

# Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

Gregg Schuster, First Selectman

**Board of Selectmen Agenda  
Regular Meeting  
Thursday, February 7, 2013  
Colchester Town Hall**

**Meeting Room – 7:00PM**

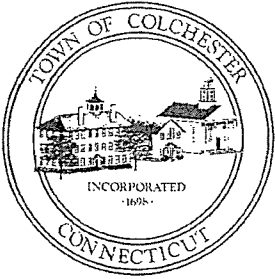
HANCY A. BRAY  
TOWN CLERK

2013 FEB -5 PM 3:12

RECEIVED  
COLCHESTER, CT

1. Call to Order
2. Additions to the Agenda
3. Approve Minutes of the January 17, 2013 Regular Board of Selectmen meeting
4. Approve Minutes of the February 6, 2013 Special Tri-Board meeting
5. Citizen's Comments
6. Boards and Commissions – Interviews and/or Possible Appointments and Resignations
  - a. Commission on Aging. Member appointment for a three-year term to expire 01/01/2016. Gary Siddell to be interviewed.
7. Budget Transfers
8. Tax Refunds & Rebates
9. Discussion and Possible Action on EMPG Grant
10. Discussion and Possible Action on Maintenance Bond Release
11. Discussion and Possible Action on Traffic Sign Inventory Contract
12. Discussion and Possible Action on EMS Staffing
13. Citizen's Comments
14. First Selectman's Report
15. Liaison Report
16. Adjourn





# Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

Gregg Schuster, First Selectman

Board of Selectmen Minutes  
Regular Meeting  
Thursday, January 17, 2013  
Colchester Town Hall

NANCY A. BRAY  
TOWN CLERK

RECEIVED  
COLCHESTER, CT  
2013 JAN 18 AM 11:19

**Meeting Room 1 – Immediately Following Commission Chair Meeting at 7:00PM**

**MEMBERS PRESENT:** First Selectman Gregg Schuster, Selectman Stan Soby, Selectman James Ford, Rosemary Coyle, and Selectman Greg Cordova

**MEMBERS ABSENT:**

**OTHERS PRESENT:** Derrik Kennedy, Robert Suchecki, Dot Mrowka, Adam Turner, John Malsbenden, Diana Giles, Nancy Bray, Merja Lehtinen, Don Kennedy, Walter Cox, Don Lee, Melissa Roberto, Ryan Blessing, and other citizens.

1. **Call to Order**

First Selectman G. Schuster called the meeting to order at 7:25 p.m.

2. **Additions to the Agenda**

S. Soby moved to add to the agenda item #5b, "Parks & Recreation Commission. Member appointment to fill a vacancy for a term ending 11/30/15. Discussion and Possible Action on Alternate Member Tracy Loskant," and renumber accordingly; seconded by G. Cordova. Unanimously approved. MOTION CARRIED.

3. **Approve Minutes of the January 3, 2013 Regular Board of Selectmen meeting**

G. Cordova moved to approve the minutes of the January 3, 2013 Regular Board of Selectmen meeting, seconded by R. Coyle. Unanimously approved. MOTION CARRIED.

4. **Citizen's Comments**

N. Bray read a prepared statement regarding benefits provided to Town elected officials (attached).

L. Hill commented on concerns over revised personnel policies.

M. Lehtinen questioned appointed or elected officials time reporting requirements.

J. Malsbenden commented on compensation changes for elected officials mid-term.

J. Ford moved to add to the agenda item #5, that the "Board of Selectmen temporarily rescind the action taken by the First Selectmen with regards to the Town Clerk's comments, as it is inconsistent with Town policy," seconded by R. Coyle. Discussion ensued on the comments of the public, investigation of time recording and use of time sheets for elected and non-elected personnel. G. Schuster moved to amend the motion to read, "All full-time elected officials and employees must turn in their time on the pre-existing time sheet to verify hours worked and qualification for fringe benefits under Town policies," seconded by G. Cordova. Discussion on excessive use of authority, process of investigation and succeeding actions, and Board of Selectmen process. All opposed the motion to amend. MOTION FAILED. J. Ford and R. Coyle voted in favor of the original motion. All others opposed. MOTION FAILED. Discussion on next actions of the Board. S. Soby moved to rescind the letter previously sent to the Town Clerk and Tax

Collector until further investigation and discussion by the Board, seconded by R. Coyle. Unanimously approved. MOTION CARRIED.

5. **Boards and Commissions – Interviews and/or Possible Appointments and Resignations**

a. **Commission on Aging. Member re-appointment for a three-year term to expire 12/31/15. Rose Levine to be interviewed.**

S. Soby moved to re-appoint Rose Levine as a member to the Commission on Aging for a three-year term to expire 12/31/15, seconded by R. Coyle. Unanimously approved. MOTION CARRIED.

b. **Parks & Recreation Commission. Member appointment to fill a vacancy for a term ending 11/30/15. Discussion and Possible Action on Alternate Member Tracy Loskant.**

S. Soby moved to appoint Tracy Loskant as a member of the Parks & Recreation Commission to fill a vacancy for a term ending 11/30/15, seconded by G. Cordova. Unanimously approved. MOTION CARRIED.

c. **Parks & Recreation Commission. Alternate appointment for a three-year term to expire 01/01/16. Kristin Moody was interviewed on 10/18/12 for Ethics Commission.**

R. Coyle moved to appoint Kristin Moody as an alternate to the Parks & Recreation Commission for a three-year term to expire 01/01/16, seconded by G. Cordova. Unanimously approved. MOTION CARRIED.

6. **Budget Transfers**

None.

7. **Tax Refunds & Rebates**

J. Ford moved to approve tax refunds in the amount of \$18.73 to Janet Kearney, \$267.80 to Ally Financial, and \$50.78 to Gerald & Nancy Beilman; seconded by S. Soby. Unanimously approved. MOTION CARRIED.

8. **Discussion and Possible Action on Local Elderly Tax Relief Task Force**

G. Cordova moved to form a Local Option Property Relief Task in accordance with section 129-26 of the Town ordinances, seconded by J. Ford. Unanimously approved. MOTION CARRIED.

9. **Discussion and Possible Action on Zoning Regulation Review Process**

A. Turner presented to the Board on review/revision process. Discussion on needs for further development of Regulations, priority of Regulations versus Plan of Conservation and Development, need for public inclusivity, and process of review of revisions. No action taken.

10. **Discussion and Possible Action on Personnel Policy**

Discussion on review of policy. No action taken.

11. **Citizen's Comments**

M. Lehtinen commented on thankfulness of desire to have public comment on Zoning Regulation revisions, commendation of Town for receiving GFOA Distinguished Budget Presentation Award, insurance company demand for time sheets of employees for liability issues, upcoming budget, and professionalism of First Selectman.

J. Malsbenden commented on meeting procedural matters according to Roberts Rules of Order. M. Caplet questioned having a mark-up version of Zoning Regulations, personnel policy, and meeting decorum.

D. Wasniewski commented on transparency of personnel policy revisions and Zoning Regulations priority compared to the Plan of Conservation and Development.

12. **First Selectman's Report**

First Selectman G. Schuster reported that a year ago the Town inquired about a Sidewalk Fee-in-Lieu Ordinance and are now working with State Representative M. Ziobron, CCM, and COST to push legislation allowing municipalities to enact such an ordinance. Schuster further reported that the Town is very concerned about upcoming state budget with regards to potential cuts to Town and school aid.

13. **Liaison Report**

J. Ford reported that the Friends of Cragin Library is scheduling a Book Sale in March. All funds from events help library with special projects.

R. Coyle reported that the Commission on Aging is eager to hire a new Senior Center Director. Also, Clara Erickson, a long-time member of the Commission, has recently passed away. 42 Christmas baskets were made at the Center this year.

S. Soby commented that the first weekend in February is "Freezin for a Reason" to raise funds for the Colchester Fuel Bank.

14. **Adjourn**

G. Cordova moved to adjourn at 8:52 p.m., seconded by R. Coyle. Unanimously approved.  
MOTION CARRIED.

Respectfully submitted,



Derrik M. Kennedy  
Executive Assistant to the First Selectman

Attachments:

- Letter from Town Clerk, Nancy Bray

I would like this letter entered into the minutes.

**To: Board of Selectmen**

Good Evening: I have had the distinct privilege of serving as Colchester's Town Clerk for the past thirteen years. Having been elected four times and earning the support of both parties, I respect my position and do my very best to serve the people of Colchester during and outside of the normal workday.

My hard work and dedication have been rewarded by Colchester voters allowing me to continue to serve them in this capacity.

Recently, I was advised by the First Selectman that I was required to fill out a time sheet and if I did not do so, my health benefits would be in jeopardy. Last week I received a Cobra form saying my benefits would be terminated as of Feb. 1<sup>st</sup>; as you can imagine I was shocked! The Town's Personnel Policy and the Charter both clearly state that the decision to change benefits of elected officials is that of the Board of Selectmen. To quote the policy – "Benefits provided to paid, full-time elected officials are to be determined by the Town of Colchester's Board of Selectmen and may be expanded or decreased as is deemed in the best interest of the Town". The Town's Charter in Section C-402K also states and I quote "In no event shall the Board of Selectmen delegate its policymaking authority". To my knowledge, this discussion or vote has not come before this board and Mr. Schuster has acted in violation of these policies.

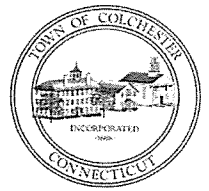
In an effort to be a team player I offered my weekly calendar to the First Selectman, which he has accepted for the past 6 months. At the beginning of December I received a letter from Atty. Patrick McHale stating that the calendar was no longer acceptable. He attached a sample time sheet with total hours worked per day as a guideline. My question is why am I being treated differently than other salaried employees when they submit time cards that say "No Exceptions" except for holidays and vacations; they do not submit hours.

In all my 20 years of service I have never been confronted with any issues regarding my work ethic or the operations of my office. It is an insult to my integrity and my good standing as a Town of Colchester Elected Official. I have every confidence in the fact that the Board of Selectmen will investigate this action of the First Selectman that violates Charter and Policies of the Town.

I ask that the Board of Selectmen take no action with the new Personnel Policies without having an outside attorney look at them as I believe that Mr. Schuster is attempting to justify his action by having a policy adopted after the fact.

Thank you.

