



Original Contract Number:	093CFB-EFP-12 / 15DSS4501FS		
Maximum Contract Value:	\$83,953.00		
Contractor Contact Person:	Nancy Carrington	Tel:	(203) 469-5000
DSS Contact - Contract:	Tina McGill	Tel:	(860) 424-5082
Program:	Jana Engle	Tel:	(860) 424-5429

**STATE OF CONNECTICUT  
PURCHASE OF SERVICE CONTRACT  
("POS", "Contract" and/or "contract")  
Revised September 2011**

The State of Connecticut      DEPARTMENT OF SOCIAL SERVICES

Street: 55 Farmington Avenue

City: HARTFORD      State: CT      Zip: 06105

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

Contractor's Name: CONNECTICUT FOOD BANK, INC.

Street: P.O. BOX 8686

City: NEW HAVEN      State: CT      Zip: 06531

Tel#: (203) 469-5000      FEIN/SS#: 061063025

("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:

<b>Contract Term</b>	This Contract is in effect from <b>02/01/15</b> through <b>09/30/17</b> .
<b>Statutory Authority</b>	The Agency is authorized to enter into this Contract pursuant to § 4-8 and 17b-3 of the Connecticut General Statutes ("C.G.S.").
<b>Set-Aside Status</b>	Contractor <input type="checkbox"/> IS or <input checked="" type="checkbox"/> IS NOT a set aside Contractor pursuant to C.G.S. § 4a-60g.
<b>Effective Date</b>	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.
<b>Contract Amendment</b>	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: Tina McGill	If to the Contractor:	CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531  Attention: Nancy Carrington
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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.

Original Contract  
 Amendment # \_\_\_\_\_  
(For Internal Use Only)

## SIGNATURES AND APPROVALS

093CFB-EFP-12/ 15DSS4501FS

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.

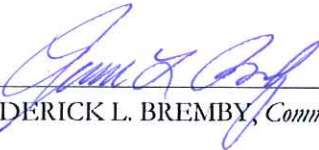
### CONTRACTOR - CONNECTICUT FOOD BANK, INC.



ROB LEVINE, *President and CEO*

3/31/15  
Date

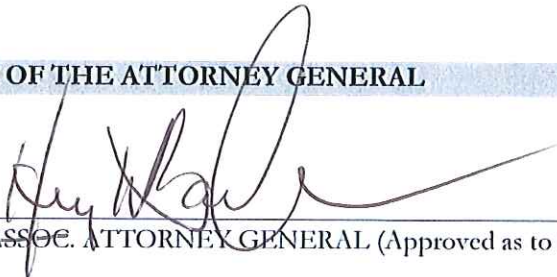
### DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

4/7/2015  
Date

### OFFICE OF THE ATTORNEY GENERAL



ASST./ASSOC. ATTORNEY GENERAL (Approved as to form)

4/22/15  
Date