FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

AGENDA
BOARD OF SELECTMAN
Regular Meeting
Tuesday, October 6, 2020
5:00 pm
ZOOM Remote Access Only

Join Zoom Meeting
https://us02web.zoom.us/j/86834886349

Meeting ID: 868 3488 6349
Passcode: 775963
One tap mobile
+19292056099,,86834886349# US (New York)
+13017158592,,86834886349# US (Germantown)

Dial by your location
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Germantown)
Meeting ID: 868 3488 6349
Find your local number: https://us02web.zoom.us/u/kdpj09yT7X

1. **Call to order.**

2. **Public Comment**

3. **Waterford Youth and Family Services:** Resolution of Board of Selectmen – To consider and act on a name change for the interfaith food locker to Waterford Community Food Bank.

4. **Finance Department:** To consider and act on a request from Kimberly Allen, Finance Director for the attached **FY20 Out of Series Transfer Requests** and forward onto the Board of Finance as required.

5. **Public Works**: Cooperative Purchase Acceptance - To consider and act on a request from Rawle Dummet, Purchasing Agent, pursuant to Section 3.08.010 of the Purchasing Ordinance and on behalf of the Public Works Department, after due diligence and careful consideration, is respectfully seeking the Board's approval to Award the contract for the supply of this item to New England Lift Truck Corporation in the amount of $25,225.00. This vendor is contracted to perform these services under Soucewell NJPA Contract 101816-MCF. Funds will be available from Line Item 24207-54020.

6. **IT Department:** Bid Waiver – Apple iPads and Smart Covers - To consider and act on a request from Rawle Dummet, Purchasing Agent, pursuant to Section 3.08.050 of the Purchasing Ordinance and on behalf of the IT Department, respectfully seeks a Bid Waiver for Apple iPads and Smart Covers to be provided by Apple Inc., in the amount of $51,450.00. These items are solely manufactured by the vendor, and pricing is specifically for schools and institutions of learning. Funds will be available from Line Item 21460-59901.

7. **Recreation & Parks:** Cooperative Purchasing Waterford Beach Outdoor Mats – to consider and act on a request from Rawle Dummet, Purchasing Agent, pursuant to Section 3.08.010 of the Purchasing Ordinance and on behalf of the Recreation and Parks Department, is respectfully seeking eh Board's approval to Award the contract for this project to Deschamps Mat Systems in the amount of $14,432.91. This vendor is contracted to perform these services under General Servies Administration Cooperative Contract GS-07F-0316L. Funds will be available from Line Item 21637-54020 Reeves Grant, 21237-54181 Contributed Gifts and 10137-52420 Maintenance of Property

8. **Police Department:** Bid Award – To consider and act on a request from Rawle Dummett, Purchasing Agent, on behalf of the Police Department, pursuant to Section 3.08.040 of the Town Ordinances, to award *Bid #20-107 Police Department 2021 Ford Utility Vehicles*. I recommend that MHQ, Inc. be awarded the contract to supply the vehicles stated in the bid for the amount of $169,575. Funds will be available from Line Item #24207-54070 Vehicle Replacement.

9. **Disposal of Aged Assets:** Miscellaneous broken and unusable office furniture. Ordinance, Chapter 2.112.020.

10. **Reject Bids:** Bid #19-104(b) Thames River Dock Removal Project – Bids for the above mentioned proposal were opened on June 23, 2020. However; the Department of Economic and Community Development (DECD) in conjunction with the U.S. Navy has proposed significant modifications. The project will be re-advertised as an entirely new project as soon as the modified Bid Package is approved.

11. **EMPG – Emergency Management Performance Grant:** To consider and act on a request from Steve Singara, Director of Emergency Management to review and approve the grant application for 2019 and 2020.

12. New Business:

13. Correspondence:

14. Consent Agenda:

a. Meeting Minutes: September 15, 2020

15. Adjournment:

Resolution of Board of Selectmen
at the meeting of October 6, 2020

WHEREAS, since 1985 the Town, under the purview of the Board of Selectmen, began a program with local faith congregations to collect food and create an interfaith food locker in the basement of the Waterford Town Hall for distribution to the needy;

WHEREAS, the program grew to service more and more local residents in need of foodstuffs, with the help of Town staff and many local faith congregation volunteers;

WHEREAS, the success of the program led First Selectman Dan Steward to request that the Town Youth and Family Services, begin to supervise the food locker program with the continued assistance of the local faith congregations; and

WHEREAS, the local faith congregations have moved to reduce their formal role in the Town locker program but will continue to volunteer when possible under COVID-19 restrictions.

NOW, THEREFORE, the Waterford Board of Selectmen hereby moves to formerly thank the local faith congregations for all their past and future contributions to the Waterford food locker and hereby:

RESOLVE that the newly renamed, Waterford Community Food Bank, shall continue under the Town guidance of Waterford Youth and Family Services and continue to be located and operated from the old Waterford Town Hall located at 200 Boston Post Road, Waterford, CT.

SO RESOLVED this _____day of October, 2020.

WATERFORD BOARD OF SELECTMEN

BY: _____
Robert J. Brule
First Selectman

TOWN OF WATERFORD
TRANSFER REQUEST FORM

Out of Series Transfer Request

Various - Year-end Audit Page 1
DEPARTMENT

FY20

Line No.	Org. Code	Object Code	Object Description	APPROVED Budget Amount	CURRENT Available Budget	ACCOUNT INCREASE	ACCOUNT DECREASE	REVISED Available Budget
1	10110	54060	Office Equipment	730.00	(10.96)	12.00		1.04
2	10110	51120	Inspection	272,147.00	38,445.60		(12.00)	38,433.60
3								0.00
4	10101	53020	Other Supplies	150.00	(874.79)	876.00		1.21
5	10101	52010	Advertising	200.00	200.00		(200.00)	0.00
6	10101	52070	Reimbursable Expense	480.00	210.01		(210.00)	0.01
7	10101	52040	Service Contracts	1,582.00	184.22		(184.00)	0.22
8	10101	52050	Dues, Conferences	150.00	150.00		(150.00)	0.00
9	10101	51210	Clerical & Technical	150.00	96.00		(96.00)	0.00
10	10101	53090	Fuels & Lubricant	1,000.00	51.32		(36.00)	15.32
								0.00
								0.00
					TOTAL	888.00	(888.00)	

Explanation

Additional year-end transfers for annual audit to eliminate all account deficits before finalizing annual audit.

Department Head — **Date**

Kim Allen — 9/21/2020
Director of Finance — **Date**

First Selectman — **Date**

Commission/Board Approval — **Date**

revised 9/9/20

TOWN OF WATERFORD
TRANSFER REQUEST FORM
Out of Series Transfer Request

Various - Year-end Audit Page 2
DEPARTMENT

FY20

Line No.	Org. Code	Object Code	Object Description	APPROVED Budget Amount	CURRENT Available Budget	ACCOUNT INCREASE	ACCOUNT DECREASE	REVISED Available Budget
1	10109	52510	Rental Equipment	27,000.00	(659.00)	660.00		1.00
2	10109	53280	Election Materials	1,000.00	509.24		(500.00)	9.24
3	10109	53270	Ordinances	1,850.00	228.86		(160.00)	68.86
4								0.00
5	10116	51949	OPEB Trust Fund	758,613.00	(4,100.00)	4,101.00		1.00
6	10116	51930	Heart & Hypertension	217,675.00	50,383.28		(4,101.00)	46,282.28
7								0.00
8	10122	52040	Service Contracts	45,524.00	(139.58)	141.00		1.42
9	10122	52080	Telephone	27,627.00	(26.50)	28.00		1.50
10	10122	52100	Electricity	38,316.00	(13.15)	14.00		0.85
11	10122	52415	Generator Maintenance	5,702.00	(764.04)	765.00		0.96
12	10122	51110	Administration	10,000.00	7,364.22		(948.00)	6,416.22
					TOTAL	5,709.00	(5,709.00)	

Explanation

Additional year-end transfers for annual audit to eliminate all account deficits before finalizing annual audit.

Department Head — **Date**

Kim Allen — 9/21/2020
Director of Finance — **Date**

First Selectman — **Date**

Commission/Board Approval — **Date**

revised 9/9/20

TOWN OF WATERFORD
TRANSFER REQUEST FORM

Out of Series Transfer Request

Various - Year-end Audit Page 3
DEPARTMENT

FY20

Line No.	Org. Code	Object Code	Object Description	APPROVED Budget Amount	CURRENT Available Budget	ACCOUNT INCREASE	ACCOUNT DECREASE	REVISED Available Budget
1	10129	51420	Patrol	3,212,166.00	(2,002.76)	2,004.00		1.24
2	10129	52100	Electricity	52,979.00	(38.21)	39.00		0.79
3	10129	52300	Training Education	59,200.00	5,880.51		(2,043.00)	3,837.51
4								0.00
5	10143	51210	Clerical & Technical	300.00	(103.77)	105.00		1.23
6	10143	51920	FICA	23.00	(7.30)	8.00		0.70
7	10143	52030	Professional Fees	300.00	300.00		(113.00)	187.00
8								0.00
9								0.00
10								0.00
11								0.00
12								0.00
					TOTAL	2,156.00	(2,156.00)	

Explanation

Additional year-end transfers for annual audit to eliminate all account deficits before finalizing annual audit.

Department Head — **Date**

Kim Allen — 9/21/2020
Director of Finance — **Date**

First Selectman — **Date**

Commission/Board Approval — **Date**

revised 9/9/20

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10110 PLANNING & ZONING COMM.								
10110 51110	ADMINISTRATION	104,097	1,054	105,151	104,896.94	.00	254.06	99.8%
10110 51120	INSPECTION	272,147	-1,054	271,093	232,647.40	.00	38,445.60	85.8%
10110 51210	CLERICAL AND TECHNI	158,931	0	158,931	136,366.81	.00	22,564.19	85.8%
10110 51810	OVERTIME	5,253	0	5,253	1,819.41	.00	3,433.59	34.6%
10110 51910	FRINGE BENEFITS	5,687	0	5,687	4,118.66	.00	1,568.34	72.4%
10110 51920	F.I.C.A.	41,778	0	41,778	34,558.75	.00	7,219.25	82.7%
10110 52010	ADVERTISING	4,000	-55	3,945	3,834.99	.00	110.01	97.2%
10110 52020	POSTAGE	450	55	505	504.09	.00	.91	99.8%
10110 52030	PROFESSIONAL FEES	20,000	0	20,000	8,372.84	.00	11,627.16	41.9%
10110 52040	SERVICE CONT. AND R	17,380	0	17,380	16,783.43	.00	596.57	96.6%
10110 52050	DUES,CONFERENCES &	4,100	0	4,100	2,677.00	.00	1,423.00	65.3%
10110 52060	PRINTING	450	0	450	29.43	.00	420.57	6.5%
10110 52070	REIMBURSABLE EXPENS	200	0	200	.00	.00	200.00	.0%
10110 53010	OFFICE SUPPLIES	2,750	0	2,750	2,697.50	.00	52.50	98.1%
10110 53090	FUELS AND LUBRICANT	800	0	800	479.97	.00	320.03	60.0%
10110 54060	OFFICE EQUIPMENT	730	0	730	740.96	.00	-10.96	101.5%*
TOTAL PLANNING & ZONING COMM.		638,753	0	638,753	550,528.18	.00	88,224.82	86.2%
TOTAL GENERAL FUND		638,753	0	638,753	550,528.18	.00	88,224.82	86.2%
	TOTAL EXPENSES	638,753	0	638,753	550,528.18	.00	88,224.82	

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10101 FIRST SELECTMEN								
10101 51010	ELECTED OFFICIALS	105,694	757	106,451	106,450.59	.00	.41	100.0%
10101 51020	ELECTED SELECTMEN	3,604	54	3,658	3,657.18	.00	.82	100.0%
10101 51110	ADMINISTRATION	69,497	527	70,024	70,023.74	.00	.26	100.0%
10101 51210	CLERICAL AND TECHNI	150	-54	96	.00	.00	96.00	.0%
10101 51810	OVERTIME	0	0	0	.00	.00	.00	.0%
10101 51920	F.I.C.A.	13,691	-437	13,254	13,232.75	.00	21.25	99.8%
10101 52010	ADVERTISING	200	0	200	.00	.00	200.00	.0%
10101 52020	POSTAGE	125	200	325	250.33	.00	74.67	77.0%
10101 52030	PROFESSIONAL FEES	5,000	-1,070	3,930	3,928.98	.00	1.02	100.0%
10101 52040	SERVICE CONT. AND R	1,582	0	1,582	1,397.78	.00	184.22	88.4%
10101 52050	DUES,CONFERENCES &	150	0	150	.00	.00	150.00	.0%
10101 52070	REIMBURSABLE EXPENS	480	0	480	269.99	.00	210.01	56.2%
10101 53020	OTHER SUPPLIES	150	223	373	1,247.79	.00	-874.79	334.5%*
10101 53090	FUELS AND LUBRICANT	1,000	0	1,000	948.68	.00	51.32	94.9%
10101 53119	EMERGENCY EXPENDITU	0	191,482	191,482	191,482.31	.00	.00	100.0%
10101 54010	FURNITURE	0	0	0	.00	.00	.00	.0%
TOTAL FIRST SELECTMEN		201,323	191,682	393,005	392,890.12	.00	115.19	100.0%
TOTAL GENERAL FUND		201,323	191,682	393,005	392,890.12	.00	115.19	100.0%
	TOTAL EXPENSES	201,323	191,682	393,005	392,890.12	.00	115.19	

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10109 TOWN CLERK							
10109 51010 ELECTED OFFICIALS	89,300	687	89,987	89,986.52	.00	.48	100.0%
10109 51110 ADMINISTRATION	73,307	659	73,966	73,965.77	.00	.23	100.0%
10109 51210 CLERICAL AND TECHNI	51,720	446	52,166	52,165.80	.00	.20	100.0%
10109 51810 OVERTIME	100	0	100	.00	.00	100.00	.0%
10109 51920 F.I.C.A.	16,405	-1,133	15,272	15,180.65	.00	91.35	99.4%
10109 52010 ADVERTISING	1,300	0	1,300	1,299.40	.00	.60	100.0%
10109 52020 POSTAGE	2,600	0	2,600	2,555.60	.00	44.40	98.3%
10109 52030 PROFESSIONAL FEES	1	0	1	.00	.00	1.00	.0%
10109 52040 SERVICE CONT. AND R	1	0	1	.00	.00	1.00	.0%
10109 52050 DUES,CONFERENCES &	850	0	850	675.00	.00	175.00	79.4%
10109 52060 PRINTING	1	0	1	.00	.00	1.00	.0%
10109 52070 REIMBURSABLE EXPENS	1	0	1	.00	.00	1.00	.0%
10109 52180 VITAL STATISTICS	250	0	250	250.00	.00	.00	100.0%
10109 52510 RENTAL OF EQUIPMENT	27,000	-659	26,341	27,000.00	.00	-659.00	102.5%*
10109 53010 OFFICE SUPPLIES	1	0	1	.00	.00	1.00	.0%
10109 53020 OTHER SUPPLIES	1	0	1	.00	.00	1.00	.0%
10109 53270 ORDINANCES	1,850	0	1,850	1,621.14	.00	228.86	87.6%
10109 53280 ELECTION MATERIALS	1,000	0	1,000	490.76	.00	509.24	49.1%
10109 53290 MICROFILM SUPPLIES	1	0	1	.00	.00	1.00	.0%
10109 54060 OFFICE EQUIPMENT	1	0	1	.00	.00	1.00	.0%
TOTAL TOWN CLERK	265,690	0	265,690	265,190.64	.00	499.36	99.8%
TOTAL GENERAL FUND	265,690	0	265,690	265,190.64	.00	499.36	99.8%
TOTAL EXPENSES	265,690	0	265,690	265,190.64	.00	499.36	

