

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: **Amendment 2**
Amount as Amended: \$193,680.00
Contract Term as Amended: 10/1/2015 to 6/30/2018

The contract between Fair Haven Parents' Ministry, Inc. ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties and approved by the Office of the Attorney General on 3/28/2016, and previously amended on 10/5/2016 is hereby further amended as follows:

1. The term of the contract is extended for an additional one (1) year and the end date of the contract is changed from 6/30/2017 to 6/30/2018.
2. The total maximum payable under this contract is increased by \$55,330 from \$138,350 to \$193,680 to provide funding for the extended term of the contract.
3. DSS contract/contract person on page 1 of the original contract shall be deleted and replaced as follows: Donna LoCurto at (860) 424-5323.
4. For the period of 7/1/17 through 6/30/18, Part I, Section J. label BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract, shall be deleted and replaced with the following:

PART I

FINANCIAL SUMMARY

PROGRAM NAME:

Fair Haven Parents' Ministry Multi Service Center

PROGRAM NUMBER:

15DSS4001JP A-2

Contract Amount	Requested	Adjustments	Approved
	<i>For Amendments Only</i>		
Previously Approved Contract Amount			
Amount of Amendment	138,350	55,330	193,680

Line #	Item	Subcategory (a)	Line Item Total (b)	Adjustments (c)	Revised Total (d)
1	UNIT RATE				
	1a. Bed Days				
	1b. Client Advocate				
	1c. Security Deposit				
	1d. Other Unit Rate Costs				
	TOTAL UNIT RATE				
2	CONTRACTUAL SERVICES				
	2a. Accounting	600		300	900
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES	600		300	900
3	ADMINISTRATION				
	3a. Admin. Salaries	30,680		11,440	42,120
	3b. Admin. Fringe Benefits	2,945		1,367	4,312
	3c. Admin. Overhead	-		0	-
	TOTAL ADMINISTRATION	33,625		12,807	46,432
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	57,057		21,258	78,315
	4b. Program Fringe Benefits	5,391		2,540	7,931
	TOTAL DIRECT PROGRAM	62,448		23,798	86,246
5	OTHER COSTS				
	5a. Program Rent	16,800		,600	26,400
	5b. Consumable Supplies	3,186		500	3,686
	5c. Travel & Transportation	150		25	175
	5d. Utilities	6,500		,200	9,700
	5e. Repairs & Maintenance	2,700		700	3,400
	5f. Insurance	7,100		,200	10,300
	5g. Food & Related Costs	2,500		500	3,000
	5h. Other Project Expenses	2,741		700	3,441
	TOTAL OTHER COSTS	41,677		18,425	60,102
6	EQUIPMENT	0		0	-
7	PROGRAM INCOME	0		0	0
	7a. Fees	0		0	0
	7b. Other Income	0		0	0
	TOTAL PROGRAM INCOME	0		0	0
8	TOTAL NET PROGRAM COST	138,350		5,330	193,680

(Sum of 1 through 6, minus Line 7)

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

15DSS4001JP/093-1JP-HRD-1 A2

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

6/23/17
Date

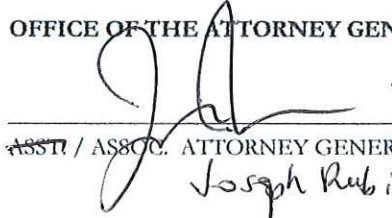
DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, Commissioner

6/27/17
Date

OFFICE OF THE ATTORNEY GENERAL



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

6/30/17
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
Marnie Edwards
Rose Marie Candelora
Cyrena McIls

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 June, 2017

“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 23 day of June, 2017

(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.

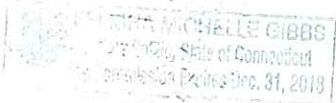
Timothy Jackson
Authorized Signatory

Timothy Jackson
Printed Name

Sworn and subscribed to before me on this 23rd day of June, 2017.

Michelle Gibbs
Commissioner of the Superior Court/
Notary Public

12/31/2018
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 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:

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

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

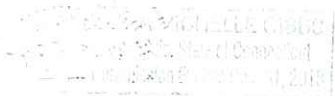
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

The Fair Haven Parents' Ministry, Incorporated
Printed Contractor Name

Timothy Jackson, Executive Director
Printed Name of Authorized Official

Timothy Jackson
Signature of Authorized Official

Subscribed and acknowledged before me this 23rd day of JUNE, 2017



Melissa Michelle Varr
Commissioner of the Superior Court (or Notary Public)

12/31/2018
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)

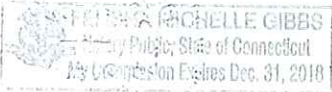
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

The Fair Haven Parents' Ministry, Inc. Signature of Timothy Jackson, Executive Director Date 6-23-17

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

Sworn and subscribed before me on this 23rd day of June, 2017.

Signature of Felisa Michelle Gibbs, Commissioner of the Superior Court or Notary Public



12/31/2018 My Commission Expires

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	1	1	2	1								

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

- 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: _____
- 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: _____
- 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: _____
- 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 Johnson* Date: 6-23-17