

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Fair Haven Parents' Ministry, Inc.
Contractor Address: 160 Ferry Street, New Haven, CT .06513
Contract Number: 15DSS4001JP / 093-1JP-HRD-1
Amendment Number: A1
Amount as Amended: \$138,350.00
Contract Term as Amended: 10/1/2015 to 6/30/2017

The contract between Fair Haven Parents' Ministry, 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 Attorney General on 3/28/2016, is hereby further amended as follows:

1. The total maximum amount payable under this contract has increased by \$59,293.00 from \$79,057.00 to \$138,350.00. The additional funds are to allow Contractor to continue services for an additional 9 months.
2. The budget on page 10 of the original contract shall be deleted and replaced in its entirety with the budget of page 2 of this amendment.
3. The term of this contract shall be extended by 9 months and the end date of the contract is changed from 9/30/16 to 6/30/17.
4. DSS contact/contract person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.

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:

Fair Haven Parents' Ministry Multi-Service Center
093-1JP-HRD-1 A1

Contract Amount	Requested	Adjustments	Approved
	\$		
<i>For Amendments Only</i>			
Previously Approved Contract Amount			
Amount of Amendment	\$ 79,057	\$ 59,203	\$ 138,350

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	600			
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES	600	600	-	600
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	17,420		13,260	30,680
	3b. Admin. Fringe Benefits	1,654		1,291	2,945
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION	19,074	19,074	14,551	33,625
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	31,564		25,493	57,057
	4b. Program Fringe Benefits	2,953		2,438	5,391
	TOTAL DIRECT PROGRAM	34,517	34,517	27,931	62,448
5	<u>OTHER COSTS</u>				
	5a. Program Rent	9,600		7,200	16,800
	5b. Consumable Supplies	2,100		1,086	3,186
	5c. Travel & Transportation	125		25	150
	5d. Utilities	4,000		2,500	6,500
	5e. Repairs & Maintenance	1,700		1,000	2,700
	5f. Insurance	4,100		3,000	7,100
	5g. Food & Related Costs	1,500		1,000	2,500
	5h. Other Project Expenses	1,741		1,000	2,741
	TOTAL OTHER COSTS	24,866	24,866	16,811	41,677
6	<u>EQUIPMENT</u>	0			
7	<u>PROGRAM INCOME</u>	0			
	7a. Fees	0			
	7b. Other Income	0			
	TOTAL PROGRAM INCOME	0			
8	<u>TOTAL NET PROGRAM COST</u>	79,057	79,057	59,293	138,350

(Sum of 1 through 6, minus Line 7)

SIGNATURES AND APPROVALS

15DSS4001JP/093-1JP-HRD-1 A1

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

CONTRACTOR

Fair Haven Parents' Ministry, Inc.



Timothy Jackson, Executive Director

9/28/16
Date

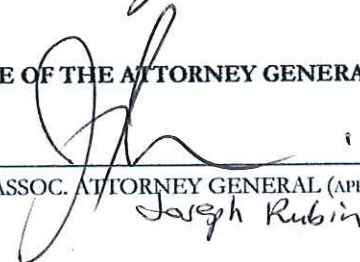
DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

9/29/2016
Date

OFFICE OF THE ATTORNEY GENERAL



ASST/ASSOC. ATTORNEY GENERAL (APPROVES AS TO FORM)
Joseph Rubin

10/5/16
Date

The Fair Haven Parents' Ministry, Incorporated
160 Ferry Street, New Haven, CT 06513 * Tel. 203/865-5585

FOR GOD AND COUNTRY
Timothy Jackson
Executive Director
Rev. Robert E. Jones
Consultant and Founder

OFFICERS
President, Major Ruth
Vice President, Rev. Beverly Dykes
Secretary, Annette Brown
Treasurer, Melvin Counsel

BOARD OF DIRECTORS
Luisa DeLauro
Toby Turner
Leo Black
Mamie Edwards
Rose Marie Candelora
Cyrena Mells

EMERITUS
Rev. Robert Forsberg
Fr. Ralph Durgin

FOUNDED IN 1966



STATE OF CONNECTICUT
Department of Social Services

Authorization of Signature Document

I, Major Ruth
(Name of President)

Of Fair Haven Parents' Ministry, Inc., corporation organized under the laws of State of Connecticut, hereby certify that the following is a full and true copy of a resolution adopted at a meeting of the Board of Directors of said corporation, duly held on the 8 day of September, 2016

"RESOLVED that TIMOTHY JACKSON, EXECUTIVE DIRECTOR, FAIR HAVEN PARENTS' MINISTRY INC., Is hereby authorized to make, execute and approve on behalf of This corporation, any and all contracts and amendments and to Execute and approve on behalf of this company, other instruments, A part of or incident to such contracts and amendments effective **Until otherwise ordered by the Board of Directors."**

Also, I do further certify that the above resolution has not been in any altered, amended or repealed, and is now in full force and effect.

