

Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

**Board of Selectmen Agenda
Regular Meeting
Thursday, March 15, 2018
Colchester Town Hall, 7PM**

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COLCHESTER, CT
2018 MAR -9 PM 1:02

1. Call to Order
2. Additions to the Agenda
3. Citizen's Comments
4. Consent Agenda
 1. Approve Minutes of the March 1, 2018 Regular Board of Selectmen Meeting
 2. Fair Rent Commission - Reappointment of Steven Schuster for a two-year term to expire 4/30/2020
 3. Approval of Senior Services Submission of Title III Grant Renewal Application for the Making Memories Program FY 2018-2019
 4. Tax Abatements
5. Boards and Commissions – Interviews and/or Possible Appointments
 1. Commission on Aging – Nan Wasniewski possible appointment as an alternate member to expire 12/31/2019
 2. Parks & Recreation Commission – Brenda Kniska possible appointment to expire 11/1/2019
 3. Possible Removal Action of Robert Parlee from the Police Commission for Cause
6. Discussion and Possible Action on Granting Access to Town Owned Property to UCONN Student for Research on Bobcat Population
7. Discussion and Possible Action on Recreation Specialist Job Description
8. Discussion and Possible Action to Authorize Flying of the Donate for Life Flag at Town Hall
9. Citizen's Comments
10. First Selectman's Report
11. Liaison Reports
12. Adjourn



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

**Board of Selectmen Minutes
Regular Meeting Minutes
Thursday, March 1, 2018
Colchester Town Hall @ 7pm**

MEMBERS PRESENT: First Selectman Art Shilosky, Selectman Stan Soby, Selectman Rosemary Coyle, Selectman Denise Mizla and Selectman Jim Ford

MEMBERS ABSENT: none

OTHERS PRESENT: Registrar D Mrowka, Public Works Director J Paggioli, CFO M Cosgrove, Board of Finance R Lepore, A Migliaccio, T Kane, A Bisbikos and via teleconference R Tarlov, J McNair, D & K Gesiak and Clerk T Dean.

1. Call to Order

A Shilosky called the meeting to order at 7:00 pm.

2. Additions to the Agenda - none

3. Citizen's Comments

J McNair spoke in favor of opengov

4. Consent Agenda

1. Approve Minutes of the February 15, 2018 Regular Board of Selectmen Meeting
2. Tax Abatements

R Coyle moved to approve the consent agenda after removing item #1 due to being absent from February 15th meeting, seconded by S Soby. Unanimously approved. MOTION CARRIED

5. Approve Minutes of the February 15, 2018 Regular Board of Selectmen Meeting

D Mizla moved to approve the minutes of the February 15, 2018 Regular Board of Selectmen Meeting, seconded by J Ford. Unanimously approved with one abstention by R Coyle. MOTION CARRIED

6. Boards and Commissions – Interviews and/or Possible Appointments

1. Commission on Aging – Nan Wasniewski to be interviewed – was interviewed
2. Parks & Recreation Commission – Brenda Kniska to be interviewed – was interviewed

7. Presentation by Opengov

Charles Garrison presented the financial software opengov and addressed questions from the Board and department heads.

8. Citizen's Comments

R Lepore, speaking as a citizen, thanked the Board for listening to the presentation of opengov. Stated she feels it would be a powerful tool to take the data the town has and show it in an easy format to read. Also felt it would lead to consistent reporting of data.

J McNair stated he feels public is excited to see the opengov put into place. Stated he feels it has the potential to allow residents to get better information than they get now. He hopes the Board will support the Board of Finance decision to implement.

A Bisbikos, speaking as a citizen, stated he strongly supports opengov. Stated conversations he has had with business owners and residents and their support of the transparency software.

T Kane, speaking as a citizen, states the Board of Finance struggles to obtain information and getting the information in an understandable format. Stated the Board needs adequate data in an adequate format.

9. First Selectman's Report – no update

10. Liaison Reports

S Soby reported on the Planning & Zoning Commission – approved, with considerations, the development proposal on route 16. The request from the middle school for a message board sign was not approved.

Agriculture Commission – sustainability for farm to school program was discussed. Desire to identify right to farm signage in town also discussed.

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Chatham Health – Pubic budget hearing conducted. Audit review was approved. Per capita cost to towns reduced from what was originally proposed. Fund balance now at a reasonable balance for emergencies.
Extended his condolences to the staff members who have recently lost family members.

11. Adjourn

S Soby moved to adjourn at 9:16 p.m., seconded by J Ford. Unanimously approved. MOTION CARRIED.

Respectfully submitted,

Tricia Dean, Clerk



Town of Colchester, Connecticut

95 Norwich Avenue, Colchester, Connecticut 06415

Patricia A. Watts, Director of Senior Services/Municipal Agent

MEMORANDUM

To: Board of Selectmen

From: Patricia A. Watts, Director of Senior Services

Date: 03/05/2018

Re: Application for Title III Grant Renewal

Title III grant funding is being requested from Senior Resources, Area Agency on Aging in the amount of \$15,867.00. These funds would be used to continue the Making Memories Program, a beneficial social-model program for individuals facing memory loss/dementia and/or social isolation, at the Colchester Senior Center on Mondays, Tuesdays and Wednesdays from 9:00 a.m.-1:00 p.m. Please note that on the Certification of Non-Federal Match for the Title III Program worksheet, the Cash Amount listed of \$9,513.00 is already built into the Colchester Senior Center budget and does not require additional funding from the Town of Colchester. Please see budget pages of the application for additional information. Application deadline is March 22, 2018 by 3:00 p.m.

Recommended Motion

Motion to approve the submission of Title III Grant Renewal Application to secure grant funding for the Making Memories Program, FY 2018-19 and authorize the First Selectman to sign all necessary documents.

