

PROCUREMENT NOTICE

State of Connecticut - Department of Public Health
Public Health Initiatives Branch
Health Education, Management, and Surveillance Section

Tobacco Use Prevention and Control Program

REQUEST FOR PROPOSAL
2010-0912
for
Tobacco Use Cessation Services in Connecticut

ADDENDUM # 3: Application Forms Additional Form Needed

In response to Question 12 of Addendum 2: Questions and Answers, Ethics Form #5 was not included in the RFP package and should be included with the Application Forms.

That Form is attached.

STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

Consultant's Name and Title	Name of Firm (if applicable)
Start Date End Date	Cost
Description of Services Provided: _____	

Is the consultant a former State employee or former public official? YES NO

If YES: _____ Name of
Former State Agency Termination Date of Employment

_____ Printed Name of Bidder or Vendor	_____ Signature of Chief Official or Individual	_____ Date
	_____ Printed Name (of above)	_____ Awarding State Agency

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Sworn and subscribed before me on this _____ day of _____, 20____.

Commissioner of the Superior Court or Notary Public