This Day:]	
Connecticut Gene	eral Statutes § 4a-81(b), or that I am the	r key personnel of the bidder or contractor awarded a individual awarded such a contract who is authorized to agreement in connection with such contract, except f	execute such contract. I
Consultant's Nam	e and Title	Name of Firm (if applicable)	
Start Date	End Date	Cost	
Description of Se	rvices Provided:		
Is the consultant a	a former State employee or former public	official? YES NO	
If YES: Name o	of Former State Agency	Termination Date of Employment	
Swojn as trije i	ithin last of my knowledge and felicit	rivier to the penalites of take statement, 27	
Goodwin Colk			
Printes canaga und Advancen		Ford Andrews Vice Pregiden	r føllege Relations
		Department of Social Services	