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10116 RETIREMENT COMMISSION							
10116 51930 HEART AND HYPERTENS	217,675	0	217,675	167,291.72	.00	50,383.28	76.9%
10116 51940 PENSION CONTRIBUTIO	4,081,317	0	4,081,317	3,812,390.09	.00	268,926.91	93.4%
10116 51945 RETIREE HEALTH BENE	423,630	0	423,630	355,708.25	.00	67,921.75	84.0%
10116 51949 OPEB TRUST FUND CON	758,613	0	758,613	762,713.00	.00	-4,100.00	100.5%*
TOTAL RETIREMENT COMMISSION	5,481,235	0	5,481,235	5,098,103.06	.00	383,131.94	93.0%
TOTAL GENERAL FUND	5,481,235	0	5,481,235	5,098,103.06	.00	383,131.94	93.0%
TOTAL EXPENSES	5,481,235	0	5,481,235	5,098,103.06	.00	383,131.94	

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10122 EMERGENCY MANAGEMENT								
10122 51110	ADMINISTRATION	10,000	22,794	32,794	25,429.78	.00	7,364.22	77.5%
10122 51210	CLERICAL AND TECHNI	65,189	-26,500	38,689	38,495.81	.00	193.19	99.5%
10122 51240	DISPATCH EDUCATION	2,300	-2,180	120	120.00	.00	.00	100.0%
10122 51440	DISPATCH PERSONNEL	691,591	-58,874	632,717	632,716.36	.00	.64	100.0%
10122 51810	DISPATCH OVERTIME	131,668	106,350	238,018	238,017.24	.00	.76	100.0%
10122 51823	EMERGENCY PERSONNEL	1,800	-1,300	500	496.00	.00	4.00	99.2%
10122 51830	TRAINING & EDUCATIO	7,080	-4,850	2,230	2,220.10	.00	9.90	99.6%
10122 51920	F.I.C.A.	69,587	-2,880	66,707	66,181.45	.00	525.55	99.2%
10122 52010	ADVERTISING	200	-200	0	.00	.00	.00	.0%
10122 52020	POSTAGE	50	0	50	5.60	.00	44.40	11.2%
10122 52030	PROFESSIONAL FEES	1,000	-102	898	897.35	.00	.65	99.9%
10122 52040	SERVICE CONT. AND R	45,524	-5,071	40,453	40,592.58	.00	-139.58	100.3%*
10122 52050	DUES,CONFERENCES &	22,084	-16,075	6,009	5,982.10	.00	26.90	99.6%
10122 52060	PRINTING	200	-200	0	.00	.00	.00	.0%
10122 52070	REIMBURSABLE EXPENS	0	0	0	.00	.00	.00	.0%
10122 52080	TELEPHONE	27,624	1,675	29,299	29,325.50	.00	-26.50	100.1%*
10122 52100	ELECTRICITY	38,316	-1,443	36,873	36,886.15	.00	-13.15	100.0%*
10122 52300	TRAINING,EDUCATION	2,600	-2,600	0	.00	.00	.00	.0%
10122 52370	DISPATCH CLOTHING A	3,760	-3,028	732	731.67	.00	.33	100.0%
10122 52415	GENERATOR MAINTENAN	5,702	-3,116	2,586	3,350.04	.00	-764.04	129.5%*
10122 53010	OFFICE SUPPLIES	250	0	250	156.09	.00	93.91	62.4%
10122 53020	OTHER SUPPLIES	1,030	0	1,030	988.06	.00	41.94	95.9%
10122 53090	FUELS AND LUBRICANT	1,470	-1,400	70	.00	.00	70.00	.0%
10122 53120	SHELTER SUPPLIES	600	-600	0	.00	.00	.00	.0%
10122 53130	RADIOLOGICAL SUPPLI	400	-400	0	.00	.00	.00	.0%
10122 54120	DISPATCH CENTER EQU	1	0	1	.00	.00	1.00	.0%
10122 54150	SURPLUS EQUIPMENT	1	0	1	.00	.00	1.00	.0%
10122 54190	EMERGENCY EQUIPMENT	1	0	1	.00	.00	1.00	.0%
TOTAL EMERGENCY MANAGEMENT		1,130,028	0	1,130,028	1,122,591.88	.00	7,436.12	99.3%
TOTAL GENERAL FUND		1,130,028	0	1,130,028	1,122,591.88	.00	7,436.12	99.3%
TOTAL EXPENSES		1,130,028	0	1,130,028	1,122,591.88	.00	7,436.12	

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND		ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10129 POLICE DEPARTMENT								
10129 51110	ADMINISTRATION	475,547	71,037	546,584	546,583.28	.00	.72	100.0%
10129 51210	CLERICAL AND TECHNI	314,236	-43,352	270,884	270,883.98	.00	.02	100.0%
10129 51220	CUSTODIAL	53,989	-16,260	37,729	37,728.69	.00	.31	100.0%
10129 51420	PATROL	3,212,166	-4,660	3,207,506	3,209,508.76	.00	-2,002.76	100.1%*
10129 51421	MARINE PATROL	22,441	4,164	26,605	24,600.88	.00	2,004.12	92.5%
10129 51430	DETECTIVE	466,332	86,822	553,154	553,153.75	.00	.25	100.0%
10129 51435	COMMUNITY SERVICE O	139,015	-18,980	120,035	120,034.71	.00	.29	100.0%
10129 51450	EXTRA DUTY	0	0	0	.00	.00	.00	.0%
10129 51810	OVERTIME	152,790	-11,413	141,377	141,042.72	.00	334.28	99.8%
10129 51820	REPLACEMENT OVERTIM	360,508	-29,784	330,724	330,723.13	.00	.87	100.0%
10129 51830	TRAINING & EDUCATIO	102,872	-10,050	92,822	92,821.21	.00	.79	100.0%
10129 51910	FRINGE BENEFITS	0	0	0	.00	.00	.00	.0%
10129 51920	F.I.C.A.	411,065	-18,768	392,297	392,296.56	.00	.44	100.0%
10129 52010	ADVERTISING	500	0	500	169.00	.00	331.00	33.8%
10129 52020	POSTAGE	1,500	0	1,500	1,331.37	.00	168.63	88.8%
10129 52030	PROFESSIONAL FEES	11,000	318	11,318	11,257.81	.00	60.19	99.5%
10129 52040	SERVICE CONT. AND R	35,183	0	35,183	34,345.22	.00	837.78	97.6%
10129 52050	DUES,CONFERENCES &	1,735	0	1,735	1,735.00	.00	.00	100.0%
10129 52060	PRINTING	1,200	0	1,200	1,200.00	.00	.00	100.0%
10129 52080	TELEPHONE	34,907	0	34,907	32,321.88	.00	2,585.12	92.6%
10129 52090	HEATING FUEL	17,709	0	17,709	16,795.57	.00	913.43	94.8%
10129 52100	ELECTRICITY	52,979	1,029	54,008	54,046.21	.00	-38.21	100.1%*
10129 52115	WATER & SEWER CHARG	4,500	0	4,500	4,066.04	.00	433.96	90.4%
10129 52300	TRAINING,EDUCATION	59,200	0	59,200	53,319.49	.00	5,880.51	90.1%
10129 52305	OSHA COMPLIANCE	5,500	-1,347	4,153	2,488.88	.00	1,664.12	59.9%
10129 52370	CLOTHING OR UNIFORM	79,790	0	79,790	78,210.57	.00	1,579.43	98.0%
10129 52440	DATA PROCESSING SER	0	0	0	.00	.00	.00	.0%
10129 52520	CRIMINAL JUSTICE PL	13,127	0	13,127	13,126.00	.00	1.00	100.0%
10129 53010	OFFICE SUPPLIES	1,000	0	1,000	531.94	.00	468.06	53.2%
10129 53020	OTHER SUPPLIES	6,500	0	6,500	6,496.47	.00	3.53	99.9%
10129 53070	AUTO REPAIRS	32,000	0	32,000	31,178.47	.00	821.53	97.4%
10129 53090	FUELS AND LUBRICANT	114,869	-13,146	101,723	87,522.55	.00	14,200.45	86.0%
10129 53100	TIRES	10,325	0	10,325	8,292.83	.00	2,032.17	80.3%
10129 53150	BUILDING MAINTENANC	16,250	4,390	20,640	20,639.30	.00	.70	100.0%
10129 53180	POLICE EQUIP. & SUP	54,700	0	54,700	46,710.43	.00	7,989.57	85.4%
10129 53210	SELECTIVE ENFORCEME	2,500	0	2,500	2,500.00	.00	.00	100.0%
10129 53220	MARINE PATROL	2,100	0	2,100	2,100.00	.00	.00	100.0%
10129 53260	DOG WARDEN SUPPLIES	30,000	0	30,000	30,000.00	.00	.00	100.0%
10129 53320	CHALLENGE	2,000	0	2,000	1,969.67	.00	30.33	98.5%
10129 54020	EQUIPMENT	15,220	0	15,220	15,201.01	.00	18.99	99.9%

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10129 54040 VEHICLES EQUIPMENT	0	0	0	.00	.00	.00	.0%
TOTAL POLICE DEPARTMENT	6,317,255	0	6,317,255	6,276,933.38	.00	40,321.62	99.4%
TOTAL GENERAL FUND	6,317,255	0	6,317,255	6,276,933.38	.00	40,321.62	99.4%
TOTAL EXPENSES	6,317,255	0	6,317,255	6,276,933.38	.00	40,321.62	

FOR 2020 13

ACCOUNTS FOR: 101 GENERAL FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
10143 ETHICS COMMISSION							
10143 51210 CLERICAL AND TECHNI	300	528	828	931.77	.00	-103.77	112.5%*
10143 51920 F.I.C.A.	23	41	64	71.30	.00	-7.30	111.4%*
10143 52020 POSTAGE	25	0	25	.00	.00	25.00	.0%
10143 52030 PROFESSIONAL FEES	300	0	300	.00	.00	300.00	.0%
10143 52070 REIMBURSABLE EXPENS	50	0	50	.00	.00	50.00	.0%
10143 53010 OFFICE SUPPLIES	25	0	25	7.70	.00	17.30	30.8%
TOTAL ETHICS COMMISSION	723	569	1,292	1,010.77	.00	281.23	78.2%
TOTAL GENERAL FUND	723	569	1,292	1,010.77	.00	281.23	78.2%
TOTAL EXPENSES	723	569	1,292	1,010.77	.00	281.23	

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

September 24, 2020

Mr. Rob Brule
First Selectman
Town of Waterford
15 Rope Ferry Road
Waterford, CT 06385

Re: Cooperative Purchasing-5000lbs. Capacity Forklift.

Dear Mr. Brule:

In keeping with Section 3.08.010 of the Purchasing Ordinance- Cooperative Purchasing, the Purchasing Department, on behalf the Public Works Department, after due diligence and careful consideration, is respectfully seeking the Board's approval to Award the contract for the supply of this item to New England Lift Truck Corp.- in the amount of $25,225.00. This vendor is contracted to perform these services under Sourcewell NJPA Contract 101816-MCF.
Funds will be available from Line Item 24207-54020 Equipment Replacement.

Sincerely,

Rawle Dummett
Purchasing Agent,
Town of Waterford

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

September 24, 2020

Mr. Robert Brule
First Selectman
Town of Waterford
15 Rope Ferry Road
Waterford, CT 06385

Re: Forklift Bid Award

Dear Mr. Brule,

Bids were received by the Purchasing Agent for a replacement of the existing Forklift for Public Works.

The Town received 5 bids. After review of the bids, the lowest responsible bidder is Hyundai. The variations to the bid specifications, noted by the bidder, New England Lift Truck Corp, are acceptable to the department. The bid that meets our specifications is the 3rd lowest bid from New England Lift Truck Corp. in the amount of $25,225.00. This price is within the amount in the FY21 budget for the replacement of this piece of equipment. It is my recommendation that we award the bid to New England Lift Truck Corp for this purchase.

I would like to put this recommendation on the Board of Selectmen's agenda scheduled for October 6, 2020.

Respectfully,

Gary J. Schneider
Director of Public Works

Attachments

Cc: Rawle Dummett, Purchasing Agent

Bid Tabultaion - Request for Quote Bid#20-108 5000 LB Capacity Forklift					
Vendor	Base Bid	Make/Model	Warranty	Delivery	Total
Doosan Industrial Vehicle America Corp.	$24,148.76	Doosan G25N-7 LP Nissan 2.5L Engine 5000 Capacity	Standard 2 year/3000 Hour, Powertrain 3 year/6000 hour OCDB 5 year/10,000 Hour	Delivered	$24,148.76
Summit Toyota Lift	$27,845.00	Toyota Model 8FGU25Base Capacity 5000lbs LP Gas Powered	Basic 12Mths/2000 Hrs Whichever comes first-36 Mths /6000 hrs Powertrain, Whichever comes first	Delivered	$27,845.00
New England Lift Truck Corp.	$25,225.00	Hyundai 25L-9A Capacity 5000lbs Propane	3 years/4000 hours-Parts and labor included on anything defective	Delivered	$25,225.00
Tri-Lift Inc.	$28,477.90	CAT GP25N-5000 lb Capacity LP Pneumatic Tire Lift Truck	Standard 12 Mth /2000 hours full coverage;24months/4000 hours powertrain. Extended Warranty add $1,390.00	Delivered	$28,477.90
	$22,300.00	BAOLI KBG 25 5000 lb Capacity	Two year /4000 hour Full Coverage	Delivered	$22,300.00

SPECIAL CONDITIONS

Company Name: New Englnd Lift Truck Coporation

A. CONTACT PERSON

During the course of this request process, from issuance until a recommendation for award, Bidders shall not initiate contact related to this request with anyone other than the officially designated individual.

For this bid the contact is Rawle Dummett at 860-444-5842 or email: rdummett@waterfordct.org. Failure to abide by this requirement may result in disqualification from further participation in this process.

B. QUESTION DEADLINE

All questions regarding this Request for Proposal shall be directed by email to Rawle Dummett. All inquiries shall clearly identify the name of the firm and the authorized representative, the RFP number and title.

There is no deadline for receipt of questions from Bidders in regards to this RFP.

C. SUBMITTAL INSTRUCTIONS

The Town desires to receive a clear, concise, economical presentation of the vendor's proposal. Bidders should submit the following with their bid:

1. One original of the bid packet and Two Copies.
2. One original of the completed bid forms and Two Copies.
3. One original of signed bid addendum(a) and Two Copies.
4. Submit all of the above in a sealed envelope with the bid number and project name in the lower left hand corner of envelope, with the bidder's name clearly written on the envelope.

Failure to submit a proposal in the manner indicated may be cause for it to be considered 'non-responsive' and ineligible for consideration and subsequent award.

