

(1) Original Contract		(2) CT DOL Contract #: 24DOLXXXXYYY																
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:																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 70%;">Corporation incorporated under the laws of the State of Connecticut</td> <td style="width: 5%;"></td> <td style="width: 20%;">Limited Liability Company</td> </tr> <tr> <td></td> <td>Sole Proprietorship</td> <td></td> <td>Partnership</td> </tr> <tr> <td></td> <td>Trusteeship</td> <td></td> <td>Governmental Entity</td> </tr> </table>			X	Corporation incorporated under the laws of the State of Connecticut		Limited Liability Company		Sole Proprietorship		Partnership		Trusteeship		Governmental Entity			
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(10) Check each item (Yes or No):																		
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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: The contractor, through its Occupational Health Clinic services, will provide diagnosis, treatment, and preventative services to individuals with occupational diseases.																	
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	<i>In witness hereof, the parties have affixed their authorized signatures on the day, month and year written below.</i>																	
(20) Collective Bargaining Concurrence:		X	Not Applicable															
(21) Contractor Approval:																		
Signature of Contractor's Authorized Officer Date																		
Printed Name, Title																		
(22) CTDOL Approval																		
Commissioner, Connecticut Department of Labor Date																		
Printed Name, Title																		
(23) As to Form:		(24) DOL Business Management (for fund availability)																
Attorney Date		 Date																
Printed Name		Printed Name, Title																