

TOWN COUNCIL AGENDA  
COMMUNITY CULTURAL CENTER AUDITORIUM / MICROSOFT "TEAMS"  
50 Chapman Place  
EAST HARTFORD, CONNECTICUT  
June 20, 2023

Executive Session 7:00 pm

**REVISED 6/16/2023**

=====  
This Town Council meeting is accessible through "**Microsoft Teams**" [\*\*929-235-8441\*\*](tel:929-235-8441)  
**Conference ID: 705 098 235# #** [or Click here to join the meeting](#)

Pledge of Allegiance 7:30 p.m.

1. CALL TO ORDER

2. AMENDMENTS TO AGENDA

3. RECOGNITIONS AND AWARDS

4. OPPORTUNITY FOR RESIDENTS TO ADDRESS THE COUNCIL ON AGENDA  
ITEMS

- A. Other Elected Officials
- B. Other Residents
- C. Mayor

5. APPROVAL OF MINUTES

- A. June 6, 2023 Executive Session
- B. June 6, 2023 Regular Meeting

6. COMMUNICATIONS AND PETITIONS

- A. Presentation by Indigo Golf re: Update on East Hartford Golf Course

7. OLD BUSINESS

8. NEW BUSINESS

- A. End of Fiscal Year 2022-2023
  - 1. Interdepartmental Budget Transfers**
  - 2. Supplemental Budget Appropriation**
  - 3. Town Administration Capital Reserve Fund Contribution for FY2023.**
- B. Bid Waiver: Sewer Pump Replacement at Department of Public Works Facility
- C. Board of Education Capital Reserve Fund Contribution for FY2023
- D. FY 2023 Highway Safety Project Comprehensive DUI Enforcement Grant
- E. 2023 Neighborhood Assistance Act Tax Credit Program Application
- F. Setting of Public Hearing Date re: Fair Rent and Quality Housing Commission Ordinance
- G. Referrals to Personnel and Pensions Subcommittee
  - 1. Proposed Revisions of Job Descriptions for Case Worker I and Case Worker II

2. Proposed Revisions of Job Descriptions and Pay Grade Adjustments for Account Clerk- Tax, Assistant Building Official- Electrical, and Assistant Building Official
  3. Proposed Revisions of Job Descriptions, Pay Grade Adjustments and Changes in Title for positions of Administrative Secretary II - Senior Services and Assistant Building Official- Plumbing and Mechanical
  - H. Appointments to Boards and Commissions
  - I. Amusement Permit Application: Diligence Training 4-year Anniversary
9. OPPORTUNITY FOR COUNCILLORS TO DIRECT QUESTIONS TO THE ADMINISTRATION
10. COUNCIL ACTION ON EXECUTIVE SESSION MATTERS
- A. The pending workers' compensation claim of former Town employee, Lydia Sanabria.
  - B. The pending workers' compensation claim of Town employee Joseph Ficacelli in conjunction with the pending third party action known as Ficacelli v Arroyo-Stulpin, Docket No. HHD-CV-21-6135788-S.
11. OPPORTUNITY FOR RESIDENTS TO SPEAK
- A. Other Elected Officials
  - B. Other Residents
  - C. Mayor
12. ADJOURNMENT (next meeting: July 11, 2023 at Community Cultural Center)

Community Cultural Center Room 111

June 6, 2023

EXECUTIVE SESSION

PRESENT Chair Richard F. Kehoe, Vice Chair Donald Bell, Jr., Majority Leader  
Sebrina Wilson (via Teams), Minority Leader John Morrison, Councilors  
Angela Parkinson, Harry O. Amadasun, Jr. Awet Tsegai (via Teams),  
Thomas Rup and Travis Simpson

ABSENT

ALSO PRESENT Connor Martin, Chief of Staff  
James Tallberg, Corporation Counsel  
Robert Fitzgerald, Assistant Corporation Counsel  
Melissa McCaw, Director of Finance  
Eileen Buckheit, Development Director

CALL TO ORDER

Chair Kehoe called the meeting to order at 6:51 p.m.

The Town Council was informed that the tax assessment cases (Items C, D, E, F) would not be presented by the Administration for discussion at this time.

MOTION By John Morrison  
seconded by Don Bell

to **go into** Executive Session to discuss:

- A. Strategy and negotiations with respect to pending claim regarding Malibu Sports Bar & Lounge, LLC and involving real property located at 808-810 Silver Lane, East Hartford, CT
- B. Strategy and negotiations with respect to pending claims regarding notices to quit involving Town owned real property located at 794-810 and 818-850 Silver Lane, East Hartford, CT.

Motion carried 9/0

MOTION By John Morrison  
seconded by Don Bell

to **go back to** Regular Session.

Motion carried 9/0

ADJOURNMENT

MOTION By John Morrison  
seconded by Don Bell

to adjourn at 7:50 p.m.

Motion carried

Attest

A handwritten signature in black ink, appearing to read "Richard F. Kehoe", written over a horizontal line.

Richard F. Kehoe  
Town Council Chair

EAST HARTFORD TOWN COUNCIL

COMMUNITY CULTURAL CENTER AUDITORIUM

June 6, 2023

PRESENT Chair Richard F. Kehoe, Vice Chair Donald Bell, Jr. Majority Leader  
Sebrina Wilson (via Teams), Minority Leader John Morrison, Councilors  
Angela Parkinson, Awet Tsegai (via Teams), Travis Simpson, Thomas Rup  
and Harry Amadasun, Jr.

ABSENT

ALSO Connor Martin, Chief of Staff  
PRESENT Melissa McCaw, Finance Director  
Eileen Buckheit, Development Director  
Sarah Morgan, Library Director (via Teams)  
Amanda Garrity, Public Health Nursing Supervisor (via Teams)  
Patricia Mascoli, WIC Coordinator (via Teams)  
Bruce Cohen, Building Division Supervisor (via Teams)

CALL TO ORDER

Chair Kehoe called the meeting to order at 7:58 pm. The Chair stated that this meeting was also available to the public through the "Teams" platform.

The Chair announced the exit locations in accordance with Connecticut General Statutes §29-381, after which the Council joined him in the Pledge of Allegiance.

AMENDMENTS TO THE AGENDA

RECOGNITIONS AND AWARDS

OPPORTUNITY FOR RESIDENTS TO ADDRESS THE COUNCIL ON AGENDA ITEMS

Holly Reed, 93 Michael Avenue, spoke against the proposed location of a sports facility at McAuliffe Park as presented at the May 16<sup>th</sup> Town Council Meeting. The resident feels that the adjoining Norris School's children would lose the resource of the park and feels the development would be a safety concern. Ms. Reed also feels that the access roads of McKee Street and Remington Drive not have the infrastructure to support the additional parking and traffic. The resident also voiced concern over cost of utilities for the facility.

Linda Cyr, 93 Mckee Street, also spoke against the McAuliffe Park location. The resident feels that McAuliffe Park is a resource to the Town as it currently sits and voiced concern over the proposed hours of the sports facility and its impact on residents in the area.

Chief of Staff Martin

- wished all a good evening and Happy Pride Month
- reminded all residents June is Dog License Renewal Month

- East Hartford's Juneteenth Celebration is scheduled for June 17<sup>th</sup> (with a rain date of June 18<sup>th</sup>) from 11 am to 4 pm at the Town Green/Alumni Park
- The Department of Social Services is accepting applications for the 2023 Renters Rebate Program which is available online. Deadline for applications is October 1.
- In addition to the My East Hartford app, the Town has created a Quality of Life hotline at 860-291-7765
- The Sounds of Summer Concert Series returns to Great River Park on Thursdays starting June 15<sup>th</sup>.
- welcomed Gramma Lil's as East Hartford's newest food truck business.

APPROVAL OF MINUTES

May 16, 2023 Regular Meeting

MOTION By Sebrina Wilson  
seconded by John Morrison

to **approve** the minutes of the May 16, 2023 Regular Meeting.

Motion carried 9/0

COMMUNICATIONS AND PETITIONS

Update from Development Department re: Church Corners Inn

Eileen Buckheit, Development Director stated that in response to the Council's discussion at the May 16<sup>th</sup> meeting, the administration will release an RFP in the coming weeks that would look for proposals to purchase the property and develop it either with the existing building or façade or without the façade.

The Council urged that the RFP allow a developer to offer alternative proposals, one to purchase the property and keep the façade and another to tear it down. In that way, the Town can better assess the costs of keeping the historic façade of Church Corners Inn.

Chief of Staff Martin stated all the residents of Church Corners Inn have been placed in permanent housing with the exception of four residents who remain in temporary housing. Each has some issues which pose challenges to finding appropriate permanent housing. They are currently working with Social Services to secure more permanent locations. Those in permanent housing have also been receiving appropriate social and medical services as needed.

OLD BUSINESS

NEW BUSINESS

Appropriation of Funds re: Development of Youth Sports Facility RFP and Comprehensive Needs Study of Youth Activities

MOTION By Don Bell  
seconded by Tom Rup

to **appropriate** \$150,000 from the National Development Impact Funds accepted by the Town Council on August 16, 2022 to contract with organizations with expertise in development and operations to study and evaluate the concept of a Youth Sports Facility in the town of East Hartford and advise the Town as it potentially proceeds with seeking the development and operation of such facility and to contract with an organization with expertise in youth sports activities to review current town and board of education programs and determine and describe any gaps in town and board programming.

Motion carried 9/0

Amendment to Connecticut Southern Railroad, Inc. Construction and Maintenance Agreement re: McAuliffe Park Grade Crossing

MOTION By Awet Tsegai  
seconded by Travis Simpson

that the Town Council **authorize** the Mayor to enter into the attached First Amendment to Connecticut Southern Railroad, Inc. Construction and Maintenance Agreement, with such further modifications as deemed reasonable and appropriate by the Office of the Corporation Counsel.

Motion carried 9/0

Authorization for Demolition of Property re: 794-810 Silver Lane and 832-850 Silver Lane

MOTION By Angie Parkinson  
seconded by Tom Rup

that Pursuant to Section 10-3(a) of the East Hartford Code of Ordinances, the Town Council **approve** the demolition of the facilities located at 794-810 Silver Lane and 832-850 Silver Lane and hereby authorizes the use of state bond funding to pay for any expenses associated with such demolition.

Motion carried 9/0

Extension of Waiver of Rent re: Silver Lane Plaza Tenants

Bare Bones Boxing EH, LLC

MOTION By Angie Parkinson  
seconded by Don Bell

to waive the requirement of rent for Bare Bones Boxing EH L.L.C. for the month of June, 2023 in consideration of their willingness to vacate the premises of 826 Silver Lane.

Motion carried 9/0

Je Mart, LLC

MOTION By Angie Parkinson  
seconded by John Morrison

to waive the requirement of rent for JE MART, LLC for the month of June, 2023 in consideration of their willingness to vacate the premises of 818 Silver Lane.

Motion carried 9/0

ARPA Fund Reallocation: Public Library Programs

MOTION By Harry Amadasun  
seconded by Travis Simpson

to **adopt** the following resolution:

**WHEREAS**; the Town has been awarded \$24,561,068 in American Rescue Plan Act (ARPA) funds from the U.S. Treasury; and

**WHEREAS**; in order to most effectively use these funds, reallocations among project accounts are periodically necessary;

**NOW THEREFORE LET IT BE RESOLVED**; that Michael P. Walsh, Mayor of the Town of East Hartford, is authorized to make the following transfers among ARPA Accounts:

1. Transfer \$150,000 from “Small Business Support and Resources – Qualified Census Tracts” to “ARPA Unallocated Balance”
2. Transfer \$100,000 from “ARPA Unallocated Balance” to “Digital Inclusion Project Manager”
3. Transfer \$50,000 from “ARPA Unallocated Balance” to “Summer Youth Program Expansion”

*On call of the vote, the motion carried 9/0*

Facility Use Agreement with Town of Stafford re: WIC Satellite Site

MOTION By Harry Amadasun  
seconded by Travis Simpson

to allow the administration to enter into a facility use agreement with the Town of Stafford for the purpose of use of their community center as a satellite space to provide services for Women, Infants and Children (“WIC”) program clients as detailed in a memo from Mayor Michael P. Walsh to Town Council Chair Richard Kehoe dated May 26, 2023.

