(1) **Original Contract**		(2) CT DOL Contract #: **24DOLXXXXYYYY**
Contractor	(3) **Contractor** Name and Address Name Address 1 Address 2	(4) Contractor FEIN / SSN and/or IRS ID # **xx-xx**
	(5) Contractor Representative Name of Person	(6) Contractor Federal Unique Entity ID (UEI)/ SAM N/A
	(7) Telephone Number Area code, number	(8) CORE Short Supplier ID# **Insert**

(9) Type of ownership:

X	Corporation incorporated under the laws of the State of Connecticut		Limited Liability Company
	Sole Proprietorship		Partnership
	Trusteeship		Governmental Entity

(10) Check each item (Yes or No):

Minority Business:	**Yes**		**No**	
Women Business:	**Yes**		**No**	
Non-Profit:	**Yes**	X	**No**	

State Agency	(11) Agency Name and Address **State of Connecticut, Department of Labor (CTDOL)** **200 Folly Brook Boulevard** **Wethersfield, CT 06109**	(12) Agency No. DOL40000 (13) State IRS ID # 06-6000798
Contract Period	(14) START DATE **07-01-2025**	(15) END DATE **06-30-2026**
Amount	(16) The maximum allowable amount paid or reimbursed under this contract shall not exceed:	**$X.00**
Purpose	(17) Purpose of Contract: **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	(18) The parties hereto agree that the contractor shall provide services in accordance with the terms and conditions which are attached and made a part hereof. In consideration for the services to be provided by the contractor 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), Description of Services and Exhibits (Part II), Budget (Part III), General Conditions (Part IV),** and the Cost Standards published by the Office of Policy and Management (i.e., OPM Purchase of Service: Cost Standards, October 21, 2016), are a part of this contract. In addition, all applicable certifications and affidavits are current, stored with CT DOL, and incorporated by reference. Reimbursement is based on actual, allowable 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	(19) CGS Sec. 4-8; Sec. 31-2, as amended by P.A. 24-147; and **program or budget authority**	
Acceptances	*In witness hereof, the parties have affixed their authorized signatures on the day, month and year written below.*	

(20) **Collective Bargaining Concurrence:**	X	Not Applicable		Yes (if Yes, see attachment)

(21) **Contractor Approval:**

_____ _____
Signature of Contractor's Authorized Officer *Date*

Printed Name, Title

(22) **CTDOL Approval**

_____ _____
Commissioner, Connecticut Department of Labor *Date*

(23) **As to Form:**

_____ _____
Attorney *Date*

_____
Printed Name

_____ _____
(24) **DOL Business Management** Date
(for fund availability)

_____
Printed Name, Title