Respectfully Submitted,

Patricia A. Watts



PROGRAM DESCRIPTION AND WORK PLAN – FY 2019 TITLE III FUNDING

Legal Name of Organization Colchester Senior Center
Address, City, State, Zip 95 Norwich Avenue Colchester, CT 06415
Phone Number 860-537-3911
Fax Number 860-537-5574
Organization Website www.colchesterct.gov

Agency Type (Choose One): **Public Municipality**

DUNS Number (http://www.dnb.com/get-a-duns-number.html) 177899317
Employer Identification Number 06-6001974

Program Name Making Memories Program
Program Address same

Program Contact Name Patricia A. Watts
Title Director of Senior Services
Phone 860-537-3911
Fax 860-537-5574
Email pwatts@colchesterct.gov

Title of the Older Americans Act under which funding is requested (Choose One): **Title III B (Social Services)**

Category (Choose One): **Other Community Services**

How many years has this program been funded by Title III? 9

TOTAL TITLE III REQUEST

\$15,867.00

It is understood and agreed by the undersigned that funds awarded as a result of this request are to be expended for the purposes set forth herein and in the Standard Assurances document in accordance with all applicable laws, regulations, policies and procedures of Senior Resources Agency on Aging, the State Unit on Aging, the Administration for Community Living and the U. S. Department of Health and Human Services.

Authorized Signatory Arthur Shilosky
Signature _____
Title First Selectman, Town of Colchester
Date 3/15/2018

1. ORGANIZATIONAL OVERVIEW.

a. Organization's mission statement.

It is the mission of the Colchester Senior Services Department to support older adults by providing programs and services which promote their independence, health, wellness and overall quality of life.

b. Describe the organization's financial position, including trends, challenges, or unusual developments over the last three years.

The Town of Colchester's financial position is excellent with General Fund balance showing steady growth. Despite cuts in State Aid during the last fiscal year, there are no challenges which cannot be met.

2. PROGRAM SUMMARY. ***Briefly describe the proposed program in one paragraph.***

The Making Memories Program is a social model therapeutic recreational program designed to help seniors ages 60 and up who are experiencing mild/moderate memory loss, cognitive impairment and/or those at risk for social isolation. The goal of the program is to help each participant reach and maintain their optimal level of functionality in a structured and supportive environment, while encouraging individual independence and engagement. We strive to empower each participant to enjoy a variety of group activities, which promote an ongoing sense of contentment, vitality and cognitive orientation.

3. DETAILED PROGRAM DESCRIPTION.

- a. Identify the community need this program proposes to address. How does this need address a Senior Resources priority as defined in the Area Plan (plan summary available in the RFP Guidelines and Application Instructions)? Identify the Area Plan Priority Area.**

By providing activities which engage the brain and promote socialization; this program serves to encourage cognitive orientation, functionality and social engagement. This program serves as a safety net for early intervention when changes are observed in an individual's behavior, cognition or physical condition. This program addresses the Area Plan's Priority Area 2 for Long Term Supports and Services-2.3 "Support and increase access to community based long term supports and services." and Priority Area 3 for Healthy Aging-3.3 "Support the availability of healthy aging services by providing funding to community based organizations."

- b. Describe the services to be provided to address the need, including all major components of the program. Include how often the service will be provided and where (facility).**

The Making Memories Program is offered at the Colchester Senior Center at 95 Norwich Avenue, Colchester, Connecticut. The program is held on Mondays, Tuesdays, and Wednesdays from 9:00 a.m-1:00 p.m. Classes are structured with multiple small group activities designed to stimulate different areas of the brain. Each day is a similar format, which helps promote cognitive orientation, while providing a variety of activities, which keep participants engaged and interested. The socialization combined with the small group activities enhance cognition and helps participants remain independent for a longer period.

4. PROGRAM RESOURCES. Describe how management, staff and resources will be utilized to ensure success of this program such as: staffing pattern, specific training/certifications, funding, etc.

The Making Memories Program is planned and facilitated by the Making Memories Program Coordinator, who is a part-time staff member, working 18 hours per week. She develops a monthly activities calendar, which are specific to the class. She conducts 6-8 small group activities per program day, with a daily program theme and plans monthly group outings. Our MMP Coordinator holds a Bachelor's degree and participates in ongoing trainings, as directed. The MMP Coordinator is supervised by the Director of Senior Services, who oversees the operations of the Colchester Senior Center. There is a per diem staff member who is able to cover for any absences so that the program can meet continuously throughout the year.

5. BACKGROUND CHECKS. The State requires all Contractors, employees and volunteers undergo criminal background checks to ensure the safety of clients. Describe the process your Agency has for completing background checks on all client contact employees and volunteers.

Criminal background checks are mandatory for all employees of the Town of Colchester and a clear background check is a condition of hire for the Colchester Senior Center. This is part of the hiring process and is conducted by our Human Resources Department. The Making Memories Program is led by a paid town employee (Making Memories Program Coordinator) who is supervised by the Director of Senior Services. We have one dedicated MMP Volunteer, who has submitted to and passed a criminal background check.

6. GEOGRAPHY. Using the lists below, indicate the town(s) to be targeted for service provision.

Estuary Region:

- Chester
- Clinton
- Deep River
- Essex
- Killingworth*
- Lyme*
- Old Lyme
- Old Saybrook
- Westbrook

Midstate Region:

- Cromwell
- Durham*
- East Haddam*
- East Hampton
- Haddam*
- Middlefield
- Middletown
- Portland

Northeast Region:

- Brooklyn
- Canterbury*
- Eastford*
- Killingly
- Plainfield
- Pomfret*
- Putnam
- Sterling*
- Thompson*
- Union*
- Woodstock*

Windham Region:

- Ashford*
- Chaplin*
- Columbia*
- Coventry*
- Hampton*
- Lebanon*
- Mansfield
- Scotland*
- Willington*
- Windham

Southeast Region:

- Bozrah*
- Colchester*
- East Lyme
- Franklin*
- Griswold*
- Groton
- Ledyard
- Lisbon*
- Montville

- New London
- North Stonington*
- Norwich
- Preston*
- Salem*
- Sprague*
- Stonington
- Voluntown*
- Waterford

*Denotes Rural Town

7. PLAN TO REACH TARGET POPULATIONS. The Older American’s Act requires outreach efforts to certain target populations. Outreach for each chosen population must be specific to the population.

a. Indicate which target group(s) will be identified and encouraged to participate in the program.