Motion carried 9/0



Letter of Agreement with Connecticut Children’s Medical Center re: “Bridging the Gap” Program Training

MOTION By Awet Tsegai  
seconded by John Morrison

to allow the administration to enter into an agreement with Connecticut Children’s Medical Center for members of WIC Program Staff to participate in the “Bridging the Gap” program for training purposes as detailed in a memo from Mayor Michael P. Walsh to Town Council Chair Richard Kehoe dated May 26, 2023.

Motion carried 9/0

Suspense List: Grand List Year 2019 – Personal Property and Motor Vehicle

MOTION By Angie Parkinson  
seconded by John Morrison

to **transfer** the uncollected personal property and motor vehicle – including motor vehicle supplemental – taxes on the 2019 Grand List as referenced in a memo dated May 18, 2023 from Iris Laurenza, Collector of Revenue, to Michael P. Walsh, Mayor to the suspense rate book in the total amount of \$624,073.07 as follows:

Personal Property	Grand List Year 2019	\$105,336.18
Motor Vehicle	Grand List Year 2019	\$518,736.89

Motion carried 9/0

Tax Committee - Town Council Acting as Committee of the Whole re: Revision of Tax Stabilization Agreement for 1-36 Jaidee Drive

Rescission of April 18, 2023 Motion  
Approval of Revised Agreement

MOTION By Angie Parkinson  
seconded by Don Bell

move that this council does hereby rescind the Motion made by it on April 18, 2023 regarding the Recommendation from Tax Policy Committee re: Tax Stabilization Agreement for 1-36 Jaidee Drive, and

move that this council authorizes Mayor Michael P. Walsh to enter into a fifteen-year Tax Assessment Agreement with Easton Place Apartment Homes, LLC, that fixes the tax payment of the property located at 1-36 Jaidee Drive aka “Easton Place” at \$83,689 per year, beginning with the Grand List of October 1, 2023 in accordance with the terms set forth in the attached Tax Stabilization Agreement.

Motion carried 9/0

Financing of Municipal Lease Purchase Items for Fiscal Year 2023-24

MOTION       By Don Bell  
                  seconded by Tom Rup

to **adopt** the following resolution:

**WHEREAS**, the Town of East Hartford approved the purchase of various capital equipment including Town Hall furniture, Vehicle Replacements for the Police Department, Light Duty Vehicles (2) and Shift Commander Vehicle (1) for the Fire Department, and Routing and Switching Hardware for the Department of Information Technology as part of the Town of East Hartford's Approved Capital Improvement Plan for fiscal year 2023-24; and

**WHEREAS**, the cost of the various capital equipment designated for lease-purchase financing totals \$903,000; and

**WHEREAS**, the Town will budget \$250,678.06 annually in fiscal years 2024-25 through 2027-28 in the General Operating Fund to pay principal and interest on the purchases.

**THEREFORE BE IT RESOLVED**, that the Mayor of the Town of East Hartford is authorized to enter into a master lease purchase agreement and related documents with TD Equipment Finance, Inc., or their affiliates in the principal amount not to exceed \$903,000. The interest rate, payment schedule and other details of the financing shall be mutually determined between the company and the Mayor, whose signatures will indicate approval of specific terms and conditions.

**BE IT FURTHER RESOLVED**, that the Town declares its intent to be reimbursed for any temporary advances from the General Fund to pay for any part of the equipment from proceeds of the lease financing in accordance with Treasury Regulation 26 CFR 1.103-18 and/or 26 CFR 1.150-2

*On call of the vote, the motion carried 9/0*

CSEA Memorandum of Agreement re: COVID Premium Pay

MOTION       By Harry Amadasun  
                  seconded by John Morrison

to **adopt** the following resolution:

**WHEREAS**; the Town of East Hartford and the CSEA/SEIU Local 2001 entered into a collective bargaining agreement for July 1, 2021 through June 20, 2025 in November of 2021;

**WHEREAS**; premium pay was not a negotiated item in this executed collective bargaining agreement;

**WHEREAS;** premium pay is an authorized expenditure category for essential work performed during the pandemic based on US Treasury guidance;

**WHEREAS;** the Town of East Hartford has continued interest in shifting to bi-weekly payroll to achieve greater efficiencies; and

**WHEREAS;** the members of the CSEA/SEIU Local 2001 have reached a tentative memorandum of agreement to provide lump sum premium payments to current active employees and implement biweekly payroll for all CSEA employees;

**NOW THEREFORE LET IT BE RESOLVED;** that Michael P. Walsh, Mayor of the Town of East Hartford, is authorized to enter into the following Memorandum of Agreement:

1. The Town shall have the right to implement bi-weekly payment of wages.
2. Commencing March 2020 until December 2021, current full-time employees will be allocated a \$750.00 lump sum payment.
3. Commencing March 2020 until December 2021, current part-time employees will be allocated a \$500.00 lump sum payment.
4. Only current employees on the payroll at the Town Council's adoption of the resolution will be eligible.
5. This does not apply to retirees, terminated employees, voluntary or involuntary.

*On call of the vote, the motion carried 9/0*

#### Amusement Permit Applications

#### Goodwin University Annual Clambake

MOTION By Awet Tsegai  
seconded by Don Bell

to **approve** the outdoor amusement permit application entitled "Goodwin University Annual Clambake" as submitted by Scott Sansom, Chief of Police, scheduled for Friday, June 16, 2023, from 5:00 pm to 10:00 pm at 1 Riverside Drive (with tent and table set up on June 14 and event set up the day off at 10 AM), subject to compliance with adopted codes and regulations of the State of Connecticut, the Town of East Hartford, and any other stipulations required by the Town of East Hartford or its agencies.

Motion carried 9/0

#### Summer Meals Kick-Off Event

MOTION By Angie Parkinson  
seconded by Don Bell

to **approve** the outdoor amusement permit application from End Hunger CT! entitled "Summer Meals Kick-Off Event" as submitted by Scott Sansom, Chief of Police, scheduled for Saturday, June 24, 2023 from 11:00 am to 3:00 pm at the parking lot of 800 Connecticut Boulevard with a

rain date of Sunday June 25 with the same hours, subject to compliance with adopted codes and regulations of the State of Connecticut, the Town of East Hartford, and any other stipulations required by the Town of East Hartford or its agencies.

Motion carried 9/0

#### Appointments to Boards and Commissions

MOTION By Awet Tsegai  
seconded by John Morrison

to **approve** the following appointments to Town Boards and Commissions:

##### Commission on Aging

(U) Kathleen LaBranche– 87 Scott St– term to expire 12/24

##### Veterans Commission

(U) Robin Parys – 1408 Silver Lane – term to expire 12/23

Motion carried 9/0

#### Refund of Taxes

MOTION By Harry Amadasun  
seconded by Don Bell

to **approve** a total refund of taxes in the amount of \$53,875.12 pursuant to Section 12-129 of the Connecticut General Statutes.

Motion carried 9/0





Councillor Bell commended the installation of Silver Lane benches and sidewalks, and asked for confirmation that the Town will extend the sidewalk eastward along Silver Lane. *Connor Martin indicated he would check into future plans.*

Councillor Rup asked for an update on Commerce Park

Councillor Tsegai asked if the Town had any feedback on the recent event hosted by the Holy Ghost Society over Memorial Day weekend. *Connor Martin reported that the festival was quiet and no complaints*

Chair Kehoe asked if the Town has completed the Affordable Housing Plan. *The plan is in the final draft stages and is scheduled for a vote on adoption at the next Planning and Zoning meeting.*

### COUNCIL ACTION ON EXECUTIVE SESSION MATTERS

The Chair stated that no action will be taken on Executive Session items at this meeting.

### OPPORTUNITY FOR RESIDENTS TO SPEAK

Gary Roy, 61 Matthew Road, expressed appreciation for the Town's diligence with regards to researching the potential use and costs for the proposed sports facility. Mr. Roy also spoke in favor of providing more cultural resources for residents in addition to its current programming.

Mr. Martin shared that at the June 20<sup>th</sup> Regular Meeting, Indigo Golf will be presenting an update on the East Hartford Golf Course, as well as more detail on the establishment and standard operating procedures for the Fair Rent Commission.

### ADJOURNMENT

MOTION By John Morrison  
seconded by Don Bell

to **adjourn** (9:51 pm)

Motion carried 9/0

The Chair wished all a good evening and announced that the next regular meeting of the Town Council would be on June 20, 2023.

Attest \_\_\_\_\_  
Jason Marshall  
TOWN COUNCIL CLERK



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 14, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: Year-end Results, Transfers and Year-end Narratives

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The attached interdepartmental budget transfers will need to be approved by the Town Council by the end of the fiscal year, June 30, 2023. Finance Director Melissa McCaw has provided a list of the departments and amounts that are needed to end the year in the black.

In addition, please find the attached preliminary year-end financial results. Please be advised, this is a placeholder and the packet will be updated with final numbers on June 20<sup>th</sup>.

Please place this item on the Town Council agenda for the June 20<sup>th</sup>, 2023 meeting.

C: M. McCaw, Finance Director





## MEMORANDUM

**DATE:** June 15, 2023

**TO:** Michael P. Walsh, Mayor

**FROM:** Melissa N. McCaw, Director of Finance

**TELEPHONE:** (860) 291-7246

**RE:** **Year-end Financial Results, Interdepartmental Transfers, Year-end Narratives**

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By way of this memo, attached please find the following documents:

1. Preliminary Fiscal Year 23 Year-End Financial Results
2. Fiscal Year 23 Interdepartmental Budget Transfers
3. Fiscal Year 23 Year-End Transfer Narrative
4. Fiscal Year 23 Additional Appropriations Narrative
5. Fiscal Year 23 Supplemental Budget Appropriation Resolution
6. Fiscal Year 23 Town Transfer to Capital Reserve Fund for Town Hall Renovation Project

The Town Council must approve the Interdepartmental Budget Transfers and the Supplemental Budget Appropriation by June 30<sup>th</sup> so that we may close the books for the fiscal year ending June 30, 2023 in anticipation of the annual audit.

Accordingly, please forward these documents along to the Town Council for action at the June 20<sup>th</sup> meeting.

Should you have any questions, please do not hesitate to contact me. Thank you.



## MEMORANDUM

**DATE:** June 15, 2023  
**TO:** Michael P. Walsh, Mayor  
**FROM:** Melissa N. McCaw, Director of Finance  
**TELEPHONE:** (860) 291-7246  
**RE:** **Preliminary Fiscal Year 23 Year-End Financial Results**

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By way of this memo, below please find a summary of the preliminary year-end financial results for the Town of East Hartford.