Nancy A. Bray, CMC



# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2011** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Erin Rowlin
MAILING ADDRESS:	74 Blackledge Drive, Colchester, CT 06415
BILL NO:	2011-1-4673
BILL NO:	
BILL NO:	
BILL NO:	

REASON FOR APPLICATION: **Overpayment**

AMOUNTS FOR REFUND								
	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
12/31/12	\$ 3255.84	10/11	1/13	\$ 0.00	\$	\$	\$ 0.00	\$ 3255.84
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: *Erin Rowlin*

**OFFICE USE ONLY:**

Accounting Codes			
Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 3255.84
Refund 11303 – 30112	<input type="checkbox"/>	Prior Levy	\$
Refund 11303 – 30113	<input type="checkbox"/>	Interest	\$

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 3255.84	APPLICATION SUBMITTED DATE:	1/25/13
TAX COLLECTOR: TRICIA COBLENTZ		<i>Tricia Coblentz</i>	

**Governing Body Action Taken**  
At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:		
CLERK SIGNATURE:		



\*2011010004673\*

GENERAL DATA REAL ESTATE OFFICE OF THE TAX COLLECTOR

(BACK DATE) AS OF 01/28/2013

BILL NO: 2011-01-0004673 CURRENT OWNER: ROWLINS ERIN L  
 ORIGINAL OWNER: ROWLINS CHRISTOPHER J  
 UNIQUE ID: 01A00087 C/O:  
 LINK# ADDRESS: 74 BLACKLEDGE DR  
 FILE# ADDRESS2:  
 BANK: 26 CITY ST ZIP: COLCHESTER CT 06415  
 ESCROW: COUNTRY:  
 VOL/PAGE: 1156-102 PROP LOC.: 74 BLACKLEDGE DR  
 LIEN VOL/PAGE: EXR PROP LOC:  
 DISTRICT: M/B/L: 07-12 001-023

PROP ASSESSED: 226,100 ELD CODE: 0  
 EXEMPTIONS: EXMPT CHANGE:  
 COC CHANGE:  
 NET VALUE: 226,100  
 MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	3,255.84	3,255.84
INST2:	3,255.84	3,255.84
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	0.00	0.00
TOT TAX:	6,511.68	6,511.68
TOTAL PAID:	9,767.52	9,767.52

\*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEEs	TOTALS
Ref	7	02/01/2013	O	1/94/1	T	-3,255.84	0.00	0.00	0.00	-3,255.84
Pay	6	12/31/2012		91/15/87		3,255.84	0.00	0.00	0.00	3,255.84
Pay	6	12/26/2012		82/123/40	T	3,255.84	0.00	0.00	0.00	3,255.84
Pay	2	08/01/2012		91/13/88		3,255.84	0.00	0.00	0.00	3,255.84
TOTAL PAYMENTS:						6,511.68	0.00	0.00	0.00	6,511.68

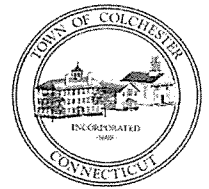
TOTAL BALANCE DUE AS OF 01/28/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEEs DUE:	0.00
TAX DUE NOW:	-3,255.84
TOT DUE NOW:	-3,255.84
BALANCE DUE:	-3,255.84

\*\*\* FLAGS \*\*\*

Circuit Breaker Amount: 0 Benefit Year: 0  
 Invalid Address Flag No





# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2011** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Caitlin Parla
MAILING ADDRESS:	262 Middletown Road, Colchester, CT 06415
BILL NO:	2011-3-61173
BILL NO:	
BILL NO:	
BILL NO:	

REASON FOR APPLICATION: **Junked 6/12**

AMOUNTS FOR REFUND								
	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
8/6/12	\$ 67.10	10/11	7/12	\$ 50.40	\$	\$	\$ 50.40	\$ 16.70
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: *Caitlin Parla*

**OFFICE USE ONLY:**

Accounting Codes			
Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 16.70
Refund 11303 – 30112	<input type="checkbox"/>	Prior Levy	\$
Refund 11303 – 30113	<input type="checkbox"/>	Interest	\$

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 16.70	APPLICATION SUBMITTED DATE:	10/17/12
---------------------	----------	-----------------------------	----------

TAX COLLECTOR: TRICIA COBLENTZ

*Tricia Coblentz*

**Governing Body Action Taken**

At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
---------------	-----------------------------	---------------------------

BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:

CLERK SIGNATURE:



\*2011030061173\*

GENERAL DATA MOTOR VEHICLE OFFICE OF THE TAX COLLECTOR

AS OF 01/16/2013

BILL NO: 2011-03-0061173 NAME: PARLA CAITLIN A  
 UNIQUE ID: 51143100 C/O:  
 LINK #: 2011-MV-0006459 ADDRESS: 262 MIDDLETOWN RD  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415-1608  
 ESCROW: COUNTRY:  
 DISTRICT:  
 PROP ASSESSED: 2,330 YR/MAKE/MDL: 1997 / SAAB / 900  
 EXEMPTIONS: REG / CL / ID: 1 / YS3DF55N5V2049488  
 COC CHANGE: -580 ASSMNT CHANGE: -580  
 COC #: 83254M TOWN BENEFIT  
 EXEMPT Change: REG# EXPR: 10/05/2012  
 NET VALUE: 1,750

MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	67.10	67.10
INST2:	0.00	0.00
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	-16.70	-16.70
TOT TAX:	50.40	50.40
TOTAL PAID:	67.10	67.10

\*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEEs	TOTALS
Pay	2	08/06/2012		81/144/52	T	67.10	0.00	0.00	0.00	67.10
Adj	2	08/06/2012	83254M	69/25/15	T	-16.70	0.00	0.00	0.00	0.00
TOTAL PAYMENTS:						67.10	0.00	0.00	0.00	67.10

TOTAL BALANCE DUE AS OF 01/16/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEEs DUE:	0.00
TAX DUE NOW:	-16.70
TOT DUE NOW:	-16.70
BALANCE AMT:	-16.70

\*\*\* FLAGS \*\*\*

Circuit Breaker Amt: 0 Benefit Year: 0  
 Invalid Address Flag No  
 Last Adjustment Reason JUNKED 6/12



# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, 2011 ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Vincent Savalle
MAILING ADDRESS:	220 Norwich Ave, Colchester, CT 06415
BILL NO:	2011-3-62923
BILL NO:	
BILL NO:	
BILL NO:	

REASON FOR APPLICATION: **Sold 4/12**

AMOUNTS FOR REFUND								
	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
8/1/12	\$ 91.87	10/11	7/12	\$ 53.57	\$	\$	\$ 53.57	\$ 38.30
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: *Vincent Savalle*

OFFICE USE ONLY:

Accounting Codes			
Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 38.30
Refund 11303 – 30112	<input type="checkbox"/>	Prior Levy	\$
Refund 11303 – 30113	<input type="checkbox"/>	Interest	\$

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 38.30	APPLICATION SUBMITTED DATE:	12/14/12
TAX COLLECTOR: TRICIA COBLENTZ		<i>Tricia Coblentz</i>	

**Governing Body Action Taken**  
At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
---------------	-----------------------------	---------------------------

BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:

CLERK SIGNATURE:



\*2011030062923\*

GENERAL DATA MOTOR VEHICLE OFFICE OF THE TAX COLLECTOR

AS OF 01/16/2013

BILL NO: 2011-03-0062923 NAME: SAVALLE VINCENT T JR  
 UNIQUE ID: 51321900 C/O:  
 LINK #: 2011-MV-0007488 ADDRESS: 220 NORWICH AVE  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415-1227  
 ESCROW: COUNTRY:  
 DISTRICT:  
 PROP ASSESSED: 3,190 YR/MAKE/MDL: 1989 / FRHT / CONVENTI  
 EXEMPTIONS: REG / CL / ID: 2 / 1FUYZCYB2KH409694  
 COC CHANGE: -1,330 ASSMNT CHANGE: -1,330  
 COC #: 83512M TOWN BENEFIT  
 EXEMPT Change: NET VALUE: 1,860 REG# EXPR: 11/15/2011

MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	91.87	91.87
INST2:	0.00	0.00
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	-38.30	-38.30
TOT TAX:	53.57	53.57
TOTAL PAID:	91.87	91.87

\*\*\* PAYMENTS \*\*\*

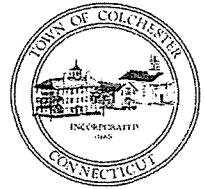
TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
Adj	6	12/06/2012	83512M	69/83/11	T	-38.30	0.00	0.00	0.00	0.00
Pay	2	08/01/2012		82/23/129	T	91.87	0.00	0.00	0.00	91.87
TOTAL PAYMENTS:						91.87	0.00	0.00	0.00	91.87

TOTAL BALANCE DUE AS OF 01/16/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEES DUE:	0.00
TAX DUE NOW:	-38.30
TOT DUE NOW:	-38.30
BALANCE AMT:	-38.30

\*\*\* FLAGS \*\*\*

Circuit Breaker Amt: 0 Benefit Year: 0  
 Invalid Address Flag No  
 Last Adjustment Reason DECREASE. MV SOLD 4/12.



# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2011** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Dorothea Tredor
MAILING ADDRESS:	95 Old Hartford Rd, Colchester, CT 06415
BILL NO:	2011-1-5528
BILL NO:	
BILL NO:	
BILL NO:	

REASON FOR APPLICATION:	Overpayment on January payment
-------------------------	--------------------------------

AMOUNTS FOR REFUND								
	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
1/8/13	\$ 12568.32	10/11	7/12	\$ 10719.36	\$	\$	\$ 10719.36	\$ 1848.96
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: Dorothea Tredor

<b>OFFICE USE ONLY:</b>
-------------------------

**Accounting Codes**

Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 1848.96
Refund 11303 – 30112		Prior Levy	\$
Refund 11303 – 30113		Interest	\$

**Collectors Recommendation to the Governing Body**

To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 1848.96	APPLICATION SUBMITTED DATE:	1/8/13
---------------------	------------	-----------------------------	--------

TAX COLLECTOR: TRICIA COBLENTZ	<u>Tricia Coblentz</u>
--------------------------------	------------------------

**Governing Body Action Taken**

At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
---------------	-----------------------------	---------------------------

BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:
---

CLERK SIGNATURE:
------------------



\*2011010005528\*

GENERAL DATA REAL ESTATE OFFICE OF THE TAX COLLECTOR

AS OF 01/16/2013

BILL NO: 2011-01-0005528 CURRENT OWNER: TREDOR DOROTHEA  
 ORIGINAL OWNER: TREDOR RONALD + DOROTHEA  
 UNIQUE ID: T0355100 C/O:  
 LINK# ADDRESS: 95 OLD HARTFORD RD  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415  
 ESCROW: COUNTRY:  
 VOL/PAGE: 1152-47 PROP LOC.: OLD HARTFORD RD  
 LIEN VOL/PAGE: EXR PROP LOC:  
 DISTRICT: M/B/L: 05-10 028-000

PROP ASSESSED: 64,200 ELD CODE: 0  
 EXEMPTIONS: EXMPT CHANGE:  
 COC CHANGE: 308,000  
 NET VALUE: 372,200  
 MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	924.48	924.48
INST2:	924.48	924.48
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	8,870.40	8,870.40
TOT TAX:	10,719.36	10,719.36
TOTAL PAID:	12,568.32	12,568.32

\*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
Pay	7	01/08/2013 O		82/132/31	T	924.48	0.00	0.00	0.00	924.48
Pay	7	01/08/2013 O		82/132/30	T	5,359.68	0.00	0.00	0.00	5,359.68
Pay	2	08/06/2012 P		82/26/45	T	924.48	0.00	0.00	0.00	924.48
Pay	2	08/03/2012		82/25/135	T	5,359.68	0.00	0.00	0.00	5,359.68
Adj	1	07/11/2012	82936R	69/9/2	T	8,870.40	0.00	0.00	0.00	0.00
TOTAL PAYMENTS:						12,568.32	0.00	0.00	0.00	12,568.32