PROPOSAL FORM - PAGE 1

SUBMITTED BY:

Company Name: New England Lift Truck

Address: 131 Comstock Pkwy Town: Cranston

State: RI Zip: 02921

Phone: 401-946-2296 Fax: 401-946-2298 Email: Steve G QNELift.com

CERTIFICATION: (if a Submission is Offered):
The undersigned hereby affirms that:

- He/she is a duly authorized agent of the Bidder,
- He/she has read the General Terms and Conditions, the Special Conditions and any technical specifications that were made available to the Bidder in conjunction with this Bid and fully understands and accepts these terms unless specific variations have been expressly listed on the Bid Proposal Form;
- The Submission is being offered independently of any other Bidder and in full compliance with the collusive prohibitions specified in the General Terms and Conditions of this solicitation; and
- The Bidder will accept any awards made to them as a result of this Solicitation for a minimum of ninety (90) calendar days following the date and time of the bid opening.

By: _____ 9/3/2020
Manual Signature of Agent — Date

Steven Giuliani — Owner
Typed/Printed Name of Agent — Title of Agent

Include Original with Submission

Affix Manual signature of authorized agent.

NO OFFER:
Indicate reason(s) why no offer is being submitted at this time.

_____

_____

_____

PROPOSAL FORM - PAGE 2

Company Name: New England Lift Truck

PROMPT PAYMENT TERMS:

Discount:_____%_____Days

Net: 10 Days

VARIATIONS:

The Bidder shall identify all variations and exceptions taken to the General Terms and Conditions, the Special Conditions and any Technical Specifications in the space provided below; provided, however, that such variations are not expressly prohibited in the Bid documents. For each variation listed, reference the applicable section of the bid document. If no variations are listed here, it is understood that the Bidder's Proposal fully complies with all terms and conditions. It is further understood that such variations may be cause for determining that the Bid Proposal is non- responsive and ineligible for award:

Page #: 10 Item # of Section: 1 - Mast

Variance

185" triple, 86" down height

Page #:_____ Item # of Section: Paint

Variance

Paint is safety yellow

Page #:_____ Item # of Section: _____

Variance

General Forklift Specifications

Model: PF50LP Class: Class – V Base Capacity: 5,000

Factory ID	Category	Description
3F475	Masts	TRIPLEX - OHL-84.4" MFH-187" FL-59.0" Standard Tilt: 6°F / 6°B, and Includes a 40.2" Wide, ITA Class II Carriage.
TIR02	Tires	Solid Pneumatic Tires - All - Drive Tire Size - 7.00 x 12 Steer Tire Size - 6.00 x 9
CRGH	Carriages	Carriage - Standard Design 40.2" Carriage Width
BAKH	Carriages	Load Backrest: 48.0" High
S/S01	Side Shifter	Side shifter - Hang-on 40.2" Carriage Width

VAL3	Hydraulic Valve & Controls	3-Spool Valve & Lever
LVRL	Hydraulic Valve & Controls	**Single Lift and Tilt Hydraulic Control Lever**
PIP1(T)	Hydraulic Hose Groups	Single Internal Hosing for Triplex Mast
KEY%	Truck Control	Key Switch -
PKBP	Truck Control	Parking Brake / Transmission Interlock includes Parking Brake Warning Light and Buzzer
GRDSPD	Truck Control	Travel Speed Control - Max Speed Programmable via Meter Panel by Service Tech
INHZ	Truck Control	Truck Control - Seatbelt Warning - Light and Buzzer
MLMHJ	Lights & Mirrors	Headlights Overhead Guard Mounted

MLMR3	Lights & Mirrors	LED Turn, Stop & Backup Lights - Vertical Rear OHG Pillar Mounted
MIRX	Lights & Mirrors	Rearview Mirrors - Glass - Left and Right Side
SETQ	Operator Environment	Full Suspension Vinyl Seat Adjustable Backrest
MBDYR	Operator Environment	Rear Pillar (Right) Assist Grip w/ Horn Button N/A with SET7 or OHGD
SPNR	Operator Environment	Steering Wheel Spinner Knob
FTAB	Fuel	LPMax - Enhanced Low LP Fuel Warning. Indicates Upon Calculating Vapor Coming from the LP Tank. LP or G/LP Models.
LPGO	Fuel	Swing-out LPG Tank Bracket Includes Open Bracket Alarm. For LP or G/LP Models Only.
BZBA	Miscellaneous	Back-Up Alarm

OHGL	Overhead Guard	Overhead Guard - Standard: 83.5"
MCOLD	Special Paint	Special Paint - Orange Body, Gray OHG & Hood
SUNR1	Truck Modifications	Polycarbonate OHG Cover- OHG installed
	Dealer Options	48" Std. Pallet Forks

Standard Features

- GCT Electronic Fuel Injected Engine - Gas/LP
- 3-Way Catalytic Converter - Gas/LP
- Electronic Engine Control System - Gas/LP
- Two-Stage - Engine and Transmission Protection System - Gas/LP
- U.L. Approved
- Cushioned Stability Control
- Seat Actuated Operator Presence System
- Auto-Mast Lock & Return-to-Neutral
- Seat Belt Warning System
- Horn and Backup Alarm
- Parking Brake with Warning Buzzer
- 5-Piece Reinforced Overhead Guard

- LED Headlights - OHG Mounted
- Multi-Function LCD Display
- Hour Meter, Clock, and Calendar
- On-board Diagnostics and Programmable Service Reminder
- Operator Security PIN Access
- Speedometer and F/N/R Transmission Indicator
- Warning Lights and Engine Coolant Temperature Gauge
- Air Cleaner and Low Coolant Level Warning
- Fuel Gauge (Gas/Diesel)
- Full Suspension Seat with Operator Restraint and Adjustable Lumbar Support
- Infinitely Adjustable Tilt Steering Wheel
- Hydrostatic Power Steering
- Automatic Transmission
- Drawbar Pin
- 3-Spool Hydraulic Valve
- 48" High Load Backrest
- Pneumatic Drive Tires: 7.00 x 12-12PR
- Pneumatic Steer Tires: 6.00 x 9-10PR

Engine

K21 Industrial Engine

ECCS (Electronic Concentrated Control System), supported by the VCM (Vehicle Control Module) and ECM (Engine Control Module)

Engine/Transmission Protection and Warning System

Ergonomic Factors

Adjustable Tilt Steering Column with memory

A Full Suspension Seat with retractable seat belt, status alarm, and padded hip restraints.

Hydraulics

Exclusive Single Lift/Tilt Lever, Separate Lift & Tilt A large Integrated (steel) Hydraulic Tank, with multiple filters.

Hydraulic Load Sensing Valve System

Platinum Features

Multi-Function LCD Display Features Hour Meter, Clock & Calendar, On-Board

Diagnostics & Service Reminder, Operator PIN Access, Speedometer & F/N/R

Transmission Indicator, Warning Lights & Engine Coolant Temperature Gauge, and Low

Fuel Warning Light. Automatic Transmission with single speed forward & reverse.

Heavy Duty Drive Axle with extra-large brake drums, incorporating self-adjusting shoes.

Five-Piece Overhead Guard. LED Headlights and Back-Up Alarm, U.L Approved.

Specifications

- Basic Capacity: 5000 lbs. @ 24"
- Overall Length to Face of Forks: 99.4"
- Overall Width (standard Tires): 45.3"
- Overhead Guard Height: 83.5"
- Turning Radius (minimum outside): 85.8"
- Travel Speed Forward/Reverse: 12.1 / 12.1 mph
- Lift Speed - Full Load/No Load: 127.9 / 137.8 fpm
- Gradeability Maximum - Full Load/No Load: 31 / 24 tan %
- Drive Tires - Pneumatic: 7.00 x 12 - 12PR
- Steer Tires - Pneumatic: 6.00 x 9 - 10PR

TOWN OF WATERFORD

NON-COLLUSION STATEMENT

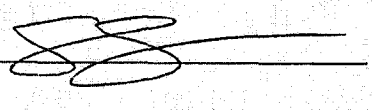
"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid."

We understand that this proposal must be signed by an authorized agent of our company to constitute a valid proposal.

Date: 9/3/2020

Name of Company: New England Lift Truck Corp

Name and Title of Agent: Steven Guliani - Owner

By (SIGNATURE): 

Address: 131 Comstock Pkwy

Telephone Number: 401-301-4925 / 401-946-2296

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT ACTIVITIES

Please indicate the name and address of the company official(s) responsible for carrying out the Equal Employment Opportunity/Affirmative Action Program for your company.

If your company does not have a written affirmative action plan, please estimate the number of vacancies during the next 12 months, and indicate the numerical or percentage goals you have set for the employment of minority people and females to make your labor force reflective of the labor market in which you operate.

Two

The vendor/bidder understands that failure to complete the above form in a satisfactory manner will preclude such vendor from being actively considered for contract with the Town of Waterford. The vendor /bidder also understands that the Affirmative Action statements will become part of any contract, and that breach of such statements will constitute a breach of the contract subject to such remedies as provided by law.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries above are true, complete, and correct to the best of my knowledge and belief.

Date 9-2-2020 Signature [signature] Title mm

Subscribed and sworn to before me at _____, Connecticut,

this _____Day of _____20___.

AFFIRMATIVE ACTION STATEMENT

NOTE: IF YOUR COMPANY HAS LESS THAN 10 EMPLOYEES, OR HAS COMPLETED THIS SAME FORM WITHIN 1 YEAR, YOU MAY DISREGARD THE FOLLOWING EQUAL EMPLOYMENT/AFFIRMATIVE ACTION SECTION, EXCEPT AS NOTED.

OR: (1) The number of employees 19

(2) Completed this form within one year _____Yes X No

FOR SEALED BIDS: If your company has completed this form within one year

Please forward a photocopy of the initial form with your bid. If significant Changes have taken place within the past year, please update the information on this form.

REQUIREMENT – Any vendor/bidder seeking to do business with the Town of Waterford must, upon request, supply the Town and/or the Waterford Human Resources with any information concerning the Affirmative Action/Equal Employment practices of the vendor/bidder, which the Town and/or Commission deems necessary in fulfilling its charge. Failure to supply such information, when requested, will result in the termination of any further transactions between the vendor/bidder and the Town of Waterford.

COMPANY NAME AND ADDRESS

NEW ENGLAND LIFT TRUCK CORP 131 COMSTOCK PKWY CRANSTON RI 02921

TYPE OF BUSINESS

MATERIAL HANDLING

TYPE OF ORGANIZATION CORPORATION

Corporation ✓ Partnership _____ Individual _____

If unit filing this application is not the above-named company, give the name, address, and telephone number of reporting unit. (Branch, agent, representative).

_____

_____

_____

INSURANCE REQUIREMENTS

Within five days of contract award, the awarded vendor shall provide a Certificate of Insurance in accordance with the following requirements:

Contractor/Vendor will agree to maintain in force at all times during which work/services are to be performed, the following minimum limits of insurance coverage. Coverage will include the bidder and all of its agents, employees and sub-contractors and other providers of services and shall name **the Town of Waterford, its employees and agents as an Additional Insured** on a primary and non-contributory basis to the bidders Commercial General Liability and Automobile Liability policies. The insurance company (ies) must be licensed with the State of Connecticut and have a Financial Strength Rating of "A-" or higher and a Financial Size Rating of VIII or higher from A.M. Best Company.

		(Minimum Limits)
General Liability*	Each Occurrence	$1,000,000
	General Aggregate	$2,000,000
	Products/Completed Operations Aggregate	$2,000,000

Auto Liability*	Combined Single Limit Each Accident	 $1,000,000
Umbrella* (Excess Liability)	Each Occurrence Aggregate	$1,000,000 $1,000,000
Workers' Compensation & Employers' Liability	Work Comp EL Each Accident EL Disease Each Employee EL Disease Policy Limit	Statutory Limits $500,000 $500,000 $500,000

The Town of Waterford must be named as "Additional Insured" on this policy.

A Certificates of Insurance documenting the coverage listed above must be presented to The Town of Waterford prior to the commencing of any work/service. The Contractor/Vendor also agrees to provide replacement and/or renewal certificates at least 30 days prior to the expiration of each policy.

If any policy is written on a "Claims Made" basis, the policy must be continually renewed for a minimum of two (2) years following the completion date of the work/service. If the claims-made policy is replaced and/or the retroactive date is changed, then the expiring policy must be endorsed to extend the reporting period for claims for two (2) years from the completion date.

NEW ENGLAND LIFT TRUCK

131 COMSTOCK PKWY

CRANSTON, RI 02921

NEW FORKLIFT QUOTE FOR TOWN OF WATERFORD

1) MAKE: HYUNDAI
2) MODEL: 25L-9A
3) CAPACITY: 5000 LBS
4) FUEL: PROPANE
5) MAST: 185" TRIPLE, 86" DOWN HEIGHT, WITH TILT
6) ATTACHMENT: SIDESHIFT
7) FORKS: 48"
8) TIRES: SOLID PNEUMATIC
9) LCD SCREEN WITH LOAD SENSING SYSTEM
10) BACK UP ALARM
11) 48" LOAD BACK REST
12) 3-SPOOL VALVE AND LEVER
13) PARKING BRAKE AND KEY SWITCH
14) LED HEADLIGHTS
15) REAR VIEW MIRRORS
16) FULL SUSPENSION SEAT
17) LED TURN AND STOP LIGHTS
18) REAR ASSIST GRIP WITH HORN
19) SWING OUT LPG BRACKET WITH ALARM
20) PAINT: SAFETY YELLOW

PRICE: $25,225.00 DELIVERED

WARRANTY: 3 YEARS OR 4000 HOURS. PARTS AND LABOR INCLUDED ON ANYTHING DEFECTIVE.

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

September 23, 2020

Mr. Robert J. Brule
First Selectman
Town of Waterford
15 Rope Ferry Road
Waterford, CT 06385

Re: Bid Waiver – **Apple iPads and Smart Covers**

Mr. Brule:

The Purchasing Agent, on behalf of the IT Department, respectfully seeks a Bid Waiver for Apple iPads and Smart Covers to be provided by Apple Inc. in the amount of $51,450.00. This Request is in accordance with The Purchasing Ordinance Section 3.08.050.
These Items are solely manufactured by the vendor, and pricing is specifically for schools and institutions of learning.
Funds will be available from Line Item 21460-59901.

Please see attached quote.

Sincerely,

Rawle Dummett
Purchasing Agent,
Town of Waterford

WATERFORD PUBLIC SCHOOLS

Mr. Thomas W. Giard III
Superintendent of Schools

Mr. Craig C. Powers
Assistant Superintendent

September 15, 2020

To: Board of Selectmen

From: Ed Crane, Director of Information Technology

After reviewing the Apple iPad proposal number 220653731, I request that we proceed with the purchase in the amount of $51,450.00.

If you have any questions or comments, please contact me at (860) 444-5849.

EC/plt

CC: Rawle Dummett, Town Purchasing Agent

15 Rope Ferry Road • P.O. Box 284 • Waterford, CT 06385
Phone: 860-444-5801 • Fax: 860-444-5870 • www.waterfordschools.org

Apple Inc. Education Price Quote

Customer:	Ed Crane WATERFORD PUBLIC SCHOOLS BUSINESS OFFICE Phone: 8604400565 email: ecrane@waterfordschools.org	**Apple Inc:**	Chantal Barton 5505 W Parmer Lane Bldg 7 Austin, TX 78727 email: chantal_r_barton@apple.com
Apple Quote:	2206535731		
Quote Date:	Thursday, September 03, 2020		
Quote Valid Until:	Saturday, October 03, 2020		

Quote Comments:
Please reference Apple Quote number on your Purchase Order.

