

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

## CONTRACT AMENDMENT

Contractor: The Access Agency, Inc.  
Contractor Address: 1315 Main Street, Suite 2, Willimantic, CT .06226  
Contract Number: 14DSS1301ZL / 163C-HHD-11  
Amendment Number: A2  
Amount as Amended: \$118,770  
Contract Term as Amended: 10/1/2014 to 6/30/2017

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The contract between The Access Agency, 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 09/30/2015, is hereby further amended as follows:

1. The total maximum amount payable under this contract has increased by \$29,000.00 from \$89,770.00 to \$118,770.00. This increase is to continue to provide HHD services to the Windham and Tolland County service area.
2. The budget on page 2 of Amendment 1 is hereby deleted and shall be replaced in its entirety by page 2 of this Amendment.
3. The term of the contract is extended for an additional nine (9) months and the end date of the contract is changed from 9/30/2016 to 6/30/2017.
4. Item # 4 of Amendment #1 shall be revised as follows:
5. During the contract period ending 6/30/2017, Part I, Section A.1 Description of Services in the original contract shall include at least an additional 75 clients receiving services for a total of 275 (for 10/1/2014 – 6/30/2017).
6. Part I, Section B.1 Program Administration of the original contract shall reflect revised staffing and percent of salary funded under this contract, to include the following: one full-time Bi-lingual Family Advocate @ 35 hours per week, (75%); and one full-time Bi-Lingual Receptionist, @ 35 hours per week, (20%).

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.

PROGRAM NAME: Access Agency - HHD  
 PROGRAM NUMBER: 14DSS1301ZL/163C-HHD-11

	Requested	Adjustments	Approved
Contract Amount	\$ 89,770	29,000.00	\$ 118,770

<i>For Amendments Only</i>			
Previously Approved Contract Amount	\$ 89,770		
Amount of Amendment	\$ -	29,000.00	\$ 118,770

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
<b>1</b>	<b>UNIT RATE</b>				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	<b>TOTAL UNIT RATE</b>				
<b>2</b>	<b>CONTRACTUAL SERVICES</b>				
	2a. Accounting				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	<b>TOTAL CONTRACTUAL SERVICES</b>				
<b>3</b>	<b>ADMINISTRATION</b>				
	3a. Admin. Salaries	780		-	780
	3b. Admin. Fringe Benefits	305		-	305
	3c. Admin. Overhead	8,380		2,900	11,280
	<b>TOTAL ADMINISTRATION</b>		9,465	2,900	12,365
<b>4</b>	<b>DIRECT PROGRAM STAFF</b>				
	4a. Program Salaries	53,742		17,945	71,687
	4b. Program Fringe Benefits	16,123		6,895	23,018
	<b>TOTAL DIRECT PROGRAM</b>		69,865	24,840	94,705
<b>5</b>	<b>OTHER COSTS</b>				
	5a. Program Rent	7,500		1,160	8,660
	5b. Consumable Supplies	1,739		100	1,839
	5c. Travel & Transportation	200		-	200
	5d. Utilities	0		-	-
	5e. Repairs & Maintenance	0		-	-
	5f. Insurance	0		-	-
	5g. Food & Related Costs	0		-	-
	5h. Other Project Expenses	1,000		-	1,000
	<b>TOTAL OTHER COSTS</b>		10,439	1,260	11,699
<b>6</b>	<b>EQUIPMENT</b>				
<b>7</b>	<b>PROGRAM INCOME</b>				
	7a. Fees				
	7b. Other Income				
	<b>TOTAL PROGRAM INCOME</b>				
<b>8</b>	<b>TOTAL NET PROGRAM COST</b>		89,770	29,000	118,770

## SIGNATURES AND APPROVALS

14DSS1301ZL/163C-HHD-11 A2

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

### CONTRACTOR

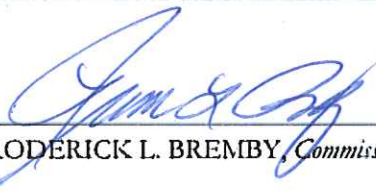
The ACCESS Agency, Inc.