**The Budget:**

Original - Fiscal Year 23	\$ 204,432,077
Additional OPEB Appropriation:	<u>2,213,000*</u>
Revised - Fiscal Year 23	<u>\$ 206,645,077</u>

\*Ordinance 10-52

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**Revenues: Favorable and (Unfavorable) to Budget**

Property Tax Collections	2,101,781
Licenses and Permits	797,690
State Aid: Municipal Revenue Sharing	712,000
Town Clerk Conveyance and Recordings	27,000
Public Safety Collections: Fire Marshal & Police Priv Duty	652,902
Traffic Fines	57,544
Miscellaneous: Short Term Inv Income	1,115,161
Transfers: OPEB Additional Appropriation	(2,213,000)
All Other	<u>57,179</u>

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Net Favorable (Unfavorable) Revenue Adjustments to Budget \$ 3,308,257

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**Expenses**

Net Unfavorable Expense Adjustments to Budget

\$ 2,148,000

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**Fund Balance (in millions):**

Unassigned Fund Balance at June 30, 2022	\$ 22.638M
Add: Favorable projected revenue variance	3.308M
Less: Unfavorable projected expenditure variance	(2.148M)
Less: Additional Appropriation and Transfer to Capital Reserve	<u>(0.600M)</u>
Subtotal Adjustments	\$ 0.560M
Projected Assigned and Unassigned Fund Balance at June 30, 2022	<u>\$ 23.198M</u>

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As a percentage of budget, Fund Balance is projected to close at 11.1%. I would like to emphasize that these numbers are still very preliminary and are subject to final close of the year (August), review and adjustment by our auditors. A revised package will be provided on or before 6/20/23 reflecting any adjustments in payroll and non-personnel commitments.

Please feel free to let me know if you have any questions with any of the information presented above.

**The Town of East Hartford**  
**For the Fiscal Year Ending June 30, 2023**  
**Year-End Budget Transfers**

<b>General Fund To</b>		
<b>Account Number</b>	<b>Name</b>	<b>Amount</b>
G2200 63230	Corp Counsel - Legal	50,000
G2200 63138	Corp Counsel - Contractual Services	30,000
G4100 63138	Development - Contractual Services	45,000
G9200 63402	Health - Social Services - Emergency Services	13,000
G2300 60110	Human Resources - Permanent Services	37,000
G2300 63129	Human Resources - Consultant Services	118,000
G9700 63228	Capital Improvement (Leases) - Escrow Fee	1,600
G2400 60121	Library - Temporary Services	19,000
G2100 60121	Mayor's Office - Temporary Services	4,400
G1300 62360	Registrar of Voters - Election Day Expenses	2,000
G1200 60121	Town Clerk - Temporary Services	5,000
G1100 60110	Town Council - Permanent Services	22,000
<b>TOTAL</b>		<b>347,000</b>

<b>General Fund From</b>		
<b>Account Number</b>	<b>Name</b>	<b>Amount</b>
G9842 63138	Planning and Zoning - Contractual Services	22,000
G9600 63492	Contingency - Reserve for Contingency	20,000
G6100 60110	Inspections and Permits - Permanent Services	174,000
G6100 60121	Inspections and Permits - Temporary Services	16,000
G5203 60110	Police - Permanent Services	75,000
G9430 63138	Senior Services - Contractual Services	20,000
G2600 60110	Youth Services - Permanent Services	20,000
<b>TOTAL</b>		<b>347,000</b>

The funds being transferred are certified as available and unobligated.

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Melissa N. McCaw, Finance Director

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Michael P. Walsh, Mayor

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Jason Marshall, Town Council Clerk

Dated this 20th day of June, 2023



## MEMORANDUM

**DATE:** June 15, 2023

**TO:** Michael P. Walsh, Mayor

**FROM:** Melissa N. McCaw, Director of Finance

**TELEPHONE:** (860) 291-7246

**RE:** **Interdepartmental Transfers for the Fiscal Year Ending June 30, 2023**

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Attached please find a list of \$347,000 in interdepartmental transfers to be approved by the Town Council by June 30, 2023 to allow each town department to balance and close the fiscal year "in the black."

### **General Fund - Transfers To:**

**Corporation Counsel - \$80K:** This transfer will provide funding for a retirement vacation payout, temporary transition staffing, outside legal expenses and various contractual services related expenses incurred during the year.

**Development - \$45K:** This transfer will provide funding for contractual Town Planner services associated with a vacancy and challenging recruitment, a zoning regulation rewrite and a Phase 3 Environmental report for Roberts Street.

**Health and Social Services - \$13K:** This transfer will provide funding for emergency services, which is primarily used to pay for hotel lodging for tenants displaced from their home due to code enforcement actions.

**Human Resources - \$155K:** This transfer will provide funding for consultant testing services for Police and Fire recruitment and promotional exams. In addition, the funds will cover expenses for physicals, training for employees and retirement payout expenses.

**Capital Improvement (Leases) - \$1.6K:** This transfer will provide funding to cover escrow fees associated with the capital finance lease issued in November for FY2023.

**Library - \$19K:** This transfer will provide funding for unexpected expenses related to service expansion for Sunday hours and the Wickham Library branch. For FY24 the Department has adjusted its staffing model to stay within budget.

**Mayor's Office - \$4.4K:** This transfer will provide funding for temporary staffing expenses.

**Registrar of Voters - \$2K:** This transfer will cover a small shortfall in salary expenses due to additional temporary work.

**Town Clerk - \$5K:** This transfer will provide funding for special election expenses and temporary services related to organization of the vault.

**Town Council - \$22K:** This transfer will cover a small shortfall in salary expenses due to additional temporary staffing support.

**General Fund - Transfers From:**

**Commissions - Planning and Zoning - \$22K:** This transfer is available due to lower expenditures and the timing of the consultant work on the Plan of Conservation and Development. The majority of the expenses will occur in FY2024.

**Contingency - \$20K:** This transfer is available as intended to offset unanticipated year end expenditures.

**Inspections & Permits - \$190K:** This transfer is available due to lower expenditures predominately in Permanent Services due to vacant positions.

**Police - \$75K:** This transfer is available due to lower expenditures predominantly in Permanent Services due to vacant positions.

**Senior Services - \$20K:** This transfer is available due to historically lapsing funds in Contractual Services.

**Youth Services - \$20K:** This transfer is available due to vacancy savings.

Should you have any questions on the aforementioned, please let me know.



## MEMORANDUM

**DATE:** June 15, 2023

**TO:** Michael P. Walsh, Mayor

**FROM:** Melissa N. McCaw, Director of Finance

**TELEPHONE:** (860) 291-7246

**RE:** **Additional Appropriations for the Fiscal Year Ending June 30, 2023**

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Attached please find a list of \$2.748 million in additional appropriations from current year favorable revenues to be approved by the Town Council by June 30, 2023 to allow each town department to balance and close the fiscal year "in the black."

### **Additional Expenditure Appropriations:**

**Corporation Counsel - \$78K:** This additional appropriation will provide funding for a retirement vacation payout and temporary transition staffing expenses incurred during the year.

**Finance - Employee Benefits - Reserve for Severance Payouts - \$150K:** This additional appropriation will provide funding for a deficit within the Benefits budget for Sick Leave payouts upon employee retirement. Expenditures in this account fluctuate from year to year depending on the retirements and accumulated leave balances. The gross shortfall for sick leave payouts is \$234K is offset by other savings, requiring net funding of \$150K.

**Fire - Suppression - \$970K:** This additional appropriation will provide funding for recurring overtime expenses due vacancies and minimum manning requirements. The FY2024 Budget begins the incremental phase-in of budgetary adjustments to reflect a more accurate level of required overtime expenses.

**Public Works - \$950K:**

**Fleet Garage - \$100K:** This additional appropriation is necessary to fund the design of the retrofit of the sanitation garage into the fleet services garage as the first step in the multi-phase plan for addressing the conditions of the DPW buildings.

**Overtime - \$100K:** This additional appropriation will cover overtime expenses incurred in Engineering, Highway and Fleet due to vacancies and other programmatic and operational needs.

**Utilities - Gasoline, Fuel and Natural Gas - \$268K:** This additional appropriation will fund a deficit in the Utilities budget due to an increase in market rates for gasoline and natural gas in FY2023.

**Waste - Contractual Services - \$482K:** The Town shifted to the outsourcing of sanitation effective July 1, 2022. The base budget to support the sanitation program in-house included salaries, operating and benefits expenses. The employer benefit expenses included savings in avoided healthcare costs, workers compensation, FICA and retirement savings. This additional appropriation funds the remainder of the contract that would come from benefit savings. The benefits budget contains the savings associated with outsourcing of these services. However, this is offset by shortfalls in other accounts within Benefits.

**Finance - Transfer Out - \$600K:** This additional appropriation will execute the funding plan approved by the Town Council for the \$21.6 million Town Hall Renovation project. This funding plan included \$600,000 in annual surplus contributions to capital reserves towards the total project cost (reference below noted):



**RESOLUTION CONCERNING A SUPPLEMENTAL BUDGET APPROPRIATION TO FUND  
YEAR-END EXPENDITURE DEFICITS AND COMMITMENTS IN THE GENERAL FUND FOR  
THE FISCAL YEAR ENDING JUNE 30, 2023**

**WHEREAS**, the Town of East Hartford has experienced higher than budgeted costs for Corporation Counsel legal contractual and salary costs, Public Works contractual, utilities, and overtime costs, Benefits - Sick Leave Payouts for retirements and recurring Fire overtime expenses due to required minimum manning and the impact of vacancies, and

**WHEREAS**, these expenses have been or will be paid from the Town’s General Fund for the fiscal year ending June 30, 2023, and

**WHEREAS**, as a result of the aforementioned, it is necessary for the Town of East Hartford to set aside additional budget contributions to fund a projected General Fund expenditure deficit in fiscal year 2022-23; and

**WHEREAS**, the Town Council approved the necessary \$21.6 million Town Hall Renovation project with a funding plan that contained the use of General Fund surpluses of \$600,000; and

**WHEREAS**, the Town of East Hartford currently projects a revenue surplus that is sufficient to fund these expenses and commitments;

**NOW THEREFORE BE IT RESOLVED**, that the East Hartford Town Council does hereby approve this Supplemental Budget Appropriation of funds in the amount of \$2,748,000 from the Town’s current year revenues for the purpose of funding a fiscal year 2022-23 expenditure deficit and other requirements as listed below and does hereby amend the current 2022-23 fiscal year Operating Budget to reflect the attached Supplemental Revenue and Expenditure Appropriations.

G0370 40067	Property Taxes: Current Year Levy	1,000,000
G0350 42542	Municipal Revenue Sharing Account	648,000
G0320 51410	Miscellaneous Income: Interest Income	1,100,000
<b>Total Revenue Appropriation</b>		<b>2,748,000</b>

G2200 60110	Corp Counsel - Permanent Services	78,000
G3200 60141	Finance - Employee Benefits - Reserve for Severance	150,000
G5317 60141	Fire Suppression Overtime	970,000
G7100 64404	Public Works - Fleet Garage	100,000
G7200 60141	Public Works - Engineering - Overtime	100,000
G7400 63138	Public Works - Waste - Contractual Services	482,000
G7700 62321	Public Works - Fleet Services - Gasoline and Fuel	145,000
G7800 65251	Public Works - Building Maintenance - Natural Gas	123,000
G3100 67100	Finance - Transfer Out	600,000
<b>Total Expenditure Appropriation</b>		<b>2,748,000</b>

I, Jason Marshall, Clerk of the Town Council of the Town of East Hartford, certify that the above resolution was approved at a meeting of the Town Council held on June 20, 2023.

\_\_\_\_\_  
Jason Marshall, Clerk of the Town Council

Funds certified as unobligated and available.

Signed: \_\_\_\_\_  
Michael P. Walsh, Mayor

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Melissa N. McCaw, Director of Finance

Dated: \_\_\_\_\_



## MEMORANDUM

**DATE:** June 15, 2023

**TO:** Michael Walsh, Mayor

**FROM:** Melissa McCaw, Director of Finance

**TELEPHONE:** (860) 291-7246

**RE:** **Town Capital Reserve Fund Recommendation - FY 23**

---

By way of this memo, consistent with the provisions of Town Ordinance article 7, section 10-38, I hereby request that Council authorize up to \$600,000 to be transferred to the capital reserve fund to support the Town Hall Renovation budget as originally approved. A copy of the project funding plan is attached hereto.

