

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: TEAM, Inc.
Contractor Address: 30 Elizabeth Street, Derby, CT 06418
Contract Number: 15DSS6101ZG / 084C-CSV-02
Amendment Number: Amendment 2
Amount as Amended: \$297,270.00
Contract Term as Amended: 7/1/2015 to 9/30/2017

The contract between TEAM, 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 12/22/2015, and previously amended on 5/2/17 is hereby further amended as follows:

1. The term of the contract is extended for an additional three (3) months and the end date of the contract is changed from 6/30/17 to 9/30/17.
2. The total maximum amount payable under the contract has increased by \$24,545 from \$272,725 to \$297,270 to provide funding for the extended term of the contract.
3. DSS contract/contact 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 9/30/17, Part I, Section I. labeled FINANCIAL REPORTING, subsection 1 of the contract, is hereby deleted and the following is substituted in lieu thereof:
 1. The Contractor will submit quarterly financial reports in a format outlined by the Departments Program Representative within twenty (20) calendar days following the end of each quarterly period. The final fiscal report is due within forty-five (45) calendar days following the end of the entire contract period.
5. For the period 7/1/17 through 9/30/17, Part I, Section J. labeled BUDGET AND PAYMENT REVISIONS, subsection 1 of the contract, and as amended, thereof shall be deleted and replaced with the following:

Effective Date: 6/13/2017

CONTRACT NUMBER: 15DSS6101ZG

CONTRACT PERIOD: 07/01/2015 through 09/30/2017

ST FISCAL YR (SFY): 2018

PROVIDER: TEAM Inc.

Approved by: LoCurtoD

4000 INCOME		CSV			
Program Funding Period:		<u>07/01/2017</u> through <u>09/30/2017</u>	Contract Total	Other Funding	Total Income
4100 CONTRACT FUNDING	SID	\$ 24,545	\$ 24,545	\$ -	\$ 24,545
4101 State Funds	16128	\$ 24,545	\$ 24,545	\$ -	\$ 24,545
TOTAL INCOME		<u>\$ 24,545</u>	<u>\$ 24,545</u>	<u>\$ -</u>	<u>\$ 24,545</u>
5000 DIRECT EXPENSES		CSV	Contract Total		Total Expenses
5100 SALARIES		\$ 12,769	\$ 12,769	\$ -	\$ 12,769
5101 Staff Salaries & Wages		\$ 12,769	\$ 12,769	\$ -	\$ 12,769
5200 FRINGE BENEFITS		\$ 4,597	\$ 4,597	\$ -	\$ 4,597
5900 CLIENT SUBSIDIES		\$ 4,006	\$ 4,006	\$ -	\$ 4,006
5906 Other Client Subsidies (specify in narrative)		\$ 4,006	\$ 4,006	\$ -	\$ 4,006
TOTAL DIRECT EXPENSES		<u>\$ 21,372</u>	<u>\$ 21,372</u>	<u>\$ -</u>	<u>\$ 21,372</u>
7000 INDIRECT EXPENSES		CSV	Contract Total		Total Expenses
7100 ADMINISTRATIVE & GENERAL		\$ 3,173	\$ 3,173	\$ -	\$ 3,173
7111 Staff Salaries & Wages		\$ 1,584	\$ 1,584	\$ -	\$ 1,584
7120 Fringe Benefits		\$ 512	\$ 512	\$ -	\$ 512
All Other A&G		\$ 1,077	\$ 1,077	\$ -	\$ 1,077
TOTAL INDIRECT EXPENSES		<u>\$ 3,173</u>	<u>\$ 3,173</u>	<u>\$ -</u>	<u>\$ 3,173</u>
TOTAL EXPENSES		<u>\$ 24,545</u>	<u>\$ 24,545</u>	<u>\$ -</u>	<u>\$ 24,545</u>
INCOME/EXPENSE SUMMARY		CSV	Contract Total		Total
TOTAL INCOME		\$ 24,545	\$ 24,545	\$ -	\$ 24,545
TOTAL EXPENSES		\$ 24,545	\$ 24,545	\$ -	\$ 24,545
<u>EXCESS/(SHORTAGE)</u>		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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.

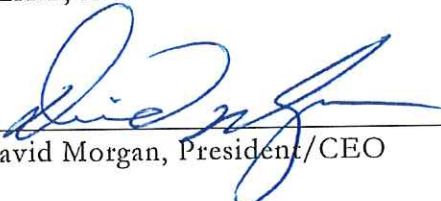
SIGNATURES AND APPROVALS

15DSS6101ZG/084C-CSV-02 A2

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

CONTRACTOR

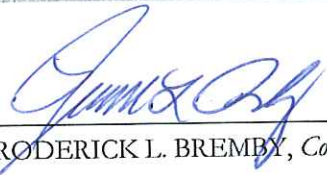
TEAM, Inc.