NOTE: Only select the group(s) that will be specifically targeted (all groups will be reported on monthly). There is no need to select all.

Individuals with Low Income
(100% of federal poverty level or below)

Individuals from Minority Population
Group

Low Income Minority Individuals

Individuals at or below 150% of Poverty

Individuals Living in Rural Areas

Individuals with Limited English Proficiency

Individuals with Severe Disabilities

Individuals at Risk of Institutionalization

Individuals with Alzheimer’s and related Disorders

b. Identify and describe outreach methods and time frames for each selected target group. The outreach plan must be specific to each group selected. Give details.

This program was designed for those who were experiencing mild/moderate dementia. On a bi-annual basis and/or as program vacancies exist, the MMP Coordinator will reach out to local senior centers in Hebron and Marlborough to market the program, as well as a senior group in Salem, which does not have a senior center facility. Annual mailings will be sent to local area physicians serving senior patients with dementia and related disorders. On an bi-annual basis and/or as program vacancies exist, we will contact our regional Alzheimer's Association to market the program to prospective participants, as well.

8. PROGRAM IMPACT. Identify the primary outcome of the program. (Explain the impact the service will make in a client’s life.)

Outcome	The main benefit of the Making Memories Program is that the participants who had social difficulties because of their memory loss challenges, now have a place to belong where they can feel safe and have fun. Social engagement is a good indicator for cognitive stability and even growth. The MMP creates a supportive environment where deeply caring friendships are fostered. While this provides a benefit unto itself, the program also challenges and engages its clients in a way which promotes their cognitive function. The "safe space" and stimulating activities both contribute to our success, with great client satisfaction and an excellent regional reputation.
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9. ACTIVITIES AND PROGRAM INDICATORS. Describe activities proposed to reach the expected outcome listed under Program Impact. List the indicators to be used to measure the success of the outcome.

ACTIVITIES	PROGRAM INDICATORS
The Montreal Cognitive Assessment (MoCA) will be administered to all participants twice annually, at time of intake or March (6 mos.) and in August (12 mos.).	60% of participants will exhibit stability or improvement in their results, as measured within 2 points above or two points below their last recorded score of 0-30 points.
Goal achievement will be measured statistically through monthly attendance tracking tools and reported at the program's year end report.	75 % pf Making Memory Program participants will actively participate in the program at least 2 out of 3 days per week, not including excused absences for illness and/or travel.

10. DATA COLLECTION.

- a. describe the program’s plan for measuring client impact including proposed methodology, frequency of measurement;

The Montreal Cognitive Assessment, commonly known as the MoCA, is a widely accepted assessment tool for cognitive orientation/dementia. It is easily administered by a lay person with very detailed instructions for administration and scoring. The results are tabulated and assigned a numerical score on a scale of 0-30. Any score of 26 or more is considered within normal range. This tool is administered upon intake, as part of the assessment and orientation process, at the 6 month mark and the 12 month mark of the grant cycle. Another tool that we use to determine client impact is the attendance roster. We require that participants attend the program at least 2 out of the 3 programs days per week (Monday, Tuesday and Wednesday). This is recorded every program day and reported on a monthly basis.

- b. describe the measurement tool to be used;

The Montreal Cognitive Assessment (MoCA) is a free assessment tool, which can be downloaded from the Internet with full instructions for administration and scoring. The MoCA is graded on a scale from 0-30, with any score of 26 or more considered "normal" and any score below 25 showing some cognitive impairment or decline. Tracking MoCA scores across time are a helpful way for us and family members to quantify changes. An Excel spreadsheet was developed for the purpose of tracking monthly program attendance. The statistics are further evaluated for the 6 month and year end narrative reports, for goal achievement analysis.

c. describe follow-up activities to ensure quality improvement

The Making Memories Program Coordinator solicits feedback from the participants, as she plans and facilitates group activities and incorporates the interests of all, so they all have a chance to "shine". Annually, in September, the Director of Senior Services conduct an Annual Client Satisfaction Survey, where each client is interviewed privately to gain insight into whether the program is meeting their expectations or not. Last year's Satisfaction Survey results were extraordinarily positive.

11. VOLUNTARY CONTRIBUTION PLAN. Describe HOW the following Title III requirements will be met: Fees may not be charged to program participants; however, it is a requirement to offer all clients an opportunity to donate to the program. Donations must be confidential and no person may be denied involvement if s/he chooses not to contribute. All contributions received are to be used to expand the services of the program being funded under the grant.

During a new participant's orientation, the policies regarding the voluntary contribution plan are discussed. We have developed a Sliding Fee Scale based upon the Federal Poverty Level Guidelines, which is updated annually and given out as part of the orientation packet, as well as discussed by the class at the beginning of the grant year (October) and when the Sliding Fee Scale is updated (January). There is a locked donation box in the classroom, where participants or their families can make anonymous donations. Additionally, we tell families that they can mail their contributions into the office, to the attention of the Director. No one is ever refused service due to lack of ability to pay and there are no daily fees assessed.

12. FINANCIAL SUPPORT. Foundation, Fundraising, Corporate and Government Grant Details: Title III Contractors are required to initiate efforts to obtain additional support from private sources and other public organizations for grant-funded programs. List Other funding sources for the program described in this application and the amount provided by each (a) during FY 2018 and (b) as anticipated for the program in FY 2019.

Program Funding				
Foundation, Fundraising, Corporation, Government Funding Source	FY 18 Status*	FY 18 Amount	FY 19 Status*	FY 19 Projected Amount
Lions' Club of Colchester	awarded	\$750.00	applied	up to \$1,000
Eastern Savings Bank Found.			plan to apply	up to \$5,000

*Status – Awarded, Applied, Plan to Apply

13. REDUCED FUNDING ALTERNATIVE. Please be specific in terms of staff reductions, and/or the reduced number of clients/units to be served in the two requests below. Applicants are cautioned to respond carefully as reduction should not be made solely to persons served or units of service to be provided. Please review your overhead/administrative costs for potential reductions that would correspond to less federal funding. Give specific details such as; staffing patterns, number of clients served, alternate funding sources, etc.

