



MICHAEL P. STARKOWSKI
Commissioner

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

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July 1, 2010

Ms. Catherine Ferry
Executive Director
Disabilities Network of Eastern Connecticut, Inc.
238 West Town Street
Norwich, CT 06360

CONTRACT #: 104DNE-ILP-01/10DSS8601HT
PERIOD: 07/01/10 - 09/30/11

AMOUNT: \$53,171.00

Dear Ms. Ferry:

I am pleased to inform you that the above referenced contract has been fully executed and approved. Enclosed is the original contract 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 please direct your inquiries to:

PROGRAM

Glendine Henry
(860) 424-5543
glendine.henry@ct.gov

CONTRACT

Susan Gordon
(860) 424-4866
susan.gordon@ct.gov

Sincerely,

Michael P. Starkowski
Commissioner

C: Amy Porter, *Bureau Director, Bureau of Rehabilitation Services*
Glendine Henry, *Program Staff*



Original Contract Number:	104DNE-ILP-01 / 10DSS8601HT		
Amendment Number:			
Maximum Contract Value:	\$53,171.00	Contractor Contact Person:	Brynn Hickey
DSS Contact - Contract:	Susan Gordon	Tel:	(860) 823-1898
Program:	Glendine Henry	Tel:	(860) 424-4866
		Tel:	(860) 424-5543

**STATE OF CONNECTICUT
PURCHASE OF SERVICE CONTRACT
("POS", "Contract" and/or "contract")
Revised December 2009**

The State of Connecticut DEPARTMENT OF SOCIAL SERVICES

Street: 25 SIGOURNEY STREET

City: HARTFORD State: CT Zip: 06106

Tel#: (800) 842-1508 ("Agency" and/or "Department"), hereby enters into a Contract with:

Contractor's Name: DISABILITIES NETWORK OF EASTERN CONNECTICUT, INC.

Street: 238 WEST TOWN STREET

City: NORWICH State: CT Zip: 06360

Tel#: (860) 823-1898 FEIN/SS#: 061221439

("Contractor"), for the provision of services outlined in Part I and for the compliance with Part II. The Agency and the Contractor shall collectively be referred to as "Parties". The Contractor shall comply with the terms and conditions set forth in this Contract as follows:

Contract Term	This Contract is in effect from 07/01/10 through 09/30/11.
Statutory Authority	The Agency is authorized to enter into this Contract pursuant to § 4-8 and 17b-3 of the Connecticut General Statutes ("C.G.S.").
Set-Aside Status	Contractor <input type="checkbox"/> IS or <input checked="" type="checkbox"/> IS NOT a set aside Contractor pursuant to C.G.S. § 4a-60g.
Effective Date	This Contract shall become effective only as of the date of signature by the Agency's authorized official(s) and, where applicable, the date of approval by the Office of the Attorney General ("OAG"). Upon such execution, this Contract shall be deemed effective for the entire term specified above.
Contract Amendment	Part I of this Contract may be amended only by means of a written instrument signed by the Agency, the Contractor, and, if required, the OAG. Part II of this Contract may be amended only in consultation with, and with the approval of, the OAG and the State of Connecticut, Office of Policy and Management ("OPM").

All notices, demands, requests, consents, approvals or other communications required or permitted to be given or which are given with respect to this Contract (collectively called "Notices") shall be deemed to have been effected at such time as the Notice is hand-delivered, placed in the U.S. mail, first class and postage prepaid, return receipt requested, or placed with a recognized, overnight express delivery service that provides for a return receipt. All such Notices shall be in writing and shall be addressed as follows:

If to the Agency:	STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 25 SIGOURNEY STREET HARTFORD, CT 06106 Attention: Susan Gordon	If to the Contractor:	DISABILITIES NETWORK OF EASTERN CONNECTICUT, INC. 238 WEST TOWN STREET NORWICH, CT 06360 Attention: Brynn Hickey
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A party may modify the addressee or address for Notices by providing fourteen (14) days' prior written Notice to the other party. No formal amendment is required.

[X] Original Contract
[] Amendment #____
(For Internal Use Only)

SIGNATURES AND APPROVALS

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 - DISABILITIES NETWORK OF EASTERN CONNECTICUT, INC.



CATHERINE FERRY, *Executive Director*

6/18/10
Date

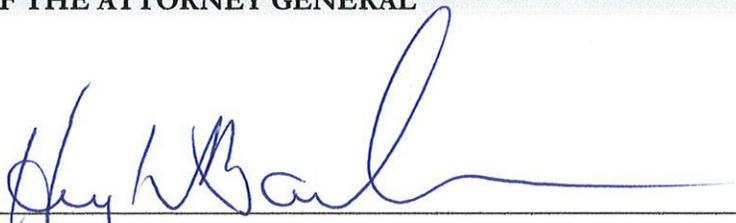
DEPARTMENT OF SOCIAL SERVICES



MICHAEL P. STARKOWSKI, *Commissioner*

6/29/10
Date

OFFICE OF THE ATTORNEY GENERAL



ASST. / ASSEC. ATTORNEY GENERAL (Approved as to form & legal sufficiency)

7/1/10
Date