TOTAL BALANCE DUE AS OF 01/16/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEES DUE:	0.00
TAX DUE NOW:	-1,848.96
TOT DUE NOW:	-1,848.96
BALANCE DUE:	-1,848.96

\*\*\* FLAGS \*\*\*

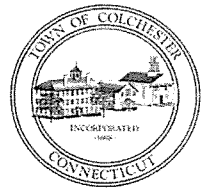
Circuit Breaker Amount: 0 Benefit Year: 0

Invalid Address Flag No

Last Adjustment Reason WRONG ASSESS BRIDGED

MESSAGES

1/3, 1/4, 1/8 ATTEMPTED TO CALL 531-9576 REGARDING OVERPAYMENT; NO RESPONSE; POSTED PAYMENTS. MRD 1/8/13



# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2011** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	George and Dorothy Sellman
MAILING ADDRESS:	67 Buttonwood Rd, Hebron, CT 06248
BILL NO:	2011-1-4914
BILL NO:	
BILL NO:	
BILL NO:	

REASON FOR APPLICATION: **Check was written over amount due**

AMOUNTS FOR REFUND								
	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
1/3/13	\$ 2981.52	10/11	1/13	\$ 2891.52	\$	\$	\$ 2981.52	\$ 90.00
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: *George Sellman*  
*Dorothy Sellman*

OFFICE USE ONLY:

Accounting Codes			
Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 90.00
Refund 11303 – 30112	<input type="checkbox"/>	Prior Levy	\$
Refund 11303 – 30113	<input type="checkbox"/>	Interest	\$

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND **\$ 90.00** APPLICATION SUBMITTED DATE: **1/3/13**

TAX COLLECTOR: TRICIA COBLENTZ  
*Tricia Coblentz*

**Governing Body Action Taken**  
At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE: ABATEMENT OR REFUND AMOUNT: ACCOUNTING VENDOR NUMBER:

BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:

CLERK SIGNATURE:



\*2011010004914\*

GENERAL DATA REAL ESTATE OFFICE OF THE TAX COLLECTOR

AS OF 01/16/2013

BILL NO: 2011-01-0004914 ORIGINAL OWNER: SELLMAN GEORGE F + DOROTHY A  
 UNIQUE ID: S0122400 C/O:  
 LINK# ADDRESS: 67 BUTTONWOOD RD  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: HEBRON CT 06248  
 ESCROW: COUNTRY:  
 VOL/PAGE: 700-353 PROP LOC.: 55 HARBOR RD  
 LIEN VOL/PAGE: EXR PROP LOC:  
 DISTRICT: M/B/L: 05-02 010-000

PROP ASSESSED: 200,800 ELD CODE: 0  
 EXEMPTIONS: EXMPT CHANGE:  
 COC CHANGE:  
 NET VALUE: 200,800  
 MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	2,891.52	2,891.52
INST2:	2,891.52	2,891.52
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	0.00	0.00
TOT TAX:	5,783.04	5,783.04
TOTAL PAID:	5,873.04	5,873.04

\*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEEES	TOTALS
Pay	7	01/03/2013	O	82/129/68	T	2,981.52	0.00	0.00	0.00	2,981.52
Pay	1	07/11/2012		81/15/62	T	2,891.52	0.00	0.00	0.00	2,891.52
TOTAL PAYMENTS:						5,873.04	0.00	0.00	0.00	5,873.04

TOTAL BALANCE DUE AS OF 01/16/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEEES DUE:	0.00
TAX DUE NOW:	-90.00
TOT DUE NOW:	-90.00
BALANCE DUE:	-90.00

\*\*\* FLAGS \*\*\*

Circuit Breaker Amount: 0 Benefit Year: 0  
 Invalid Address Flag No





# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2010** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Brendan & Bianca Moon
MAILING ADDRESS:	83 Brookstone Drive, Colchester, CT 06415
BILL NO:	2010-03-60146
BILL NO:	
BILL NO:	

REASON FOR APPLICATION: **Sold 05/11**

AMOUNTS FOR REFUND								
Date Paid	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
07/14/11	\$ 138.81	10/10	7/10	\$ 92.54	\$	\$	\$ 92.54	\$ 46.27
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: *B. Moon*

**OFFICE USE ONLY:**

Accounting Codes			
Refund 11303 – 30111	Current Levy	\$	
Refund 11303 – 30112	<input checked="" type="checkbox"/> Prior Levy	\$ 46.27	
Refund 11303 – 30113	Interest	\$	

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND AMOUNT:	\$ 46.27	APPLICATION SUBMITTED DATE:	1/17/13
TAX COLLECTOR: TRICIA COBLENTZ		<i>Tricia Coblentz</i>	

**Governing Body Action Taken**  
At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:		
CLERK SIGNATURE:		



\*2010030060146\*

GENERAL DATA MOTOR VEHICLE OFFICE OF THE TAX COLLECTOR

AS OF 01/17/2013

BILL NO: 2010-03-0060146 NAME: MOON BRENDAN OR  
 UNIQUE ID: 51041500 C/O: MOON BIANCA  
 LINK #: 2010-MV-0005927 ADDRESS: 83 BROOKSTONE DR  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415-2241  
 ESCROW: COUNTRY:  
 DISTRICT:  
 PROP ASSESSED: 5,370 YR/MAKE/MDL: 2002 / HONDA / ACCORD S  
 EXEMPTIONS: REG / CL / ID: /1 / 1HGCG66802A160466  
 COC CHANGE: -1,790 ASSMNT CHANGE: -1,790  
 COC #: 82079M TOWN BENEFIT  
 EXEMPT Change: NET VALUE: 3,580 REG# EXPR: 07/29/2011

MILL RATE: 25.8500

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	138.81	138.81
INST2:	0.00	0.00
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	-46.27	-46.27
TOT TAX:	92.54	92.54
TOTAL PAID:	138.81	138.81

\*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
Adj	7	01/05/2012	82079M	69/156/3	T	-46.27	0.00	0.00	0.00	0.00
Pay	1	07/14/2011		81/50/32	T	138.81	0.00	0.00	0.00	138.81
TOTAL PAYMENTS:						138.81	0.00	0.00	0.00	138.81

TOTAL BALANCE DUE AS OF 01/17/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEES DUE:	0.00
TAX DUE NOW:	-46.27
TOT DUE NOW:	-46.27
BALANCE AMT:	-46.27

\*\*\* FLAGS \*\*\*

Circuit Breaker Amt: 0 Benefit Year: 0  
 Invalid Address Flag No  
 Last Adjustment Reason SOLD 05/11

TOWN OF COLCHESTER

TAX COLLECTOR

**APPLICATION FOR ABATEMENT OR REFUND OF  
PROPERTY TAXES**



THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2011** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

<b>APPLICANT INFORMATION</b>	
NAME:	Eric Bowers
MAILING ADDRESS:	59 Westerly Terrace, Colchester, CT 06415
BILL NO:	2011-3-51510
BILL NO:	
BILL NO:	
BILL NO:	
REASON FOR APPLICATION:	Sold 7/12

AMOUNTS FOR REFUND								
Date Paid	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
7/16/12	\$ 311.62	10/11	7/12	\$ 259.49	\$	\$	\$ 259.49	\$ 52.13
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

**APPLICANT(S) SIGNATURE:** *Eric Bowers*

**OFFICE USE ONLY:**

Accounting Codes			
Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 52.13
Refund 11303 – 30112	<input type="checkbox"/>	Prior Levy	\$
Refund 11303 – 30113	<input type="checkbox"/>	Interest	\$

**Collectors Recommendation to the Governing Body**  
 To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 52.13	APPLICATION SUBMITTED DATE:	8/24/12
TAX COLLECTOR: TRICIA COBLENTZ		<i>Tricia Coblentz</i>	

**Governing Body Action Taken**  
 At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:		
CLERK SIGNATURE:		



\*2011030051510\*

GENERAL DATA MOTOR VEHICLE OFFICE OF THE TAX COLLECTOR

AS OF 01/25/2013

BILL NO: 2011-03-0051510 NAME: BOWERS ERIC J  
 UNIQUE ID: 50156200 C/O:  
 LINK # 2011-MV-0000885 ADDRESS: 59 WESTERLY TERRACE  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415-1471  
 ESCROW: COUNTRY:  
 DISTRICT:  
 PROP ASSESSED: 10,820 YR/MAKE/MDL: 2006 / DODG / DAKOTA  
 EXEMPTIONS: REG / CL / ID: /3 / 1D7HW48N46S606185  
 COC CHANGE: -1,810 ASSMNT CHANGE: -1,810  
 COC #: 83158M TOWN BENEFIT  
 EXEMPT Change: NET VALUE: 9,010 REG# EXPR: 09/01/2012

MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	311.62	311.62
INST2:	0.00	0.00
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	-52.13	-52.13
TOT TAX:	259.49	259.49
TOTAL PAID:	311.62	311.62

\*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
Adj	1	07/24/2012	83158M	69/19/3	T	-52.13	0.00	0.00	0.00	0.00
Pay	1	07/16/2012		82/10/53	T	311.62	0.00	0.00	0.00	311.62
TOTAL PAYMENTS:						311.62	0.00	0.00	0.00	311.62

TOTAL BALANCE DUE AS OF 01/25/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEES DUE:	0.00
TAX DUE NOW:	-52.13
TOT DUE NOW:	-52.13
BALANCE AMT:	-52.13

\*\*\* FLAGS \*\*\*

Circuit Breaker Amt: 0 Benefit Year: 0  
 Invalid Address Flag No  
 Last Adjustment Reason SOLD 7/12



# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2011** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Jean & Marie Gilbert
MAILING ADDRESS:	22 Stanavage Rd, Colchester, CT 06415
BILL NO:	2011-1-2089
BILL NO:	
BILL NO:	
BILL NO:	

REASON FOR APPLICATION: **Overpayment**

AMOUNTS FOR REFUND								
	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
1/16/13	\$ 3000.00	10/11	1/13	\$ 2943.36	\$	\$	\$ 2943.96	\$ 57.28
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: *Jean & Marie Gilbert*

OFFICE USE ONLY:

Accounting Codes			
Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 57.28
Refund 11303 – 30112	<input type="checkbox"/>	Prior Levy	\$
Refund 11303 – 30113	<input type="checkbox"/>	Interest	\$

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 57.28	APPLICATION SUBMITTED DATE:	1/16/13
---------------------	----------	-----------------------------	---------

TAX COLLECTOR: TRICIA COBLENTZ	<i>Tricia Coblentz</i>
--------------------------------	------------------------

**Governing Body Action Taken**  
At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
---------------	-----------------------------	---------------------------

BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:

CLERK SIGNATURE:



\*2011010002089\*

GENERAL DATA REAL ESTATE OFFICE OF THE TAX COLLECTOR

AS OF 01/25/2013

BILL NO: 2011-01-0002089 CURRENT OWNER: GILBERT JEAN PAUL + MARIE PAULE +  
 ORIGINAL OWNER: GILBERT JEAN PAUL + MARIE PAULE  
 UNIQUE ID: G0361600 C/O: SILVERNAIL WAYNE R + LISE G  
 LINK# ADDRESS: 22 STANAVAGE RD  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415  
 ESCROW: COUNTRY:  
 VOL/PAGE: 985-217 PROP LOC.: 22 STANAVAGE RD  
 LIEN VOL/PAGE: EXR PROP LOC:  
 DISTRICT: M/B/L: 02-06 037-015