### Town of East Hartford Capital Reserve Fund Transfer

That, in accordance with Article 7 §10-38 of the Town of East Hartford Code of Ordinances, the Town Council **approve** the Town Administration's request to transfer \$600,000 or such lesser amounts to the Town Capital Reserve Fund as determined by the Finance Director and to expend \$600,000 or such lesser amount, as deposited, from the Town's Capital Reserve Fund appropriation for the purposes of funding the Town Hall Renovation project.

Should you have any questions or problems on the aforementioned, please feel free to contact me.



## M E M O R A N D U M

**DATE:** September 20, 2022

**TO:** Michael P. Walsh, Mayor

**FROM:** Melissa N. McCaw, Director of Finance

**TELEPHONE:** (860) 291-7246

**RE:** **Town Hall Renovation Update**

As you are aware, the Department of Public Works Director Marilynn Cruz Aponte and Project Manager Tom Baptist have provided an update on the estimated Total Project Cost for the Town Hall Renovation for the Town Council meeting on September 20, 2022. Based on cost management and value engineering, the Project Total is estimated at \$21.6 million. This represents a \$1.75M reduction since the original bids due to scope changes and overall cost reduction.

The Town currently has \$16.9 million in authorizations and allocations available for this project. This includes the remaining available funds of \$11.9 million for existing 2018 and 2020 bond authorizations and the current ARPA allocation of \$5 million.

The table below summarizes the proposed funding sources to support the revised Total Project Cost of \$21.6 million:

<b>Allocation/Authorization Description</b>	<b>Allocation Amount</b>	<b>Subtotal</b>	<b>Category</b>
Town Hall Renovation - GO Bond Authorization	2.900		
Town Buildings - GO Bond Authorization	9.000	11.900	Town GO
ARPA Town Hall Renovation (Original Allocation)	5.000		
ARPA Repurpose (North End Community Center)	1.665		
Other ARPA Repurposing	0.474		
Non-Profit Grant Program	0.500	7.639	ARPA
Excess Unbudgeted FY2023 Muni Aid	1.400		
Move road/parking lot portion of town hall to Road Bond	0.020	0.020	Repurposed GO
State Grant - Energy Efficiency Improvement for Town Hall	0.035	0.035	State Grant / Special Revenue
FY22-FY24 Year End - Capital Reserve Fund	0.606	2.006	General Fund
<b>Total (in millions)</b>	<b>21.600</b>	<b>21.600</b>	



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 20, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh *AMW*  
RE: BID WAIVER: Sewer Pump Replacement at 61 Ecology Drive

---

In accordance with Section 10-7(c) of the Town of East Hartford Code of Ordinances, please see the enclosed bid waiver request submitted by Public Works Director Alex Trujillo to contract with Mechanical Pump to conduct sewer pump replacement work at 61 Ecology Drive.

Please place this information on the Town Council agenda for the June 20, 2023 meeting.

C: M. McCaw, Finance Director  
A. Trujillo, Public Works Director  
J. Stanziale, Facilities Manager



**TOWN OF EAST HARTFORD PUBLIC WORKS  
MEMORANDUM**

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To: Richard F. Kehoe, Chair

From: Alex Trujillo, Director of Public Works

Justin Stanziale, Facilities Manager

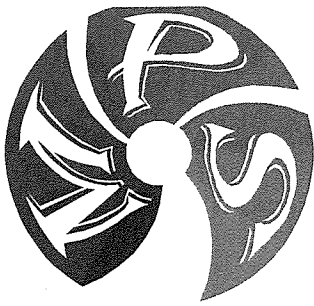
Date: 6/14/2023

RE: Sewage pump replacement at 61 Ecology DR.

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61 Ecology Drive and 41 Ecology Drive sewage is pumped out via a sewage pit that consists of 2 pumps. The system has been functioning off 1 pump for the past several years. This past Saturday 6/10/2023 an alarm for the pump went off and Facilities arrived on site to find the pump not functioning. Mechanical pump inspected the pump and found several deficiencies with the pump, controls, and associated plumbing. They were able to get the one pump to temporarily function but would not guarantee it would last for any significant amount of time. This pit gets a lot of usage on a daily basis and needs to be replaced immediately as we already had one sewage backup earlier in the year due to an issue with the current pump. We have received 3 quotes with Mechanical Pump being the lowest at a cost of \$13,585.00. This price includes a complete replacement of both pumps, controls, and associated plumbing.

We are requesting a bid waiver be granted under the Town of East Hartford's code of Ordinances Section 10-7(c) and 10-12 to authorize the Mayor to execute a contract to move forward with this project.



# Mechanical & Pump Services, Inc.

130 Utopia Rd., Unit 6  
PO Box 2173  
Manchester, CT 06042-2173  
Tel: (860) 291-0266  
Fax: (860) 291-0433  
E Mail [kpaul@pumpmedic.com](mailto:kpaul@pumpmedic.com)

February 14, 2023  
(updated 6/12/23)

Town of East Hartford

Attn: Justin

**MPS is pleased to quote the following for your consideration.**

Mechanical & Pump Services Inc. proposes to replace the old rotted components in the sewage station at the public works station. Parts consist of new pumps, lift out packages, ss rails, floats, control panel and all the piping to your existing discharge. Currently the pipes holding up your panel are bent. They need to be straightened or replaced to allow us to mount the new panel. PRICE INCLUDES a septic truck to clean the pit and maintain the level while we work. We do not do concrete work so if you wanted the lid to look good again that is by others. Prices are always changing lately. I will do my best to keep these as long as possible. As of now, I have all the parts except a control panel in stock. I have no lead time on the panel but I will try o get it as fast as possible.

**The total for parts and labor is.....\$13,585.00 + freight.**

Sincerely,

Ken Paul

This Proposal does not include sales tax or any circumstances or situations not readily apparent on our initial inspection. Only parts replaced by Mechanical & Pump Services are warranted for a period of 90 days.

If this agreement serves your needs, please sign and return the original to Mechanical & Pump Services and keep a copy for yourself.

**I agree to the above terms** Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 13, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: Board of Education Capital Reserve Fund Recommendation FY 23

---

Per Town Ordinance, Article 7, Section 10-38, Finance Director Melissa McCaw requests that a maximum of 2% of the BOE budget, or \$1,919,977 or such lesser amount be deposited by the Board of Education as part of their FY 23 year-end close into their Capital Reserve Fund, back to them for various capital improvement projects.

Please place this item on the Town Council agenda for the June 20, 2023 meeting.

C: M. McCaw, Finance Director  
B. Whittaker, BOE Chief Operations Officer





## MEMORANDUM

**DATE:** June 12, 2023

**TO:** Michael Walsh, Mayor

**FROM:** Melissa McCaw, Director of Finance

**TELEPHONE:** (860) 291-7246

**RE:** **Board of Education Capital Reserve Fund Recommendation - FY 23**

---

By way of this memo, consistent with the provisions of Town Ordinance article 7, section 10-38, I hereby request that the maximum of 2% of the BOE budget, or \$1,919,877 or such lesser amount as deposited by the Board of Education into the Board of Education Capital Reserve Fund as part of the FY 23 year-end close be approved for release back to the Board of Education by the East Hartford Town Council.

The Board intends to use the funds as outlined on the attached memo provided to me by Chief Operations Officer, Ben Whittaker, with the following priorities:

- Norris Roof Replacement - Local Share \$180,000 - Project Total \$450,600
- CIBA Exterior Entrance Renovation - \$168,000
- O'Connell East Playscape Replacement - \$121,923
- Design work for EHHS Restroom Renovations and HVAC Evaluation - \$50,000

At this time, the estimated cost for these projects is \$519,913.

These infrastructure projects are important to the district and have been approved by the Board as part of a year-end spending plan. I have attached a sample motion for the Town Council to consider.

### Board of Education Capital Reserve Fund Transfer

That, in accordance with Article 7 §10-38 of the Town of East Hartford Code of Ordinances, the Town Council **approve** the Board of Education's request to expend \$1,919,877 or such lesser amounts as deposited based on the proceeds as forwarded by the BOE from the Board of Education's Capital Reserve Account for the purposes of funding capital improvements and other general improvement projects which are all consistent with the projects contained in the district's approved Capital Improvement Plan.

Should you have any questions or problems on the aforementioned, please feel free to contact me. I will be on hand at the Town Council Meeting to answer any questions.

Cc: Ben Whittaker, Chief Operations Officer



## TRANSFER OF GENERAL BUDGET FUNDS TO THE TOWN OF EAST HARTFORD'S CAPITAL RESERVE FUND

### *BUILDING AND TECHNOLOGY IMPROVEMENTS*

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**DATE:** June 5, 2023

**SUBMITTED TO:** Board of Education

**SUBMITTED BY:** Ben Whittaker, Chief Operations Officer

**ENCLOSURES:** None

**REASON:** Town of EH Code of Ordinances Section 10-38 and State Statute

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**BACKGROUND:** The Board of Education is able to transfer any remaining year-end general fund balances to the Town's capital and non-recurring "Reserve Fund," after Town Council approval, to be utilized under the jurisdiction of the BOE for building improvements. Per State statute, the maximum amount that can be transferred per fiscal year to this fund is 2% of the general budget, which for FY23 equates to \$1,919,877.

EHPS maintains a robust 5-year Capital Improvement Plan, which unfortunately is only able to be implemented when funds become available through capital reserve or grants, since the general budget only supports about \$675k per year for minor building improvements throughout the portfolio. Any funds that are able to be transferred at year-end would be used to construct the following projects contained in the CIP under FY24 (budget amounts are approximate).

- Norris Roof Replacement- Local Share \$180,000- Project Total \$450,600
- CIBA Exterior Entrance Renovation- \$168,000
- O'Connell East Playscape Replacement- \$121,923
- Design work for EHHS Restroom Renovations and HVAC Evaluation- \$50,000

It is not anticipated that more than the \$519,923 required to fund the projects above will be available for transfer at year-end, but if additional funds become available, projects will be taken from the CIP or substituted with emergent needs. Additional funds will also be allocated to build up a reserve for future IT infrastructure purposes once Federal ESSER-related funding expires in 2024. If accepted, this proposal will be brought to the EH Town Council for approval on June 20, 2023.

**ACTION:** Accept or Reject

**ACCOUNT AFFECTED BY TRANSACTION:** All accounts that have a balance remaining at the close of business 6/30/2023 will be aggregated and transferred to the Capital Reserve Fund.

**CHAPTER 10. Finance  
and Taxation**

Sec. 10-7 Bidding  
Procedures

Sec. 10-7 Bidding  
Procedures

defined in subsection (a) of section 27-103 of the Connecticut General Statutes or of a surviving spouse of such person shall be entitled to a property tax exemption of ten percent of the assessed value provided the annual income of such person who is owner of such property does not exceed the maximum amount under Section 12-81L of the Connecticut General Statutes plus twenty five thousand dollars.

- (b) The town adopts the provisions of Public Act 17-65 regarding the application of this property tax exemption.

Effective 3-21-19

**ARTICLE 6. APPROVAL OF LEASES**

***Sec. 10-31. Procedure for Setting of Fee.***

***Sec. 10-32. Leasing Procedure.***

***Sec. 10-33. Provision to Waive.***

**Sections 10-31 through 10-33 inclusive of the code of ordinances of the town of East Hartford are hereby repealed.**

Voted: 08-01-17  
Published: 08-08-17  
Effective: 08-29-17

**ARTICLE 7. AN ORDINANCE CREATING MUNICIPAL RESERVE FUNDS**

***Sec. 10-34. Creation.***

In accordance with the provisions of Chapter 108 of the General Statutes, two reserve funds are hereby established for capital and nonrecurring expenditures. The Treasurer shall establish the accounts, one for the Town's general funds, and one for funds under the jurisdiction of the Board of Education.