Row #	Details & Comments	Qty	Unit List Price	Extended List Price
1	**10.2-inch iPad Wi-Fi 32GB - Space Gray (10-pack)** Part Number: MW7L2LL/A	150	$294.00	$44,100.00
2	**Smart Cover for iPad (7th generation) and iPad Air (3rd generation) - Black** Part Number: MX4U2ZM/A	150	$49.00	$7,350.00

Edu List Price Total	**$51,450.00**
- Additional Tax	$0.00
- Estimated Tax	$0.00
Extended Total Price*	**$51,450.00**

*In most cases Extended Total Price does not include Sales Tax
*If applicable, eWaste/Recycling Fees are included. Standard shipping is complimentary

Complete your order by one of the following:

- This document has been created for you as Apple Quote ID 2206535731. Please contact your institution's Authorized Purchaser to submit the above quote online. For account access or new account registration, go to https://ecommerce.apple.com. Simply go to the Quote area of your Apple Education Online Store, click on it and convert to an order.
    - For registration assistance, call 1.800.800.2775
- If you are unable to submit your order online, please send a copy of this Quote with your Purchase Order via email to

institutionorders@apple.com. Be sure to reference the Apple Quote number on the PO to ensure expedited processing of your order.

- For more information, go to provision C below, for details.

THIS IS A QUOTE FOR THE SALE OF PRODUCTS OR SERVICES. YOUR USE OF THIS QUOTE IS SUBJECT TO THE FOLLOWING PROVISIONS WHICH CAN CHANGE ON SUBSEQUENT QUOTES:

A. ANY ORDER THAT YOU PLACE IN RESPONSE TO THIS QUOTE WILL BE GOVERNED BY (1) ANY CONTRACT IN EFFECT BETWEEN APPLE INC. ("APPLE") AND YOU AT THE TIME YOU PLACE THE ORDER OR (2), IF YOU DO NOT HAVE A CONTRACT IN EFFECT WITH APPLE, CONTACT contracts@apple.com.

B. ALL SALES ARE FINAL. PLEASE REVIEW RETURN POLICY BELOW IF YOU HAVE ANY QUESTIONS. IF YOU USE YOUR INSTITUTION'S PURCHASE ORDER FORM TO PLACE AN ORDER IN RESPONSE TO THIS QUOTE, APPLE REJECTS ANY TERMS SET OUT ON THE PURCHASE ORDER THAT ARE INCONSISTENT WITH OR IN ADDITION TO THE TERMS OF YOUR AGREEMENT WITH APPLE.

C. YOUR ORDER MUST REFER SPECIFICALLY TO THIS QUOTE AND IS SUBJECT TO APPLE'S ACCEPTANCE. ALL FORMAL PURCHASE ORDERS SUBMITTED BY EMAIL MUST SHOW THE INFORMATION BELOW:

- APPLE INC. AS THE VENDOR
- BILL-TO NAME AND ADDRESS FOR YOUR APPLE ACCOUNT
- PHYSICAL SHIP-TO NAME AND ADDRESS (NO PO BOXES)
- PURCHASE ORDER NUMBER
- VALID SIGNATURE OF AN AUTHORIZED PURCHASER
- APPLE PART NUMBER AND/OR DESCRIPTION OF PRODUCT AND QUANTITY
- *TOTAL DOLLAR AMOUNT AUTHORIZED OR UNIT PRICE AND EXTENDED PRICE ON ALL LINE ITEMS*
- CONTACT INFORMATION: NAME, PHONE NUMBER AND EMAIL

D. UNLESS THIS QUOTE SPECIFIES OTHERWISE, IT REMAINS IN EFFECT UNTIL Saturday, October 03, 2020 UNLESS APPLE WITHDRAWS IT BEFORE YOU PLACE AN ORDER, BY SENDING NOTICE OF ITS INTENTION TO WITHDRAW THE QUOTE TO YOUR ADDRESS SET OUT IN THE QUOTE.

- APPLE MAY MODIFY OR CANCEL ANY PROVISION OF THIS QUOTE, OR CANCEL ANY ORDER YOU PLACE PURSUANT TO THIS QUOTE, IF IT CONTAINS A TYPOGRAPHIC OR OTHER ERROR.

E. THE AMOUNT OF THE VOLUME PURCHASE PROGRAM (VPP) CREDIT SHOWN ON THIS QUOTE WILL ALWAYS BE AT UNIT LIST PRICE VALUE DURING REDEMPTION ON THE VPP STORE.

F. UNLESS SPECIFIED ABOVE, APPLE'S STANDARD SHIPPING IS INCLUDED IN THE TOTAL PRICE.

Opportunity ID:
https://ecommerce.apple.com
Fax:

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

September 28, 2020

Mr. Rob Brule
First Selectman
Town of Waterford
15 Rope Ferry Road
Waterford, CT 06385

Re: Cooperative Purchasing-Waterford Beach Outdoor Mats

Dear Mr. Brule:

In keeping with Section 3.08.010 of the Purchasing Ordinance- Cooperative Purchasing, the Purchasing Department on behalf the Recreation and Parks Department, is respectfully seeking the Board's approval to Award the contract for this project to Deschamps Mat Systems in the amount of $14,432.91. This vendor is contracted to perform these services under General Services Administration Cooperative Contract GS-07F-0316L.
Funds will be available from Line Item 21637-54020 Reeves Grant, 21237-54181 Contributed Gifts and 10137-52420 Maintenance of Property.

Sincerely,

Rawle Dummett
Purchasing Agent,
Town of Waterford

FIFTEEN ROPE FERRY ROAD

WATERFORD, CT

WATERFORD RECREATION AND PARKS COMMISSION

TO: First Selectman Robert Brule & Board of Selectman
FROM: Brian W. Flaherty, Director
DATE: *9/30/2020*
RE: Deschamps Mat Purchase
Cc: Rawle Dummett, Purchasing Agent. Kimberly Allen, Finance Director

Rob:

After consulting with the purchasing agent and finance director, I recommend that the Town purchase RecPath AFX accessible sand mats for Waterford Beach Park from Deschamps Mats Systems, Inc. (GSA Cooperative Contract GS-07F-0316L). We currently have funding in the following sources:

21637-54020 Reeves Grant: $10,000 21237-54181 Contributed Gifts: $4,200

10137-52420 Maintenance of Properties: $232.91

Thank you for your consideration.

FIFTEEN ROPE FERRY ROAD

WATERFORD, CT (

WATERFORD RECREATION AND PARKS COMMISSION

TO: Kimberly Allen, Finance Director
FROM: Brian W. Flaherty, Director
DATE: 9/24/2020
RE: Deschamps Mat Purchase
Cc: Rawle Dummett

Kim:

We are in the process of purchasing RecPath AFX sand mats for Waterford Beach Park from Deschamps Mats Systems, Inc. (GSA Cooperative Contract GS-07F-0316L). We currently have funding in the following sources:

21637-54020 Reeves Grant: $10,000 21237-54181 Contributed Gifts: $4,200

The total costs of the mats is $14,432.91 leaving a shortage of $232.91. I respectfully ask for approval to take this out of 10137-52420.

DMS
DESCHAMPS MAT SYSTEMS

Mobimat. BY DESCHAMPS
Mobichair BY DESCHAMPS

January 23, 2020

Mobi-Mat Sole Source Certification

To Whom It May Concern:

We want to confirm and certify that the accessibility beach access mats, sold on the North American market including USA and Canada under the brand name "Mobi-Mat" are exclusively distributed by Deschamps Mats Systems Inc. (dba DMS), which is the wholly owned US subsidiary of the French manufacturer, Deschamps SA, located in the town of La Couronne, France.

DMS is headquartered in New Jersey, at 218 Little Falls Road, Unit 12, Cedar Grove, NJ 07009 and is acting as the exclusive importer distributor of the Mobi-Mats for the entire United States.

Mobi-Mats can solely be purchased from Deschamps Mat Systems (DMS) and cannot be obtained through any other source.

Should you have any additional questions or need clarification, please do not hesitate to contact our office at: 973-928-3040 or email to our customer service assistant@mobi-mat-dms.com.

You can also reach me at: sandrine.carpentier.bernard@mobi-mat-dms.com.

I remain at your disposal.

Sincerely

Deschamps Mats Systems
218 Little Falls Road, Unit 12
Cedar Grove, NJ 07009

Sandrine Carpentier Bernard
Managing Director
DMS, Inc. – Deschamps Mats Systems, Inc.

☎ 973 737-9078 | 973 932 3589

sandrine.carpentier.bernard@mobi-mat-dms.com

Deschamps Mats Systems, Inc.

218 Little Falls Rd, #12
Cedar Grove, NJ 07009

Quote

Date	Quote #
7/30/2020	E4615

Customer	Ship To
TOWN OF WATERFORD Brian Flaherty 15 Rope Ferry Road, Waterford, CT 06385-2	WaterFord Parks & Rec Commission 305 Great Neck Rd, Waterford , CT , 06385

Terms	Rep	FOB	Quotation valid until
Net 30	LTPR	New-Jersey	9/30/2020

Item	Description	Qty	Cost	Total
215071	ACCESS 1 - RECAPTH AFX GOLDEN SAND 6,5'x50' Equipped with two C, one X connection and staples	1	2,429.00	2,429.00
215075	RECPATH AFX GOLDEN SAND 6,5'x100' Equipped with two C,one X connection and staples	2	4,575.00	9,150.00
P-187780	CONNECTORS C 78" Connector for Mobi-Mat in 6,5' wide	2	68.00	136.00
215069	RECPATH AFX GOLDEN SAND 6,5'x33' Equipped with two C,one X connection and staples	2	1,909.00	3,818.00
	*** WATERFORD BEACH ENTRANCE ACCESS 1 **			
DISCOUNT	Discount 10% OFF FIRST ORDER		-1,553.30	-1,553.30
DELIVERY NON...	Boxing/crating, Shipping, Handling, Delivery		453.21	453.21

Freight Quote is an estimate only and may be subject to change at time of shipment	**Subtotal**	$14,432.91
If authorized by your terms of sales or approved by your representative your signature below will act as consent to proceed with this order as quoted and will become a binding agreement to purchase. Credit Card Payments will be assessed a 3% fee.	**Sales Tax (0.0%)**	$0.00
	Total	$14,432.91

Currency Shown in U.S. Dollar - Foreign customers please remit payment in USD to avoid re-invoicing of any exchange rate loss or fees.

Signature _____

8

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

September 24, 2020

Mr. Rob Brule
First Selectman
Town of Waterford
15 Rope Ferry Road
Waterford, CT 06385

Re: Bid Award – BID#20-107 Police Department 2021 Ford Utility Vehicles

Dear Mr. Brule,

Bid Proposals for the above mentioned bid were opened on September 16, 2020 at 10:00 a.m. by Maryellen McConnell – Administrative Assistant, Joan Barnes – Executive Secretary and I with the attached results. After careful analysis of the submissions, I recommend that MHQ Inc. be awarded the contract to supply the vehicles stated in this bid for the amount of $169,575.00. These replacements are as scheduled within the Fleet Plan.
Funds will be made available from Line Item **24207-54070** Vehicle Replacement.

Sincerely,

Rawle Dummett
Purchasing Agent,
Town of Waterford

WATERFORD POLICE DEPARTMENT

Memo

To: The Board of Selectmen

From: Sergeant Andrew Farrior AFF 9/18

CC: Chief Brett Mahoney

Date: September 17, 2020

Re: **Purchase of Police Vehicles- FY'21**

In accordance with the town of Waterford Fleet Plan, the Waterford Police Department is scheduled to replace five police vehicles in Fiscal Year 2021. A bid request was completed and two bids were submitted. The bids were received from Tasca Ford and MHQ, Inc. The bid provided by Tasca Ford was in the amount of $176,390.00. The bid provided by MHQ was in the amount of $169,575.00. Both bids were for the same vehicle, equipped with the same options.

It is my recommendation that the town proceed with acquiring the vehicles from MHQ, as they are less expensive and in prior dealings with them we haven't had any significant issues.

Bid Tabultaion - Request for Quote Bid#20-107 Patrol Vehicles			
Vendor	Base Bid	Make/Model	Total
TASCA FORD	$35,278.00	Per Specifications Provided	$176,390.00
M. H. Q	$33,915.00	Per Spceifications Provided	$169,575.00

POLICE DEPARTMENT PATROL VEHICLE MINIMUM SPECIFICATIONS

The Town of Waterford requests bids for the purchase and delivery of six (5) patrol vehicles to replace vehicles currently used by the Police Department. All vehicles shall be delivered to 41 Avery Lane Waterford, CT 06385. These vehicles shall meet the following minimum specifications (all units are to be delivered "turnkey):

FORD, 4-DOOR SEDAN, POLICE INTERCEPTOR PACKAGE K8A 3.3L V6 Direct Injection 10 Speed Automatic AWD

CRUISER SPECIFICATIONS/OPTIONS

MODEL/PRODUCT#	DESCRIPTION
K8A	**(Qty. 5)-2021 Ford Police Interceptor Utility**
99B/44U	3.3L V6 Direct-Injection with 10-Speed Automatic Transmission
UA	Agate Black
43D	Dark Car Feature
17T	Dome Light- Red/White in Cargo Area
59B	Keyed Alike- 1284x
87R	Rear View Camera- Image Displayed in Rear View Mirror
76 R	Reverse Sensing System
51T	Spot Lamp, Whelen, LED Bulb, Driver Only
55B	BLISS w/Heated Mirrors
153	License Plate Bracket
60R	Noise Suppression
N/A	All Four Doors Painted White

SPECIAL CONDITIONS

Company Name: MHQ, INC.

A. CONTACT PERSON

During the course of this request process, from issuance until a recommendation for award, Bidders shall not initiate contact related to this request with anyone other than the officially designated individual.

For this bid the contact is Rawle Dummett at 860-444-5842 or email: rdummett@waterfordct.org.
Failure to abide by this requirement may result in disqualification from further participation in this process.

B. QUESTION DEADLINE

All questions regarding this Request for Proposal shall be directed by email to Rawle Dummett. All inquiries shall clearly identify the name of the firm and the authorized representative, the RFP number and title.

The deadline for receipt of questions from Bidders in regards to this RFP is Wednesday August 12, 2020.

Responses will be prepared by the Town in an addendum and published on the Town of Waterford web site at: https://www.waterfordct.org/purchasing under Bids& Vendors, under this bid name. The responses in writing are the only official answers.

C. SUBMITTAL INSTRUCTIONS

The Town desires to receive a clear, concise, economical presentation of the vendor's proposal. Bidders should submit the following with their bid:

1. One original of the bid packet and Two Copies.
2. One original of the completed bid forms and Two Copies.
3. One original of signed bid addendum(a) and Two Copies.
4. Submit all of the above in a sealed envelope with the bid number and project name in the lower left hand corner of envelope, with the bidder's name clearly written on the envelope.

Failure to submit a proposal in the manner indicated may be cause for it to be considered 'non-responsive' and ineligible for consideration and subsequent award.

PROPOSAL FORM - PAGE 1

SUBMITTED BY:

Company Name: MHQ, Inc.

Address: 401 Elm Street Town: Marlborough

State: MA Zip: 01752

Phone (860) ~~388-7~~ 788-6816 Fax: 358-9174 Email: MSHEEHAN@MHQ.COM

CERTIFICATION: (if a Submission is Offered):
The undersigned hereby affirms that:

- He/she is a duly authorized agent of the Bidder,
- He/she has read the General Terms and Conditions, the Special Conditions and any technical specifications that were made available to the Bidder in conjunction with this Bid and fully understands and accepts these terms unless specific variations have been expressly listed on the Bid Proposal Form;
- The Submission is being offered independently of any other Bidder and in full compliance with the collusive prohibitions specified in the General Terms and Conditions of this solicitation; and
- The Bidder will accept any awards made to them as a result of this Solicitation for a minimum of ninety (90) calendar days following the date and time of the bid opening.