PROP ASSESSED: 204,400 ELD CODE: 0  
 EXEMPTIONS: EXMPT CHANGE:  
 COC CHANGE:  
 NET VALUE: 204,400  
 MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	2,943.36	2,943.36
INST2:	2,943.36	2,943.36
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	0.00	0.00
TOT TAX:	5,886.72	5,886.72
TOTAL PAID:	5,944.00	5,944.00

\*\*\* PAYMENTS \*\*\*

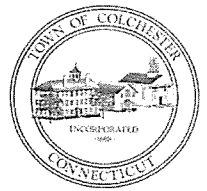
TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
Pay	7	01/16/2013	O	82/138/3	T	3,000.00	0.00	0.00	0.00	3,000.00
Pay	1	07/05/2012	O	82/3/29	T	2,944.00	0.00	0.00	0.00	2,944.00
TOTAL PAYMENTS:						5,944.00	0.00	0.00	0.00	5,944.00

TOTAL BALANCE DUE AS OF 01/25/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEES DUE:	0.00
TAX DUE NOW:	-57.28
TOT DUE NOW:	-57.28
BALANCE DUE:	-57.28

\*\*\* FLAGS \*\*\*

Circuit Breaker Amount: 0 Benefit Year: 0  
 Invalid Address Flag No



# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2010** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Robert R Fradette 2 <sup>nd</sup>
MAILING ADDRESS:	36 Mountain Rd, Colchester, CT 06415
BILL NO:	2010-3-55263
BILL NO:	
BILL NO:	
BILL NO:	

REASON FOR APPLICATION: **Junked 12/10**

AMOUNTS FOR REFUND								
Date Paid	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
8/5/11	\$ 78.33	10/12	7/11	\$ 19.65	\$	\$	\$ 19.65	\$ 58.68
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY:**

Accounting Codes			
Refund 11303 – 30111		Current Levy	\$
Refund 11303 – 30112	X	Prior Levy	\$ 58.68
Refund 11303 – 30113		Interest	\$

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 58.68	APPLICATION SUBMITTED DATE:	8/24/12
---------------------	----------	-----------------------------	---------

TAX COLLECTOR: TRICIA COBLENTZ	<i>Tricia Coblentz</i>
--------------------------------	------------------------

**Governing Body Action Taken**  
At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
---------------	-----------------------------	---------------------------

BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:

CLERK SIGNATURE:



\*2010030055263\*

GENERAL DATA MOTOR VEHICLE OFFICE OF THE TAX COLLECTOR

AS OF 01/29/2013

BILL NO: 2010-03-0055263 NAME: FRADETTE ROBERT R 2ND  
 UNIQUE ID: 50538300 C/O:  
 LINK #: 2010-MV-0003022 ADDRESS: 36 MOUNTAIN RD  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415-2710  
 ESCROW: COUNTRY:  
 DISTRICT:  
 PROP ASSESSED: 3,030 YR/MAKE/MDL: 1999 / CHEV / S10  
 EXEMPTIONS: REG / CL / ID: 3 / 1GCCS1447XK186998  
 COC CHANGE: -2,270 ASSMNT CHANGE: -2,270  
 COC #: 82950M TOWN BENEFIT  
 EXEMPT Change: NET VALUE: 760 REG# EXPR: 10/16/2011

MILL RATE: 25.8500

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	78.33	78.33
INST2:	0.00	0.00
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	-58.68	-58.68
TOT TAX:	19.65	19.65
TOTAL PAID:	78.33	78.33

\*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
Adj	1	07/13/2012	82950M	69/11/1	T	-58.68	0.00	0.00	0.00	0.00
Pay	2	08/05/2011		81/142/66	T	78.33	0.00	0.00	0.00	78.33
TOTAL PAYMENTS:						78.33	0.00	0.00	0.00	78.33

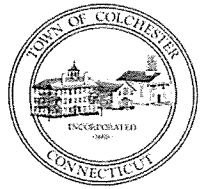
TOTAL BALANCE DUE AS OF 01/29/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEES DUE:	0.00
TAX DUE NOW:	-58.68
TOT DUE NOW:	-58.68
BALANCE AMT:	-58.68

\*\*\* FLAGS \*\*\*

Circuit Breaker Amt: 0 Benefit Year: 0  
 Invalid Address Flag No  
 Last Adjustment Reason JUNKED 12/10



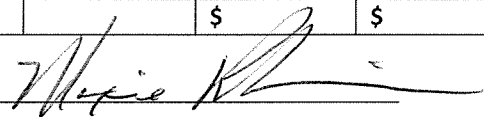


# APPLICATION FOR ABATEMENT OR REFUND OF PROPERTY TAXES

THIS APPLICATION FORM PROVIDES SATISFACTORY PROOF FOR ENTITLEMENT TO EXEMPTION ON THE OCTOBER 1, **2011** ASSESSMENT LIST TO THE TAX COLLECTOR OF COLCHESTER, STATE OF CONNECTICUT.

APPLICANT INFORMATION	
NAME:	Maxie Robinson
MAILING ADDRESS:	PO Box 902, Colchester, CT 06415
BILL NO:	2011-3-62401
BILL NO:	
BILL NO:	
BILL NO:	
REASON FOR APPLICATION:	Sold 5/12


AMOUNTS FOR REFUND								
	Amount Paid	List Year	Due Date	Principal	Interest	Lien Fees	Amount Due	TOTAL
10/18/12	\$ 128.22	10/11	7/12	\$ 80.64	\$ 4.84	\$	\$ 85.48	\$ 42.74
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$
	\$			\$	\$	\$	\$	\$

APPLICANT(S) SIGNATURE: 

**OFFICE USE ONLY:**

Accounting Codes			
Refund 11303 – 30111	<input checked="" type="checkbox"/>	Current Levy	\$ 40.32
Refund 11303 – 30112	<input type="checkbox"/>	Prior Levy	\$
Refund 11303 – 30113	<input checked="" type="checkbox"/>	Interest	\$ 2.42

**Collectors Recommendation to the Governing Body**  
To the Board of Selectman: It is recommended that an abatement or refund of property taxes with the following information be made to the above named taxpayer in accordance with the provisions of Section 12-81 (20), 12-124 thru 12-129 Rev. as amended

ABATEMENT OR REFUND	\$ 42.74	APPLICATION SUBMITTED DATE:	11/2/12
TAX COLLECTOR: TRICIA COBLENTZ			

**Governing Body Action Taken**  
At a regular meeting of the Board of Selectman it was voted to abate or refund property the following taxes to the above named taxpayer

MEETING DATE:	ABATEMENT OR REFUND AMOUNT:	ACCOUNTING VENDOR NUMBER:
BOARD OF SELECTMAN, COMMON COUNCIL SIGNATURE:		
CLERK SIGNATURE:		



\*2011030062401\*

GENERAL DATA MOTOR VEHICLE OFFICE OF THE TAX COLLECTOR

AS OF 01/29/2013

BILL NO: 2011-03-0062401 NAME: ROBINSON MAXIE W  
 UNIQUE ID: 51267800 C/O:  
 LINK #: 2011-MV-0007173 ADDRESS: PO BOX 902  
 FILE# ADDRESS2:  
 BANK: CITY ST ZIP: COLCHESTER CT 06415-0902  
 ESCROW: COUNTRY:  
 DISTRICT:  
 PROP ASSESSED: 4,200 YR/MAKE/MDL: 1997 / JEEP / WRANGLER  
 EXEMPTIONS: REG / CL / ID: 1 / 1J4FY29POVP435737  
 COC CHANGE: -1,400 ASSMNT CHANGE: -1,400  
 COC #: 83482M TOWN BENEFIT  
 EXEMPT Change: NET VALUE: 2,800 REG# EXPR: 10/15/2012

MILL RATE: 28.8000

\*\*\* BILLED \*\*\*

	TOWN	TOTALS
INST1:	120.96	120.96
INST2:	0.00	0.00
INST3:	0.00	0.00
INST4:	0.00	0.00
ADJS:	-40.32	-40.32
TOT TAX:	80.64	80.64
TOTAL PAID:	120.96	120.96

\*\*\* PAYMENTS \*\*\*

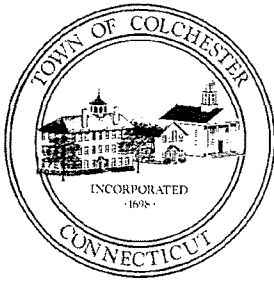
TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEEES	TOTALS
Adj	5	11/02/2012	83482M	69/73/2	T	-40.32	0.00	0.00	0.00	0.00
Pay	4	10/18/2012		82/80/15	T	120.96	7.26	0.00	0.00	128.22
TOTAL PAYMENTS:						120.96	7.26	0.00	0.00	128.22

TOTAL BALANCE DUE AS OF 01/29/2013

	TOWN
INT DUE:	0.00
LIEN DUE:	0.00
FEEES DUE:	0.00
TAX DUE NOW:	-40.32
TOT DUE NOW:	-40.32
BALANCE AMT:	-40.32

\*\*\* FLAGS \*\*\*

Circuit Breaker Amt: 0 Benefit Year: 0  
 Invalid Address Flag No  
 Last Adjustment Reason DECREASE. MV SOLD 5/12.



# *Town of Colchester, Connecticut*

127 Norwich Avenue, Colchester, Connecticut 06415

---

February 4, 2013

TO: Board of Selectman

FROM: N. Reed Gustafson – Emergency Management Director

RE: EMPG Grant Application

---

The EMPG (Emergency Management Program Grant) allows the Town of Colchester to receive a reimbursement for FEMA for fifty percent of the Emergency Management Directors salary as well as fifty percent of the internet and phone cost at the EOC. The only requirement is that the EOC participate in the quarterly radio test with the DEMHS Region 4 office.

**Recommended Motion:**

Move to approve the application to the 2013 EMPG Grant and be it resolved that, that the Board of Selectmen may enter into with and deliver 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 Gregg Schuster, as First Selectman is authorized and directed to execute and deliver any and all documents on behalf of the Board of Selectmen and to do and perform all acts and things which he deems to be necessary or appropriate to carry out the terms of such documents.