- a. Describe in detail how the program would change with a 25% reduction from the requested amount.

We have one dedicated staff member for this program, if her hours were reduced as a cost-savings measure, her position would become untenable. She works an 18 hour workweek, reducing her hours to 13.5 hours per week, when she spends over 12 hours leading the class would not give her adequate time to plan activities, conduct new client assessments and other necessary duties. The Town's budget has faced cuts in State Aid and cannot supplement the cost of this program beyond the existing cost share responsibilities. We have been operating for 3 years, with no raise in funding levels, despite the fact that costs continue to increase. A 25% Reduction in Title III funding, would effectively close this valuable, well established and respected, community-based program.

- b. Describe in detail how the program would change with a 50% reduction from the requested amount.

Please see above comments.

14. PROGRAM MANAGEMENT. If funds were received in fiscal year 2017, please respond to the following as they apply to the period October 1, 2016 to September 30, 2017:

- a. Explain the successes of the program

The Making Memories Program has been successful at the Colchester Senior Center, since it was opened in 2008. This program provides a supportive, caring, engaging and socially and intellectually stimulating environment. This coupled with the small, close-knit group of participants creates a "safe space" for those facing memory loss and the social isolation that so often accompanies it. We seek to provide a program that encourages its participants to reach for their highest potential, try new things, make good friends and thrive. The Making Memories Program participants are more socially engaged, mentally stimulated, have improved cognitive orientation and report feeling happier and less lonely and depressed. This program also allows important respite for caregivers and family members.

b. Identify challenges within the program. Explain how these challenges were addressed

One challenge of a program which is developed to serve those experiencing memory loss and dementia is that it can be difficult to plan programs for the spectrum of abilities and interests. MMP addresses this by incorporating a variety of different activities, so everyone is at times challenged and at other times has a chance to shine. The MMP Coordinator communicates any significant changes with any participants to the Director, who works closely with families to establish appropriate discharge planning from the program while educating about resources and future needs. We have worked to improve our customer service through this process to act as a better support to families, spouses and friends through these difficult but inevitable transitions. We become a trusted source of information and referral for them, as their loved one transitions to the next stage of care.

c. Explain the differences between the approved budget and the actual year end expenses

In FY 2017, the MMP provided 3,069 total units of service to 14 unduplicated individuals. The total program costs for the year was \$28,831.15 and we received \$15,024.42 in a combination of Title III funding, client, memorial and organizational contributions. The remaining \$13,806.73 was absorbed by Town of Colchester funding, including the Colchester Senior Center operational budget. Most expenses were in line with projected expenses. In September 2016, the Town of Colchester did purchase the building in which the Colchester Senior Center is housed. The rental savings were absorbed into the purchase price of \$275,000.00.

15. REFERRALS. Title III Contractors are required to assist clients in taking advantage of benefits under other programs (i.e.; energy assistance, food security, health insurance counseling, etc.).

a. describe how unmet needs are identified

The Colchester Senior Center was designated as a Community Focal Point for programs and services for seniors. The Colchester Senior Center serves as a Senior Nutrition Program site, where TVCCA's nutritionally balanced meals are provided every weekday. The Colchester Senior Center is also an intake site for beneficial programs such as Energy Assistance, SNAP applications, MSP screenings, Renter's Rebate and we have on-site CHOICES counselors who are able to assist with Medicare related issues, screenings, new to Medicare education and open enrollment. Many of our income-qualified Making Memories Program participants are screened for the benefits for which they are eligible. Staff members process applications for all eligible clients. Additionally, we help to manage appointments with Colchester Social Services for use of the Food Bank for Colchester residents.

b. describe how referrals will be made to help clients access needed services.

Most of our MMP participants receive the Community Cafe meal at the Colchester Senior Center, as part of the program day on Mondays, Tuesdays and Wednesdays. When a participant has a need, the MMP Coordinator makes it known to the Director of Senior Services, who can work with other staff and family members, as appropriate to access or apply for beneficial services, for which they may be eligible.

c. describe how the proposed program will coordinate with other appropriate services to avoid duplication (ex: receiving the same service from two different agencies).

The Colchester Senior Center is the only office in the Town of Colchester which processes applications for the Renters' Rebate Program. Because eligible recipients must apply in the town where they reside, there is no way services can be duplicated. The Colchester Senior Center and Department of Social Services both process Energy Assistance applications, but the system does not allow for anyone to apply multiple times. When we have a client need which we cannot meet, we make referrals to our Area Agency on Aging.

16. GRIEVANCE PROCEDURE. Describe how clients participating in the program will be informed of the procedures to notify the Area Agency on Aging of complaints based on denial of services.

During our new participant orientation/assessment, each prospective participant and their family member is given a packet of information, which is theirs to take home. Within the packet is a form entitled "Making Memories Program Participation Guidelines" which details, among many other things the grievance procedures. Point 12 reads, "Persons served under Title III funding, such as those participating in the Making Memories Program should submit complaints in writing to Senior Resources Agency on Aging, 19 Ohio Ave. Suite 2, Norwich, CT 06360. The complaint will be brought before the Board of Directors for Senior Resources within sixty calendar days of the original written complaint filed by the consumer. The Colchester Senior Center also has internal grievance procedures, which includes no more than a 72 hour response to any complaints from the Director of Senior Services and, if necessary, the involvement of the First Selectman of the Town of Colchester.

17. NAME AND ADDRESS OF PERSON TO WHOM CHECKS SHOULD BE MAILED:

ORGANIZATION NAME: Colchester Senior Center

NAME: Patty Watts, Director

ADDRESS: 95 Norwich Ave. Colchester, CT 06415

18.