***Sec. 10-35. Procurement of Funds.***

The Board of Education is hereby authorized to put budget surpluses available at the end of any fiscal year into the Board account. General Fund cash surpluses available at the

**CHAPTER 10. Finance  
and Taxation**

Sec. 10-7 Bidding  
Procedures

Sec. 10-7 Bidding  
Procedures

end of any fiscal year shall be put into the Town's account, unless provisions are made to utilize a surplus in the forthcoming fiscal year. Upon approval by Council, other funds may be transferred into or appropriated for the Town account, subject to the limitations set forth in Sections 7-361 and 7-367 of the General Statutes.

***Sec. 10-36. Investment of Fund.***

The Treasurer may, from time to time, invest in securities which are legal investments for savings banks, such portion of such funds as in his or her opinion is advisable; provided not less than fifty percent of the total amount invested shall be invested in the stock or bonds or interest-bearing notes or obligations of the United States, or those to which the faith of the United States is pledged to provide the payment of the principal and interest, including the bonds of the District of Columbia. In making investments of reserve funds, the Treasurer shall give preference to financial institutions located within the town, unless such preference would result in materially lower investment rates. Notwithstanding the above, no funds shall be invested in any businesses which conduct business in South Africa until and unless the Council declares that apartheid has ended. Before investing any funds contained in the Board of Education account, the Treasurer shall consult with the Board to insure that such funds have the liquidity desired by the Board.

***Sec. 10-37. Report of Treasurer.***

The Treasurer shall annually submit a complete and detailed report of the condition of such fund to the Finance Director, Mayor, Council, and Board of Education, and such report shall be made a part of the Annual Report of the Town.

***Sec. 10-38. Use of Funds.***

Upon the recommendation of the Finance Director and the Mayor, and approval by the legislative body, any part of such funds may be used for capital and nonrecurring expenditures, but such use shall be restricted to the financing of all or part of the planning, construction, reconstruction or acquisition of any specific capital improvement or the acquisition of any specific item of equipment. All funds contained in the Board of Education's account shall be reserved for capital and nonrecurring expenditures for educational purposes determined by the Board. Upon request of the Board, and certification that funds are to be used for such educational purposes, the Finance Director and the Mayor shall recommend, and the Council shall approve, release of such funds, up to the amount then included in the Board account. Upon the approval of any such expenditure, an appropriation shall be set up, plainly designated for the project or acquisition for which it has been authorized, and such unexpended appropriation may be continued until such project or acquisition is completed. Any unexpended portion of such appropriation remaining after such completion shall revert to the reserve account from which the appropriation was taken.

***Sec. 10-39. Appropriation When Reserve Fund Insufficient.***

If, in the opinion of the Mayor and Finance Director, such reserve funds are insufficient to

**CHAPTER 10. Finance  
and Taxation**

Sec. 10-7 Bidding  
Procedures

Sec. 10-7 Bidding  
Procedures

meet the cost of any capital or nonrecurring expenditure which they deem immediately necessary, they may, with the approval of the Council, authorize that an appropriation be made therefore, provided t total of such fund and the sum anticipated from a tax collected for the purposes authorized in Section 10-38 above, in the year following the date when such authorization is made is estimated by the Mayor and Finance Director to be sufficient to meet such expenditures. This process shall also apply to projects commenced by the Board of Education from funds in its reserve account; provided that in requesting such additional funding, the Board shall include the appropriation in its forthcoming budget. This ordinance shall not be interpreted as a limitation on the Town's bonding authority if, in lieu of an additional appropriation as described herein, the Town desires to supplement its reserve funds by issuing bonds.

If, in the opinion of the Mayor and Finance Director, such reserve funds are insufficient to meet the cost of any capital or nonrecurring expenditure which they deem immediately necessary, they may, with the approval of the Council, authorize that an appropriation be made therefore, provided t total of such fund and the sum anticipated from a tax collected for the purposes authorized in Section 10-38 above, in the year following the date when such authorization is made is estimated by the Mayor and Finance Director to be sufficient to meet such expenditures. This process shall also apply to projects commenced by the Board of Education from funds in its reserve account; provided that in requesting such additional funding, the Board shall include the appropriation in its forthcoming budget. This ordinance shall not be interpreted as a limitation on the Town's bonding authority if, in lieu of an additional appropriation as described herein, the Town desires to supplement its reserve funds by issuing bonds.

***Sec. 10-40. Termination of Appropriation.***

If any authorized appropriation is set up pursuant to the provisions of Section 10-38 above, and through unforeseen circumstances the completion of the project or acquisition for which such appropriation has been designated is impossible of attainment, upon recommendation of the Finance Director and the Mayor, and upon approval of the Council, such appropriation shall terminate and no longer be in effect.

Voted: 6/2/87  
Published: 6/12/87  
Effective: 7/3/87

***ARTICLE 8 AN ORDINANCE CREATING RESERVE FUNDS FOR  
VARIOUS SELF-INSURED PROGRAMS.***

***Sec. 10-41. Creation.***

- (a) The following reserve funds are hereby established:
1. A reserve fund for self-insured workers' compensation benefits and heart and hypertension benefits in accordance



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 13, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: RESOLUTION: FY 2023 Highway Safety Project Grant Program

---

The Town of East Hartford is looking to apply to the Connecticut Department of Transportation (DOT) for funding under the FY 2023 Highway Safety Project Comprehensive DUI Enforcement Grant Program. The grant is in the amount of \$24,789.77 and no local match is required.


The general goal of Connecticut's Impaired Driving Program is to substantially reduce the number of alcohol-related crashes. The Impaired Driving Program emphasizes enforcement efforts of reducing driving under the influence of drugs and/or alcohol (DUI).

Please place this item on the Town Council agenda for the June 20, 2023 meeting.

C: E. Buckheit, Development Director  
P. O'Sullivan, Grants Manager  
Lt. Paul Neves, East Hartford Police Department

GRANTS ADMINISTRATION  
MEMORANDUM

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**TO:** Mayor Michael P. Walsh  
**FROM:** Paul O'Sullivan, Grants Manager   
**SUBJECT:** Council Resolution – FY 2023 Highway Safety Project Grant Program  
**DATE:** June 9, 2023

---

Attached is a draft Town Council resolution authorizing you as Mayor to apply to the Connecticut Department of Transportation (DOT) for funding under the FY 2023 Highway Safety Project Comprehensive DUI Enforcement Grant Program.

The general goal of Connecticut's Impaired Driving Program is to substantially reduce the number of alcohol-related crashes. The Impaired Driving Program emphasizes enforcement efforts of reducing driving under the influence of drugs and/or alcohol (DUI).

Through cost-share-programming, it has been possible to substantially increase the number of officers throughout the State to engage in high-visibility DUI enforcement. Activities include a combination of extra DUI patrols and sobriety checkpoints. These activities convey to motorists a simple message: if they drive impaired, they will be caught.

I respectfully request that this item be placed on the Town Council agenda for their meeting to be held on June 20, 2023. Please contact me at extension 7206 if you have any questions.

Attachments: as stated

Cc: Eileen Buckheit, Development Director



**TOWN COUNCIL RESOLUTION**  
**GRANT INFORMATION FORM**

Grant Description: FY 2023 Highway Safety Project Comprehensive DUI Enforcement Grant

Funder: CT Dept. of Transportation

Grant Amount: \$24,789.77

Frequency:     One time     Annual     Biennial     Other

Is a local match required?     Yes     No

If yes, how much?    Not applicable

From which account? Not applicable

Grant purpose:    To reduce the number of crashes, injuries and fatalities from impaired driving through increased high-visibility DUI enforcement activities and to communicate with the public the increased levels of DUI enforcement activities so drivers will realize the risks and consequences of operating a vehicle while under the influence and therefore deter that behavior.

Results achieved:    Decrease the number of DUI incidents and deter citizens from engaging in this dangerous behavior.

Duration of grant:    To be determined

Status of application: Under development

Meeting attendee:    Lt. Paul Neves, East Hartford Police Department, x7616

Comments:    Information on prior year grants was not available prior to resolution submission

<b>PROJECT TITLE</b>	<b>APPLICANT</b>	
<b>Comprehensive DUI Enforcement Program for Municipal Police Dept.</b>	<b>East Hartford Police Department</b>	
	<b>PROBLEM ID</b>	<b>PAGE 1 OF 3</b>

**STATEMENT OF THE PROBLEM AND BACKGROUND INFORMATION**

Alcohol-impaired driving fatalities in Connecticut averaged 109 per year for the 2009-2018 ten year period. The year 2011 had the lowest reported total (94) and the year 2013 had the highest reported total (126).

Alcohol-impaired driving fatalities for the latest available three years are: 2016 - 114, 2017 - 122, 2018 - 120.

Alcohol-impaired driving fatalities for the 2009-2018 ten year period averaged 40% of total fatalities for the period.

DUI crashes for the latest available three years are: **2018** - 2,871, **2019** - 2,935, **2020** - 2,572.

DUI injuries for the latest available three years are: **2018** - 1,527, **2019** - 1,556, **2020** - 1,548.

65% of fatally injured drinking drivers (BAC  $\geq$  0.01) occurred in crashes between the hours of 8 PM and 6 AM.

The number of statewide DUI arrests for the latest available three years are:

**FY 2017/2018** - 9,252, **FY 2018/2019** - 8,390, **FY 2019/2020** - 6,609.

**NOTE: For roving patrol activities, the number of enforcement officers allowed per vehicle at any one time is one per vehicle. However, core enforcement hours may be split by more than one officer. All officers who will be assigned to DUI activities should be trained in the most current Standardized Field Sobriety Test (SFST) course curriculum.**

**NOTE: The operation of this DUI enforcement project shall be above and beyond regular patrol activities scheduled during the program parameter times.**

**OBJECTIVES**

To reduce the number of crashes, injuries and fatalities from impaired driving through increased high-visibility DUI enforcement activities. To communicate with the public, through media venues, the increased levels of DUI enforcement activities so drivers will realize the risks and consequences of operating a vehicle while under the influence and therefore deter that behavior.

**ACTIVITIES AND PROCEDURES**

This program is being offered on an expanded year-round basis and is in line with the goals and objectives as highlighted in the Connecticut Highway Safety Plan for FY 2023. Funding will be used to address various circumstances in which increased drinking and driving within the municipality is anticipated to take place. In the course of discussions with police agencies, it is evident that the incidence of impaired driving increases at certain times of the year in addition to holiday periods, such as shoreline communities that experience an increase in population during the summer months. Events such as summer festivals, country fairs, music concerts, sporting events, etc., all represent potential for a higher incidence of impaired driving.

Enforcement techniques employed should include extra DUI patrol activities and may include DUI sobriety checkpoints. A checkpoint is defined as an operation in a fixed location where motor vehicle operators are stopped and interviewed to establish if they are operating while impaired. Checkpoints may only be scheduled for a maximum of 8 hours. Saturation/roaming patrols are not considered checkpoints.

I, Jason Marshall, the duly appointed Clerk of the Town Council of the Town of East Hartford, a corporation organized and existing under the laws of the State of Connecticut, hereby certify that the following is a true copy of a resolution adopted at a meeting of the East Hartford Town Council of said corporation, duly held on the 20th day of June, 2023

## R E S O L U T I O N

**WHEREAS;** the Connecticut Department of Transportation (DOT) has made funds available for Comprehensive DUI Enforcement under the FY 2023 Highway Safety Project Grants, and,

**WHEREAS;** the East Hartford Police Department wishes to apply for these funds to reduce the number of crashes, injuries and fatalities from impaired driving through increased high-visibility DUI enforcement activities.