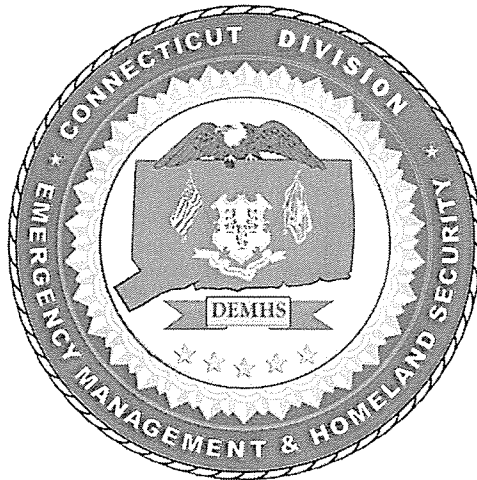




# **EMERGENCY MANAGEMENT PERFORMANCE GRANT**

**Program Application for the Period from 10/1/12 to 9/30/13**

**State and Local Assistance to Municipalities**



**Connecticut Department of Emergency Services and Public  
Protection**

**Division of Emergency Management  
And Homeland Security**

**William P. Shea, Deputy Commissioner**

**William J. Hackett, Director**

**January 3, 2013**

**EMPG Application Deadline: February 22, 2013**

Emergency Management Performance Grant Application

---

<b>Contents</b>	<b>Page</b>
Instructions to Applicants	2
Applicant Information and Data Sheet	3
Advisory bulletin 2013-1	4
Municipal Resolution	9
Budget for the period from 10/1/12 to 9/30/13	13
Master Staffing Pattern	14

---

**EMPG Application Deadline: February 22, 2013**

# Instructions to Applicants

---

1. All forms shown in this application are also available on our website at <http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692>.
2. Fill out the Applicant Information and Data Sheet.
3. Read the Advisory Bulletin 2013-1.
4. Please prepare a municipal resolution authorizing you to sign the subgrant award. The subgrant award will be issued after your application is reviewed and approved.
5. Fill in your budget request for the performance period of **10/1/2012 through 9/30/2013**. **Please do not exceed your per capita allocation as shown in the cover letter.**
6. Complete the master staffing Form 85-17 (p. 15).
7. Please review the remaining list of forms available on our website at <http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692> 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).

Once all of the necessary forms are filled out and signed, you can complete the application by signing and dating the Applicant Information and Data Sheet on the next page.

**For assistance filling out this application please contact:**

Anthony Scalora  
Regional Coordinator  
DEMHS Region 4  
Office: 860-537-7560  
Email: [anthony.scalora@ct.gov](mailto:anthony.scalora@ct.gov)

**Or other DEMHS Region 4 Staff:**

Regional Secretary, Darlene Richards      [darlene.richards@ct.gov](mailto:darlene.richards@ct.gov)      860-537-7560

Regional Planner, Mike Caplet      [mike.caplet@ct.gov](mailto:mike.caplet@ct.gov)      860-537-7582

**EMPG Application Deadline: February 22, 2013**

Emergency Management Performance Grant Application



**STATE OF CONNECTICUT**  
**Department of Emergency Services & Public Protection**  
**Division of Emergency Management & Homeland Security**  
**Grant Application**



Additional copies of this kit are available on our website at  
<http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692>.

**Mail Completed Applications To:**  
 Anthony Scalora, Regional Coordinator  
 DEMHS Region 4 Office – CSP Troop K  
 15-B Old Hartford Road, Colchester, CT 06415

**FOR DEMHS USE ONLY**  
**Application Tracking #:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_

**Grant Program: Emergency Management Grant Program**

**APPLICANT INFORMATION AND DATA SHEET**

<b>1. Name of Municipality or Agency Applying for Sub-grant:</b> Town of Colchester	<b>2. Period of Award for this Sub-grant:</b> 10/1/12 – 9/30/13
--	---

<b>3. Point of Contact (Project Director) Name &amp; Address</b> Name: <u>N. Reed Gustafson</u> Title: <u>Emergency Management Director</u> Organization: <u>Town of Colchester</u> Address Line 1: <u>127 Norwich Avenue</u> Address Line 2: _____ City/State/Zip: <u>Colchester, CT 06415</u> Phone: 860-537-7285 _____ Fax: <u>860-537-7287</u> E-mail: <u>firemarshal@colchesterct.gov</u>	<b>4. Official Authorized to Sign for the Applicant:</b> Name: <u>Gregg Schuster</u> Title: <u>First Selectman</u> Organization: <u>Town of Colchester</u> Address Line 1: <u>127 Norwich Avenue</u> Address Line 2: _____ City/State/Zip: <u>Colchester, CT 06415</u> Phone: <u>860-537-7220</u> Fax: _____ E-mail: _____
---	---

<b>5. Application Prepared by: (If Different than Point of Contact)</b> Name: _____ Title: _____ Organization: _____ Address Line 1: _____ Address Line 2: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____	<b>6. Municipal/Agency Financial Officer</b> Name: <u>Maggie Cosgrove</u> Title: <u>CFO</u> Organization: <u>Town of Colchester</u> Address Line 1: <u>127 Norwich Avenue</u> Address Line 2: _____ City/State/Zip: <u>Colchester, CT 06415</u> Phone: <u>860-537-7229</u> Fax: <u>860-537-0547</u> E-mail: <u>Selectman@ColchesterCT.gov</u>
---	--

**8. 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.**

SIGNATURE OF AUTHORIZED OFFICIAL: X \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SIGN

<b>8. Applicant FEIN:</b> _____	<b>9. Applicant DUNS #:</b> <u>177899317</u>
---------------------------------	--

**FEDERAL SINGLE AUDIT INFORMATION**

**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 regards 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.

**Please initial here \_\_\_\_\_ to indicate that you have read and understood this requirement.**

PLEASE INITIAL

Please note that the information required for boxes 10 through 14 refers to the sub-grantee's audit cycle.

<b>10. Applicant Fiscal Year End:</b> _____	<b>11. Date of Last Audit:</b> _____
---	--------------------------------------

<b>12. Dates Covered by Last Audit:</b> _____ to _____	<b>13. Date of Next Audit:</b> _____
--	--------------------------------------



14. Dates to be Covered by Next Audit: \_\_\_\_\_ to \_\_\_\_\_

## Advisory Bulletin 2013-1

Revised January - 2013

1. Purpose: The purpose of this Advisory Bulletin is to establish a uniform policy for the Emergency Management Performance Grant (EMPG) payments to towns. Each town's annual budget submission will be reviewed for compliance with this bulletin and references. Items not in compliance will be redacted. The State and Local Assistance Program (SLA) is funded by the Emergency Management Performance Grant (EMPG). The Department of Emergency Services and Public Protection (DESPP) is the State Administrative Agency (SAA) for the EMPG; therefore, the Commissioner of DESPP, through his designee the Deputy Commissioner of DEMHS, has sole authority to allocate funding from the EMPG and designate an eligible funding match to the EMPG.
2. Historical References:
  - a. Civil Preparedness Guide 1-3, August 1992.
  - b. Civil Preparedness Guide 1-8A, October 1985. This Guide lists most of the criteria for an eligible Civil Preparedness program.
  - c. Division of Emergency Management and Homeland Security (DEMHS) EMPG SLA Application Package, which is issued annually with attachments.
3. General Considerations and Objectives of this Policy:
  - a. Federal funding constraints will determine the total annual allocation.
  - b. Town/City allocations are calculated based on a per capita basis.
  - c. The purpose of the EMPG Program is to provide financial assistance to jurisdictions for developing and staffing a comprehensive, all-hazard Emergency Management program.
  - d. The program is performance oriented and requires participating jurisdictions to demonstrate a commitment to planning, training and exercises to build and improve their ability to respond to all-hazard emergencies and coordinate a multi-agency emergency response.
  - e. This program will reimburse up to 50% of eligible costs associated with creating and maintaining a comprehensive all-hazard emergency management program.
4. Criteria Governing Allowable Costs: These criteria are required in order to insure equitable allocation of limited funds by restricting expenditures not essential to maintaining an Emergency Management program and to achieve economies demanded by federal budget constraints. All eligible costs are federally reimbursable at 50% with a required 50% municipal match (cash and/or limited in-kind services).
5. Allowable Costs:
  - a. Full-Time or Deputy Local Directors: May count 100% of their Salary and benefits to be reimbursed at a rate of 50%.
  - b. Full-Time Administrative or Support Staff: May count 100% of their Salary and benefits to be reimbursed at a rate of 50%.
  - c. Part-Time Local Director: Town paid salary and benefits are eligible if individual is not otherwise employed by the town. If the Part-Time Local Director is otherwise employed by the town, then he or she may only count the percentage

## Emergency Management Performance Grant Application

- of their salary and benefits for time actually employed in emergency management (civil preparedness) programs management towards reimbursement.
- d. Part-Time Deputy Local Director: Town paid salary and benefits are eligible if individual is not otherwise employed by town. If the Part-Time Deputy Director is otherwise employed by the town, then he or she may only count the percentage of their salary and benefits for time actually employed in emergency management (civil preparedness) programs management towards reimbursement. All work will be reimbursed at a rate of 50%. **If the town chooses to have a part-time deputy local director, any EMPG funds used must be taken from the town's existing EMPG annual allocation—no additional funds will be provided for this position.**
- e. Part-Time Administrative or Support Staff:
- 1) Not Otherwise Employed by the Town – Part-time administrative or support staff is eligible in the same manner as full-time staff.
  - 2) Otherwise Employed by the Town – Town employees performing civil preparedness work may count 100% of their time on an hourly basis. All work will be based upon the percentage of time actually employed in emergency management (civil preparedness) programs management. The salary and benefits are reimbursed at a rate of 50%.
- f. Volunteer Time for EMD and Clerical Staff:
- 1) For Emergency Management Directors and Deputy EMDs, volunteer time will be reimbursed at a rate of \$30.00 per hour up to \$240.00 per day.
  - 2) For Clerical Staff, volunteer time will be reimbursed at \$25.00 per hour up to \$200.00 per day.
  - 3) In addition to the standard forms used for all reimbursements, all requests for the reimbursement of volunteer time must include documentation showing dates and hours worked, a brief description of the work performed, hourly rate of pay and a signed letter on town letterhead from the Chief Executive Officer or Finance Director verifying the accuracy and validity of the volunteer time.
- g. Emergency Management Directors (EMDs) Serving in more than One Municipality. Under certain circumstances, an individual may serve as the EMD for more than one municipality. The following conditions must be met:
- 1) Towns considering sharing one EMD must submit a written proposal to the DESPP/DEMHS Deputy Commissioner, or his designee.
  - 2) In addition to the conditions shown below, the proposal must explain how the EMD will be compensated and by whom. The EMD must not replicate the same hours for both towns. The EMD and the towns must show that each town is paying for a discrete, separate number of hours, and must ensure that no double billing for hours occurs;
  - 3) If approved by the DESPP/DEMHS Deputy Commissioner, or his designee, the merger plan/agreement must be signed by each town's chief executive officer;
  - 4) The plan/agreement must be reviewed and signed off on formally by each CEO annually, and must be annexed to the local emergency operations plan of each town;
  - 5) There must be at least one additional individual in each town, besides the EMD, who has received the proper training on NIMS, high band radio use, Web EOC, shelter information, and whatever other information is deemed necessary by DEMHS or the town to perform the duties of an emergency management director in an emergency;
  - 6) Each town must have functioning emergency management equipment, especially communications equipment. If the towns are very small, it might be possible for

Emergency Management Performance Grant Application

them to merge their Emergency Operations Centers, however each town must have and maintain basic equipment, kept in working condition and tested regularly;

7) As a general rule, the towns should be contiguous, or there must be an explanation in the agreement between the towns as to why these towns are sharing an EMD.

