



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

# STATE OF CONNECTICUT

## OFFICE OF EARLY CHILDHOOD



Connecticut Office of  
**Early Childhood**

Linda Goodman  
*Acting Commissioner*

April 28, 2017

Ms. Iva Kosutic, Co-Director  
 Partners in Social Research, LLC  
 41 Litchfield Road  
 Unionville, CT 06085

**Contract #:** 15OECMHVP1PSR  
**Maternal, Infant & Early Childhood Home Visiting**  
**Amendment #:** A1  
**Period as Amended:** 10/1/2015 –4/30/2017  
**Amount as Amended:** \$325,000.00

Dear Ms. Kosutic:

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 executed 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:**  
 Catherine Lenihan  
 (860) 713-5333  
[catherine.lenihan@ct.gov](mailto:catherine.lenihan@ct.gov)

**Payments:**  
 Linda Harris  
 (860) 713-7009  
[linda.harris@ct.gov](mailto:linda.harris@ct.gov)

Sincerely,

Pietro Rosato  
 Director of Business Operations

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.

**Partners in Social Research, LLC**

***Office of Early Childhood***

Awarding State Agency

\_\_\_\_\_  
***Pietro Rosato, Director of Business Operations***

\_\_\_\_\_  
Date

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**15OECMHVP1PSR A1**

Contract Number