

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor: New Financial Life, Inc.
Contractor Address: 900 Chapel Street, 10th Floor, New Haven, CT 06510
Contract Number: 15DSS1302XX / 093-2XX-HHD-1
Amendment Number: **Amendment 2**
Amount as Amended: \$260,705.00
Contract Term as Amended: 10/1/2015 to 6/30/2018

The contract between New Financial Life, 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 12/9/2015, 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 year (1)** and the end date of the contract is changed from 6/30/2017 to 6/30/2018.
2. The total maximum amount payable under this contract is increased by \$86,954 from \$173,751 to \$260,705 to provide funding for the extended term of the contract.
3. DSS Contract/Contact person on page 1 or the original contract shall be deleted and replaced as follows:
Donna LoCurto (860) 424-5323.
4. For the period, 7/1/2017 through 6/30/2018, Part I. Section J. Labeled BUDGET AND PAYMENT PROVISIONS, subsection 1 of this contract and Amendment thereof, shall be deleted and replaced with the following:

PART I		FINANCIAL SUMMARY			
PROGRAM NAME:		NEW FINANCIAL LIFE			
PROGRAM NUMBER:		15DSS1302XX/093-2XX-HHD-1 A2			
		Requested	Adjustments	Approved	
Contract Amount					
<i>For Amendments Only</i>					
Previously Approved Contract Amount		\$ 173,751	\$ 86,954		
Amount of Amendment				\$260,705.00	
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	5,000		4,000	9,000
	2b. Legal				
	2c. Independent Audit				
	2d. Other Contractual	82,000		39,000	121,000
	TOTAL CONTRACTUAL SERVICES	87,000		43,000	130,000
3	ADMINISTRATION				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION				
4	DIRECT PROGRAM STAFF				
	4a. Program Salaries	63,440		32,000	95,440
	4b. Program Fringe Benefits	6,093		2,954	9,047
	TOTAL DIRECT PROGRAM	69,533		34,954	104,487
5	OTHER COSTS				
	5a. Program Rent	11,000		9,000	20,000
	5b. Consumable Supplies	3,218			
	5c. Travel & Transportation				
	5d. Utilities				
	5e. Repairs & Maintenance				
	5f. Insurance				
	5g. Food & Related Costs				
	5h. Other Project Expenses	3,000			
	TOTAL OTHER COSTS	17,218		9,000	26,218
6	EQUIPMENT				
7	PROGRAM INCOME				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	TOTAL NET PROGRAM	173,571		86,954	260,705
	(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.

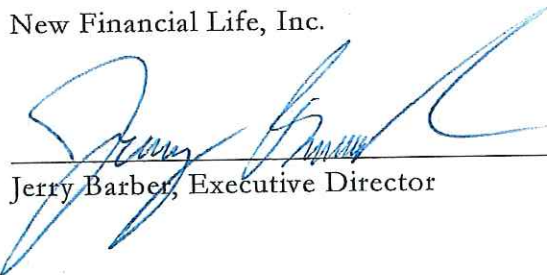
SIGNATURES AND APPROVAL

15DSS1302XX/093-2XX-HHD-1 A2

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

CONTRACTOR

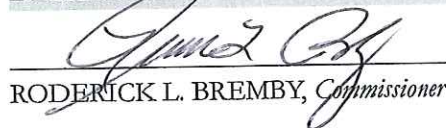
New Financial Life, Inc.



Jerry Barber, Executive Director

6/22/17
Date

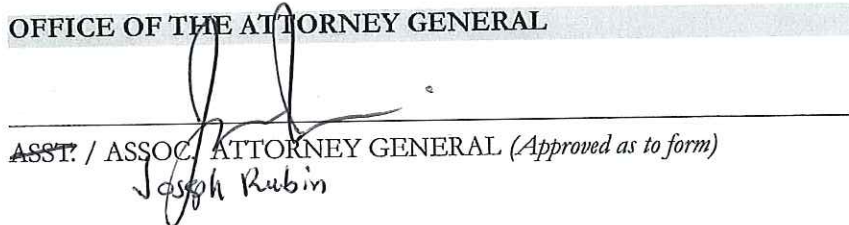
DEPARTMENT OF SOCIAL SERVICES



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



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 New Financial Life, 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
New Financial Life and that New Financial Life
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.