- h. Travel / Training Costs: Requests for reimbursement of travel costs (excluding normal commuting to work) for training and travel in direct support of the emergency management program will be approved on a case by case basis and must be submitted to DEMHS via the respective Regional Coordinator for prior approval within the existing annual budget (no budget increase). Reimbursements will be paid within the quarterly reimbursement and audit quality documentation of expenditures will be required.
- i. EOC Communications Costs:
  - 1) A main voice phone line and 1 FAX line are allowable providing they are used for Emergency Management program support only.
  - 2) Cell phone, Blackberry or Pager service for the EMD.
  - 3) Satellite or Cable TV equipment and monthly costs.
  - 4) Satellite Radio Network
  - 5) Direction and Control Radio Communications
  - 6) Ham radios (Go Kits).
- j. Information Technology (IT) Equipment for EOC:
  - 1) Desktop computers (at least one must be equipped with Web EOC).
  - 2) Laptop computers (at least one must be equipped with Web EOC). Laptop computers also must be placed on the town equipment inventory system.
  - 3) Networked printers, fax machines and scanners.
  - 4) Wireless networking (WI-FI) at the local EOC. (Note: Will only be considered eligible if the EOC is already equipped with a main voice phone, fax line, cell phones, pager service, a high-band radio and WEB EOC).
  - 5) Internet Service Provider (ISP) costs.
- k. All Other Expenses: Other costs that are in direct support of the local Emergency Management Program may be included in the proposed budget and must be pre approved by DEMHS on a case by case basis if funding is available.

6. Un-Allowed Costs

- a. Part-Time Deputy Directors, Liaison Representatives or Similar Positions who are employed by the Town in a Non-Civil Preparedness Position: EMPG reimbursement of salaries is not authorized. An exception may be requested in cases when the Deputy is temporarily performing the duties of a full-time Deputy Director; reimbursement will be limited to the period of substitution. An exception may be requested on a project application basis when the representative is required to work on an emergency management project; reimbursement will be limited to 20% of the annual allocation for that town.

7. In Kind Costs:

Allowed In- Kind Costs	Un-allowed In-Kind Costs
1.) Volunteer time for local directors and Deputy Directors (for work that would otherwise be eligible for full-time pay) will be counted as in-kind services at a rate of \$30.00 per hour	1) Any costs counted towards other federal cost-sharing requirements cannot be claimed under this cost-sharing in-kind service. 2) Costs that exceed \$10,000 or 66% of

Emergency Management Performance Grant Application

<p>up to \$240.00 per day.</p> <p>2.) Volunteer time for clerical or administrative support (for work that would be eligible for full-time pay) will be counted as in kind services at a rate of \$25.00 per hour up to \$200.00 per day.</p> <p>3.) Maintenance of a Direction and Control communications system (batteries, repairs, repair parts, monthly telephone costs) and service charge is allowable for EOC equipment.</p> <p>4.) Donated equipment (new equipment only) for use in the EOC.</p>	<p>the total municipal EMPG budget (whichever is lesser).</p> <p>Further guidance is available in 44 CFR Section 13.24 (Google on the web).</p>
--	---

8. Program Requirements: In order to participate in the EMPG SLA program, jurisdictions must meet the following criteria. Failure to meet these minimum criteria by the end of the fiscal year (plus a 90-day grace period) will result in a funding reduction for the following fiscal year.

TASK #	Description	Reduction Percentage
1	Have an officially appointed Emergency Management Director (EMD).	Funding suspended until condition is met.
2	Have a Local Emergency Operations Plan (LEOP) updated annually and signed by the EMD and Chief Executive Officer of that jurisdiction. The LEOP must also be approved by the Commissioner of DESPP or his designee.	Funding suspended until condition is met.
3	Participate in the State DEMHS High-band radio network.	Funding suspended until condition is met.
4	Participation in the WEB EOC computer network.	Funding suspended until condition is met.
5	Towns must submit sheltering data to DEMHS to Rita Stewart at <a href="mailto:rita.stewart@ct.gov">rita.stewart@ct.gov</a> or in conjunction with Item #2 above.	Funding suspended until condition is met.
6	EMDs must provide 24 hour contact information to their respective DEMHS Regional Coordinator to facilitate emergency situation reporting and coordination of requests for state assistance.	5% of annual budget.
7	Conduct at least 1 exercise of their LEOP annually and submit after action reviews to DEMHS through their respective	5% of annual budget.

Emergency Management Performance Grant Application

	Regional Coordinator. Major activations (including situation reports to substantiate the activation) also qualify.	
8	Submit an annual proposed budget to DEMHS through their respective Regional Coordinator.	5% of annual budget.
9	Submit audit quality documentation (Reimbursement Request Forms, Financial and Progress Reports) of program	Failure to submit audit quality document will result in non-reimbursement of expenses.

9. Program Assistance: DEMHS Regional Coordinators and Planners will be available to assist jurisdictions in development of budget proposals, reimbursement requests and all associated reporting and documentation associated with this program. Regional Coordinators will review all budget submissions and make recommendations on EMPG program eligibility, and make submissions along with recommendations to DEMHS for final approval.

*William P. Shea*      2 JAN 13

---

William P. Shea      Date  
Deputy Commissioner

Supersedes Edition of 12/20/11

Deputy Commissioner

Supersedes Edition of 12/20/11

Emergency Management Performance Grant Application

**EMPG Application Deadline: February 22, 2013**

## Municipal Resolution

---

Please provide a blanket resolution to grant the Chief Executive Officer the authority to sign multiple documents with DESPP /DEMHS on behalf of the municipality if you have not already done so for the year.

- The resolution attached to the Homeland Security Grant Program's Memorandum of Agreement is acceptable. If it is up to date it is not necessary to send a second copy.
- If the Chief Executive Officer has not changed, the resolution on file will suffice.
- Attached is a copy of a blank resolution for reference.

**AUTHORIZING RESOLUTION OF THE**

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

CERTIFICATION:

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_,

*(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

\_\_\_\_\_ at its duly called and held meeting on \_\_\_\_\_, 2013,

*(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 \_\_\_\_\_ 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 \_\_\_\_\_, as \_\_\_\_\_ of

*(name and title of officer)*

\_\_\_\_\_,

*(name of governing body)*

is authorized and directed to execute and deliver any and all documents on behalf of the

\_\_\_\_\_

*(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.



Emergency Management Performance Grant Application

The undersigned further certifies that \_\_\_\_\_

*(name of officer)*

now holds the office of \_\_\_\_\_ and that he/she has held that office since

\_\_\_\_\_.

IN WITNESS WHEREOF: The undersigned has executed this certificate this \_\_\_\_\_ day of

\_\_\_\_\_ 2013.

\_\_\_\_\_  
*(Name and title of record keeper)*

PLACE  
SEAL  
HERE  
(or "L.S."  
if no seal)

**EMPG Application Deadline: February 22, 2013**

# Budget Preparation

---

On the following page, please provide your request for federal funding required to operate your emergency management program on a day- to- day basis. This request should be no greater than the local allocation amount shown in your cover letter. Remember that your request covers the period from October 1, 2012 through September 30, 2013.

1. Personnel Compensation: *includes but is not limited to*

- |  |   |
|--|---|
| <input type="checkbox"/> Salary                                    | <input type="checkbox"/> Employee's health insurance              |
| <input type="checkbox"/> Payments for vacation time                | <input type="checkbox"/> Un-employment compensation contributions |
| <input type="checkbox"/> Sick leave time                           | <input type="checkbox"/> Worker's compensation insurance          |
| <input type="checkbox"/> Terminal Illness leave                    | <input type="checkbox"/> Pension plan                             |
| <input type="checkbox"/> Employer contribution for social security |   |

2. In-Kind Costs: *The total aggregate of all in-kind costs cannot exceed \$10,000.00 or 66% of the total municipal EMPG budget (whichever is lesser). In-kind costs may include*

- Volunteer time for local Directors and Deputy Directors at a rate of \$30.00 per hour
- Volunteer time for clerical or administrative support a rate of \$25.00 per hour
- Maintenance and /or Operations costs of EOC equipment
- Donated Equipment (*new equipment only*) for use in the EOC

3. Communications costs:

- |   |  |
|---|--|
| <input type="checkbox"/> Voice Line                     | <input type="checkbox"/> TV( Cable/Satellite)      |
| <input type="checkbox"/> Fax line                       | <input type="checkbox"/> Wi-Fi/ Internet           |
| <input type="checkbox"/> Cell<br>Phone/blackberry/pager | <input type="checkbox"/> Direction & Control Radio |
|   | <input type="checkbox"/> Ham Radio                 |

4. Information Technology (IT) Equipment for EOC:

- |   |  |
|---|--|
| <input type="checkbox"/> Desktop Computers( <i>must be equipped with WEBEOC</i> ) | <input type="checkbox"/> Fax Machines/Scanners   |
| <input type="checkbox"/> Networked Printers                                       | <input type="checkbox"/> GPS                     |
|   | <input type="checkbox"/> Fax/cell/pager services |
|   | <input type="checkbox"/> WEB EOC                 |

5. All Other Expenses: *Other costs that are in direct support of the local emergency management program may be included in the proposed budget and may be approved on a case by case basis if funding is available. These items will be given second priority:*

- See DEMHS Advisory Bulletin 2013-1 for additional information.
- Enter the total costs on the following page. The amount of the Federal share requested (50% of total cost) will be calculated automatically

**EMPG Application Deadline: February 22, 2013**

## Municipal Budget Application for Grant Performance Period (10/1/2012 – 9/30/2013)

TOWN OF COLCHESTER

Double-Click on Table to enter amounts (Calculations are made automatically)

Round All Amounts to Nearest Whole Dollar

Click Here Prior to Exiting Sheet  
Description of Costs

Description of Costs	Total Cost (100% of Cost) Fill In Local Amounts Here	Federal Share (50% of Cost) Calculated Automatically	Non Federal Local Match Calculated Automatically
1. Personnel Costs: (Salaries for full or part-time EMD or Deputy EMD and Support Staff)	\$2,314.00	\$1,157.00	\$1,157.00
2. Personnel Benefits*: (Life, Health & Un-Employment Insurance, Workers Compensation, FICA, & pension plans for all staff listed above)	\$177.00	\$88.50	\$88.50
3. (Or a Percentage of Personnel Costs* in Lieu of Total Amount Shown in 2.).	\$0.00	\$0.00	\$0.00
4. In-Kind Services (Limited to 66% of annual budget or a maximum of \$10,000 (Whichever is lesser).	\$0.00	\$0.00	\$0.00
Volunteer EMD or Support Staff	\$500.00	\$165.00	\$330.00
Donations of New Equipment	\$0.00	\$0.00	\$0.00
Maintenance and Operations	\$1,500.00	\$495.00	\$990.00
Briefly explain all in-kind services here:			
5. Communications Costs: (Telephone, Fax, Cell Phone, Blackberry, Pager, Satellite or Cable TV).	\$2,500.00	\$1,250.00	\$1,250.00
6. Information Technology Costs: (Computers, Printers, Fax Machines, Scanners, GPS, WIFI).	\$1,500.00	\$750.00	\$750.00
7. All Other Costs: (Must receive pre-approval from DEMHS Regional Coordinator).	\$0.00	\$0.00	\$0.00
<b>Grand Total :</b>	<b>\$8,491.00</b>	<b>\$3,905.50</b>	<b>\$4,565.50</b>

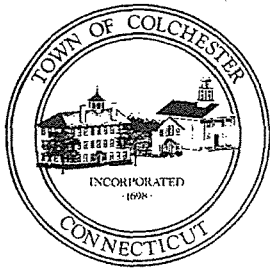
Please remember to scroll back to the top of the table when you are finished editing.