**NOW THEREFORE LET IT BE RESOLVED;** that Michael P. Walsh, Mayor of the Town of East Hartford, is authorized to make application to, and execute and approve on behalf of this corporation, any and all documents, contracts, and amendments as may be required by the Connecticut DOT as they pertain to this Highway Safety Project Comprehensive DUI Enforcement grant.

**AND I DO CERTIFY** that the above resolution has not been in any way altered, amended, or repealed, and is now in full force and effect.

**IN WITNESS WHEREOF,** I do hereunto set my hand and affix the corporate seal of said Town of East Hartford the \_\_\_\_ day of June, 2023.

Seal

Signed: \_\_\_\_\_  
Jason Marshall, Town Council Clerk



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 13, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: RESOLUTION: 2023 Neighborhood Assistance Act

---

Attached for your review are the proposals of fourteen community programs for participation in the 2023 Neighborhood Assistance Act Program. The Connecticut Neighborhood Assistance Act Tax Credit Program provides State of Connecticut tax credits to businesses who contribute to community programs.

Approval of the attached resolution will authorize the Town of East Hartford to forward the attached applications to the State of Connecticut Department of Revenue Services for inclusion in the Neighborhood Assistance Act Program.


Please place this information on the agenda for the June 20<sup>th</sup>, 2023 meeting.

Thank you.

C: P. O'Sullivan, Grants Manager  
E. Buckheit, Development Director

GRANTS ADMINISTRATION  
MEMORANDUM

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**TO:** Mayor Michael P. Walsh  
**FROM:** Paul O'Sullivan, Grants Manager   
**SUBJECT:** Council Resolution for Neighborhood Assistance Act Applications  
**DATE:** June 9, 2023

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Fourteen (14) community programs have asked to be included in the Town of East Hartford's annual participation in the State of Connecticut "Neighborhood Assistance Act Program." The Neighborhood Assistance Act provides State tax credits to businesses who contribute to community programs benefiting low income or handicapped individuals in such areas as: job training, job education, community services, and energy conservation. An informational publication explaining the program is attached.

It is important to note that these are State, not municipal, tax credits. The "Tax Credit Program" was authorized under Connecticut General Statutes SS 12-630aa, as amended. Energy conservation and comprehensive college access loan forgiveness programs are awarded a 100% credit; all others receive a 60% credit.

Those programs wishing to participate are listed on the attached summary. All 14 proposals were presented at a Public Hearing held June 12, 2023.

I respectfully request that the attached Resolution be placed on the June 20, 2023 agenda of the Town Council for their approval. If approved, these proposals will be forwarded to the State of Connecticut Department of Revenue Services by July 1, 2023.

Attachments: as stated

Cc: Eileen Buckheit, Development Director



450 Columbus Blvd.  
Hartford CT 06103

INFORMATIONAL PUBLICATION

## The Connecticut Neighborhood Assistance Act Tax Credit Program

**Purpose:** This Informational Publication explains the Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program.

**Effective Date:** Upon issuance.

**Statutory Authority:** Conn. Gen. Stat. §12-630aa et. seq.

**Definitions:** For purposes of the NAA tax credit program:

**Business firm** means any business entity authorized to do business in Connecticut and subject to any of the following taxes:

- Insurance Companies and Health Care Centers (Chapter 207);
- Corporation Business (Chapter 208);
- Air Carriers (Chapter 209);
- Railroad Companies (Chapter 210);
- Certified Competitive Video Service Companies (Chapter 211);
- Community Antenna Television System Companies (Chapter 211);
- Satellite Companies (Chapter 211);
- Utility Companies (Chapter 212); **or**
- Business Entity (Chapter 213a). For purposes of a business entity subject to the Business Entity Tax, the credit may only be used by the members or partners of the entity that are subject to the Corporation Business Tax.

**Donation of money to an open space acquisition fund** means money contributed to an open space acquisition fund of any political subdivision of the state or any nonprofit land conservation organization.

The money must be used for the purchase of land, interest in land, or permanent conservation restriction on land to be permanently preserved as protected open space.

**Energy conservation projects** means programs to promote energy conservation that are directed toward properties where at least 75% of occupants are at an income level not exceeding 150% of the poverty level for the year immediately preceding the year during which the tax credit is to be granted or at properties owned or occupied

by charitable corporations, foundations, trusts, or other entities. Such projects include, but are not limited to:

- Energy conserving modification or replacement of windows and doors;
- Caulking and weather-stripping;
- Insulation;
- Automatic energy control systems;
- Hot water systems;
- Equipment required to operate variable steam, hydraulic, and ventilating systems;
- Replacement of burners, furnaces, or boilers;
- Electrical or mechanical furnace ignition systems; **or**
- Replacement or modification of lighting fixtures.

**The Connecticut Neighborhood Assistance Act Tax Credit Program:** The NAA Tax Credit Program provides a tax credit to business firms that make cash investments in qualifying community programs conducted by tax exempt or municipal agencies.

The credit may be applied against the following taxes:

- Insurance Companies and Health Care Centers (Chapter 207);
- Corporation Business (Chapter 208);
- Air Carriers (Chapter 209);
- Railroad Companies (Chapter 210);
- Certified Competitive Video Service Companies (Chapter 211);
- Community Antenna Television System Companies (Chapter 211);
- Satellite Companies (Chapter 211); **and**
- Utility Companies (Chapter 212).

The community programs must be approved by both the municipality in which the programs are conducted and by the Department of Revenue Services (DRS).

**Community Programs That Qualify for the NAA Tax Credit Program:** Listed below are examples of the types of programs that qualify for the NAA tax credit and the amount of the available credit.

A tax credit equal to 100% of the cash invested is available to business firms that invest in energy conservation projects.

A tax credit equal to 60% of the cash invested is available to business firms that invest in programs that provide:

- Neighborhood assistance;
- Job training;
- Education;
- Community services;
- Crime prevention;
- Construction or rehabilitation of dwelling units for families of low and moderate income in the state;
- Donation of money to an open space acquisition fund;
- Child day care facilities;
- Child care services;
- Employment and training programs directed at handicapped persons;
- Employment and training programs for unemployed workers who are 50 years of age or older;
- Education and employment training programs for recipients in the temporary family assistance program;
- Community-based alcoholism prevention or treatment; **or**
- Any other program which serves a group of individuals where at least 75% of the individuals are at an income not exceeding 150% of the poverty level for the year immediately preceding the year during which the tax credit is to be granted.

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#### **Obtaining Approval for the NAA Tax Credit Program:**

Tax exempt entities and municipal agencies desiring to obtain benefits under the NAA must complete **Form NAA-01, Connecticut Neighborhood Assistance Act Program Proposal**, Parts I, II, and III and submit the form to the municipal agency overseeing the implementation of the proposal. The overseeing municipal agency then completes Form NAA-01, Part IV and submits the form to DRS on or before July 1 of each year. Prior to submitting Form NAA-01 to DRS, each municipality must hold a public hearing on all program applications. The governing body of the municipality must vote to approve the programs. Copies of the public hearing notice and minutes of the meeting approving the programs must be submitted by the municipality to DRS with the approved program proposals.

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**Limits on the Amount of Contributions That May Be Made or on the Amount of Tax Credit Available:** The NAA Tax Credit Program has several statutory limits which must be observed, including the following:

- A business firm is limited to receiving \$150,000 in tax credits annually; however, the amount of tax credit allowed any business firm for investments in child day care facilities for any income year may not exceed \$50,000.

- The minimum contribution on which a tax credit can be granted is \$250.
- Any organization conducting a program or programs eligible for funding under the NAA is limited to receiving an aggregate of \$150,000 of funding for any program or programs for any fiscal year.
- The total amount of all tax credits allowed in any fiscal year is \$5 million, which, if exceeded, results in prorating the approved tax credits among the approved organizations.

**Business Applications Deadlines:** Each business firm requesting a tax credit under the NAA Tax Credit Program must complete a separate **Form NAA-02, Connecticut Neighborhood Assistance Act (NAA) Business Application**, for **each** program it wishes to sponsor. Form NAA-02 must be submitted to DRS on or after September 15 but not later than October 1 of each year. Business firms may electronically submit their application by emailing a signed Form NAA-02 to **NAAProgram@ct.gov**. Any application that is not electronically submitted may be mailed or hand-delivered to DRS.

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**Claiming the Tax Credit:** DRS issues an NAA program approval letter to business firms that make cash investments in qualified community programs. The letter indicates the tax credit amount that may be claimed on the applicable business tax return. The tax credit amount must also be entered on **Form CT-1120K, Business Tax Credit Summary**, and/or **Form CT-207K, Insurance/Health Care Tax Credit Schedule**.

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**Carry Back Provisions:** The amount of tax credit that is not taken on the tax return of a business firm for the income year beginning during the calendar year in which the program proposal was approved may be carried back to the two immediately preceding income years (beginning with the earlier of the years). No carry forward is allowed.

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**Obtaining Additional Information:** Direct inquiries to:

Department of Revenue Services  
Research Unit  
450 Columbus Blvd. Ste 1  
Hartford CT 06103

Call: **860-297-5687**

Email: **DRS.TaxResearch@po.state.ct.us**

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**Effect on Other Documents: Informational Publication 2013(9), The Connecticut Neighborhood Assistance Act Tax Credit Program**, is superseded and may not be relied upon after the date of issuance of this Publication.

**Effect of This Document:** An Informational Publication issued by DRS addresses frequently asked questions about a current position, policy, or practice, usually in a less technical question and answer format.

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**Related Forms and Publications:** Request the most recent edition of the following forms: **Form NAA-01**, *Neighborhood Assistance Act Program Proposal*, and **Form NAA-02**, *Neighborhood Assistance Act Business Application*.

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**For Further Information:** Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

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**Forms and Publications:** Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) to download and print Connecticut tax forms and publications.

**Paperless Filing/Payment Methods (fast, easy, free, and confidential):** Business and individual taxpayers can use the **Taxpayer Service Center (TSC)** at [www.ct.gov/TSC](http://www.ct.gov/TSC) to file a variety of tax returns, update account information, and make payments online.

**File Electronically:** You can choose first-time filer information and filing assistance or log directly into the **TSC** to file returns and pay taxes.

**Pay Electronically:** You can pay taxes for tax returns that cannot be filed through the **TSC**. Log in and select the *Make Payment Only* option. Designate a payment date up to the due date of the tax and mail a paper return to complete the filing process.

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**DRS E-Alerts Service:** Get connected to the latest news from DRS. Receive notification by email of changes to legislation, policies, and procedures. **DRS E-Alerts** provide information for employer's withholding tax, News – Press Releases, and Top 100 Delinquency List. Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) and select *Sign up for e-alerts* under *How Do I?* on the gold navigation bar.



