



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE – HARTFORD, CONNECTICUT 06105-5033

12/8/15

Mr. David Morgan
Team, Inc.
30 Elizabeth Street
Derby, CT 06418

Contract #: 14DSS4301ZG/084C-ECH-31
Period: 10/1/4 – 09/30/17

Amount as Amended: \$9,221,459.00
A1

Dear Mr. Morgan:

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

Josephine Caruso
860-424-5885
Josephine.caruso@ct.gov

CONTRACT

Tina McGill
860-424-5082
Tina.mcgill@ct.gov

Sincerely,


Roderick L. Bretnby
Commissioner

C: J. Caruso
Contract file



STATE OF CONNECTICUT
CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE
AUTHORIZED TO EXECUTE CONTRACT

Certification to accompany a State contract, having a value of \$50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

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

Team, Inc.
Contractor Name

Department of Social Services
Awarding State Agency

[Signature]
State Agency Official or Employee Signature

12/8/2015
Date

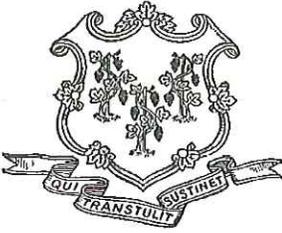
Roderick L. Bremby
Printed Name

Commissioner
Title

Sworn and subscribed before me on this 8 day of December, 2015
Kathleen M. Brennan
Commissioner of the Superior Court
or Notary Public.
Juris No 307252
My Commission Expires

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT



Contractor: TEAM, Inc.
Contractor Address: 30 Elizabeth Street, Derby, CT .06418
Contract Number: 14DSS4301ZG / 084C-ECH-31
Amendment Number: A1
Amount as Amended: \$9,221,459.00
Contract Term as Amended: 10/1/2014 / 9/30/2017

The contract between TEAM, Inc. (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Commissioner on 09/29/14, is hereby further amended as follows:

1. Through this amendment the FFY2016 allocation of \$3,073,176 is hereby incorporated into this contract. This funding will allow for the continuation of services during FFY2016, which is the second 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 13 through 16 of the original contract 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: Connecticut Energy Assistance Program
PROGRAM NUMBER: 084C-ECH-31 Composite A1 / 14DSS4301ZG Composite 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 3,073,176		\$ 3,073,176
For Amendments Only			
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	<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	275			
	2b. Legal	50			
	2c. Independent Audit	875			
	2d. Other Contractual Services	113,026			
	TOTAL CONTRACTUAL SERVICES		114,226		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	8,551			
	3b. Admin. Fringe Benefits	3,768			
	3c. Admin. Overhead	-			
	TOTAL ADMINISTRATION		12,319		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	98,622			
	4b. Program Fringe Benefits	41,779			
	TOTAL DIRECT PROGRAM		140,401		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	6,200			
	5b. Consumable Supplies	7,700			
	5c. Travel & Transportation	352			
	5d. Utilities	7,830			
	5e. Repairs & Maintenance	8,705			
	5f. Insurance	1,225			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	2,774,218			
	TOTAL OTHER COSTS		2,806,230		
6	<u>EQUIPMENT</u>				
			-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>				
	(Sum of 1 through 6, minus Line 7)		\$ 3,073,176		

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
084C-ECH-31 A1 (A) / 14DSS4301ZG(A) 2015/2016

	Requested	Adjustments	Approved
Contract Amount	\$ 270,312	\$ -	\$ 270,312
<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	<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	275			
	2b. Legal	50			
	2c. Independent Audit	875			
	2d. Other Contractual Services	97,665			
	TOTAL CONTRACTUAL SERVICES		98,865		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries	8,551			
	3b. Admin. Fringe Benefits	3,768			
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		12,319		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	80,197			
	4b. Program Fringe Benefits	37,974			
	TOTAL DIRECT PROGRAM		118,171		
5	<u>OTHER COSTS</u>				
	5a. Program Rent	6,200			
	5b. Consumable Supplies	7,700			
	5c. Travel & Transportation	352			
	5d. Utilities	7,830			
	5e. Repairs & Maintenance	8,705			
	5f. Insurance	1,225			
	5g. Food & Related Costs	-			
	5h. Other Project Expenses	8,945			
	TOTAL OTHER COSTS		40,957		
6	<u>EQUIPMENT</u>		-		
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 270,312		

(Sum of 1 through 6, minus Line 7)

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
084C-ECH-31 A1 (B) / 14DSS4301ZG (B) 2015/2016

	Requested	Adjustments	Approved
Contract Amount	\$ 2,765,273	\$ -	\$ 2,765,273
<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	<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				
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries				
	4b. Program Fringe Benefits				
	TOTAL DIRECT PROGRAM				
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	2,765,273			
	TOTAL OTHER COSTS		2,765,273		
6	<u>EQUIPMENT</u>				
7	<u>PROGRAM INCOME</u>				
	7a. Fees				
	7b. Other Income				
	TOTAL PROGRAM INCOME				
8	<u>TOTAL NET PROGRAM COST</u>		\$ 2,765,273		

