

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

Community Health Center Association of Connecticut, Inc.

Contractor Address:

1484 Highland Avenue, Suite 2 & 3, Cheshire, CT .06410

Contract Number:

13DSS3101GB / 159CHC-FAM-01

Amendment Number:

A5

Amount as Amended:

\$2,281,560.00

Contract Term as Amended: 7/1/2013 to 6/30/2018

The contract between Community Health Center Association of Connecticut, 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 11/12/2013, and previously amended on 7/7/14, 7/2/15, 4/25/16, and 7/8/16 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 6/30/17 to 6/30/18.
- 2. Part I, Section I. labeled BUDGET AND PAYMENT PROVISIONS, of the contract is amended because the total maximum amount payable under the contract has increased by \$372,758 from \$1,908,802 to \$2,281,560. The additional funding is to continue services for one year.
- 3. Part I, Section I. labeled BUDGET AND PAYMENT PROVISIONS, subsection 2. of this contract as amended is hereby further amended to add the following:

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.

Effective Date: 6/5/2017

CONTRACT NUMBER: 13DSS3101GB

CONTRACT PERIOD: 07/01/2013 through 06/30/2018

ST FISCAL YR (SFY): 2018
PROVIDER: Community Health Center Association of Co

Approved by: LoCurtoD

Approved by. Locuitob								
4000 INCOME Program Funding Period:			FAM	744				
		07/01/2017 through June 30 2018		Contract Total		Other Funding	<u>Total Income</u>	
4100 CONTRACT FUNDING	SID	\$	372,758	\$	372,758	\$ -	Ś	372,758
4101 State Funds	10020	\$	372,758	\$	372,758	\$ -	\$	372,758
TOTAL INCOME		<u>\$</u>	372,758	\$	372,758	<u>\$</u>	\$	372,758
5000 DIRECT EXPENSES			FAM	Cor	ntract Total		To	otal Expenses
5100 SALARIES					28,967	\$ -	\$	28,967
5101 Staff Salaries & Wage	5	\$	28,967	\$	28,967	\$ -	\$	28, <mark>967</mark>
5200 FRINGE BENEFITS		\$	8,400	\$	8,400	<u>\$</u> -	\$	8,400
5300 CONTRACTUAL SERVICES			320,000	\$	320,000	\$ -	\$	320,000
5304 Other Contractual (specify in narrative)			320,000	\$	320,000	\$ -	\$	320,000
5400 TRANSPORTATION		\$	<u>50</u>	\$	50	\$ -	\$	<u>50</u>
5401 Staff Travel Reimbursement		\$	50	\$	50	\$ -	\$	50
5600 FACILITIES			4,388	\$	4,388	\$ -	\$	4,388
5605 Other Facilities (specify in narrative)		\$	4,388	\$	4,388	\$ -	\$	4,388
TOTAL DIRECT EXPENSES		\$	361,805	\$	361,805	\$	\$	361,805
7000 INDIRECT EXPENSES			FAM	Cor	ntract Total		Total Expenses	
7100 ADMINISTRATIVE & GENERAL		\$	10,953	\$	10,953	\$ -	\$	10,953
All Other A&G		\$	10,953	\$	10,953	\$ -	\$	10,953
TOTAL INDIRECT EXPENSES		\$	10,953	\$	10,953	<u>\$</u> -	\$	10,953
TOTAL EXPENSES		<u>\$</u>	372,758	<u>\$</u>	372,758	<u>\$</u> -	\$	372,758
INCOME/EXPENSE SUMMARY			FAM	Cor	ntract Total			Total
TOTAL INCOME		\$	372,758	\$	372,758	\$ -	\$	372,758
TOTAL EXPENSES		\$	372,758	\$	372,758	\$ -	\$	372,758
EXCESS/(SHORTAGE)		\$		\$		<u>\$</u>	\$	

SIGNATURES AND APPROVALS

13DSS3101GB/159CHC-FAM-01 A5

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

CONTRACTOR	
Community Health Center Association of Connecticut, Inc.	
Evelyn Barnum Chief Executive Officer	6,54,17 Date
DEPARTMENT OF SOCIAL SERVICES	
ROBERICK L. BREMBY, Commissioner	6,14,17 Date
OFFICE OF THE ATTORNEY GENERAL	612117
ASST. / ASSOC. ATTORNEY GENERAL (Approved as to form) Joseph Rubin	Date



STATE OF CONNECTICUT

NONDISCRIMINATION CERTIFICATION — New Resolution By Entity

For Contracts Valued at \$50,000 or More

Documentation in the form of a <u>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 and 4a-60a, as amended.</u>

INSTRUCTIONS:

For use by an <u>entity</u> (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at <u>\$50,000 or more</u> 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, Evelyn Barnum	, Chief E	xecutive Officer	, of	Community Health Center Association of , Connecticut, Inc.
Authorized Signatory	Title	*	=-	Name of Entity
an entity duly formed and	l existina und	er the laws of C	onnect	icut
an ender adir remied and	choding and			State or Commonwealth
	C - 1			
certify that the following i	s a true and	correct copy or a r	esoluti	on adopted on the <u>1st</u> day of
June , 20 2	2016 , by	the governing boo		Community Health Center Association of Connecticut, Inc.
				Name of Entity
in accordance with all of i	ts documents	of governance an	nd mana	agement and the laws of
Connecticut		, and furthe	r certif	y that such resolution has not been modified
Name of State or Commo	nwealth		(8	
or revoked, and is in full f	force and effe	ct.		
RESOLVED: That the po	Cor	nmunity Health Co nnecticut, Inc. ne of Entity	enter A	ssociation of comply with
nondiscrimination agreem amended.	ents and war	ranties of Connec	ticut Ge	eneral Statutes §§ 4a-60 and 4a-60a, as
The undersigned has exec	1	***************************************		day of <u>June</u> ,20 <u>2017</u> .
Crew D	arnu	un	6/1/1	.7
Authorized Signatory			Date	
Evelyn Barnum				
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	1	12 Month Anniversary Update (Multi-year contracts only.)
		cause of change of information contained in the most nor twelve-month anniversary update.		