Head of Organization Arthur Shilosky

Title First Selectman, Town of Colchester

Email ashilosky@colchesterct.gov



BUDGET - FY 2019 Title III Funding

Organization's Name: Colchester Senior Center

Service Name: Making Memories Program

Organization's Annual Operating Budget: \$288,405.00

Total Program Cost is 10.17% of the Organization's Annual Operating Budget

Budget Summary:

A	Total Program Cost	<u>\$29,342</u>		
	Less:			
B	Client Donations	<u>\$2,000</u>		
C	Other Cash	<u>\$750</u>		
D	Net Cost	<u>\$26,592</u>	<u>100%</u>	
	Less Match:			
E	Non-Federal Cash	<u>\$9,513</u>	<u>35.77%</u>	OF NET COST
F	Non-Federal In-Kind	<u>\$1,212</u>	<u>4.56%</u>	OF NET COST
G	Total Title III Request FY 19	<u>\$15,867</u>	<u>59.67%</u>	OF NET COST

FY 18 Award Amount (if applicable) \$14,665

Increase/Decrease from FY 18 Title III Award \$1,202

DOCUMENTATION OF FUNDING SOURCES

OTHER CASH

<u>SOURCE (itemize)</u>	<u>DOLLAR AMOUNT -</u>
	should equal C above
Gift from Colchester Lion's Club	\$750

NON-FEDERAL CASH MATCH

<u>SOURCE (itemize)</u>	<u>DOLLAR AMOUNT -</u>
	should equal E above
Colchester Senior Center Budget	\$9,513

NON-FEDERAL IN-KIND MATCH

<u>SOURCE (itemize)</u>	<u>DOLLAR AMOUNT -</u>
	should equal F above
1 Volunteer @ CT minimum wage of \$10.10/hr. 3 hours per week, 40 weeks per year	\$1,212

Signed: _____

Date: _____

Name: Arthur Shilosky

Title: First Selectman, Town of Colchester

Personnel Page

Program Year FY '19

Positions	Total Annual Salary for Position	Number of Hours Per Week Working on this Program	Title III	Non-Federal Cash	Other Cash	Client Donations	TOTAL
Dir. Of Senior Services	\$59,423	2		\$2,971			\$2,971
MMP Coordinator	\$18,617	18	\$15,867		\$750	\$2,000	\$18,617
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTALS			\$15,867	\$2,971	\$750	\$2,000	\$21,588

In-Kind Personnel (Volunteers working in the program - not paid staff)

Positions	Number of Hours Per Week Working on this Program	Number of Weeks Per Year	Value of In-Kind Salary
Debra K. (Tuesdays) x \$10.10 State Minimum Wage	3	40	\$1,212
TOTALS			\$1,212

Total Program Budget

Organization Name Colchester Senior Center

Organization's Annual Operating Budget \$288,405.00

Program Year: FY '19

Expenses	NET COST						F	G	H
	A	B	C	D		E			
	Title III	Non-Federal Cash	Non-Federal In Kind	Other Cash	Client Donations	TOTAL			
Personnel	\$15,867	\$2,971	\$1,212	\$750	\$2,000	\$22,800	\$2,971	\$19,829	
Fringe		\$2,316				\$2,316		\$2,316	
Travel		\$25				\$25		\$25	
Rent		\$0				\$0		\$0	
Telephone		\$384				\$384		\$384	
Utilities		\$1,410				\$1,410		\$1,410	
Vehicle Operations		\$1,423				\$1,423		\$1,423	
Equipment		\$50				\$50		\$50	
Repairs/Maintenance		\$150				\$150		\$150	
Conferences/Training		\$25				\$25		\$25	
Contractual Services		\$0				\$0		\$0	
Insurance		\$100				\$100		\$100	
Postage		\$50				\$50		\$50	
Supplies/Printing		\$479				\$479		\$479	
Dues/Subscriptions		\$30				\$30		\$30	
Audit		\$100				\$100		\$100	
Other		\$0				\$0		\$0	
TOTALS	\$15,867	\$9,513	\$1,212	\$750	\$2,000	\$29,342	\$2,971	\$26,371	

Percentage of Total Cost	OTHER RESOURCES					TOTAL	Admin Costs	Direct Service Costs
	Title III	Non-Federal Cash	Non-Federal In Kind	Other Cash	Client Donations			
54%	32%	4%	3%	7%	100%	10%	90%	

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BUDGET NARRATIVE/COST EXPLANATION

Please show your computation for determining the cost and your justification of each line item expense in the budget by providing the underlying rationale.

FRINGE \$2,316
Total FICA of MMP Coordinator's salary (\$1424.20) and 30% of the Director of Senior Services' salary to the program (\$891.38)

TRAVEL \$25
10% of the budgeted amount for travel. We use the IRS reimbursal rate for mileage

RENT \$0
No rental fees

TELEPHONE \$384
10% of projected expenses of \$3840, annually

UTILITIES \$1,410
Total of 10% projected expense of \$7595 for heating fuel + 10% of \$6500 for electricity.
(\$760+ \$650=\$1410)

BUDGET NARRATIVE/COST EXPLANATION (continued)

VEHICLE OPERATIONS \$1,423

10% of projected cost of gasoline and vehicle maintenance/repairs of \$14,225.

EQUIPMENT \$50

10% of small equipment repairs of \$500, annually.

REPAIRS/MAINTENANCE \$150

10% of the projected cost of routine building maintenance and repairs, budgetted at \$1,500 annually.

CONFERENCES/TRAINING \$25

10% of annual budgeted amount of \$250.

CONTRACTUAL SERVICES \$0

N/A

Name of subcontractor: _____

Activity to be subcontracted: _____

Cost: _____

INSURANCE \$100

Projected cost share of insurance.

BUDGET NARRATIVE/COST EXPLANATION (continued)

POSTAGE \$50
10% of budgeted amount for annual postage of \$500.

SUPPLIES/PRINTING \$479
Total of 10% of annual printing and publication cost of \$1,000 + 10% of annual copier lease payments and per copy charges of \$2,788 + 10% of office supplies of \$1,000.
(\$100+\$279+\$100=\$479)

DUES/SUBSCRIPTIONS \$30
10% of annual dues to NISC, CASCP and CAMAE of \$295.

AUDIT \$100
Projected cost share of annual audit.