**TOWN OF EAST HARTFORD: PROPOSAL SUMMARIES (14)**  
**2023 STATE OF CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROGRAM**

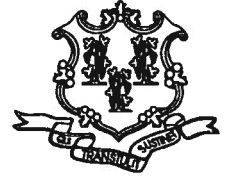
<b>Organization</b>	<b>Program Title</b>	<b>Program Description</b>	<b>NAA Funding (Tax Credit)</b>	<b>Contact</b>
<b>Capital Workforce Partners</b>	Energy Efficient Repairs and Upgrades	Replacement of mechanical and other systems at the new American Jobs Center in East Hartford	\$150,000 (100%)	Jim Boucher 417 Main Street East Hartford, CT 06118 (860) 899-3467 <a href="mailto:jboucher@capitalworkforce.org">jboucher@capitalworkforce.org</a>
<b>Goodwin University, Inc.</b>	Job Connection	Education and training leading to employment for low income students	\$150,000 (60%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Goodwin University, Inc.</b>	Redesign of Campus to Add Energy Effectiveness	Purchase and install new energy efficient building systems	\$150,000 (100%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Goodwin University Educational Services</b>	Food/Diaper Pantry and Support for low income students	Secure financial aid from all sources for the purpose of supporting low income students through Goodwin University	\$150,000 (60%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>

<b>Organization</b>	<b>Program Title</b>	<b>Program Description</b>	<b>NAA Funding (Tax Credit)</b>	<b>Contact</b>
<b>Goodwin University Educational Services</b>	Renovation of Buildings for Energy Savings	Purchase and install energy efficient building systems, including new window systems, new insulated roofing, new wall insulation and new energy efficient boiler systems.	\$150,000 (100%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Goodwin University Educational Services</b>	Support for Early University Students	Provide financial support for tuition and related charges for needy high school students to receive precollegiate and collegiate classes at Goodwin University	\$150,000 (60%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Goodwin University Foundation, Inc.</b>	Manufacturing Pipeline	Secure financial aid for low income students attending Goodwin University's Manufacturing Program	\$150,000 (60%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Goodwin University Foundation, Inc.</b>	Retrofit Building for Energy Efficiency	Purchase and install energy efficient windows, insulation and HVAC equipment in the Goodwin University buildings in East Hartford	\$150,000 (100%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>

<b>Organization</b>	<b>Program Title</b>	<b>Program Description</b>	<b>NAA Funding (Tax Credit)</b>	<b>Contact</b>
<b>Goodwin University Foundation, Inc.</b>	Support for Low Income Students	Secure financial aid for low income students attending Goodwin University	\$150,000 (60%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Goodwin University Magnet Schools, Inc.</b>	Conservation Project	Purchase and install energy efficient building systems including green roof structures, solar projects, alternative energy generation and storage and other projects	\$150,000 (100%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Goodwin University Magnet Schools, Inc.</b>	Support for Magnet School Students	Provide Magnet School students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin University	\$150,000 (60%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>
<b>Great River Land Trust, Inc.</b>	Energy Upgrades for the Bio Lab and South Meadows Trail System	Provide solar collectors for the bio Science Lab, install trail upgrades and energy efficient lighting, supports, repairs and maintenance equipment	\$150,000 (100%)	Sandra Ward One Riverside Dr. East Hartford, CT 06118 860-727-6974 <a href="mailto:sward@goodwin.edu">sward@goodwin.edu</a>

Organization	Program Title	Program Description	NAA Funding (Tax Credit)	Contact
<b>Hispanic Coalition of Greater Waterbury</b>	Energy Conservation Project	Replace current building HVAC systems and add other energy saving enhancements	\$150,000 (100%)	Victor Lopez 745 Burnside Avenue East Hartford, CT 06018 (203) 558-5438 <a href="mailto:victorlopezjr@yahoo.com">victorlopezjr@yahoo.com</a>
<b>Town of East Hartford</b>	Veterans Memorial Clubhouse Energy Efficiency Measures	Replacement and/or refurbishment of various town building infrastructures to improve energy efficiency.	\$150,000 (100%)	Paul O'Sullivan Town of East Hartford 740 Main Street East Hartford, CT 06108 (860) 291-7206 <a href="mailto:posullivan@easthartfordct.gov">posullivan@easthartfordct.gov</a>

**\*Please note: full proposals are available for review at the Grants Administration Office in East Hartford Town Hall, 740 Main Street, East Hartford, CT 06108 or on the Grants Administration section of the Town's website at <http://www.easthartfordct.gov/grants-administration>**



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Capital Workforce Partners

Address: 417 Main Street, East Hartford, CT 06118

Federal Employer Identification Number: 06-1013293

Program title: Energy Efficient Repairs and Upgrades

Name of contact person: Jim Boucher

Telephone number: (860) 899-3467

Email address: jbourcher@capitalworkforce.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

- Energy conservation; **or**
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

**60% credit percentage**

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; **or**
- Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

Capital Workforce has opened a new American Jobs Center in the south end of East Hartford. This center is being opened in a former bank building. Many of the mechanical and other systems are dated and need to be replaced in order for the center to remain sustainable.

Need for program: \_\_\_\_\_

Capital Workforce is the Workforce Investment Board entity that oversees job training, job search and workforce development for the capitol region as provided in federal and state DOL regulations.

Neighborhood area to be served: \_\_\_\_\_

Hartford region users of the East Hartford American Jobs Center Office.

Plan to implement the program: \_\_\_\_\_

As funds are received work will be bid and commence on the property at 417 Main Street according to the correct job specs and estimates

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY

Program completion date: 12/31/2025  
MM - DD - YYYY

Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) <u>Direct contracts for energy efficient and related components</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ <u>Town of East Hartford Grants Administration Office</u>
Mailing address: _____ <u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison: <u>Paul O'Sullivan</u>
Telephone number: <u>(860) 291-7206</u>
Fax number: <u>(860) 289-8394</u>
Email address: <u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>
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990

Return of Organization Exempt From Income Tax

OMB No. 1545-

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

Form 990 header section containing organization name (CAPITAL WORKFORCE PARTNERS INC), EIN (06-1013293), address (1 UNION PLACE 3RD FLOOR, HARTFORD, CT 06103), and officer information (ALEX JOHNSON).

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CAPITAL WORKFORCE PARTNERS IS A REGIONAL WORKFORCE INVESTMENT BOARD SERVING 37 MUNICIPALITIES IN NORTH CENTRAL CONNECTICUT.

Summary table with 2 columns: Description and Amount. Rows include 3 (Voting members), 4 (Independent voting members), 5 (Total employees), 6 (Total volunteers), 7a (Total unrelated business revenue), and 7b (Total unrelated business taxable income).

Main financial summary table with 3 columns: Description, Prior Year, and Current Year. Rows include 8 (Contributions and grants), 9 (Program service revenue), 10 (Investment income), 11 (Other revenue), 12 (Total revenue), 13 (Grants and similar amounts paid), 14 (Benefits paid), 15 (Salaries and compensation), 16a (Professional fundraising fees), 16b (Total fundraising expenses), 17 (Other expenses), 18 (Total expenses), 19 (Revenue less expenses), 20 (Total assets), 21 (Total liabilities), and 22 (Net assets or fund balances).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer and Date (2021-05-17)



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin Foundation, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Manufacturing Pipeline

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes

No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

- Energy conservation; or
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

**60% credit percentage**

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

The purpose of this program is to secure financial aid from all sources for the purpose of supporting low income students to Goodwin University's manufacturing program. This program is designed to accept individuals referred by our local agencies and employers and refer them to manufacturing training programs at Goodwin. Students will be eligible to take collegiate certificate, vocational certificate or degree level courses in pre-vocational and vocational preparation areas.

Need for program: \_\_\_\_\_

There are a large number of unfilled entry-level manufacturing positions in the Hartford labor market while there is a growing pool of low income residents in our region who could be trained for these jobs. Funds are needed to help pay for tuition and personal support for the students.

Neighborhood area to be served: \_\_\_\_\_

Hartford labor market area

Plan to implement the program: \_\_\_\_\_

Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL. Manufacturing and pre-manufacturing training.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY

Program completion date: 12/31/2025  
MM - DD - YYYY

Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Tuition	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">03/31/26 if funding is received _____</p> <p style="text-align: center;">Date</p>
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990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Form 990 header section containing organization name (GOODWIN COLLEGE FOUNDATION INC), EIN (06-1599388), address (ONE RIVERSIDE DRIVE, EAST HARTFORD, CT 06118), principal officer (DR ETHAN FOXMAN), and tax-exempt status (501(c)(3)).

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLLEGE TO EXTEND EDUCATIONAL OPPORTUNITIES TO UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INITIATIVES WITH THE GUIDANCE OF AN INDEPENDENT BOARD OF DIRECTORS...

Table with 3 columns: Line number, Description, and Amount. Rows include: 3 Number of voting members (12), 4 Number of independent voting members (9), 5 Total number of individuals employed (0), 6 Total number of volunteers (0), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Line number, Description, and Amount. Rows include: 8 Contributions and grants (567,481), 9 Program service revenue (0), 10 Investment income (667,637), 11 Other revenue (-1,292), 12 Total revenue (1,233,826).

Table with 3 columns: Line number, Description, and Amount. Rows include: 13 Grants and similar amounts paid (0), 14 Benefits paid to or for members (0), 15 Salaries, other compensation, employee benefits (0), 16a Professional fundraising fees (0), 17 Other expenses (1,068,629), 18 Total expenses (1,068,629), 19 Revenue less expenses (165,197).

Table with 3 columns: Line number, Description, and Amount. Rows include: 20 Total assets (10,829,033), 21 Total liabilities (1,675,581), 22 Net assets or fund balances (9,153,452).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin Foundation, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Retrofit for Energy Efficiency

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

- Energy conservation; or
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

**60% credit percentage**

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

The purpose of this grant application is to purchase and install energy efficient windows, insulation and other equipment in the Goodwin University buildings in East Hartford and its affiliated buildings. According to current design plans, the current cost of such projects is estimated to be well in excess of \$150,000.

Need for program: \_\_\_\_\_

Goodwin University's current campus is located in buildings that are more than 50 years old. These buildings have terrible energy efficiency. Many walls are not insulated and the window constantly leak air. This project would provide the efficiency to retrofit various parts of the campus for much greater energy efficiency.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Sandra Ward, AVP of Strategic Partnerships and Development-Overall administrator of the grants including matching funds received to specific projects.  
Bryant Harrell, VP for Physical Facilities, IT and Security-Oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment



**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY  
Program completion date: 12/31/2025  
MM - DD - YYYY  
Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Construction costs</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">03/31/26 if funding is received</p> <p style="text-align: center;">Date</p>
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990

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C Name of organization</b> GOODWIN COLLEGE FOUNDATION INC		<b>D Employer identification number</b> 06-1599388	
	Doing business as		<b>E Telephone number</b> (860) 528-4111	
	Number and street (or P O box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118	<b>G Gross receipts \$</b> 3,944,579	
<b>F Name and address of principal officer</b> DR ETHAN FOXMAN ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c) Group exemption number</b>		
<b>Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>Website:</b> N/A				
<b>Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 2000	<b>M State of legal domicile</b> CT

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities

THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLLEGE TO EXTEND EDUCATIONAL OPPORTUNITIES TO UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INITIATIVES WITH THE GUIDANCE OF AN INDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEGIC FUNDRAISING GOALS AND CULTIVATES DONORS THROUGH MAJOR GIVING, ANNUAL FUND, AND ALUMNI GIVING CAMPAIGNS THROUGH A COORDINATED PLAN OF INSTITUTIONAL GIVING AND SCHOLARSHIPS, THE FOUNDATION SUPPORTS EDUCATIONAL ACCESS FOR A WIDE RANGE OF STUDENTS, INCLUDING THE OVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDENTS THE FOUNDATION SEEKS TO SUPPORT THOSE STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED, AND HAVE DEMONSTRATED THE DESIRE TO ACHIEVE ACADEMIC SUCCESS FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVES TARGETED AT CLOSING THE EDUCATIONAL ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN EDUCATION (MOVE) AND WOMEN INVESTED IN SEEKING EDUCATION (WISE).

