



Ned Lamont  
*Governor*  
 Susan Bysiewicz  
*Lt. Governor*

# STATE OF CONNECTICUT

## OFFICE OF EARLY CHILDHOOD



Connecticut Office of  
**Early Childhood**

Beth Bye  
*Commissioner*

May 23, 2019

The Honorable Luke Bronin  
 Mayor  
 City of Hartford  
 550 Main Street  
 Hartford, CT 06103

**Contract #:** 18OECDC01HTD  
**Child Day Care Program**  
**Period:** 7/1/2018 – 6/30/2020  
**Amendment #:** A1  
**Amended Amount:** \$3,393,362.70

Dear Mayor Bronin:

I am pleased to inform you that the above referenced contract amendment has been fully executed and approved. Attached is a scanned copy for your files.

Requests for Payment should be completed and directed to the contact identified below. The OEC 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 this contract, please direct your inquiries to:

Program  
 Deb Flis  
 (860) 500-4428  
*deb.flis@ct.gov*

Payments  
 Annette Carbone  
 (860) 500-4423  
*annette.carbone@ct.gov*

Sincerely,

Beth Bye  
 Commissioner

C: 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 more than \$50,000, 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.

**City of Hartford**

***Office of Early Childhood***

Awarding State Agency

*Beth Bye*  
***Beth Bye, Commissioner***

*5/23/19*  
Date

Sworn and subscribed before me on this *23<sup>rd</sup>* day of *May*, 20*19*.

*Andrea C Alexander*  
Notary Public

**ANDREA C. ALEXANDER  
NOTARY PUBLIC OF CONNECTICUT  
My Commission Expires 1/31/2022**

**18OECCDC01HTD A1**

Contract Number

SIGNATURES AND APPROVALS

18OECDC01HTD  
AMENDMENT A1

IN WITNESS WHEREOF, the parties have executed this Contract by their duly authorized representatives with full knowledge of and agreement with its terms and conditions.

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

CONTRACTOR – CITY OF HARTFORD

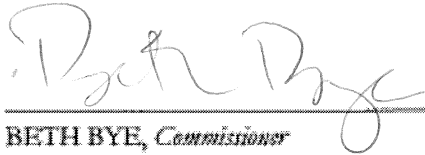


LUKE BRONIN, *Mayor*

5/6/19

Date

OFFICE OF EARLY CHILDHOOD



BETH BYE, *Commissioner*

5/23/19

Date

CONNECTICUT ATTORNEY GENERAL (APPROVED AS TO FORM)

This contract, prepared on a template previously reviewed and approved by the Connecticut Attorney General, is therefore exempt from individual review and approval pursuant to a Memorandum of Agreement between the Connecticut Office of Early Childhood and the Connecticut Attorney General, as amended on August 1, 2018.