OTHER \$0
N/A

Service Targets

Use the following definitions:

Low Income: All clients 100% or below poverty line.

Minority: African American/Black, Hispanic/Latino, Native American, Asian American, and Pacific Islander

Low Income Minority: All Minority clients 100% or below poverty line

Near Poor: All clients at or below 150% of poverty

Rural: Encompasses all population, housing, and territory not included within an urban area. (See page 5 of application for rural towns)

Limited English Proficiency: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, can be limited English proficient, or "LEP". These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter

Severely Disabled: All clients with reported need for assistance with 3 or more ADL's

At Risk of Institutionalization: All severely disabled clients who do not reside in nursing homes and lives alone or is below 100% FPL or over 80

Alzheimer's & Related Disorders: All clients with neurological or organic brain dysfunction

SERVICE NAME (Refer to Reference Material for Service Name)	Units of Service	Total Number of Unduplicated Clients	Clients with Low Income	Clients from Minority Population Groups	Clients from Low Income Minority Population Groups	Clients at or below 150% of the Federal Poverty Limit	Clients Living in Rural Areas	Clients with Limited English Proficiency	Clients with Severe Disabilities	Clients At Risk of Institutionalization	Clients with Alzheimer's and Related Disorders
Therapeutic Activity	3,500	14	3	1	0	5	10	0	0	10	8

Unit Cost

A	B	C	D	E	F	G	H
Service Name	Unit of Measure	Total Units	Net Cost Assigned	Net Cost Per Unit	Title III Cost Assigned	Title III Cost Per Unit	Percentage of Title III Request
Therapeutic Activity	one hour	3,500	\$26,592	\$7.60	\$15,867	\$4.53	100%
0		0		#DIV/0!		#DIV/0!	0%
0		0		#DIV/0!		#DIV/0!	0%
0		0		#DIV/0!		#DIV/0!	0%
TOTALS			\$26,592		\$15,867		

CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROGRAM

Applicant Agency Name Colchester Senior Center, Town of Colchester

Program Name Making Memories Program

This is to certify that I (as an individual) or my agency/organization will provide the following cash and/or in-kind resources for the support of the program entitled

Making Memories Program for period beginning October 1, 2018
and ending September 30, 2019

SOURCE	CASH AMOUNT	IN-KIND VALUE
Colchester Senior Center Budget	\$9,513.00	
TOTAL	\$9513.00	

The above cash and in-kind items do not come from Federal funds (except as may be allowed via the use of Community Development Block Grants and/or General Revenue Sharing monies), and they are not used to match any other Federal program.

Signed: _____ Date: _____

Name: Arthur Shilosky

Title: First Selectmen, Town of Colchester

Agency: Colchester Senior Center

STANDARD ASSURANCES

I. OLDER AMERICANS ACT

The undersigned HEREBY AGREES THAT it will comply with the Older Americans Act of 1965, as amended, all requirements imposed by the applicable HHS regulations and all guidelines issued pursuant thereto.

As a condition of receipt of funds under this act, each provider shall assure that they will:

- a. Provide the area agency, in a timely manner, with statistical and other information which the area agency requires in order to meet its planning, coordination, evaluation and reporting requirements established;
- b. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- c. Protect the privacy of each older person with respect to his or her contributions;
- d. Establish appropriate procedures to safeguard and account for all contributions;
- e. May not deny any older person a service because the older person will not or cannot contribute to the cost of the service;
- f. With the consent of the older person or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger;
- g. Where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies;
- h. Assist participants in taking advantage of benefits under other programs;
- i. Assure participants in taking advantage of benefits under other programs;
- j. Assure that persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services; and
- k. Assure that the proposed project intends to satisfy the service needs of older persons with disabilities and severe disabilities.

II. CIVIL RIGHTS ACT OF 1964 (AMENDED TO THE CIVIL RIGHTS ACT OF 1991)

The undersigned also AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-353) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subgrantee receives Federal financial assistance from Senior Resources Agency on Aging, a recipient of Federal financial assistance from the Department (hereinafter called "Grantor"); and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Subgrantee by the Grantor, this assurance shall obligate the Subgrantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a structure is used for a purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Subgrantee for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Subgrantee for the period during which the Federal financial assistance is extended to it by the Grantor.

III. REHABILITATION ACT OF 1973

The undersigned also HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

IV. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

The undersigned HEREBY AGREES THAT it will comply with the terms of the Health Insurance Portability and Accountability Act of 1996, as appropriate.

V. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

VI. CERTIFICATION OF DRUG FREE WORKPLACE

The undersigned HEREBY AGREES THAT it will comply with the Drug-Free Workplace Act of 1988 in matters relating to providing a drug-free work place. The undersigned contractor will:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations of such prohibition;

b. Establish a Drug-Free Awareness Program to inform employees about all of the following:

1. The dangers of drug abuse in the work place,
2. The person's or organization's policy of maintaining a drug-free work place,
3. Any available counseling, rehabilitation and employee assistance programs, and
4. Penalties that may be imposed upon employees for drug abuse violations.

c. Provide that every employee who works on the proposed contract or grant:

1. Will receive a copy of the company's drug-free policy statement, and
2. Will agree to abide by the terms of the company's statement as a condition of employment the contract or grant.

VII. NON-DISCRIMINATION REGARDING SEXUAL ORIENTATION

The undersigned contractor AGREES THAT it will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut. The contractor also agrees to the following:

1. Employees are treated when employed without regard to their sexual orientation.
2. A notice stating the above to be posted in conspicuous places available to employees and applicants.
3. To comply with Connecticut General Statutes 46a-56.

VIII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

1. The Contractor agrees and warrants that in the performance of the contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

2. The Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission;

3. The Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the Commission advising the labor union or workers; representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

4. The Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to sections 46a-56, 46a-68e and 46a-68f;

5. The Contractor agrees to provide the Commission of Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as related to the provisions of this section and section 46a-56.

IX. AMERICANS WITH DISABILITIES ACT OF 1990

The undersigned contractor states they are familiar with the terms of this Act and are in compliance with said Act.

