



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE - HARTFORD, CONNECTICUT 06105-5033

7-8-16

George Kyriacou
CEO
Gaylord Farms Rehabilitation Center, Inc.
Gaylord Farms Road, P.O. Box 400
Wallingford, CT 06492

CONTRACT #: 12DSS2201KR / 148GFA-TBI-22
PERIOD: 7/1/2012 To 6/30/2018

AMOUNT: \$677,596.00
AMENDMENT: A2

Dear Mr. Kyriacou:

I am pleased to inform you that the above referenced amendment has been fully executed and approved. Attached is a scanned copy of the amendment 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

Jerome Stallings
(860) 424-5427
jerome.stallings@ct.gov

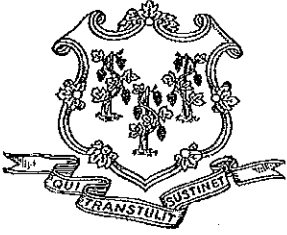
CONTRACT

Tina McGill
(860) 424-5082
tina.mcgill@ct.gov

Sincerely,

Roderick L. Bremby
Commissioner

C: Jerome Stallings
Dorian Long
Contract file



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: Gaylord Farms Rehabilitation Center, Inc.

Contractor Address: Gaylord Farms Road, P.O. Box 400, Wallingford, CT 06492

Contract Number: 148GFA-TBI-22/ 12DSS2201KR

Amendment Number: A2

Amount as Amended: \$677,596

Contract Term as Amended: 7/1/2012 - 6/30/2018

The contract between Gaylord Farms Rehabilitation Center, Inc. ("Contractor") and the Connecticut Department of Social Services ("Department"), which was last executed by the parties on effective date: 6/24/14, is hereby further amended as follows:

1. The total maximum amount payable under this contract has increased by \$173,952 from \$503,644 to \$677,596. This increase is to continue services for two (2) years.
2. The term of the contract is extended two (2) years and the end date of the contract is changed from 6/30/16 to 6/30/18.
3. The budget on page 2 of amendment 1 shall be deleted and replaced in its entirety by 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.

NAME:

(Gaylord Farms, Inc.)

PROGRAM NUMBER:

148GFA-TBI-21/12DSS2201KR A2

FINANCING SUMMARY

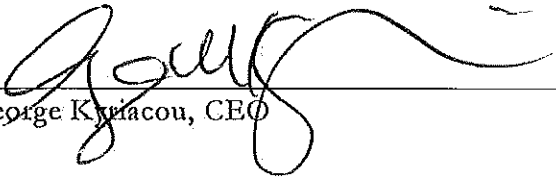
	(A) REQUESTED	(B) ADJUSTMENTS	(C) APPROVED
Total State Grant:	503,644.00	173,952.00	677,596
For Amendments Only Previously approved State Grant Amount of Amendment			

ITEM / Line #	Subcategory	Line Item Total	Adjustments	Revised Total
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				
2b. Legal				
2c. Independent Audit				
2d. Other Contractual Services				
TOTAL CONTRACTUAL SERVICES		\$ -		
3. <u>ADMINISTRATION</u>				
3a. Admin. Salaries				
3b. Admin. Fringe Benefits				
3c. Admin. Overhead				
TOTAL ADMINISTRATION		\$ 503,644.00		
4. <u>DIRECT PROGRAM STAFF</u>				
4a. Program Salaries				
4b. Prog. Fringe Benefits	\$			
TOTAL DIRECT PROGRAM			\$173,952.00	\$677,596
5. <u>OTHER COSTS</u>				
5a. Program Rent				
5b. Consumable Supplies				
5c. Travel & Transportation				
5d. Utilities				
5e. Repairs & Maintenance				
5f. Insurance				
5g. Food & Related Costs				
5h. Other Project Expenses				
TOTAL OTHER COSTS		\$ -		
6. <u>EQUIPMENT</u>		\$ -		
7. <u>PROGRAM INCOME</u>				
7a. Fees				
7b. Other Income				
TOTAL PROGRAM INCOME		\$ -		
8. <u>TOTAL NET PROGRAM COSTS</u> (sum of lines 1 through 6 minus line 7)		503,644.00	\$173,952.00	\$677,596