By: [signature] 3/5/2020

Manual Signature of Agent — Date

Marc Sheehan — Fleet Manager

Typed/Printed Name of Agent — Title of Agent

Include Original with Submission

Affix Manual signature of authorized agent.

NO OFFER:
Indicate reason(s) why no offer is being submitted at this time.

$33,915.00 PER VEHICLE
$169,575.00 For 5 Ford PIU's

PROPOSAL FORM - PAGE 2

Company Name: MHQ, Inc.

PROMPT PAYMENT TERMS:

Discount: N/A %__Days Net:___Days

VARIATIONS:

The Bidder shall identify all variations and exceptions taken to the General Terms and Conditions, the Special Conditions and any Technical Specifications in the space provided below; provided, however, that such variations are not expressly prohibited in the Bid documents. For each variation listed, reference the applicable section of the bid document. If no variations are listed here, it is understood that the Bidder's Proposal fully complies with all terms and conditions. It is further understood that such variations may be cause for determining that the Bid Proposal is non- responsive and ineligible for award:

Page #:_____Item # of Section: _____

Variance

_____

_____

_____

Page #:_____Item # of Section: _____

Variance

_____

_____

_____

Page #:_____Item # of Section: _____

Variance

_____

_____

_____

TOWN OF WATERFORD

NON-COLLUSION STATEMENT

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid."

We understand that this proposal must be signed by an authorized agent of our company to constitute a valid proposal.

Date: 8/5/20

Name of Company: MHQ, Inc.

Name and Title of Agent: Marc Sheehan

By (SIGNATURE): Marc Sheehan

Address: 401 ELM St. Marlborough, MA

Telephone Number: (860) 788-6816

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT ACTIVITIES

Please indicate the name and address of the company official(s) responsible for carrying out the Equal Employment Opportunity/Affirmative Action Program for your company.

If your company does not have a written affirmative action plan, please estimate the number of vacancies during the next 12 months, and indicate the numerical or percentage goals you have set for the employment of minority people and females to make your labor force reflective of the labor market in which you operate.

Expected vacancies in next 12 months = 3, replacement goals are to hire 3 females, 1 white, 1 Hispanic, 1 black. Currently workforce is 94% male, 33% hispanic, 67% white.

The vendor/bidder understands that failure to complete the above form in a satisfactory manner will preclude such vendor from being actively considered for contract with the Town of Waterford. The vendor /bidder also understands that the Affirmative Action statements will become part of any contract, and that breach of such statements will constitute a breach of the contract subject to such remedies as provided by law.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries above are true, complete, and correct to the best of my knowledge and belief.

Date July 30, 2020 Signature [signature] Title CEO

Subscribed and sworn to before me at Middlesex, Massachusetts ~~Connecticut,~~

this 30th Day of July 2020.

CAROL A. B. O'CONNELL
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
January 31, 2025

AFFIRMATIVE ACTION STATEMENT

NOTE: IF YOUR COMPANY HAS LESS THAN 10 EMPLOYEES, OR HAS COMPLETED THIS SAME FORM WITHIN 1 YEAR, YOU MAY DISREGARD THE FOLLOWING EQUAL EMPLOYMENT/AFFIRMATIVE ACTION SECTION, EXCEPT AS NOTED.

OR: (1) The number of employees _____

(2) Completed this form within one year _____Yes _____No

FOR SEALED BIDS: If your company has completed this form within one year Please forward a photocopy of the initial form with your bid. If significant Changes have taken place within the past year, please update the information on this form.

REQUIREMENT – Any vendor/bidder seeking to do business with the Town of Waterford must, upon request, supply the Town and/or the Waterford Human Resources with any information concerning the Affirmative Action/Equal Employment practices of the vendor/bidder, which the Town and/or Commission deems necessary in fulfilling its charge. Failure to supply such information, when requested, will result in the termination of any further transactions between the vendor/bidder and the Town of Waterford.

COMPANY NAME AND ADDRESS

MHQ, Inc. 401 Elm St. Marlboro, MA 01752

TYPE OF BUSINESS

Vehicle Upfitter

TYPE OF ORGANIZATION

Corporation ✓ Partnership _____ Individual _____

If unit filing this application is not the above-named company, give the name, address, and telephone number of reporting unit. (Branch, agent, representative).

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

September 24, 2020

Mr. Rob Brule
First Selectman
Town of Waterford
15 Rope Ferry Road Waterford, CT 06385

Re: Disposal of aged assets.

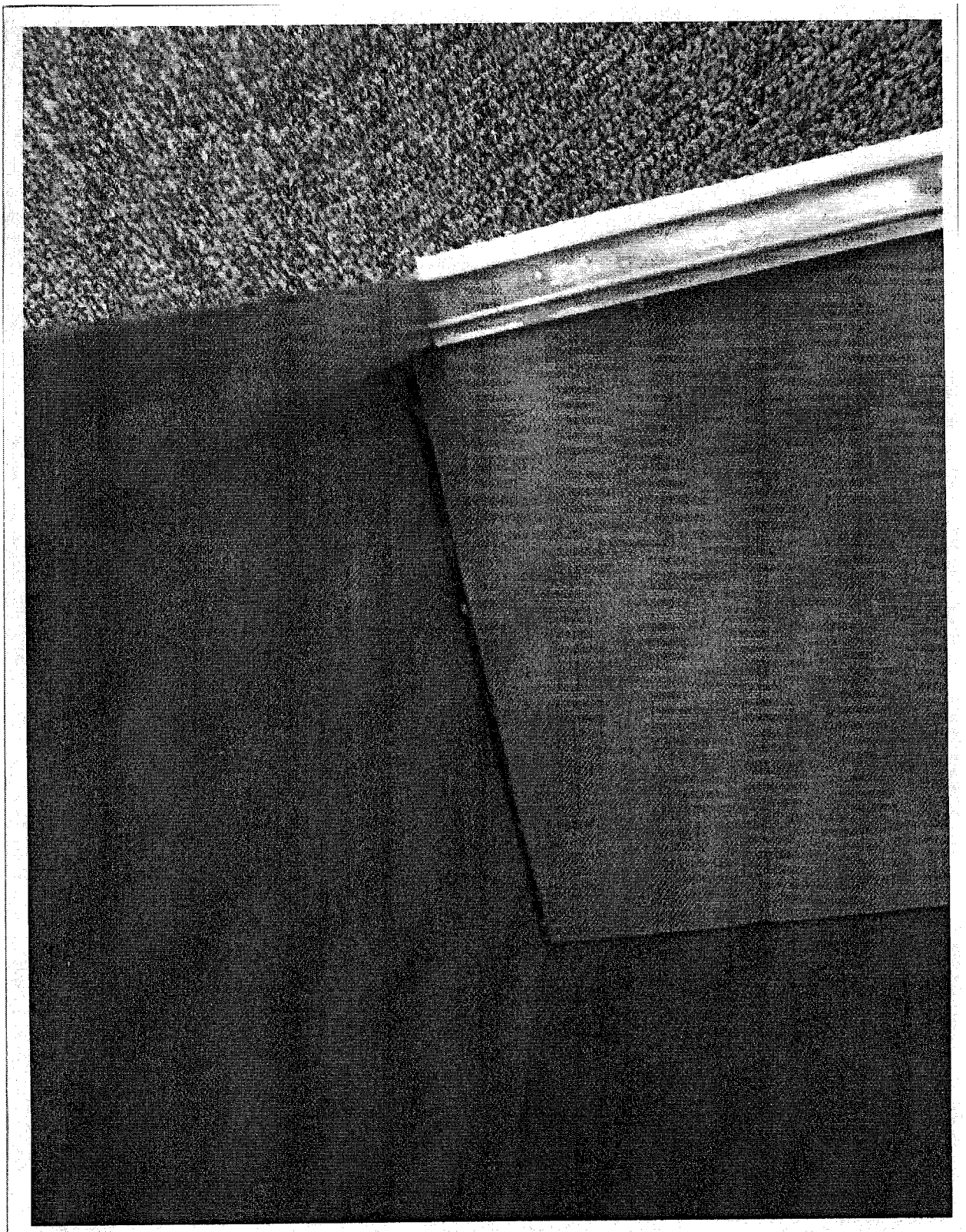
Mr. Brule:

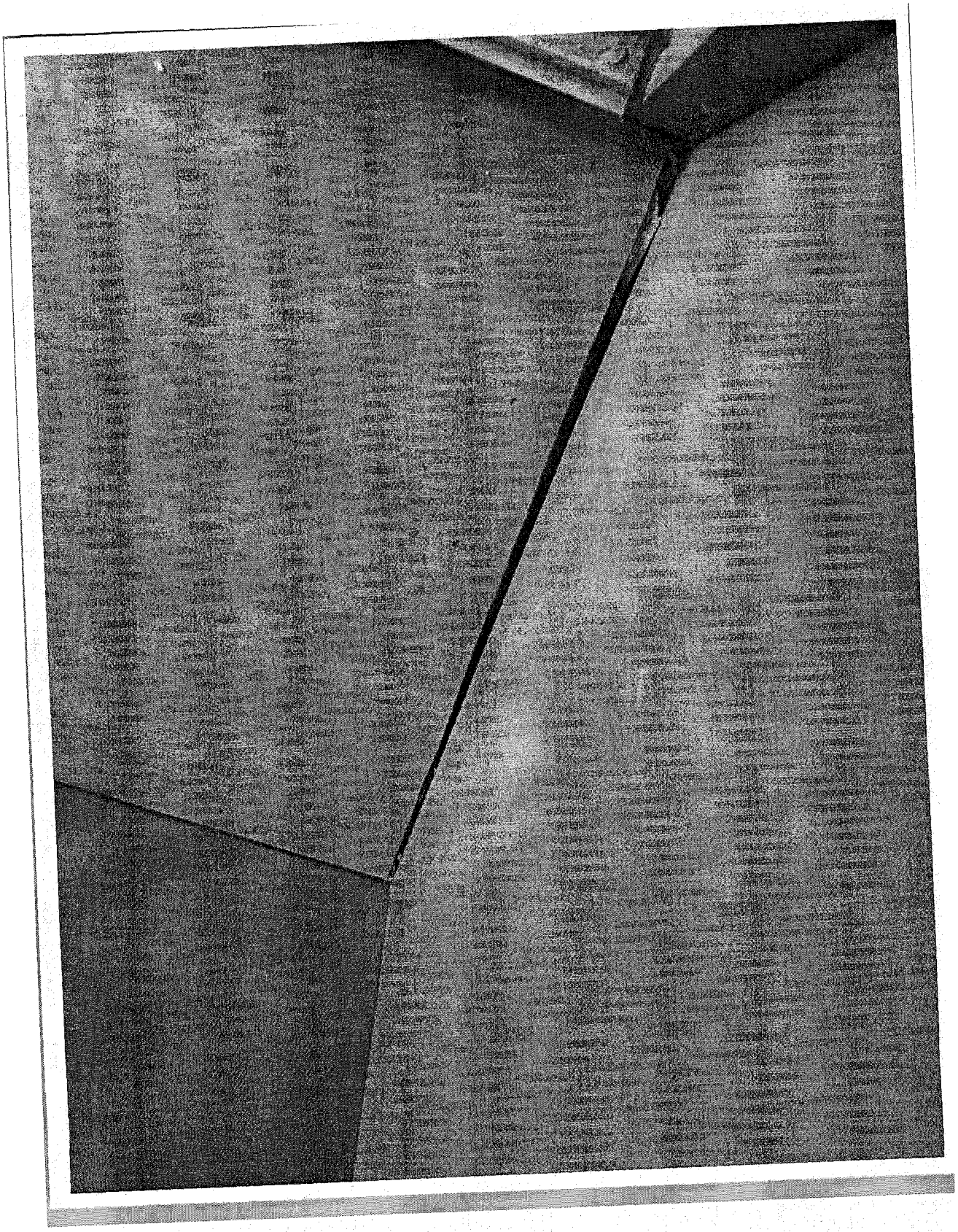
The Purchasing Agent seeks permission from the Board of Selectmen to dispose of the assets listed below in accordance with chapter 3.08.020 of the Ordinance. These items are damaged, have outlived their usefulness to the Town, and will be disposed of at the transfer station.

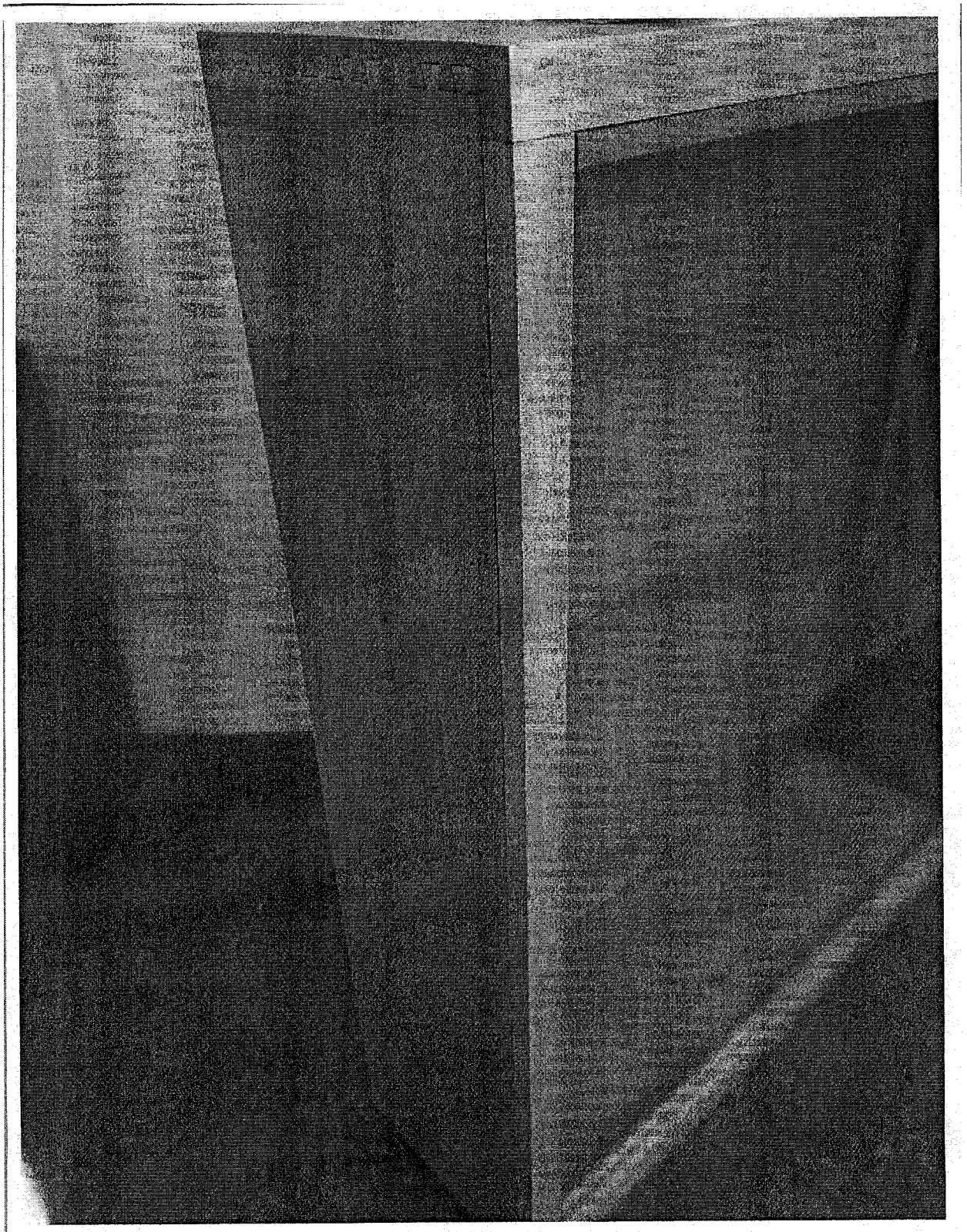
- Small Cupboard Asset ID:01615
- Book Shelf- No asset ID.