PART I

PROGRAM NAME:
PROGRAM NUMBER:

Connecticut Energy Assistance Program
084C-ECH-31 A1 (C) / 14DSS4301ZG (C) 2015/2016

Contract Amount	Requested	Adjustments	Approved
	\$ 37,591	\$ -	\$ 37,591
<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	<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	15,361			
	TOTAL CONTRACTUAL SERVICES		15,361		
3	<u>ADMINISTRATION</u>				
	3a. Admin. Salaries				
	3b. Admin. Fringe Benefits				
	3c. Admin. Overhead				
	TOTAL ADMINISTRATION		-		
4	<u>DIRECT PROGRAM STAFF</u>				
	4a. Program Salaries	18,425			
	4b. Program Fringe Benefits	3,805			
	TOTAL DIRECT PROGRAM		22,230		
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 COST</u>				
			\$ 37,591		

(Sum of 1 through 6, minus Line 7)

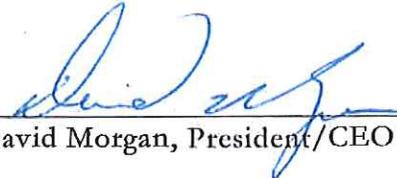
SIGNATURES AND APPROVALS

14DSS4301ZG/084C-ECH-31 A1

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

Documentation necessary to demonstrate the authorization to sign must be attached.

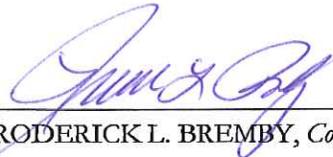
CONTRACTOR - TEAM, Inc.



David Morgan, President/CEO

12 / 2 / 2015
Date

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

12 / 8 / 2015
Date

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009, as amended October 10, 2013



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>

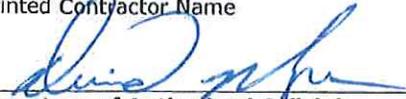
Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

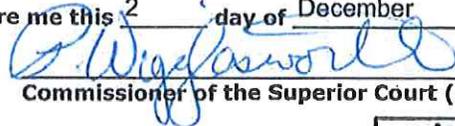
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

TEAM, Inc.
Printed Contractor Name

David Morgan
Printed Name of Authorized Official


Signature of Authorized Official

Subscribed and acknowledged before me this 2 day of December, 2015.


Commissioner of the Superior Court (or Notary Public)

My Commission Expires





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.



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.

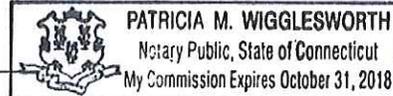
TEAM, Inc. _____ 12/2/15
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date

David Morgan _____
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this 2 day of December, 2015.

Commissioner of the Superior Court
or Notary Public

My Commission Expires _____





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 TEAM, Inc., an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of CT.
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

TEAM, Inc. and that TEAM, 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

David Morgan
Printed Name

Sworn and subscribed to before me on this 2 day of December, 2015.

[Signature]
Commissioner of the Superior Court/
Notary Public

PATRICIA M. WIGGLESWORTH
Notary Public, State of Connecticut
My Commission Expires October 31, 2018

Commission Expiration Date



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: _____

INSTRUCTIONS:

CHECK ONE: [X] 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.

- 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.

David Morgan/TEAM Inc.
Printed Respondent Name

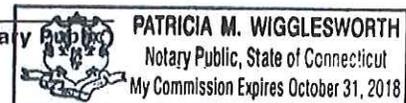
David Morgan
Printed Name of Authorized Official

[Signature]
Signature of Authorized Official

Subscribed and acknowledged before me this 2 day of December, 2015

[Signature]
Commissioner of the Superior Court (or Notary)

My Commission Expires





STATE OF CONNECTICUT



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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

TEAM, Inc.

ID	Job Category	Totals	White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female	Asian Male	Asian Female	Native Male	Native Female
10504	Officials/Managers	28	3	15	0	5	0	4	0	1	0	0
10505	Professionals	71	1	39	0	14	1	12	0	2	0	2
10506	Technicians	0	0	0	0	0	0	0	0	0	0	0
10507	Sales Workers	0	0	0	0	0	0	0	0	0	0	0
10508	Office/Clerical	10	0	4	1	2	0	3	0	0	0	0
10509	Craft Workers (Skilled)	0	0	0	0	0	0	0	0	0	0	0
10510	Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0
10511	Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0
10512	Service Workers	22	3	11	0	4	0	3	0	0	0	1
	Totals	131	7	69	1	25	1	22	0	3	0	3

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.

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