

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: 14DSS4301ZL / 163C-ECH-31
Amendment Number: A2
Amount as Amended: \$18,980,475.00
Contract Term as Amended: 10/1/2014 - 9/30/2017

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 Commissioner on 12/22/15, is hereby further amended as follows:

1. Through this amendment, the FFY2017 allocation of \$5,977,874 is hereby incorporated into this contract. This funding will allow for the continuation of services during FFY2017, which is the third year of this three year contract. This funding will enable the Contractor to issue vendor payments on behalf of eligible households.
2. The respective Composite Administrative, Program Services and Assurance 16 budgets on pages 2 through 5 of Amendment #1 are hereby deleted and replaced by the respective budgets on page 2 through 5 of this amendment. The budgets for Administrative and Assurance are subject to percentage limitations pursuant to the Low Income Home Energy Assistance Act, and as such may be adjusted during the program year should actual funding differ from the amount anticipated.

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

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
163C-ECH-31 Composite / 14DSS4301ZL Composite A2 2016/2017

Contract Amount	Requested	Adjustments	Approved
	\$ 5,977,874		\$ 5,977,874
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

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	-			
	2b. Legal	-			
	2c. Independent Audit	4,000			
	2d. Other Contractual Services	9,000			
	TOTAL CONTRACTUAL SERVICES		13,000		
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	54,165			
	TOTAL ADMINISTRATION		54,165		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	335,437			
	4b. Program Fringe Benefits	106,108			
	TOTAL DIRECT PROGRAM		441,545		
5	OTHER COSTS				
	5a. Program Rent	21,666			
	5b. Consumable Supplies	17,239			
	5c. Travel & Transportation	540			
	5d. Utilities	-			
	5e. Repairs & Maintenance	30,000			
	5f. Insurance	-			
	5g. Food & Related Costs	750			
	5h. Other Project Expenses	5,398,969			
	TOTAL OTHER COSTS		5,469,164		
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$5,977,874		
	(Sum of 1 through 6, minus Line 7)				

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
163C-ECH-31 (A) / 14DSS4301ZL (A) A2 2016/2017

	Requested	Adjustments	Approved
Contract Amount	\$ 541,653	\$ -	\$ 541,653
For Amendments Only			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXX		

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	-			
	2b. Legal	-			
	2c. Independent Audit	4,000			
	2d. Other Contractual Services	9,000			
	TOTAL CONTRACTUAL SERVICES		13,000		
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	54,165			
	TOTAL ADMINISTRATION		54,165		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	283,637			
	4b. Program Fringe Benefits	88,656			
	TOTAL DIRECT PROGRAM		372,293		
5	OTHER COSTS				
	5a. Program Rent	21,666			
	5b. Consumable Supplies	17,239			
	5c. Travel & Transportation	540			
	5d. Utilities	-			
	5e. Repairs & Maintenance	30,000			
	5f. Insurance	-			
	5g. Food & Related Costs	750			
	5h. Other Project Expenses	32,000			
	TOTAL OTHER COSTS		102,195		
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 541,653		

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
163C-ECH-31 (B) / 14DSS4301ZL (B) A2 2016/2017

	Requested	Adjustments	Approved
Contract Amount	\$ 5,366,969	\$ -	\$ 5,366,969
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

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				
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual Services				
	TOTAL CONTRACTUAL SERVICES				
3	ADMINISTRATION				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM STAFF				
5	OTHER COSTS				
	5a. Program Rent				
	5b. Consumable Supplies				
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	5,366,969			
	TOTAL OTHER COSTS		5,366,969		
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 5,366,969		

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
163C-ECH-31 (C) / 14DSS4301ZL (C) A2 2016/2017

	Requested	Adjustments	Approved
Contract Amount	\$ 69,252	\$ -	\$ 69,252
<i>For Amendments Only</i>			
Previously Approved Contract Amount		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Adjustments & New Contract Amount	XXXXXXXXXXXXXXXXXXXX		

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	-			
	2b. Legal	-			
	2c. Independent Audit	-			
	2d. Other Contractual Services	-			
	TOTAL CONTRACTUAL SERVICES		-		
3	ADMINISTRATION				
	3a. Admin. Salaries	-			
	3b. Admin. Fringe Benefits	-			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION		-		
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	51,800			
	4b. Program Fringe Benefits	17,452			
	TOTAL DIRECT PROGRAM		69,252		
5	OTHER COSTS				
	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	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM COST		\$ 69,252		
	(Sum of 1 through 6, minus Line 7)				

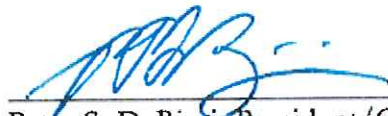
SIGNATURES AND APPROVALS

14DSS4301ZL/163C-ECH-31 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.

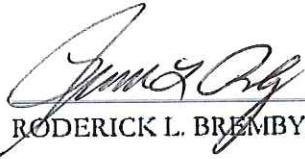


Peter S. DeBiase, President/CEO

10/25/16

Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, Commissioner

10/27/16

Date

This contract does not require the approval of the Attorney General pursuant to an agreement between the Department and the Office of the Attorney General, dated 12/29/2015.



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 26th day of October, 2016.

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

3-31-19
Commission Expiration Date

[Faint circular notary seal]
3-31-19



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. DeBlasi, 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 25th day of October, 2016.

[Signature]
Authorized Signatory

10/25/16
Date

Peter S. DeBlasi, President/CEO
Printed Name

Claire L. Labelle
CLAIRE L. LABELLE

Notary Public
Connecticut

[Faint circular stamp]

3-31-19



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, President/CEO
Printed Name of Authorized Official

Subscribed and acknowledged before me this 26th day of Oct., 20 16
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

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: The ACCESS Agency, Inc.

INSTRUCTIONS:

CHECK ONE: Initial Certification.
 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:

- 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.

The ACCESS Agency, Inc.
Printed Respondent Name

Peter S. DeBiasi, President/CEO
Printed Name of Authorized Official

[Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 26th day of October, 2016.

Claire L. Labelle
Commissioner of the Superior Court (or Notary Public)

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

3-31-19
My Commission Expire

3-31-19
[Faint stamp]



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

Sworn and subscribed before me on this 14th day of June, 2016.

Clair 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

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 checked="" type="checkbox"/>	Employment Records <input checked="" 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
TOTALS	89	17	51	5	5	5	6	0	0	0	0	0	3
Totals One Year Ago	95	20	54	1	4	3	14	0	0	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: _____

10/26/16