X. UTILIZATION OF MINORITY BUSINESS ENTERPRISES

The undersigned contractor AGREES to use best efforts consistent with 46C.F.R. 74.160 et seq. (1992) and paragraph 9 of Appendix G; Connecticut General Statutes 13a-95a, 4a-60, 4a-62, 4b-95(b), and 32-9e.

THESE ASSURANCES are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property discounts or other Federal financial assistance extended after the date hereof to the Subgrantee by the Grantor, including installment payments after such date on account of application for Federal financial assistance which was approved before such date. The Subgrantee recognizes and agrees that such Federal financial assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Subgrantee, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the subgrantee.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of Connecticut.

Date 03/15/2018

Agency Name Colchester Senior Center, Town of Colchester

Signature _____
(President, Chairperson of Board, or comparable authorized official)

Title _____

From: brenda kniska
Sent: Wednesday, March 7, 2018 10:48 AM
To: Tricia Dean <tdean@colchesterct.gov>
Subject: Re: Town Commissions

Hi Tricia,

I just wanted to let you know I did attend the recreation commission meeting this past Monday. It looks like it is something I am interested in. It looks like they do have programs that I could help with and volunteer with.

From: Kristen Beattie <kristen.beattie@uconn.edu>
Sent: Thursday, February 22, 2018 9:54 PM
To: Gayle Furman; Joanie Campbell
Subject: Connecticut Bobcat Project

My name is Kristen Beattie and I am a Masters student at the University of Connecticut. Over the next year I am conducting a camera trap study researching the bobcat population across Connecticut. One of my sample locations fall within property owned by the Town of Colechester. I attached the parcel map for the property. Is there a procedure I need to go through to get access to this property if the town allows it? If you are interested or would like further information on my study I would be more than willing to discuss this with you further.

In addition, if you are not who I contact about getting permission to this property, would you please forward my email or direct me to the correct department?

Thank you for your time, I look forward to hearing from you.

Best,

Kristen Beattie

--

Kristen Beattie

Graduate Student and Research Assistant

Wildlife & Fisheries Conservation Center

Dept. of Natural Resources and the Environment

University of Connecticut



Connecticut Bobcat Project



UConn
COLLEGE OF AGRICULTURE,
HEALTH AND NATURAL
RESOURCES
NATURAL RESOURCES AND
THE ENVIRONMENT

UConn is looking for bobcats and there could be one in **YOUR BACKYARD!** Bobcat populations have rebounded following the 1970s ban on bobcat trapping. We are working together on the Connecticut Bobcat Project to estimate the abundance of bobcats in Connecticut and better understand our population.

How YOU can help:

We want to place a game camera on your property to document the presence or absence of bobcats.



A UConn graduate student will be placing 100 game cameras across the state to document the presence of bobcats. Cameras will be set in regions based on housing density in order to better understand human and bobcat interactions.

Your participation will help us discover the secret life of neighborhood bobcats.

Please contact Kristen Beattie at (734) 934-1132 or kristen.beattie@uconn.edu if you're interested in participating or would like more information.



Additional ways YOU can help:



iNaturalist

is a free phone app allows you to record observations and add them to scientific projects, share them with other users, and discuss findings with experts and others.

To join and start recording your bobcat observations, sign up for free on the app or online at www.inaturalist.org/projects/ct-bobcat-project.

- Select the **"Add to Observations"** tab on the observation form to add your sighting.
- Select a specific point on the map where the sighting occurred.



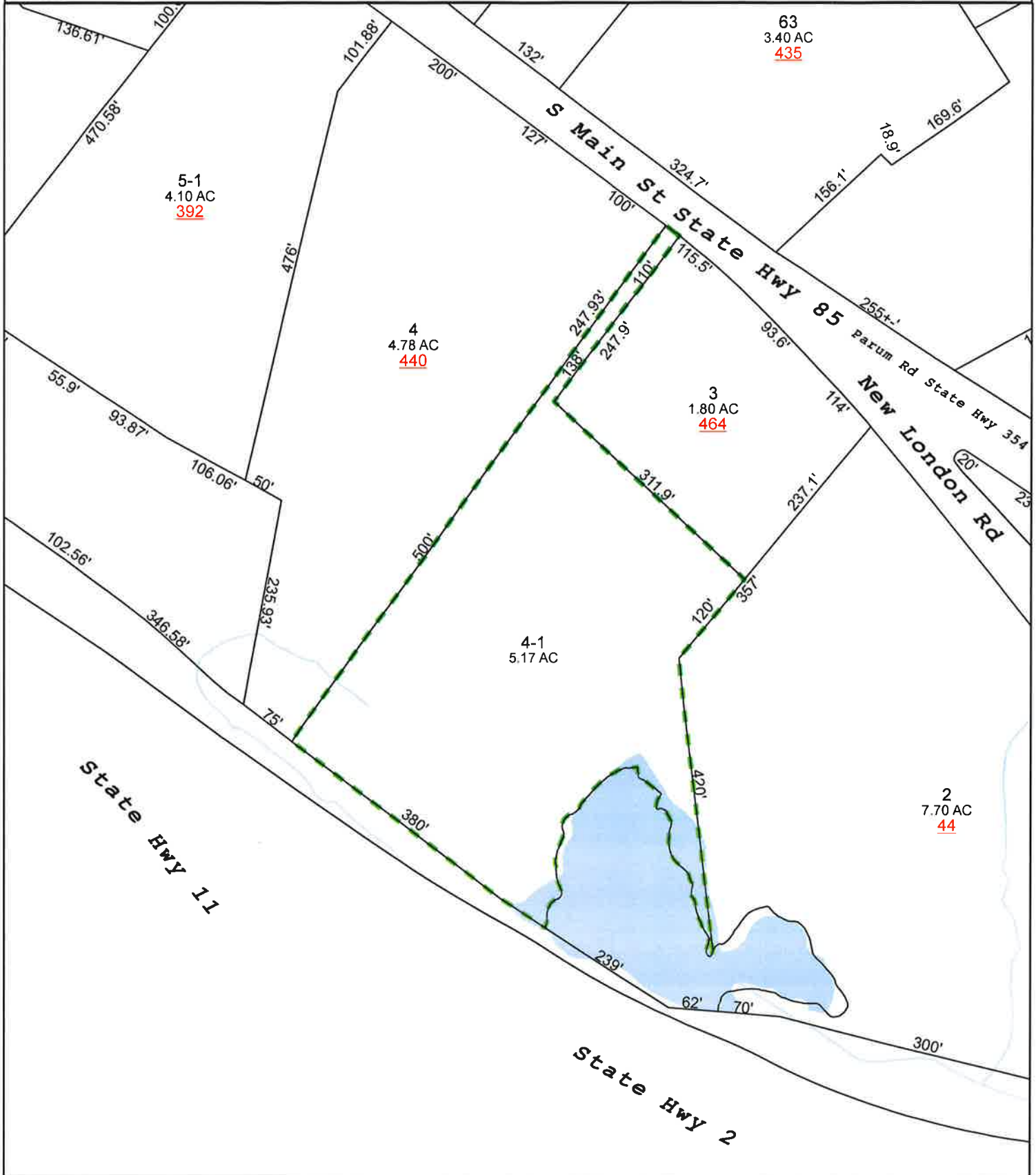
Anyone who finds a road-killed bobcat is urged to call the Wildlife Division at 860-424-3011 and provide location details. To ensure the bobcat remains until DEEP staff are able to collect it, we additionally ask (if the situation is SAFE) that you move the bobcat further from the road and cover it with branches or a bag.