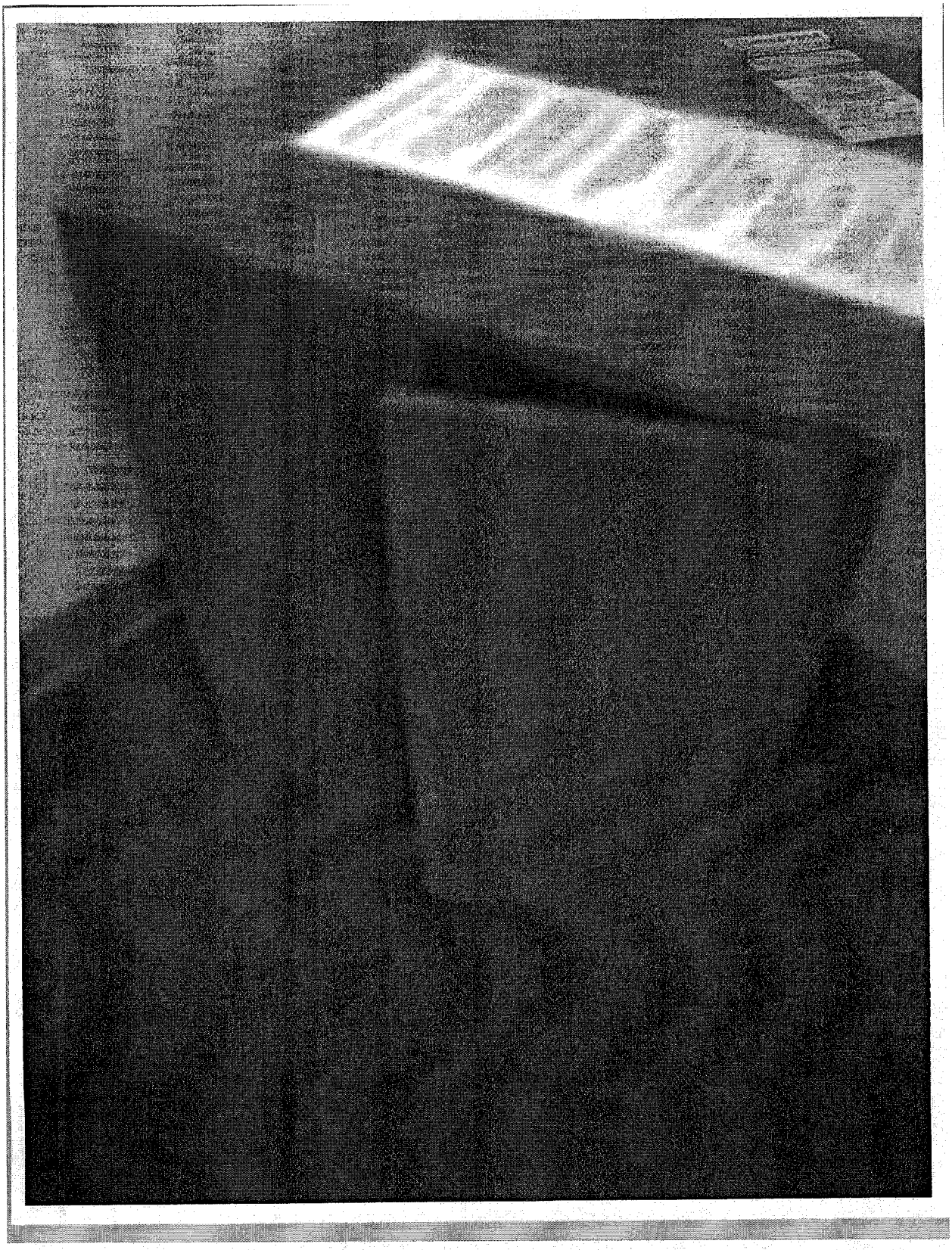
Sincerely

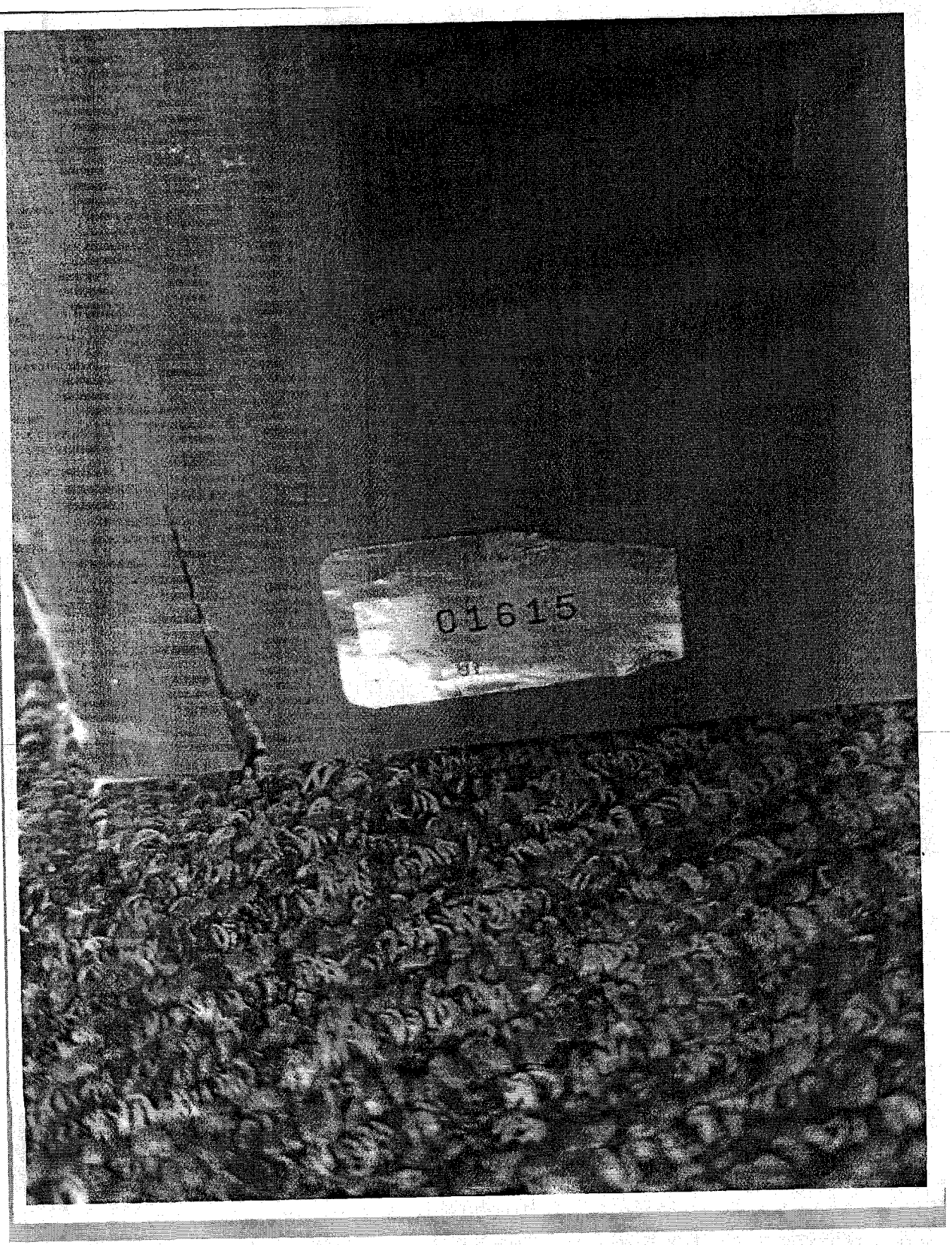
Rawle Dummett
Purchasing Agent,
Town of Waterford










01615

FIFTEEN ROPE FERRY ROAD
WATERFORD, CT 06385-2886

PHONE: 860-442-0553
www.waterfordct.org

September 30 2020

Mr. Rob Brule

First Selectman
Town of Waterford
15 Rope Ferry Road
Waterford, CT 06385

Re: Reject Bids - Bid#19-104(b) Thames River Dock Removal Project

Dear Mr. Brule:

Bids for the above mentioned proposal were opened on June 23, 2020 by Maryellen McConnell-Office Coordinator, Kathy Peterson-Executive Secretary and I with the attached results. However, the Department of Economic and Community Development (DECD) in conjunction with the U.S. Navy have proposed significant modifications to the scope of work- (helical and concrete anchors can now remain in place). This project will be re-advertised as an entirely new project as soon as the modified Bid Package is approved.

As a result of these subsequent changes, I respectfully request the Board to formally reject all bid submissions as we coordinate a way forward.

Rawle Dummett
Purchasing Agent,
Town of Waterford

Tabulation Sheet Bid#19-104(b) Thames River Dock Removal 06/23/2020 2:00 p.m.								
Company	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Total
Atlantic Marine Construction	$10,000.00	$0.00	$20,000.00	$40,000.00	$284,924.00	$4,000.00	$32,000.00	$390,924.00
Giordano Construction	$149,000.00	$100.00	$85,000.00	$100,000.00	$149,960.00	$29,000.00	$240,000.00	$753,060.00
Mohawk Northeast Inc.	$35,000.00	$1.00	$35,000.00	$10,000.00	$252,682.60	$5,000.00	$100,000.00	$437,683.60
Coastline Consulting and Development LLC.	$0.00	$0.00	$33,750.00	$78,750.00	$112,470.00	$25,594.00	$121,500.00	$372,064.00
Wiese Construction Inc.	$2,450.00	$500.00	$2,450.00	$3,604.00	$14,996.00	$2,750.00	$22,250.00	$49,000.00
Blakeslee Arpaia Chapman, Inc.	$31,600.00	$500.00	$41,000.00	$37,000.00	$528,609.00	$11,250.00	$84,800.00	$734,759.00
Bid Bonds were submitted by all bidders.								

E.MERGENCY
M.ANAGEMENT
P.ERFORMANCE
G.RANT

FFY 2020 APPLICATION
Due: September 30, 2020

State of Connecticut

Department of Emergency Services and Public Protection

Division of Emergency Management and Homeland Security

TABLE OF CONTENTS

COMPLETION CHECKLIST FOR SUB-GRANTEE

The following forms are necessary for the timely completion of this document. Please use this aid to ensure all documents are included in your submission. More detailed information is available in the EMPG Manual.

- ■ Section B: Application Information and Data Sheet
- ■ Section C: Municipal Resolution
- ■ Section D: EMPG Financial Tool Budget Tab
- ■ Section E: Master Staffing Pattern and Training History
- ■ Section F: NEMA Survey attached (Optional)
- ■ Job Descriptions have been attached if applicable (Available on website)

DEMHS REGIONAL CONTACT INFO

For assistance filling out this application please contact your DEMHS Regional Coordinator.

Region 1	Robert Kenny Regional Coordinator	149 Prospect Street, Bridgeport, CT 06604 Phone: 203.696.2640 Email: Robert.Kenny@ct.gov	Fax: 203.334.1560
Region 2	Jacob Manke Regional Coordinator	1111 Country Club Road, Middletown, CT 06457 Phone: 860.685.8105 Email: Jacob.Manke@ct.gov	Fax: 860.685.8366
Region 3	William Turley Regional Coordinator	DEMHS - 360 Broad Street Hartford CT 06105 Phone:860.529.6893 Email: William.Turley@ct.gov Mailing address: P.O. Box 1236 Glastonbury, CT 06033	Fax: 860.257.4621
Region 4	Michael Caplet Regional Coordinator	15-B Old Hartford Road Colchester, CT 06415 Phone:860.465.5460 Email: Mike.Caplet@ct.gov	Fax: 860.465.5464
Region 5	John Field Regional Coordinator	55 West Main Street, Suite 300 Box 4 Waterbury, CT 06702 Phone: 203.591.3509 Email: John.Field@ct.gov	Fax: 203.591.3529

SECTION A. APPLICATION INSTRUCTIONS

Below are brief instructions for filling out each application form. Please fill out these forms completely and accurately. **Please be reminded that all signatures are required to be original on this document. Copies will not be accepted.** Please **sign** or **initial** where you see the following tabs: 

1. **Manual:** Please print and review the EMPG Program Manual (https://portal.ct.gov/-/media/DEMHS/_docs/Grants/EMPG/2019-Manual-Sample.pdf?la=en). The Subgrantee is responsible for the information contained in this document. More complete instructions are available in this document.

2. **Section B: Applicant Information and Datasheet**: Please fill out boxes 1-16 with the necessary information.

3. **Section C: Municipal Resolution:** Please provide a municipal resolution to grant the Chief Executive Officer the authority to sign the EMPG application package on behalf of the municipality. For more information on resolution specifics please reference the EMPG Program Manual.

4. **Section D: EMPG FINANCIAL TOOL-Budget Preparation:** Fill in your budget request for the performance period of 10/1/20-9/30/21 in the 2020 EMPG SLA Financial Tool. Please submit this budget electronically to your DEMHS Regional Office for review upon submittal of the application. Please consult the 2020 EMPG Manual for any additional forms.

5. **Section E: Master Staffing Pattern**: The Master Staffing Form comes pre-populated with the training records of local personnel who have reported completion of the IS and/or PDS course requirements. Towns may use this form to report on any additional courses completed since their last EMPG application.

6. **Additional Forms:** Please review the remaining list of forms available on our website at https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant/Guidance-and-Forms to determine if any of these forms will be needed for your application:

   Emergency Management Director Job Description – Use this form if you have hired a new Emergency Management Director.

   Emergency Management Deputy Director Job Description – Use this form if you have hired a new Emergency Management Deputy Director.

   Emergency Management Support Staff Job Description – Use this form if you have hired new Emergency Management Support Staff (e.g. Clerical).

   Request for Transcripts from EMI – Use this form to request a transcript of the courses you have completed through FEMA and/or the Emergency Management Institute (EMI).

Once all of the necessary forms are filled out and signed, complete the application by signing and dating the Applicant Information and Data Sheet. Attach the Budget and all other forms and submit the Application Package to your DEMHS Regional Office.