ACCEPTANCES AND APPROVALS

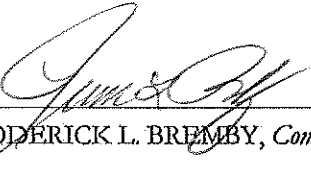
12DSS2201KR/ 148GFA-TBI-22 A2

CONTRACTOR Gaylord Farms Rehabilitation Center, Inc.


George Kyriacou, CEO

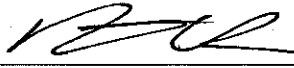
6/29/2016
Date

DEPARTMENT OF SOCIAL SERVICES


RODERICK L. BREMBY, *Commissioner*

6/30/16
Date

OFFICE OF THE ATTORNEY GENERAL


ASST./ ~~ASSOC.~~ ATTORNEY GENERAL (*Approved as to form*)
Robert W. Clark

7/8/16
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 CEO of Gaylord Farms Rehabilitation Center, 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

Gaylord Farms Rehabilitation Center, Inc. and that Gaylord Farms Rehabilitation Center, 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

George Kyriacou
Printed Name

Sworn and subscribed to before me on this 29 day of June, 2016.

[Signature]
Commissioner of the Superior Court/
Notary Public

MAR 31 2021
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(e) and 9-612(f)(2) and Governor Dannel P. Malloy's Executive Order 19.

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.

Gaylord Farms Rehabilitation Center, Inc.
 Printed Contractor Name

 Signature of Authorized Official

George Kyriacou, CEO
 Printed Name of Authorized Official

Subscribed and acknowledged before me this 29 day of July, 202016

M. Callahan
 Commissioner of the Superior Court (or Notary Public)

MAR 31 2021

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, 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.

Gaylord Farms Rehabilitation Ctr., Inc.
Printed Name of Bidder or Contractor
Signature of Principal or Key Personnel
Date 6/29/2016
George Kyriacou, CEO
Printed Name (of above)
Dept. Of Social Services
Awarding State Agency

Sworn and subscribed before me on this 29 day of June, 2016.

Commissioner of the Superior Court or Notary Public

My Commission Expires MAR 31 2021



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: Gaylord Farms Rehabilitation Center, Inc.

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, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

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. United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.

Check applicable box:

- [] 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, but must submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process.
[] 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:

- [X] 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.

Gaylord Farms Rehabilitation Center, Inc.
Printed Respondent Name

George Kyriacou
Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this 29 day of June, 2016.

Commissioner of the Superior Court (or Notary Public)

My Commission Expire

WORKFORCE ANALYSIS

Contractor **Gaylord Farms Rehabilitation Center, Inc.**

Address **Gaylord Farms Road, P.O. Box 400, Wallingford, CT .06492**

Number of Connecticut Employees	
Full-time: 472	Part-time: 372
Employment figures obtained from	
Visual Check <input type="checkbox"/>	Employment Records <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	Contractor «Contractor Org» <input type="checkbox"/> Numb

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	39	9	28			2							
Professionals	391	54	273	5	19	1	13	8	18				
Technicians	44	6	34	1	1		2						
Service Workers	241	32	133	7	35	12	19	1	2				
Office & Clerical	116	6	96		8		6						
Craft Workers (Skilled)													
Operators (Semi-Skilled)	4	3				1							
Laborers (Unskilled)	9	9											
TOTALS	844	119	464	13	63	16	40	9	20				
Totals One Year Ago													

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?

Yes No If yes, date of implementation _____; If no, explain} The Equal Employment Opportunity Policy applies to all employment decisions and practices. Gaylord Hospital is committed to complying with all applicable employment discrimination laws.

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: **No Subcontracting planned**

Authorized Signature: _____

Date: _____

6/29/2016