David Morgan, President/CEO

6/16/17
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

6/20/17
Date

OFFICE OF THE ATTORNEY GENERAL



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

Joseph Rubin

6/30/17
Date



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION — Affidavit
By Entity
For Contracts Valued at \$50,000 or More

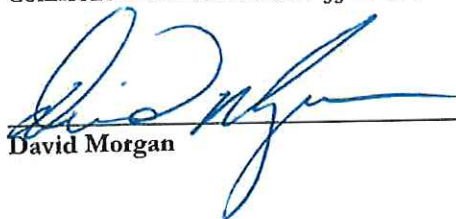
Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60 and 4a-60a, 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.

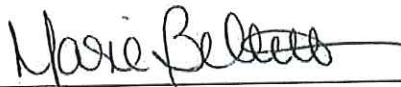
AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath. I am **CEO/President of TEAM, Inc.**, 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 TEAM, Inc. and that TEAM, Inc. has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60 and 4a-60a, as amended.



David Morgan

Sworn and subscribed to before me on this 21 day of December, 2016.



Commissioner of the Superior Court/
Notary Public

Aug 31, 2017

Commission Expiration Date

MARIE BELLETTI
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2017



**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, David Morgan, President/ CEO, of TEAM, Inc.,
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the laws of CT,
Name of State or Commonwealth

certify that the following is a true and correct copy of a resolution adopted on the 27th day of
December, 2016 by the governing body of TEAM Inc.,
Name of Entity

in accordance with all of its documents of governance and management and the laws of
CT, 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 TEAM 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 27th day of December, 2016.

Authorized Signatory

12/27/16
Date

David Morgan
Printed Name



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.

TEAM, Inc
 Printed Contractor Name

 Signature of Authorized Official

David Morgan
 Printed Name of Authorized Official

Subscribed and acknowledged before me this 28th day of Dec, 2016

(Signature)
 Commissioner of the Superior Court (or Notary Public)

My Commission Expires
 PATRICIA M. WIGGASWORTH
 Notary Public, State of CT
 My Commission Expires October 31, 2018



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: _____]

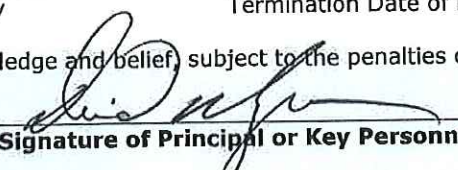
I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have 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: <u>N/A</u>		

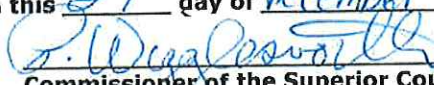
Is the consultant a former State employee or former public official? YES NO

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.

TEAM, Inc.
 Printed Name of Bidder or Contractor  12/27/16
 Signature of Principal or Key Personnel Date
David Morgan _____
 Printed Name (of above) Awarding State Agency

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


Commissioner of the Superior Court
or Notary Public

My Commission Expires _____



STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
 REQUEST FOR PAYMENT
DSS ACCOUNTS PAYABLE

W-1270

Voucher #: _____ VR Processed by: _____

VR Date: _____

Voucher Approved by: _____

Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____ Purchase/Contract Type: PO POS MOA/TI BOND

Vendor/Contractor Name: TEAM, Inc.

Check One: Competitive

Business Address: 30 Elizabeth Street, Derby, CT .06418

Spending Plan Code: CSV

CORE-CT Contract #: 15DSS6101ZG A2

Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)

DSS Contract #: 084C-CSV-02

PO #: _____ Receipt # _____

FEIN #: 060835182 Vendor # 0000010272

Contract Period: From: 7/1/2015 To: 9/30/2017

TEAM, Inc.
 30 Elizabeth Street, Derby, CT .06418

Payment Period: From: _____ To: _____

Total Contract: \$297,270.00

Previous Payments: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: David Morgan

Contractor Name (print) _____ Contractor Signature _____ Date _____

DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	
\$	20		DSS					168	

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: Gretchen Yelmini
 DSS PROGRAM STAFF REP Signature

Date: _____ (860) 424-4874
 Phone # _____

Co-sign (if required) Signature _____ Phone # _____

*Financial Report Required Yes No
 *Financial Report within last 3 mos. Yes No
 *Attach Explanation If Report Is More Than 3 Months Old

DSS FISCAL STAFF APPROVAL - Name (sign & date)