SECTION B. EMPG APPLICATION INFORMATION AND DATA SHEET

All Forms Must Be Original - Copies Will Not Be Accepted

Mail Completed Applications To:
DEMHS Regional Coordinator (See Page 2 of this application for contact information)

SPCP Unit Use Only

1. Name of Municipality or Agency Applying for Subgrant: Town of Waterford	**2. Period of Award for this Subgrant: 10/1/20 – 9/30/21**
3. Emergency Management Director Name & Address Name: Steven Sinagra Title: EMD Organization: Town of Waterford Emergency Management Address Line 1: 204 Boston Post Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (860) 442-9585 Fax: (860) 443-5327 E-mail: ssinagra@waterfordct.org	**4. Official Authorized to Sign for the Applicant:** Name: Robert Brule Title: First Selectman Organization: Town of Waterford Address Line 1: 15 Rope Ferry Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (660) 444-5834 Fax: (860)444-0273 E-mail: rbrule@waterfordct.org
5. Municipal/Agency Financial Officer Name: Kim Allen Title: Director of Finance Organization: Town of Waterford Address Line 1: 15 Rope Ferry Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (860) 444-5840 Fax: (860) 444-0579 E-mail: kallen@waterfordct.org	**6. Fiscal Point of Contact: (If Different than Financial Officer)** Name: Steven Sinagra Title: EMD Organization: Town of Waterford Address Line 1: 204 Boston Post Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (860) 442-9585 Fax: (860) 443-5327 E-mail: ssinagra@waterfordct.org
7. Applicant FEIN: 06-6002121	**8. Applicant DUNS #:** 08-334-3038
9. Applicant Fiscal Year End: June 30	**10. Date of Last Audit:** August 30, 2020
11. Dates Covered by Last Audit: July 1, 2019 **to** June 30, 2020	**12. Date of Next Audit:** August 30, 2021
13. Dates to be Covered by Next Audit: July 1, 2020 **to** June 30, 2021	

Please note that the information required for boxes 9 through 13 refers to the sub-grantee's audit cycle.

FEDERAL AUDIT AND DEBARMENT REQUIREMENT CERTIFICATION

14. ACKNOWLEDGEMENT OF FEDERAL SINGLE AUDIT SELF REPORTING REQUIREMENTS

- Sub-grantees that are required to undergo a Federal Single Audit as mandated by OMB Circular A-133 must alert CT DEMHS, in writing, to any specific findings and/or deficiencies with regard to the use of federal grant funds within 45 days of receipt of their audit report. This notification must identify the finding(s) / deficiencies and a corrective action plan for each.
- All sub-grantees must submit to CT DEMHS a copy of the audit report section pertaining to use of federal grant funds regardless of any findings or deficiencies, within 45 days of the receipt of that report.

Initial to indicate that this requirement has been read and understood: RB . INITIAL

15. AKNOWLEDGEMENT OF DEBARMENT REQUIREMENTS:

- The sub-grantee will confirm the eligibility status (via Sam.gov) of all vendors/contractors that the sub-grantee pays with EMPG SLA funds. The subgrantee will confirm that the vendors/contractors do not appear on the SAM's Exclusion List of federally debarred or suspended vendors.

Initial to indicate that this requirement has been read and understood: RB . INITIAL

16. I, the undersigned, for and on behalf of the named municipality, state agency, or regional planning organization, do herewith apply for this subgrant, attest that, to the best of my knowledge, the statements made herein are true, and agree to any general or special grant conditions attached to this grant application form. SIGN & DATE

Authorized Signatory: X Robert Brule **Date:** September 29, 2020

SECTION C. AUTHORIZING RESOLUTION

All Forms Must Be Original - Copies Will Not Be Accepted

This Blanket Resolution Can Also Be Used to Satisfy the Requirements of the Homeland Security Grant Program

AUTHORIZING RESOLUTION OF THE

Board of Selectmen

(Insert name of governing body--for example, town council)

CERTIFICATION:

I, David Campo, the Town Clerk of Waterford, CT,
(keeper of the records—for ex. town clerk or secretary of council)
do hereby certify that the following is a true and correct copy of a resolution adopted by Board of Selectmen at its duly called and held meeting on October 6, 2020, 20__,
(name of governing body) *(Month, Day)*
at which a quorum was present and acting throughout, and that the resolution has not been modified, rescinded, or revoked and is at present in full force and effect:

RESOLVED, that the Town of Waterford may enter into with and deliver
(name of governing body)
to the State of Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security, any and all documents which it deems to be necessary or appropriate; and

FURTHER RESOLVED, that Robert Brule, as First Selectman of
(name and title of officer)
Town of Waterford,
(Name of governing body)
is authorized and directed to execute and deliver any and all documents on behalf of the Town of Waterford
(name of governing body)
and to do and perform all acts and things which he/she deems to be necessary or appropriate to carry out the terms of such documents.

The undersigned further certifies that Robert Brule
(name of officer)
now holds the office of First Selectman and that he/she has held that office since November, 2019.

IN WITNESS WHEREOF: The undersigned has executed this certificate this 7th day of October 2020

David L. Campo, Town Clerk
(Name and title of record keeper)

INSERT TACTILE TOWN SEAL HERE

The Chief Executive Officer has not changed since the previous resolution was authorized on _____
(Date)

SECTION D. EMPG SLA FINANCIAL TOOL-BUDGET

Please Note: Applications will not be reviewed without the submittal of the EMPG Financial Tool "Application Budget" tabs.

Fill out the Application Budget portion of the tool by filling out the teal boxes for the following:

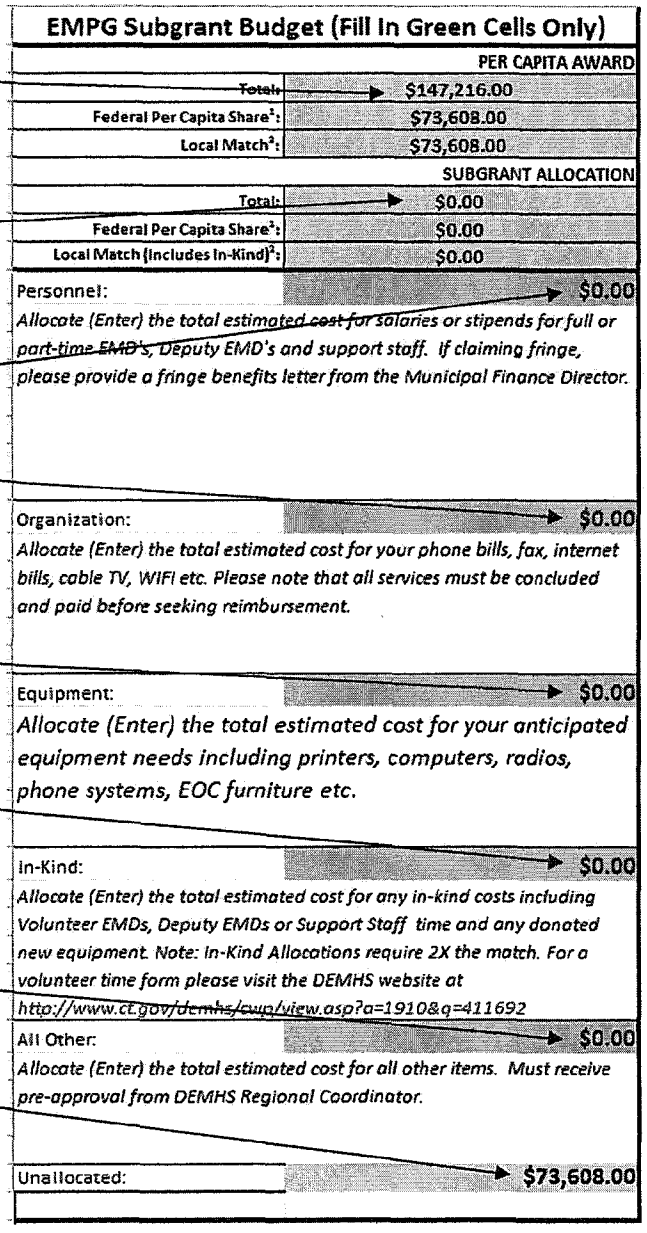
1. **Award Amounts:**

Per Capita Award: This amount is based on your town's population as listed in the State Register and Manual and is entered by the applicant from a table contained in the tool.

Sub grant Allocation: This totals as you fill in the categories below.

2. **Enter Categories:**

- **Personnel**- Enter the total estimated cost for salaries or stipends for full or part-time EMDs, Deputy EMDs and support staff.
- **Organization-** Enter the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.
- **Equipment**-Enter the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.
- **In kind**-Enter the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match.
- **All other**- Enter the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.
- **Unallocated** – This is the remaining balance of funding that you have not yet allocated to a particular category.



EMPG Subgrant Budget (Fill In Green Cells Only)	
	PER CAPITA AWARD
~~Total:~~	$147,216.00
Federal Per Capita Share[2]:	$73,608.00
Local Match[2]:	$73,608.00
	SUBGRANT ALLOCATION
Total:	$0.00
Federal Per Capita Share[2]:	$0.00
Local Match (Includes In-Kind)[2]:	$0.00
Personnel:	$0.00
Allocate (Enter) the total estimated ~~cost for salaries~~ or stipends for full or ~~part-time EMD's~~, Deputy EMD's and support staff. If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.	
Organization:	$0.00
Allocate (Enter) the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.	
Equipment:	$0.00
Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.	
In-Kind:	$0.00
Allocate (Enter) the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match. For a volunteer time form please visit the DEMHS website at http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692	
All Other:	$0.00
Allocate (Enter) the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.	
Unallocated:	$73,608.00

Section E. EMPG Master Staffing Pattern and Training History

The purpose of this form is to collect information regarding employees who will be funded under the Emergency Management Performance Grant (EMPG). Shown on the form are the current training records (completed courses are marked with their dates of completion) by your EMPG funded staff according to our records. These courses are required for all staff funded partially or fully under the EMPG.
Instructions: If you have completed additional courses please fill in the dates of completion for any courses. Please provide a copy of the course certificate(s). The deadline for new staff to complete all of the required courses is September 30, 2020.

Name	Position	Required Training Courses (Completed Courses Shown with date of completion)										
		IS-100.c	IS- 120.c	IS 200.c	IS-230.d	IS-235.c	IS-240.b	IS-241.b	IS-242.b	IS-244.b	IS-700.b	IS-800.c
Steven Sinagra	EMD	1/16/2007	7/22/2020	1/16/2007	7/30/2020	7/31/2020	8/3/2020	8/3/2020	8/3/2020	8/5/2020	8/29/2005	3/1/2007

If an employee funded by EMPG has yet to complete the Required FEMA IS courses at **https://training.fema.gov/is/searchis.aspx?search=PDS** (Professional Development Series) please complete the missing courses and submit your training certificate to your Division of Emergency Management and Homeland Security (DEMHS) Regional Office. If you need to request training certificates from FEMA, please request your transcript using the Transcript Request Form – EMI. You can find this form on our website at https://training.fema.gov/emiweb/downloads/tranrqst1.pdf

SECTION F. NEMA QUESTIONNAIRE

Each year the Division of Emergency Management and Homeland Security (DEMHS) fills out a survey from the National Emergency Management Association (NEMA). The purpose of the survey is to justify the funding we receive under the Emergency Management Performance Grant (EMPG).

To help us in filling out the survey for FY 2020, DEMHS is asking our EMPG participating towns to answer a few brief questions. Your answers will assist NEMA in justifying continued funding of the EMPG program to Congress.

1. What is your total emergency management budget: $1,087,258.00
   Please provide your total budget even if these costs exceed your EMPG allocation.

2. Is your Emergency Management Director?:
   (Check One)
   ___ Full-Time
   ___ Part-Time
   ___ Volunteer

3. Which official (if any) has the authority to issue a mandatory evacuation order?:
   (Check One)
   ___ Mayor
   ___ First Selectman
   ___ Town Manager
   ___ Other

EMPG Subgrant Budget (Fill In Green Cells Only)	Fiscal Year 2020	Sub-grantee Name: Waterford	Sub-Grant Number: 020E152A							
PER CAPITA AWARD			COST AND PAYMENT INFORMATION				QUARTERLY FINANCIAL REPORT /CLOSEOUT REPORT			
Total: $19,007.00			DATE PREPARED	PERIOD COVERED FROM	PERIOD COVERED THROUGH	FEDERAL FISCAL QUARTER				
Federal Per Capita Share[1]: $9,503.50										
Local Match[2]: $9,503.50										
SUBGRANT ALLOCATION							*All cells in this report will automatically total your figures based on the entries provided in Sections I and II.*			
Total: $19,007.00		Line Item Descriptions (Required)	ALL DIRECT COSTS PERSONNEL EQUIPMENT ETC.	FEDERAL SHARE Direct Costs @ 50% In-Kind Costs @ 33 1/3%	ATTACH COPY OF CHECK OR PAID RECEIPT	DATE OF PAYMENT	THIS QUARTERS OUTLAYS	COMBINED OUTLAYS	ALLOCATION BALANCE	FISCAL USE ONLY BUDGET DELTA%
Federal Per Capita Share[1]: $9,503.50		*Please Provide a 1-line Description of the Item Being Requested for Reimbursement*								
Local Match (Includes In-Kind)[2]: $9,503.50										
Personnel: $19,007.00	**Personnel Costs & Benefits (Includes Planning, Training and Exercises)**		100.00%	50.00%						
Allocate (Enter) the total estimated cost for salaries or stipends for full or part-time EMD's, Deputy EMD's and support staff. If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.	Emergency Management Director (EMD) Salary									
	Percentage of Salary Fringe Benefits:									
	Emergency Management Director (EMD) Stipend									
	Percentage of Stipend Fringe Benefits:									
	Deputy EMD or Support Staff Salary									
	Percentage of Salary Fringe Benefits:									
	Deputy EMD or Support Staff Stipend									
	Percentage of Stipend Fringe Benefits:									
		Total:				**Total:**				
Organization: $0.00	**Organizational Costs (Phone, Fax, Internet, Cable TV etc.)**		100.00%	50.00%						
Allocate (Enter) the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.										
		Total:				**Total:**				
Equipment: $0.00	**Equipment Costs (IT, Radios, Computers Printers Etc.)**		*100.00%*	*50.00%*						
Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.										
		Total:				**Total:**				
In-Kind: $0.00	**All In-Kind Costs (Volunteers, Donated New Equipment)**		100.00%	33 - 1/3%						
Allocate (Enter) the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match. For a volunteer time form please visit the DEMHS website at http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692	Volunteer EMD Enter Total Hours Here:									
	Deputy/Support Staff Enter Total Hours Here:									
	Donated New Equipment									
	Donated New Equipment									
		Total:				**Total:**				
All Other: $0.00	**All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)**		100.00%	50.00%						
Allocate (Enter) the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.										
		Total:				**Total:**				
Unallocated: $0.00		TOTAL QUARTERLY AMOUNT EXPENDED (100%):				GRAND FUNDING GRAND TOTAL:				
		FOR GRANTS/FISCAL USE ONLY:				MATCH FUNDING GRAND TOTAL:				

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: _____ Date: September 28, 2020
Emergency Management Director
☐ *Check here if this is the final request for the current subgrant.*

Signature: Robert Brude Date: September 28, 2020
Chief Elected Official

Signature: _____ Date: _____
Financial Officer of Record in charge of Sub-Grant

Signature: _____ Date: _____
Regional Coordinator

By signing above the Financial Officer has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

[1] *Please do not exceed the total Federal Share of your award.* [2] *In-Kind Service Require Double the Match.*

E.MERGENCY
M.ANAGEMENT
P.ERFORMANCE
G.RANT

FFY 2019 APPLICATION
Due: September 30, 2019

State of Connecticut

Department of Emergency Services and Public Protection

Division of Emergency Management and Homeland Security

TABLE OF CONTENTS

COMPLETION CHECKLIST FOR SUB-GRANTEE

The following forms are necessary for the timely completion of this document. Please use this aid to ensure all documents are included in your submission. More detailed information is available in the EMPG Manual.