Peter S. DeBiasi, President/CEO

9/29/16  
Date

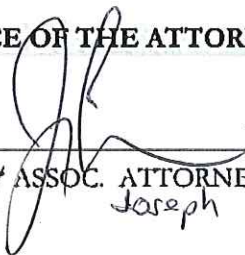
### DEPARTMENT OF SOCIAL SERVICES



Roderick L. Bremby, Commissioner

9/30/16  
Date

### OFFICE OF THE ATTORNEY GENERAL



ASST. ASSOC. ATTORNEY GENERAL (*Approved as to form*)  
Joseph Rubin

10/25/16  
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 President/CEO of The ACCESS Agency, 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

The ACCESS Agency, Inc. and that The ACCESS Agency, 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

Peter S. DeBiasi  
Printed Name

Sworn and subscribed to before me on this 29<sup>th</sup> day of Sept., 2016.

Claire L. Labelle  
Commissioner of the Superior Court/  
Notary Public

3-31-19  
Commission Expiration Date

CLAIRE L. LABELLE  
Notary Public  
Connecticut  
My Commission Expires Mar 31, 2019





**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, Peter S. DeBiasi, President/CEO, of The ACCESS Agency, 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 21st day of  
June, 20 16 by the governing body of The ACCESS Agency, 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 The ACCESS Agency, 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 29<sup>th</sup> day of Sept., 20 16.

Authorized Signatory

9-29-16  
Date

Peter S. DeBiasi  
Printed Name

CLAIRE L. LABELLE  
Notary Public  
Connecticut  
Expires Mar 31, 2019

3-31-16





**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.

The ACCESS Agency, Inc.  
 Printed Contractor Name  
 \_\_\_\_\_  
 Signature of Authorized Official

Peter S. DeBiasi  
 Printed Name of Authorized Official  
 \_\_\_\_\_

Subscribed and acknowledged before me this <sup>th</sup> 29 day of Sept, 2016  
 Claire L Labelle  
 Commissioner of the Superior Court (or Notary Public)

3-31-19  
 My Commission Expires

CLAIRE L LABELLE  
 Notary Public  
 Connecticut  
 My Commission Expires Mar 31, 2019

3-31-19





# 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: \_\_\_\_\_]

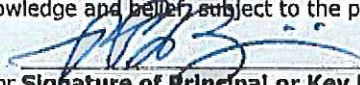
I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have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

_____ Consultant's Name and Title		_____ Name of Firm (if applicable)
_____ Start Date	_____ End Date	_____ Cost
Description of Services Provided: _____		

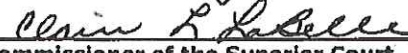
Is the consultant a former State employee or former public official?  YES  NO

If YES: \_\_\_\_\_  
Name of Former State Agency                      Termination Date of Employment

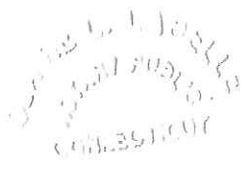
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

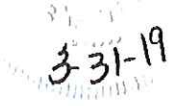
_____ The ACCESS Agency, Inc.		_____ 6/14/16
Printed Name of Bidder or Contractor	Signature of Principal or Key Personnel	Date
_____ Peter S. DeBiasi, President/CEO	_____ Awarding State Agency	
Printed Name (of above)		

Sworn and subscribed before me on this 14<sup>th</sup> day of June, 2016.

  
\_\_\_\_\_  
Commissioner of the Superior Court  
or Notary Public  
\_\_\_\_\_  
3-31-19  
My Commission Expires

**CLAIRE L. LABELLE**  
Notary Public  
Connecticut  
My Commission Expires Mar 31, 2019







# WORKFORCE ANALYSIS

Contractor The Access Agency, Inc.

Address 1315 Main Street, Suite 2, Willimantic, CT .06226

Number of Connecticut Employees		89
Full-time:	56	Part-time: 33
Employment figures obtained from		
Visual Check	<input type="checkbox"/>	Employment Records <input type="checkbox"/>
Other	<input type="checkbox"/>	Contractor «ContractorOrg»¶ Number

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	18	4	11	0	0	1	2	0	0	0	0	0	1
Professionals	9	2	6	0	1	0	0	0	0	0	0	0	1
Technicians	4	2	2	0	0	0	0	0	0	0	0	0	0
Service Workers	31	5	15	5	3	2	1	0	0	0	0	0	1
Office & Clerical	22	1	16	0	1	1	3	0	0	0	0	0	0
Craft Workers (Skilled)	2	2	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)	3	1	1	0	0	1	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>89</b>	<b>17</b>	<b>51</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Totals One Year Ago	95	20	54	1	4	3	14	0	2	0	0	0	0

## FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees	14	2	12	0	1	1	1	0	1	0	0	0	4

1. Have you successfully implemented an Affirmative Action Plan?

Yes  No  If yes, date of implementation 1991 ; 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:

7/28