Town of Colchester, Connecticut - Assessment Parcel Map

Parcel: 13-00-004-001

Address: SOUTH MAIN ST

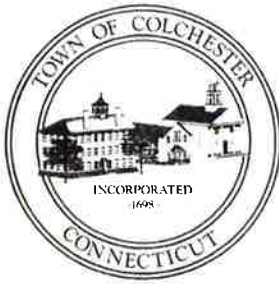


Approximate Scale: 1 inch = 150 feet



Map Produced: July 2017 / Grand List: 2016

Disclaimer: This map is for informational purposes only. All information is subject to verification by any user. The Town of Colchester and its mapping contractors assume no legal responsibility for the information contained herein.



Town of Colchester Job Description

Recreation Specialist **Parks & Recreation**

GENERAL STATEMENT OF DUTIES

Assist the Recreation Manager in the effective planning, delivery and evaluation of comprehensive year-round, seasonal and special recreational activities and programs for the Town of Colchester.

Work in a safe and responsible manner, including following both OSHA and Town of Colchester safety policies.

WORK SCHEDULE

Primarily Monday-Friday, 8:00am to 4:30pm with a half-hour lunch (40 hrs/wk); however often requires evening and weekend hours as program/events dictate.

SUPERVISOR

Works under the direct supervision of the Manager of Parks & Recreation.

ESSENTIAL DUTIES

The following is an illustrative and non-exhaustive list of duties:

- Create flyers, emails, and marketing material to promote the departmental programs
- Initiation, oversight and development of new and existing program areas as assigned
- Assist in the preparation and promotion of special events as assigned
- Supervise part-time, seasonal employees & contractors; visit programs as needed.
- Attend meetings and assist Endorsed Sport Leagues with scheduling and concerns
- Serve as reservation coordinator for facilities managed by Department
- Customer service and program sales, including in-person, by email and by phone especially in the absence of Office Assistant
- Assist in the maintenance of department web page
- Provide evidence of ongoing career and/or skills development
- Related duties as assigned
- Comply with Town of Colchester Personnel Policies
- Processing and tracking of vouchers, purchase orders, and requisitions
- Daily bank deposit
- Responsible for billing and collection of delinquent accounts
- Other administrative duties as assigned

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Must have:

- Overall working knowledge of current trends in recreation philosophy and management.
- Working knowledge & ability to plan, develop, promote and lead recreation programs.
- Good public speaking skills.

- Current computer skills, including word/data processing, desktop publishing

While performing the duties of this job, the employee is regularly required to stand, walk and talk. The employee frequently is required to sit; use hands to feel objects; reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. The employee is occasionally required to use the sense of smell.

The employee must be able to lift and/or move up to 50 pounds. Specific vision abilities required for this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

EDUCATION AND EXPERIENCE

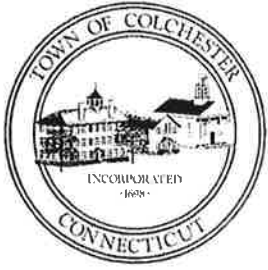
- Bachelor's Degree in Recreation Management or in a related field
- Must be at least 21 years of age.
- Two years' experience in recreation or a related field; or equivalent combination of education and experience.
- Must have and maintain a valid Connecticut Motor Vehicle Operator's License.

WORK ENVIRONMENT

It is the policy of the Town of Colchester to provide a safe and healthy workplace for all employees. The Town of Colchester is committed to reducing and controlling the frequency and severity of work-related accidents. It is the responsibility of every employee to report all accidents, incidents and occupational illnesses, as well as any perceived hazardous conditions. While performing the duties of employment, it is the employee's responsibility to work in a safe and responsible manner. This includes following both OSHA and Town of Colchester safety policies

While performing the duties of this job, the employee is required to work in outside weather conditions. The noise level in the work environment is usually moderate.

*This job description is not all-inclusive and is subject to change
by the Board of Selectman at any time.
Full-time; non-union, salary; exempt.*



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

MEMORANDUM

To: Board of Selectmen
Cc: Public Works
From: Tricia Dean, Executive Assistant to the First Selectman
Date: 3/7/2018
Re: Donate for Life Flag

On March 5, 2018 the Parks & Recreation Commission reviewed and approved the Donate for Life Flag to be flown at Town Hall from 4/20/2018 – 5/4/2018.

Recommended Motion

Motion for the Board of Selectmen to approve the flying of the Donate for Life Flag at Town Hall from April 20th through May 4th 2018.