- ■ Section B: Application Information and Data Sheet
- ■ Section C: Municipal Resolution
- ■ Section D: EMPG Financial Tool Budget Tab
- ■ Section E: Master Staffing Pattern and Training History
- ■ Section F: NEMA Survey attached (Optional)
- ■ Job Descriptions have been attached if applicable (Available on website)

DEMHS REGIONAL CONTACT INFO

For assistance filling out this application please contact your DEMHS Regional Coordinator.

Region 1	Robert Kenny Regional Coordinator	149 Prospect Street, Bridgeport, CT 06604 Phone: 203.696.2640 Email: Robert.Kenny@ct.gov	Fax: 203.334.1560
Region 2	Jacob Manke Regional Coordinator	1111 Country Club Road, Middletown, CT 06457 Phone: 860.685.8105 Email: Jacob.Manke@ct.gov	Fax: 860.685.8366
Region 3	William Turley Regional Coordinator	DEMHS - 360 Broad Street Hartford CT 06105 Phone:860.529.6893 Email: William.Turley@ct.gov Mailing address: P.O. Box 1236 Glastonbury, CT 06033	Fax: 860.257.4621
Region 4	Michael Caplet Regional Coordinator	15-B Old Hartford Road Colchester, CT 06415 Phone:860.465.5460 Email: Mike.Caplet@ct.gov	Fax: 860.465.5464
Region 5	John Field Regional Coordinator	55 West Main Street, Suite 300 Box 4 Waterbury, CT 06702 Phone: 203.591.3509 Email: John.Field@ct.gov	Fax: 203.591.3529

SECTION A. APPLICATION INSTRUCTIONS

Below are brief instructions for filling out each application form. Please fill out these forms completely and accurately. **Please be reminded that all signatures are required to be original on this document. Copies will not be accepted.** Please **sign** or **initial** where you see the following tabs: 

1. **Manual:** Please print and review the EMPG Program Manual (https://portal.ct.gov/-/media/DEMHS/_docs/Grants/EMPG/2019-Manual-Sample.pdf?la=en). The Subgrantee is responsible for the information contained in this document. More complete instructions are available in this document.

2. **Section B: Applicant Information and Datasheet**: Please fill out boxes 1-16 with the necessary information.

3. **Section C: Municipal Resolution:** Please provide a municipal resolution to grant the Chief Executive Officer the authority to sign the EMPG application package on behalf of the municipality. For more information on resolution specifics please reference the EMPG Program Manual.

4. **Section D: EMPG FINANCIAL TOOL-Budget Preparation:** Fill in your budget request for the performance period of 10/1/19-9/30/20 in the 2019 EMPG SLA Financial Tool. Please submit this budget electronically to your DEMHS Regional Office for review upon submittal of the application. Please consult the 2019 EMPG Manual for any additional forms.

5. **Section E: Master Staffing Pattern**: The Master Staffing Form comes pre-populated with the training records of local personnel who have reported completion of the IS and/or PDS course requirements. Towns may use this form to report on any additional courses completed since their last EMPG application.

6. **Additional Forms:** Please review the remaining list of forms available on our website at https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant/Guidance-and-Forms to determine if any of these forms will be needed for your application:

   Emergency Management Director Job Description – Use this form if you have hired a new Emergency Management Director.

   Emergency Management Deputy Director Job Description – Use this form if you have hired a new Emergency Management Deputy Director.

   Emergency Management Support Staff Job Description – Use this form if you have hired new Emergency Management Support Staff (e.g. Clerical).

   Request for Transcripts from EMI – Use this form to request a transcript of the courses you have completed through FEMA and/or the Emergency Management Institute (EMI).

Once all of the necessary forms are filled out and signed, complete the application by signing and dating the Applicant Information and Data Sheet. Attach the Budget and all other forms and submit the Application Package to your DEMHS Regional Office.

SECTION B. EMPG APPLICATION INFORMATION AND DATA SHEET

All Forms Must Be Original - Copies Will Not Be Accepted

Mail Completed Applications To:
DEMHS Regional Coordinator (See Page 2 of this application for contact information)

SPCP Unit Use Only

1. Name of Municipality or Agency Applying for Subgrant: Town of Waterford	**2. Period of Award for this Subgrant: 10/1/19 – 9/30/20**
3. Emergency Management Director Name & Address Name: Steven Sinagra Title: EMD Organization: Town of Waterford Emergency Management Address Line 1: 204 Boston Post Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (860) 442-9585 Fax: (860) 443-5327 E-mail: ssinagra@waterfordct.org	**4. Official Authorized to Sign for the Applicant:** Name: Robert Brule Title: First Selectman Organization: Town of Waterford Address Line 1: 15 Rope Ferry Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (860) 444-5834 Fax: (860) 444-0273 E-mail: rbrule@waterfordct.org
5. Municipal/Agency Financial Officer Name: Kim Allen Title: Director of Finance Organization: Town of Waterford Address Line 1: 15 Rope Ferry Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (860) 444-5840 Fax: (860) 444-0579 E-mail: kallen@waterfordct.org	**6. Fiscal Point of Contact: (If Different than Financial Officer)** Name: Steven Sinagra Title: EMD Organization: Town of Waterford Address Line 1: 204 Boston Post Road Address Line 2: City/State/Zip: Waterford, CT 06385 Phone: (860) 442-9585 Fax: (860) 443-5327 E-mail: ssinagra@waterfordct.org
7. Applicant FEIN: 06-6002121	**8. Applicant DUNS #:** 08-334-3038
9. Applicant Fiscal Year End: June 30	**10. Date of Last Audit:** August 30, 2020
11. Dates Covered by Last Audit: July 1, 2019 **to** June 30, 2020	**12. Date of Next Audit:** August 30, 2021
13. Dates to be Covered by Next Audit: July 1, 2020 **to** June 30, 2021	

Please note that the information required for boxes 9 through 13 refers to the sub-grantee's audit cycle.

FEDERAL AUDIT AND DEBARMENT REQUIREMENT CERTIFICATION

14. ACKNOWLEDGEMENT OF FEDERAL SINGLE AUDIT SELF REPORTING REQUIREMENTS

- Sub-grantees that are required to undergo a Federal Single Audit as mandated by OMB Circular A-133 must alert CT DEMHS, in writing, to any specific findings and/or deficiencies with regard to the use of federal grant funds within 45 days of receipt of their audit report. This notification must identify the finding(s) / deficiencies and a corrective action plan for each.
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16. I, the undersigned, for and on behalf of the named municipality, state agency, or regional planning organization, do herewith apply for this subgrant, attest that, to the best of my knowledge, the statements made herein are true, and agree *to any general or special grant conditions attached to this grant application form.* SIGN & DATE

Authorized Signatory: X Robert Brule **Date:** October 2, 2020

SECTION C. AUTHORIZING RESOLUTION

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This Blanket Resolution Can Also Be Used to Satisfy the Requirements of the Homeland Security Grant Program

AUTHORIZING RESOLUTION OF THE

Board of Selectmen

(Insert name of governing body--for example, town council)

CERTIFICATION:

I, Davis Campo, the Town Clerk of Waterford, CT,
(keeper of the records—for ex. town clerk or secretary of council)
do hereby certify that the following is a true and correct copy of a resolution adopted by Boar of Selectmen at its duly called and held meeting on October 6, 2020, 20__,
(name of governing body) *(Month, Day)*
at which a quorum was present and acting throughout, and that the resolution has not been modified, rescinded, or revoked and is at present in full force and effect:

RESOLVED, that the Town of Waterford may enter into with and deliver
(name of governing body)
to the State of Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security, any and all documents which it deems to be necessary or appropriate; and

FURTHER RESOLVED, that Robert Brule, as First Selectman of
(name and title of officer)
Town of Waterford,
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IN WITNESS WHEREOF: The undersigned has executed this certificate this 7th day of

OCtober 2020

David. L. Campo, Town Clerk
(Name and title of record keeper)

INSERT TACTILE TOWN SEAL HERE

The Chief Executive Officer has not changed since the previous resolution was authorized on _____
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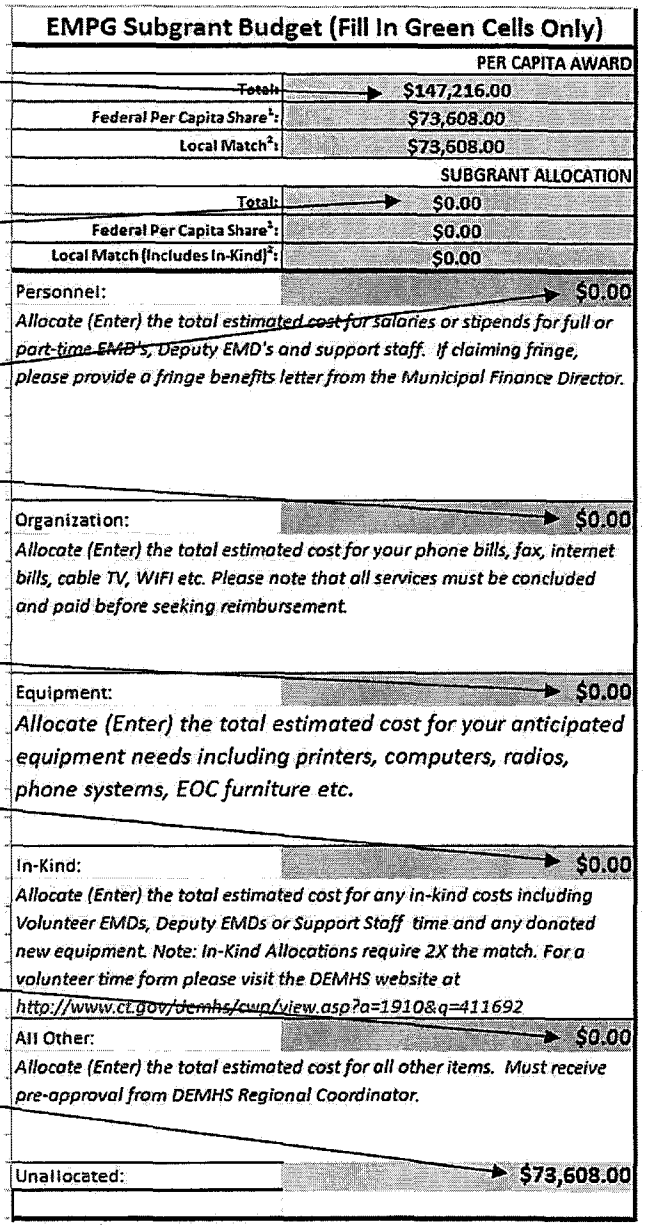

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Name	Position	Required Training Courses (Completed Courses Shown with an X)										
		IS-100	IS- 120a	IS 200.b	IS-230	IS-235	IS-240	IS-241	IS-242	IS-244	IS-700	IS-800
Steven Sinagra	EMD	1/16/2007	7/22/2020	1/16/2007	7/30/2020	7/31/2020	8/3/2020	8/3/2020	8/3/2020	8/5/2020	8/29/2005	3/1/2007

If an employee funded by EMPG has yet to complete the Required FEMA IS courses at **https://training.fema.gov/is/searchis.aspx?search=PDS** (Professional Development Series) please complete the missing courses and submit your training certificate to your Division of Emergency Management and Homeland Security (DEMHS) Regional Office. If you need to request training certificates from FEMA, please request your transcript using the Transcript Request Form – EMI. You can find this form on our website at https://training.fema.gov/emiweb/downloads/tranrqst1.pdf

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   ___Full-Time
   _X_Part-Time
   ___Volunteer

3. Which official (if any) has the authority to issue a mandatory evacuation order?:
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   _X_First Selectman
   ___Town Manager
   ___Other

EMPG Subgrant Budget (Fill In Green Cells Only)	Fiscal Year 2019	Sub-grantee Name: Waterford	Sub-Grant Number: 019E152A							
PER CAPITA AWARD			COST AND PAYMENT INFORMATION				QUARTERLY FINANCIAL REPORT /CLOSEOUT REPORT			
Total: $19,101.00			DATE PREPARED	PERIOD COVERED FROM	PERIOD COVERED THROUGH	FEDERAL FISCAL QUARTER				
Federal Per Capita Share[1]: $9,550.50							All cells in this report will automatically total your figures based on the entries provided in Sections I and II.			
Local Match[2]: $9,550.50										
SUBGRANT ALLOCATION			ALL DIRECT COSTS PERSONNEL	FEDERAL SHARE Direct Costs @ 50%	ATTACH COPY OF CHECK OR	DATE OF	THIS QUARTERS	COMBINED	ALLOCATION	FISCAL USE ONLY
Total: $0.00	Line Item Descriptions (Required)									
Federal Per Capita Share[1]: $0.00	*Please Provide a 1-line Description of the Item Being Requested for Reimbursement*		EQUIPMENT ETC.	In-Kind Costs @ 33 1/3%	PAID RECEIPT	PAYMENT	OUTLAYS	OUTLAYS	BALANCE	BUDGET DELTA%
Local Match (includes In-Kind)[2]: $0.00										
Personnel:	Personnel Costs & Benefits (Includes Planning, Training and Exercises)		100.00%	50.00%						
Allocate (Enter) the total estimated cost for salaries or stipends for full or part-time EMD's, Deputy EMD's and support staff. If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.	Emergency Management Director (EMD) Salary									
	Percentage of Salary Fringe Benefits:									
	Emergency Management Director (EMD) Stipend									
	Percentage of Stipend Fringe Benefits:									
	Deputy EMD or Support Staff Salary									
	Percentage of Salary Fringe Benefits:									
	Deputy EMD or Support Staff Stipend									
	Percentage of Stipend Fringe Benefits:									
		Total:				Total:				
Organization: $0.00	Organizational Costs (Phone, Fax, Internet, Cable TV etc.)		100.00%	50.00%						
Allocate (Enter) the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.										
		Total:				Total:				
Equipment: $0.00	Equipment Costs (IT, Radios, Computers Printers Etc.)		100.00%	50.00%						
Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.										
		Total:				Total:				
In-Kind: $0.00	All In-Kind Costs (Volunteers, Donated New Equipment)		100.00%	33 - 1/3%						
Allocate (Enter) the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match. For a volunteer time form please visit the DEMHS website at http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692	Volunteer EMD Enter Total Hours Here:									
	Deputy/Support Staff Enter Total Hours Here:									
	Donated New Equipment									
	Donated New Equipment									
		Total:				Total:				
All Other: $0.00	All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)		100.00%	50.00%						
Allocate (Enter) the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.										
		Total:				Total:				
Unallocated: $9,550.50	TOTAL QUARTERLY AMOUNT EXPENDED (100%):					GRANT FUNDING GRAND TOTAL:				
	FOR GRANTS/FISCAL USE ONLY:					MATCH FUNDING GRAND TOTAL:				

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: _____ Date: October 2, 2020 Signature: _____ Date: October 2, 2020

Emergency Management Director — *Chief Elected Official*

☐ *Check here if this is the final request for the current subgrant.*

Signature: _____ Date: October 2, 2020 Signature: _____ Date: October 2, 2020

Financial Officer of Record in charge of Sub-Grant — *Regional Coordinator*

By signing above the Financial Officer has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

[1] *Please do not exceed the total Federal Share of your award.* [2] *In-Kind Service Require Double the Match.*