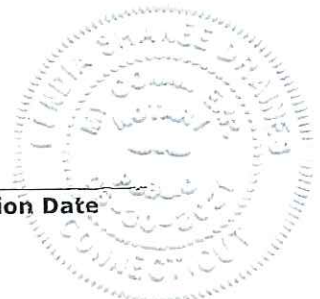
[Signature]
Authorized Signatory

JERARD S. BARBER
Printed Name

Sworn and subscribed to before me on this 26 day of September, 2016.

[Signature]
Commissioner of the Superior Court/
Notary Public

06/30/2021
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(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>
	N/A			

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>
	N/A			

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

New Financial Life
Printed Contractor Name

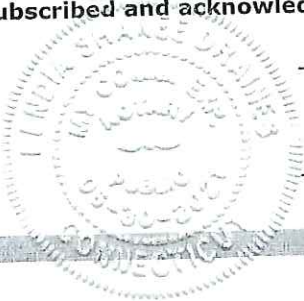
Signature of Authorized Official

JEROME BARBAR
Printed Name of Authorized Official

Subscribed and acknowledged before me this 26 day of Sept, 2016

Commissioner of the Superior Court (or Notary Public)

06/30/2021
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 with 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 [X] 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. Includes fields for Bidder/Contractor name, Signature of Principal or Key Personnel, Date, and Awarding State Agency.

Sworn and subscribed before me on this 26 day of September, 2016.



Commissioner of the Superior Court or Notary Public, My Commission Expires 06/30/2021



STATE OF CONNECTICUT

Current User: donna.locurto@ct.gov
Biznet Menu
Log In/Out

CHRO Form

State of Connecticut

Commission On Human Rights and Opportunities (CHRO)
Workplace Analysis Affirmative Action Report
Employee Information Form

White - Not of Hispanic Origin
 Black - Not of Hispanic Origin
 Asian - Asian/Pacific Islander
 Native - American Indian or Alaskan Native

New Financial Life

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
30745	Officials/Managers	0	0	0	0	0	0	0	0	0	0	0
30746	Professionals	0	0	0	0	0	0	0	0	0	0	0
30747	Technicians	0	0	0	0	0	0	0	0	0	0	0
30748	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
30749	Office/Clerical	0	0	0	0	0	0	0	0	0	0	0
30750	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
30751	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
30752	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
30753	Service Workers	0	0	0	0	0	0	0	0	0	0	0
	Totals	0	0	0	0	0	0	0	0	0	0	0

Do you use minority business as subcontractors or suppliers? Yes No Explain:

If CT based, do you post all employment openings with the State of Connecticut Employment Service? Yes No Explain:

Do you use an Affirmative Action Plan? Yes No Explain:

Describe your recruitment, hiring, training and promotion anti-discrimination practices.

The Department of Administrative Services - Business Network. [Review our Privacy Policy](#)
 Need to contact us? Send e-mail to [DAS Web Design](#)
 All State [disclaimers and permissions](#) apply.
 Hit Counter 1,847

WORKFORCE ANALYSIS

Contractor **New Financial Life, Inc.**

Address **900 Chapel Street, 10th Floor, New Haven, CT .06510**

Number of Connecticut Employees	
Full-time: <u>1</u>	Part-time: <u> </u>
Employment figures obtained from	
Visual Check	Employment Records
Other	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							
Professionals													
Technicians													
Service Workers													
Office & Clerical													
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS													
Totals One Year Ago													

FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

1. Have you successfully implemented an Affirmative Action Plan?


No If yes, date of implementation 1/1/2010 ; 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:

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?

No Explain:
4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?

No Explain:

Authorized Signature:  Date: 6/22/17