



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

6/23/15

Mr. Karl Heiner
President
Karl Heiner Statistical Consulting, Ltd
1739 Athol Road
Schenectady, NY 12308

CONTRACT #: 999KHC-QUA-01/15DSS2003FQ
PERIOD: 05/01/15 - 06/30/16

AMOUNT: \$100,000.00

Dear Mr. Heiner:

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:

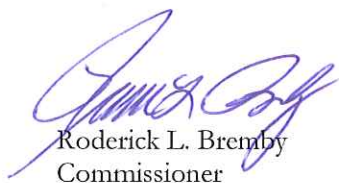
PROGRAM

John McCormick
(860) 424-5903
john.mccormick@ct.gov

CONTRACT

Tina McGill
(860) 424-5082
tina.mcgill@ct.gov

Sincerely,



Roderick L. Bremby
Commissioner

C: John McCormick, *Program Staff*



PSA

Original Contract Number:	999KHC-QUA-01/15DSS2003FQ
Maximum Contract Value:	\$100,000.00
Contractor Contact Person:	Karl Heiner Tel: (518) 374-3689
DSS Contact - Contract:	Tina McGill Tel: (860) 424-5082
Program:	John McCormick Tel: (860) 424-5903

**STATE OF CONNECTICUT
PERSONAL SERVICE AGREEMENT
("PSA", "Contract" and/or "contract")
Revised February 2010**

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: KARL HEINER STATISTICAL CONSULTING, LTD
 Street: 1739 ATHOL ROAD
 City: SCHENECTADY State: NY Zip: 12308
 Tel#: (518) 374-3689 FEIN/SS#: 141810775

("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 07/01/15 through 06/30/16 .
Statutory Authority	The Agency is authorized to enter into this Contract pursuant to § 4-8, 4-98 as applicable, 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	This Contract may be amended only by means of a written instrument signed by the Agency, the Contractor, and, if required, the OAG.

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. Said notices shall become effective on the date of receipt as specified above or the date specified in the notice, whichever comes later. All such Notices shall be in writing and shall be addressed as follows:

If to the Agency:	STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 55 FARMINGTON AVENUE HARTFORD, CT 06105 Attention: Tina McGill	If to the Contractor:	Karl Heiner Statistical Consulting, Ltd 1739 Athol Road Schenectady, NY 12308 Attention: Karl Heiner
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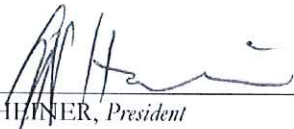
A party may modify the addressee or address for Notices by providing 10 days' prior written Notice to the other party. No formal amendment is required.

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.



KARL HINIKER, *President*

6/9/15
DATE

DEPARTMENT OF SOCIAL SERVICES



RODERICK L. BREMBY, *Commissioner*

6/15/15
Date

OFFICE OF THE ATTORNEY GENERAL



ASST. ASSOC. ATTORNEY GENERAL (*Approved as to form*)
Robert N. Clark

6/23/15
Date