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- "Contract" means that contract between the State of Connecticut (and/or one or more of it 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 <u>statewide public office</u>, 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 <u>statewide public office</u> or the <u>General Assembly</u>, are listed below:

Lawful Campaign	Contributions to Candi	dates for Statewic	le Public Offic	e:
Contribution Date	Name of Contributor	Recipient	<u>Value</u>	Description
× 20 20 20		0		
	Contributions to Candi		Visit and the second se	
Contribution Date 1/19/17	Name of Contributor Evelyn Barnum	Recipient DEMPAC	<u>Value</u> \$100	<u>Description</u> Cash
<u> </u>				

	9			
Sworn as true to th	ne best of my knowledge a	nd belief, subject to	the penalties of	of false statement.
Community Health Center	Association of Connecticut, Inc.	Evelyn Ba	arnum	
Printed Contractor	Name	Printed N	ame of Autho	rized Official
EVelon Signature of Auth	Marie III			
	cknowledged before me	e this(day	of Jun	e, 20 <u>□</u> .
			- 1	4
DOI DOI		mmissioner of the	Superior Cou	rt (or Notary Public)
MV Co	mmission Expires nuary 31, 2021	1/31/2	021	-
"office"	MA	Commission Expi	res	



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 hid or proposal, whichever is earlier

dily fiew bid of	proposar, willenever is carner.	
AFFIDAVIT:	[Number of Affidavits Sworn an	d Subscribed On This Day:]
a contract, as such a contract	described in Connecticut Genera who is authorized to execute suc	rincipal or key personnel of the bidder or contractor awarded I Statutes § 4a-81(b), or that I am the individual awarded ch contract. I further swear that I have not entered into any ontract, except for the agreement listed below:
Consultant's Name and Title		Name of Firm (if applicable)
Start Date	End Date	Cost
Description of S	Services Provided:	
Is the consulta	at a former State employee or for	emor public official?
	nt a former State employee or for	mer public official? YES NO
If YES: Name	of Former State Agency	Termination Date of Employment
Sworn as true I Commun SS OCI A+ Printed Name o	isty Health Che and of CT tuc-EVEL of Bidder or Contractor Signature	belief, subject to the penalties of false statement. G. Baknum 6/1/17 of Principal or Key Personnel Date m. Baknum Awarding State Agency
	Printed Na	me (of above) Awarding State Agency
D. D.		day of TWP, 2017. nissioner of the Superior Court tary Public 31 2021

My Commission Expires

OPM Iran Certification Form 7 (Rev. 3-28-14)



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 Entitles Making Certain Investments In Iran)

Respondent Name: Community Health Center Association of Connecticut, LLC **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: X 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. "Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes; "Respondent" means the person whose name is set forth at the beginning of this form; and "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. Community Health Center Association of Connecticut, LLC Evelyn Barnum **Printed Name of Authorized Official Printed Respondent Name** akulu Signature of Authorized Official Subscribed and acknowledged before methis Commissioner of the Superior Court (or Notary Public)

My Commission Expires

DOMNA DI BIASE My Commission Expires January 31, 2021

WORKFORCE ANALYSIS

Authorized Signature:

Contractor Community Health Center Association Number of Connecticut Employees of Connecticut, Inc. 23 Part-time: Full-time: Address 1484 Highland Employment figures obtained from Avenue, Suite 2 & 3, Cheshire, CT 06410 Employment Records Visual Check Contractor «ContractorOrg»¶ Number Other AMER, INDIAN PERSON WITH ASIAN OR BLACK WHITE JOB OR ALASKAN DISABILITIES PACIFIC (Not of Hispanic (Not of Hispanic HISPANIC TOTALS **CATEGORIES ISLANDER** NATIVE Origin) Origin) Male | Female | Male | Female Female Male | Female | Male Male | Female Male | Female | Officials & 3 1 4 Managers 1 9 3 **Professionals** 13 Technicians 2 1 Service Workers 2 ı Office & Clerical Craft Workers (Skilled) Operators (Semi-Skilled) Laborers (Unskilled) l 14 4 TOTALS 23 Totals 12 7 2 45 5 17 One Year Ago FORMAL ON-THE-JOB-TRAINEES Apprentices Trainees 1. Have you successfully implemented an Affirmative Action Plan? N/A If yes, date of implementation ; If no, explain Do you promise to develop and implement a successful Affirmative Action Plan? N/A Explain: N/A No 🛛 Yes 🗌 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: No⊠ N/A Explain: Yes 🗌 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? No 🛛 Explain: 4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises? Explain: No 🛛

Velge Barnuw Date: