

Part I. Connecticut Department of Labor (CTDOL) Contract

Parties To Contract:	Connecticut Department of Labor 38 Wolcott Hill Road Wethersfield, CT 06109 Telephone: (860) 263-6914 Fax: (860) 263-6940	CONTRACT NUMBER	
		State IRS ID No. 06 - 6000798	
Contractor's Name and Address		Contractor IRS ID No.	
Payment Address (complete if different)		Contractor Representative	
		Telephone Number	
Type of Ownership (check applicable classification)		(Check each item)	
<input type="checkbox"/> Corporation Incorporated Under the Laws of the State of Connecticut <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trusteeship		Yes No <input type="checkbox"/> <input type="checkbox"/> Minority Business <input type="checkbox"/> <input type="checkbox"/> Women Business <input type="checkbox"/> <input type="checkbox"/> Non-Profit	
Contract Start Date 07-01-2021	Contract End Date 06-30-2022	Total Contract Amount \$	
PURPOSE: To compensate the Contractor, for the reporting of data associated with the operation of Contractor's auxiliary occupational health clinic pursuant to Sections 31-398 and 31-399 of the Connecticut General Statutes.			
TERMS AND CONDITIONS OF CONTRACT: In consideration for the services to be provided by the contractor, as outlined in the Specific Terms (Part II) for the period shown above, the contractor will receive reimbursement not to exceed the total amount shown above; such amount to be paid pursuant to this Contract Face Sheet (Part I), Specific Terms (Part II), Budget Summary (Part III), and General Conditions including the State of Connecticut Assurances (Part IV), which are a part of this contract. This is a performance-based contract and reimbursement is based on successful performance and actual costs incurred. The State of Connecticut assumes no liability for payment under the terms of this contract, until said contractor is notified by the Connecticut Department of Labor that said contract has received final approval. This contract is the entire agreement between the parties hereto and may be amended only in writing by the Connecticut Department of Labor.			
STATUTORY AUTHORITY: Connecticut General Statutes (CGS) 4-8 and 31-396 through 31-403.			
ACCEPTANCES: In witness whereof, the parties have affixed their signatures on the day, month and year written below.			
COLLECTIVE BARGAINING CONCURRENCE: <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Yes, (If YES, see attachment)			
CONTRACTOR APPROVAL:		(Affix Corporate Seal Here)	
_____		_____	
Signature of Contractor's Authorized Officer		Date	

Name and Title (please print or type)			
CT DOL APPROVAL:			
_____		_____	
Labor Commissioner		Date	
_____		_____	
AS TO FORM (ATTORNEY) Date		CT DOL BUSINESS MANAGEMENT Date (For Fund Availability)	