\*If a municipality is requesting either personnel benefits or a percentage of personnel costs the municipal Finance Director must include a letter with the application detailing the percentage of fringe benefits being claimed and a percentage breakdown of the benefits (e.g. 6.2% FICA, 1.45% Medicare etc.).

Emergency Management Performance Grant Application

Master Staffing Pattern

FEDERAL EMERGENCY MANAGEMENT AGENCY EMERGENCY MANAGEMENT ASSISTANCE STAFFING PATTERN					Performance Period October 1 <sup>st</sup> , 2012 – September 30, 2013	O.M.B. No. 3067-0090
NAME OF ORGANIZATION					STATE	DATE
Town of Colchester					CONNECTICUT	1/3/13
POSITION TITLE  (1)	GROSS ANNUAL SALARY (Fed. Share) (2)	FEMA FUNDING PROGRAM (3)	WORK YEARS (4)	DATE HIRED OR VACANCY (Mo/Yr) (5)	REMARKS (Name -- Optional) (6)	
Emergency Management Director	2314.00	EMPG	25+	1978	N. Reed Gustafson	
Deputy EMD	0	EMPG	10	2003	Donald Lee	
E. M. Secretary		EMPG				
Chief Executive Officer		N/A			Gregg Schuster	
Fire Marshal		N/A			N. Reed Gustafson	
Fire Chief		N/A			Walter Cox	
Police Chief		N/A				
Public Works Director		N/A			James Paggioli	
Health Director		N/A			Thad King	
Operations Officer		N/A				
Radiological Protection Officer		N/A			N. Reed Gustafson	
Assist. RADEF Officer		N/A				
Communications Office		N/A			Charles Dutch	
Damage Assessment Officer		N/A			Timothy York	
Shelter Officer		N/A			Cheryl Hancin	




# *Town of Colchester, Connecticut*

127 Norwich Avenue, Colchester, Connecticut 06415

---

January 16, 2013

To: Colchester Board of Selectmen  
Copy: MaryAnn Chinatti – Town of Salem Planner/ZEO/WEO  
From: Salvatore A. Tassone P.E. – Town Engineer   
Re: Buckley Estates Subdivision, Carvalho Drive, Salem and Colchester CT.  
Owner/Developer – Carvalho Brothers Realty

---

The owner of the referenced subdivision has requested the release of his road maintenance bond. The Town of Colchester is currently holding a cash bond in the amount of \$46,150.00.

Carvalho Drive is a 1260 feet long cul-de-sac road located off of Buckley Road. The first 540 feet of roadway are in the Town of Salem and the remaining 720 feet of roadway are in the Town of Colchester. In accordance with an agreement between the two towns, the Town of Colchester Engineer provided the construction inspection/administration for both towns.

Based upon a site inspection conducted on January 14, 2013, it appears that all of the required public improvements associated with Carvalho Drive have been installed and are in good condition. In addition, the town of Salem, through its Town Planner, MaryAnn Chinatti, indicated on 1/10/2013 that Salem has no issues/concerns with the Carvalho Drive and its associated public improvements.

It is therefore recommended that the road maintenance bond being held by Colchester be released.

**RECOMMENDED MOTION:**

Motion that the Town of Colchester releases the road maintenance bond for Carvalho Drive in the amount of \$46,150.00 plus accrued interest as recommended by the Town Engineer.



# Memo

**To:** Board of Selectmen  
**From:** Marc Tate, IT/GIS Coordinator  
**Date:** 2/4/2013  
**Re:** 2012 Colchester Traffic Sign Inventory Agreement

---

We have capital money set aside for GPS location and inventory of town traffic signs to comply with new government mandates. The project will consist of identifying location, sign type and condition of all signs on town roads. The data will be provided in a format allowing it to be used in the town GIS system.

In December there was an RFP for 2012 Colchester Traffic Sign Inventory project and the low bidder was Robert Green Associates L.L.C. After careful review of the proposal and follow-up they have the experience and ability to complete the project.

**Recommended motion:**

Motion to approve the 2012 Colchester Traffic Sign Inventory Agreement with Robert Green Associates L.L.C. and authorize the First Selectman to sign all necessary documents

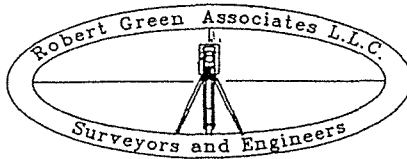




Town of Colchester  
Project Bids  
2012 Colchester Traffic Sign Inventory  
Received: 12/18/2012

Budget	\$	17,850
Robert Green Associates	\$	8,800
Quality Traffic Data	\$	15,000
BETA Engineering Services	\$	18,000
Provost & Rovero	\$	18,500
National Data and Surveying Services	\$	19,650
CME Associates, Inc.	\$	21,000
Gannett Fleming	\$	22,900
Anchor Engineering	\$	25,800
DeAngelo Brothers Incorporated	\$	27,720





6 Old Waterbury Rd. • Terryville, CT 06786  
Telephone: (860) 589-0135 • Fax: (860) 589-1342  
e-mail: robert.c.green@snet.net

**Town of Colchester  
And  
Robert Green Associates, L.L.C.**

**2012 Colchester Traffic Sign Inventory**

This agreement entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 2013, by and between the Town of Colchester and Robert Green Associates, L.L.C. a company organized and existing under the laws of the State of Connecticut, having an office and place of business at 6 Old Waterbury Road, Terryville, Connecticut, 06786, hereinafter referred to "RGA".

**WITNESSETH:**

WHEREAS, THE TOWN OF COLCHESTER is requesting technical services for a traffic sign inventory, and

WHEREAS, RGA represents that it is qualified in the State of Connecticut to provide the required services called for herein, and

WHEREAS, the parties now desire to set forth herein the terms and conditions under which said services shall be furnished.

**NOW THEREFORE:**

The parties mutually agree as follows:

**ARTICLE 1 – STATEMENT OF WORK**

RGA shall provide technical services relating to the development of a traffic sign inventory to the Town of Colchester.

RGA shall have sufficient staff to perform the work and deliver the traffic sign inventory in a timely manner.

All work shall be in conformance with acceptable standards and further as identified in the notice for "REQUEST FOR PROPOSAL" issued November 27, 2012.

The traffic sign inventory shall be delivered to the Town of Colchester within 30 working days (weather permitting) of execution of the contract and written authorization to proceed.

## **ARTICLE 2 – WARRANTY**

The traffic sign inventory shall be performed in the best workmanlike manner by RGA staff qualified to perform such work. Any defective work which is the result of negligence or bad faith shall be corrected to the satisfaction of the Town of Colchester.

## **ARTICLE 3 – COMPENSATION**

The agreed-to compensation for this work shall be lump sum and shall not exceed **\$8,800.00**, unless otherwise mutually agreed to by the Town of Colchester and RGA.

The Town of Colchester will, within 10 days after receipt of an invoice requesting payment, shall process the invoice for payment or request additional information indicating, in writing, the reason for refusal and what additional information is necessary to approve the invoice for payment.

RGA will not invoice for the work until the entire traffic sign inventory is submitted to the Town of Colchester.

## **ARTICLE 4 – INSURANCE**

RGA agrees to secure and protect itself and indemnify the Town of Colchester from any liability and any claim of liability. RGA agrees to carry, as a minimum, the following insurance covering all the services to be performed under this agreement:

### **1. Commercial General Liability (Town of Colchester Added as Additional Insured):**

Combined Single Limit per Occurrence - \$1,000,000  
Aggregate for Bodily Injury and Property Damage - \$2,000,000

### **2. Automobile Liability (Town of Colchester Added as Additional Insured):**

Each Accident - \$1,000,000

### **3. Workers Compensation/Employers Liability:**

Each Accident - \$100,000  
Disease-Policy Limit - \$500,000  
Disease-Each Employee - \$100,000

### **4. Professional Liability:**

Each Claim - \$1,000,000

**5. Umbrella Liability Insurance:**

Each Occurrence - \$1,000,000

RGA agrees that it shall indemnify, defend and hold the town harmless from and against any and all liability in any manner of claims, lawsuits and damages for any losses caused or alleged to be caused by, without limitation, with the agreement or interests therein, or acts or omissions of RGA, its employees and invitees which arise out of RGA's performance, or failure to perform as specified in this agreement.

**ARTICLE 5 – TERMINATION**

The Town of Colchester may at any time for its convenience and at its option, after giving RGA a two day written notice, terminate this Agreement and the performance of the services called for herein. The Town of Colchester agrees to pay RGA a sum for such portion of the services performed up to the time of termination.

**ARTICLE 6 – SPECIAL PROVISION**

RGA agrees to comply with all Equal Employment Opportunity state and federal regulations and laws as may be applicable to RGA and will do nothing to cause the Town of Colchester to come into violation of said regulations and laws and order.

**ARTICLE 7 – EXTENT OF AGREEMENT**

This agreement represents the entire agreement between the Town of Colchester and RGA and supersedes all prior negotiations, representations or agreements, either written or oral. This agreement may be amended only by written instrument signed both by the Town of Colchester and RGA.

**ARTICLE 8 – OWNERSHIP OF DOCUMENTS**

Ownership of all documents prepared under the terms of this agreement shall be with the Town of Colchester.

In witness thereof, the parties hereto have caused their names to be set, and to a duplicate of the same.

**TOWN OF COLCHESTER**

**ROBERT GREEN ASSOCIATES, L.L.C.**

By: \_\_\_\_\_  
Gregg Schuster-First Selectman

By: Joseph M. Green  
Joseph M. Green-Partner

Date: \_\_\_\_\_

Date: 1/24/13





## Department of Fire and Emergency Medical Services

To: Gregg Schuster  
Board of Selectmen

February 7, 2013

From: Chief Walt Cox

Subject: Ambulance Staffing  
Current Fiscal Year 2013

---

Fy2013 February – June

### Ambulance Staffing

Emergency appropriation to increase Per Diem line item currently funded at \$10,138.  
12202-40105

This Per Diem line item is currently depleted (0) –used for vacation, sick, personal and emergency staffing.

Distributed at \$15 an hour to man and respond from station.

Request to increase with additional \$10,000

Total Line Item adjusted: \$20,138

Emergency appropriation to create ambulance staffing incentive line item.

\$15 per shift. Shift equals six hours. Request \$13,000  
\$15 per call. Request \$11,000

Total ambulance staffing line item: \$24,000

**Total request for remainder of this FY 2013 = \$34,000 (staffing incentive+ per diem)**

### Implement Volunteer Incentive Task Force

A full year has passed (January 2012) and the formation of the Task Force has not taken place.

This Task Force needs to focus on the long term solution to volunteer incentives to maintain acceptable emergency response.