WHEREFORE, I have hereunto set my hand and affixed the corporate seal of said company this 28 day of September, 2016.

(Seal)

Major Ruth
(Signature of President)



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 The Fair Haven Parents' Ministry, Incorporated, an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of State of Connecticut
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

The Fair Haven Parents' Ministry, Incorporated and that The Fair Haven Parents' Ministry, Incorporated
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.

Timothy Jackson
Authorized Signatory

Timothy Jackson
Printed Name

Sworn and subscribed to before me on this 28th day of September, 2016.

[Signature]
Commissioner of the Superior Court/
Notary Public

CYNTHIA R DANIELS
Notary Public, State of Connecticut
My Commission Expires Apr 30, 2018
Commission Expiration 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 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.

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:

Contribution Date	Name of Contributor	Recipient	Value	Description
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None
None	None	None	0	None

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


The Fair Haven Parents' Ministry, Incorporated
Printed Contractor Name

Timothy Jackson
Signature of Authorized Official

Timothy Jackson, Executive Director
Printed Name of Authorized Official

Subscribed and acknowledged before me this ^{27th} day of September, 20 10

Commissioner of the Superior Court (or Notary Public)

 CYNTHIA R DANIELS
Notary Public, State of Connecticut
My Commission Expires Apr. 30, 2018

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 (N/A), Name of Firm (if applicable) (N/A), Start Date (N/A), End Date (N/A), Cost (N/A), and Description of Services Provided (N/A).

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

If YES: Name of Former State Agency (N/A), Termination Date of Employment (N/A)

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

The Fair Haven Parents' Ministry, Inc. (Printed Name of Bidder or Contractor), Timothy Jackson (Signature of Principal or Key Personnel), 9/28/16 (Date)

Timothy Jackson, Executive Director (Printed Name of above), Dept of Social Services (Awarding State Agency)

Sworn and subscribed before me on this 27 day of September, 2016.

Commissioner of the Superior Court or Notary Public CYNTHIA R DANIELS, Notary Public, State of Connecticut, My Commission Expires Apr. 30, 2018

WORKFORCE ANALYSIS

Contractor Fair Haven
Parents' Ministry, Inc.

Address 160 Ferry Street,
New Haven, CT .06513

Number of Connecticut Employees	
Full-time: 0	Part-time: 5
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	1			1									
Professionals													
Technicians													
Service Workers													
Office & Clerical	4	1	1	1	1								
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS	5	1	1	2	1								
Totals One Year Ago	5	0	0	3	0	1	1						

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation 1982 ; 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: N/A

Authorized Signature:

Timothy J. Jalen

Date:

9/28/16



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

March 8, 2016

Timothy Jackson
Executive Director
Fair Haven Parents' Ministry, Inc.
160 Ferry Street
New Haven, CT .06513

Contract #: 093-1JP-HRD-1/15DSS4001JP
Period: 10/01/15 - 9/30/2016

Amount: \$79,057.00

Dear Mr. Jackson:

I am pleased to inform you that the above referenced contract has been fully executed and approved. Attached is a scanned copy of the original contract for your files.

Requests for Payment should be completed and directed to the program contact identified below. The Department will process requests for payment in accordance with the terms of the contract. Your receipt of payment is contingent upon the continued availability of funds and your agency's compliance with the terms of the contract.

For issues or concerns related to the Program please direct your inquiries to:

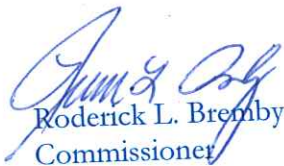
PROGRAM

Dennis Nesta
(860) 424-5892
Dennis.nesta@ct.gov

CONTRACT

Marlene Hamilton
(860) 424-5778
marlene.hamilton@ct.gov

Sincerely,


Roderick L. Bremby
Commissioner

C: Carlene Taylor
Contract file