



Dannel P. Malloy  
*Governor*  
 Nancy Wyman  
*Lt. Governor*

# STATE OF CONNECTICUT

## OFFICE OF EARLY CHILDHOOD



Connecticut Office of  
 Early Childhood

David Wilkinson  
*Commissioner*

Elaine Balsley  
 Executive Director  
 Reachout, Inc.  
 60 Connolly Parkway, Building 17A  
 Hamden, CT 06514

Contract #: **12DDS0723BT**  
**Birth to Three Program**

Amendment #: **A2**

Amended Period: **7/1/2012 – 6/30/2019**  
 Amended Amount: **\$11,356,000.00**

Dear Ms. Balsley:

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

**Scope of Work:**  
 Aileen McKenna  
 (860) 500-4402  
[aileen.mckenna@ct.gov](mailto:aileen.mckenna@ct.gov)

**Payments:**  
 Mary Coyle  
 (860) 500-4409  
[mary.coyle@ct.gov](mailto:mary.coyle@ct.gov)

Sincerely,

David Wilkinson  
 Commissioner, or Designee

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.

**Reachout, Inc.**

*Office of Early Childhood*

Awarding State Agency

*David Wilkinson, Commissioner, or Designee*

6/12/18

Date

Sworn and subscribed before me on this 12<sup>th</sup> day of June, 2018.

Notary Public

**12DDS0723BT A2**

Contract Number

Anne C. Bonito  
Notary Public  
State of Connecticut  
My Commission Expires: 10/31/22

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

### SIGNATURES AND APPROVALS

12DDS0723BT Amendment 2

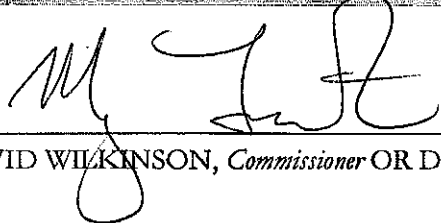
The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

**CONTRACTOR – REACHOUT, INC.**

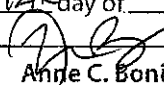
  
\_\_\_\_\_  
ELAINE BALSLEY, *Executive Director*

5/16/18  
Date

**OFFICE OF EARLY CHILDHOOD**

  
\_\_\_\_\_  
DAVID WILKINSON, *Commissioner OR DESIGNEE* State of Connecticut

6/12/18  
Date

County of Hartford  
Subscribed and sworn to before me  
This 12<sup>th</sup> day of June, 2018  
  
\_\_\_\_\_  
Anne C. Bonito, Notary Public  
My Commission Expires 10/31/22

**CONNECTICUT ATTORNEY GENERAL (APPROVED AS TO FORM)**

\_\_\_\_\_  
ASST. / Assoc. Attorney General

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date