**2013 January** – 198 calls      average call volume per day 6.38

*Projected (6.38) x 365 = 2328 estimated calls for the year*

**2012 Measures (January 1 – December 31)**      1813 calls

- Total Man Hours: Emergency      14,861
  - Training      6,188
- Fire Calls:      66
- Fire Alarms      130
- Medical Calls:      1210
- Rescue      104
- Hazmat      52
- Other Calls (Service):      251
- Mutual Aid:      262

**2011 Measures (January 1 – December 31)**      1967 calls

- Total Man Hours: Emergency      15,484
  - Training      7,182
- Fire Calls:      72
- Fire Alarms      145
- Medical Calls:      1201
- Rescue      141
- Hazmat      103
- Other Calls (Service):      305
- Mutual Aid:      244

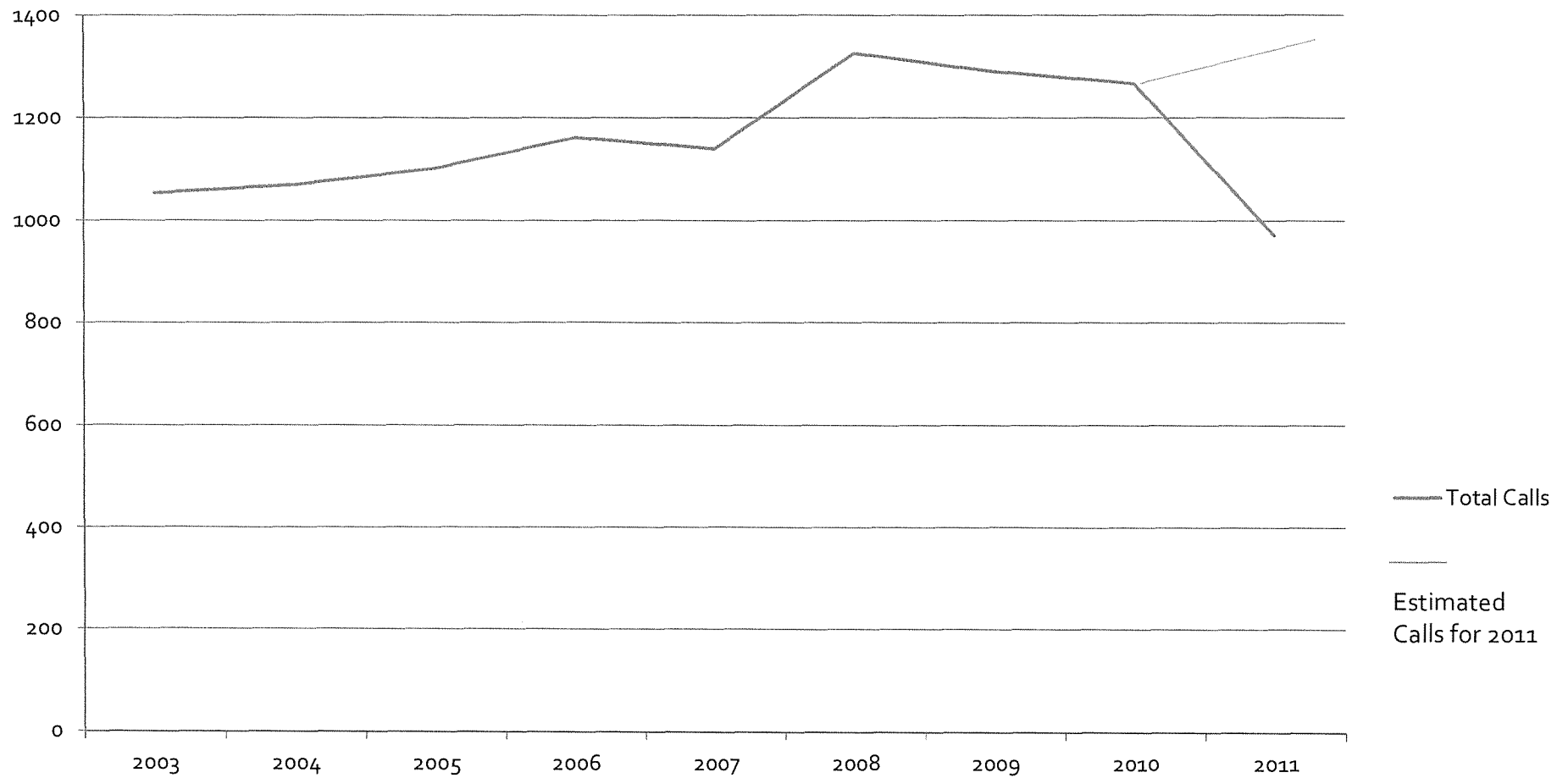


Paid Per Call Proposal

# Town of Colchester EMS

# EMS Calls for service, a growing trend

Total Calls



# EMS Calls for service, a growing trend

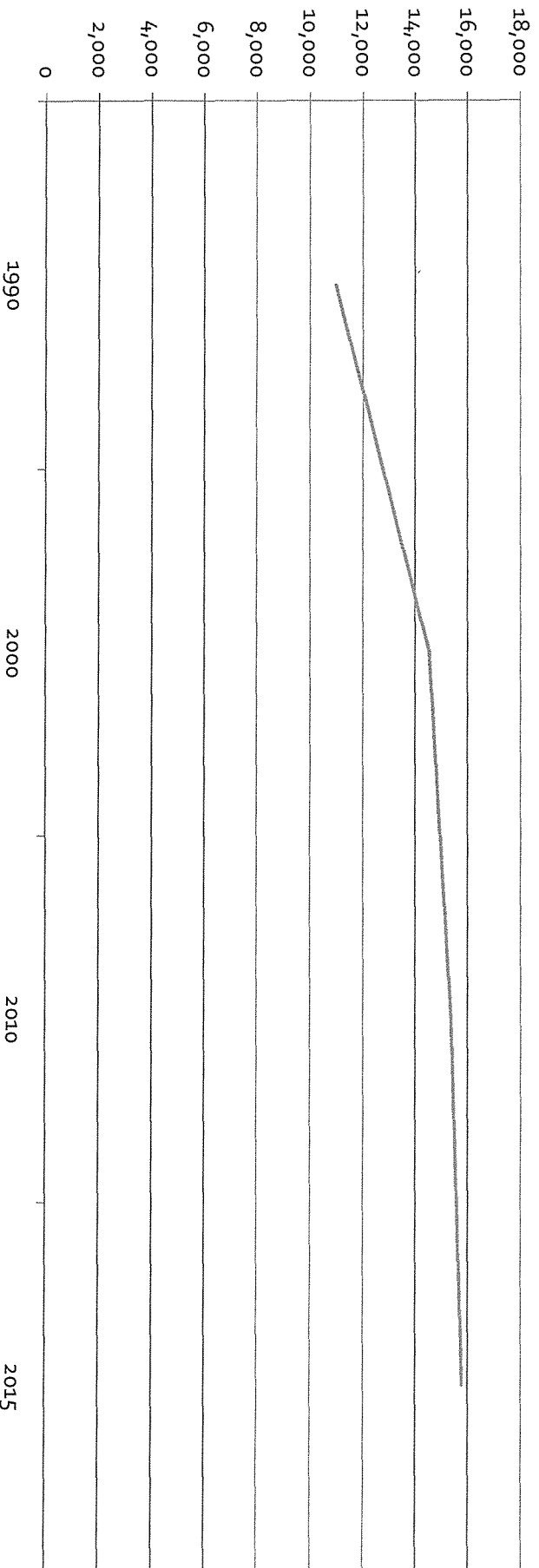
Years	Total EMS Calls
2003	1054
2004	1070
2005	1102
2006	1162
2007	1140
2008	1326
2009	1290
2010	1267
2011	1248 as of December, 1 (Estimated: 1360)

# EMS Calls for service, a growing trend

If we continue this years trend, it is estimated that we will have approximately 1,360 EMS calls for service by the end of 2011. Making it our busiest year in EMS calls to date.

# Colchester's Demographic Trends

Year	Population
1990	10,980
2000	14,551
2010	15,383
2015 (Projected)	15,783



# Colchester's Demographic Trends

Age Group	Total Population	Percentage of Population
0-4	1,198	8 %
5-17	3,005	20 %
18-24	888	6 %
25-49	6,090	40 %
50-64	2,601	16 %
65+	1,601	10 %



# Colchester's Demographic Trends

## Conclusion

- Colchester's population is continuing to grow and the "At Risk Age Groups" make up about 66 % of the towns population. These two sets of numbers alone would create an increase in medical emergencies, combined they create a much larger increase.

# Colchester's EMT's Demographics

- Colchester currently has 65 active medical volunteer personnel. Of those members, 45 have a family, 36 have children, 57 have full time jobs outside the fire department, 4 are career firefighters with the CHFD, and 3 are full time students.

# EMS, a billable income

- In 2010 the town of Colchester billed for \$837,000 based on 1267 ambulance transports.
- At this same rate, if Colchester were to have its estimated 1360 medical calls in 2011, then the estimated billable income for 2011 is \$898,429.

# Understanding Tone Times

- When an emergency call is dispatched there is an allotted 4 minutes for an ambulance crew to contact dispatch. If there is not an ambulance crew after that 4 minutes than the call is toned for a 2<sup>nd</sup> time. There is than a 3 minute time frame for an ambulance crew to contact dispatch. If still there is no crew than the emergency is toned out a 3<sup>rd</sup> time. This tone includes a call back for the career staff. Another 3 minutes is given and if after that there is still not a complete crew the emergency goes to mutual aid (another town needs to respond into Colchester in order to provide an ambulance).

# Trouble with crews

- In 2010 Colchester was unable to crew an ambulance 28 times, resulting in a mutual aid ambulance responding into town. Due to this patient care was delayed. So far this year 23 calls have gone to mutual aid.

# A solution (Option 1)

- Every week there are 18 volunteer ambulance shifts. These are broken into 6 hour shifts. So, every week volunteers are responsible for 108 hours of coverage.
- If we paid these people a maximum of \$50 per shift, than we can guarantee complete coverage. This would be considered paid per shift.

# Total Cost (Option 1)

- Since an ambulance crew consists of 2 people, the maximum that would be paid per shift would be \$100.
- 18 total shifts x \$100 = \$1,800 per week. An average week consists of 25 ambulance calls or about \$16,500 of billable income.
- For 1 year, this program would cost \$93,600. To “employ” 65 active members.

# A solution (Option 2)

- A second type of incentive would be paid per call. Meaning each person will be paid a base amount per shift and an additional amount per transport.
- The recommended amount would be \$30 per shift and \$15 per call during that shift.



# Total Cost (Option 2)

- Since an Ambulance crew consists of 2 people, the maximum amount paid for shift coverage would be \$60.
- $18 \text{ shifts} \times \$60 = \$1,080$  per week or \$56,160 per year.
- Last year, there were 773 calls during volunteer hours, at \$15 per call this would cost about \$23,190 per year. (Depending on how many calls for service)
- The total estimated cost for this program would be approximately \$79,350.

# Recommendation

- After careful consideration the EMS Captain recommends option 2 (paid per call). The reason being; lower costs than option 1 and the program provides more of an incentive for ambulance crews to get back in service faster resulting in more efficient use of time during transports.

# The Benefits

- From a budgetary perspective, our billable income will increase but the cost of this program will never change.
- Our ambulance will always have coverage and will be capable of responding in a timely manor.

# Conclusion

- We have reached a point in time where a new incentive plan is needed in order to motivate department EMT's to provide ambulance coverage.
- Recommend a paid per call set up, resulting in a total program cost of \$79,350/
- This program will benefit any citizen of the town of Colchester that suffers a medical emergency.