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	567,481	463,956
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637	584,518
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292	-64,268
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826	984,206
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,629	702,082
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629	702,082
19 Revenue less expenses Subtract line 18 from line 12	165,197	282,124
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,829,033	11,381,185
21 Total liabilities (Part X, line 26)	1,675,581	1,999,583
22 Net assets or fund balances Subtract line 21 from line 20	9,153,452	9,381,602

FUND BALANCES

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin Foundation, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1599388

Program title: Support for Low Income Students

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; or  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

This Goodwin Foundation Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin University. The students identified are at or near the federal poverty line and are often current or former TANF recipients. This program is designed to accept individuals referred to by our local government and refer them to the private and non-private social services agencies. The students are assessed for basic skill and aptitude and referred to appropriate training programs offered at Goodwin. Students are eligible to take collegiate certificate, vocational certificate or degree level courses.

Need for program: \_\_\_\_\_

East Hartford continues to experience a painful period of unemployment, punctuated by a growing social services caseload. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed and underemployed population.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Goodwin Foundation, Inc. - 1 Riverside Drive East Hartford, CT 06118-Training in vocational areas and ESL.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY

Program completion date: 12/31/2025  
MM - DD - YYYY

Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u> Date</p>
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990

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization GOODWIN COLLEGE FOUNDATION INC		<b>D</b> Employer identification number 06-1599388	
	Doing business as		<b>E</b> Telephone number (860) 528-4111	
	Number and street (or P O box if mail is not delivered to street address) ONE RIVERSIDE DRIVE	Room/suite	<b>G</b> Gross receipts \$ 3,944,579	
	City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118		<b>F</b> Name and address of principal officer DR ETHAN FOXMAN ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>H(c)</b> Group exemption number		<b>L</b> Year of formation 2000 <b>M</b> State of legal domicile CT		
Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		Website: ▶ N/A		
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities

THE GOODWIN COLLEGE FOUNDATION SUPPORTS THE MISSION OF GOODWIN COLLEGE TO EXTEND EDUCATIONAL OPPORTUNITIES TO UNDERSERVED POPULATIONS BY FUNDRAISING FOR SCHOLARSHIPS AND OTHER INITIATIVES WITH THE GUIDANCE OF AN INDEPENDENT BOARD OF DIRECTORS, THE FOUNDATION IDENTIFIES KEY STRATEGIC FUNDRAISING GOALS AND CULTIVATES DONORS THROUGH MAJOR GIVING, ANNUAL FUND, AND ALUMNI GIVING CAMPAIGNS THROUGH A COORDINATED PLAN OF INSTITUTIONAL GIVING AND SCHOLARSHIPS, THE FOUNDATION SUPPORTS EDUCATIONAL ACCESS FOR A WIDE RANGE OF STUDENTS, INCLUDING THE OVER HALF OF GOODWIN STUDENTS WHO ARE FIRST GENERATION COLLEGE STUDENTS THE FOUNDATION SEEKS TO SUPPORT THOSE STUDENTS WHO HAVE BOTH AN ACUTE FINANCIAL NEED, AND HAVE DEMONSTRATED THE DESIRE TO ACHIEVE ACADEMIC SUCCESS FUNDS RAISED BY THE FOUNDATION ALSO SUPPORT SPECIFIC INITIATIVES TARGETED AT CLOSING THE EDUCATIONAL ACHIEVEMENT GAP, INCLUDING THE MEN OF VISION IN EDUCATION (MOVE) AND WOMEN INVESTED IN SEEKING EDUCATION (WISE),

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	567,481	463,956
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667,637	584,518
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,292	-64,268
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,826	984,206
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,068,629	702,082
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,068,629	702,082
19	Revenue less expenses Subtract line 18 from line 12	165,197	282,124
	<b>Beginning of Current Year</b>	<b>End of Year</b>	
20	Total assets (Part X, line 16)	10,829,033	11,381,185
21	Total liabilities (Part X, line 26)	1,675,581	1,999,583
22	Net assets or fund balances Subtract line 21 from line 20	9,153,452	9,381,602

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has





Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin University Educational Services, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Food/Diaper Pantry and Support for Low Income Students

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

- Energy conservation; or
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

**60% credit percentage**

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

This Goodwin Foundation Inc. program is to secure financial aid from all sources for the purposes of supporting low income students at Goodwin University. In particular, we are seeking donations to provide aid to students through the university's food pantry, emergency housing assistance and other support services.

Need for program: \_\_\_\_\_

With limited financial aid, there is a growing pool of low income residents in our region who need individual living support to assist them in completing programs and become employed.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Goodwin Foundation, Inc. - 1 Riverside Drive, East Hartford, CT 06118-Student services support to include food pantry, emergency housing and other support.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY  
Program completion date: 12/31/2025  
MM - DD - YYYY  
Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Student Support Services</u>	\$150,000.00
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ <u>Town of East Hartford Grants Administration Office</u>
Mailing address: _____ <u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison: <u>Paul O'Sullivan</u>
Telephone number: <u>860-291-7206</u>
Fax number: <u>860-289-8394</u>
Email address: <u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>
---

Form 990

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C Name of organization</b> GOODWIN COLLEGE EDUCATIONAL SERVICES INC		<b>D Employer identification number</b> 81-0703551	
	Doing business as		<b>E Telephone number</b> (860) 727-6906	
	<b>Number and street (or P O box if mail is not delivered to street address) Room/suite</b> ONE RIVERSIDE DRIVE		<b>G Gross receipts \$</b> 9,829,341	
	<b>City or town, state or province, country, and ZIP or foreign postal code</b> EAST HARTFORD, CT 06118			
<b>F Name and address of principal officer</b> MARK SCHEINBERG ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c) Group exemption number</b> ▶		
<b>Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>Website:</b> ▶ WWW.GOODWIN.EDU				
<b>Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation</b> 2015	<b>M State of legal domicile</b> CT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 GOODWIN COLLEGE EDUCATIONAL SERVICES, INC ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND PROMOTE GOODWIN COLLEGE, INC AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRIBUTING TO THE DEVELOPMENT OF WELL-EDUCATED PUBLIC SCHOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES SURROUNDING GOODWIN COLLEGE, INC THROUGH INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	21
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
<b>6</b> Total number of volunteers (estimate if necessary)	6	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	8,960,748	9,829,341
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,960,748	9,829,341
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,979,121	9,817,133
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,979,121	9,817,133
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-18,373	12,208
	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	0	25,000
<b>21</b> Total liabilities (Part X, line 26)	29,503	42,295
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-29,503	-17,295

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer

2020-06-08  
Date



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin University Educational Services, Inc.

Address: \_\_\_\_\_  
1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Renovations of Buildings for Energy Savings

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; or  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

The purpose of this grant application is to purchase and install energy efficient building systems for all Good University (and its affiliates) buildings. These systems include new windows, new insulated roofing, new wall insulation, new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the state of Connecticut.

Need for program: \_\_\_\_\_

The current building budgets do not include funds to provide higher energy efficiencies. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Todd Andrews, Senior Vice President-Overall administration of the grant including matching all funds received for specific project requests as envisioned in this project.  
Bryant Harrell, VP for Physical Facilities, IT and Security-Oversight of the contracts and contractors who will perform the redesign and installation of this project.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY  
Program completion date: 12/31/2025  
MM - DD - YYYY  
Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Solar projects</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00



**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>
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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

Form fields: C Name of organization (GOODWIN COLLEGE EDUCATIONAL SERVICES INC), D Employer identification number (81-0703551), E Telephone number ((860) 727-6906), F Name and address of principal officer (MARK SCHEINBERG), H(a) Is this a group return for subordinates? (No), H(b) Are all subordinates included? (No), H(c) Group exemption number, M State of legal domicile (CT)

Part I Summary

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE EDUCATIONAL SERVICES, INC ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND PROMOTE GOODWIN COLLEGE, INC AND ITS COMMITMENT TO EDUCATE STUDENTS...

Table with 2 columns: Description and Amount. Rows include: 3 Number of voting members (22), 4 Number of independent voting members (21), 5 Total number of individuals employed (0), 6 Total number of volunteers (0), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (8,960,748 / 9,829,341), 9 Program service revenue (0 / 0), 10 Investment income (0 / 0), 11 Other revenue (0 / 0), 12 Total revenue (8,960,748 / 9,829,341), 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid (0 / 0), 15 Salaries (0 / 0), 16a Professional fundraising fees (0 / 0), 17 Other expenses (8,979,121 / 9,817,133), 18 Total expenses (8,979,121 / 9,817,133), 19 Revenue less expenses (-18,373 / 12,208), 20 Total assets (0 / 25,000), 21 Total liabilities (29,503 / 42,295), 22 Net assets or fund balances (-29,503 / -17,295).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer

2020-06-08 Date



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin University Educational Services, Inc.

Address: \_\_\_\_\_  
1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703551

Program title: Support for Early College Students

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return.</p> <p>If <b>No</b>, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
--

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

- Energy conservation; or
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

**60% credit percentage**

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

Goodwin University Educational Services is the operating organization for the University's Magnet Schools and Early College relationships through our Senior Academy and similar projects. This project will provide financial support for tuition and related charges for in-need high school students to receive pre-collegiate classes at Goodwin University.

Need for program: \_\_\_\_\_

There is a great need for early college credit attainment for in-need students to have a headstart in college and ensure that they complete their higher education within five years.

Neighborhood area to be served: \_\_\_\_\_

All of Connecticut with a focus East Hartford

Plan to implement the program: \_\_\_\_\_

Goodwin University-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY

Program completion date: 12/31/2025  
MM - DD - YYYY

Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ <u>Town of East Hartford Grants Administration Office</u>
Mailing address: _____ <u>740 Main Street , East Hartford, CT 06107</u>
Name of municipal liaison: <u>Paul O'Sullivan</u>
Telephone number: <u>860-291-7206</u>
Fax number: <u>860-289-8394</u>
Email address: <u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u></p> <p style="text-align: center;">Date</p>
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**990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization GOODWIN COLLEGE EDUCATIONAL SERVICES INC		<b>D</b> Employer identification number 81-0703551
	Doing business as		<b>E</b> Telephone number (860) 727-6906
	Number and street (or P O box if mail is not delivered to street address) ONE RIVERSIDE DRIVE	Room/suite	
City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118			<b>G</b> Gross receipts \$ 9,829,341
<b>F</b> Name and address of principal officer MARK SCHEINBERG ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
Website: WWW GOODWIN EDU		<b>H(c)</b> Group exemption number ▶	
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 2015	<b>M</b> State of legal domicile CT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
GOODWIN COLLEGE EDUCATIONAL SERVICES, INC ENGAGES IN ACTIVITIES THAT SUPPORT, FURTHER, AND PROMOTE GOODWIN COLLEGE, INC AND ITS COMMITMENT TO EDUCATE STUDENTS, INCLUDING CONTRIBUTING TO THE DEVELOPMENT OF WELL-EDUCATED PUBLIC SCHOOL STUDENTS IN THE STATE OF CONNECTICUT AND THE COMMUNITIES SURROUNDING GOODWIN COLLEGE, INC THROUGH INVOLVEMENT WITH ONE OR MORE INTER-DISTRICT MAGNET SCHOOLS

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	21
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	8,960,748	9,829,341
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,960,748	9,829,341
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,979,121	9,817,133
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,979,121	9,817,133
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-18,373	12,208

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	0	25,000
<b>21</b> Total liabilities (Part X, line 26)	29,503	42,295
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-29,503	-17,295

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has knowledge

Signature of officer \_\_\_\_\_ Date 2020-06-08



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin University Magnet Schools, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Conservation Project

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.



## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; or  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

The purpose of this grant application is to purchase and install energy-efficient building systems. The systems include green roof structures, solar projects, alternative energy generation in storage and other projects. All of the systems are planned for magnet school facilities and other campus buildings.

Need for program: \_\_\_\_\_

The current building budget does not include funds to provide higher efficiency. While these enhancements will save the institution money throughout the life of the building, additional funds are needed to pay for the initial cost.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Sandra Ward, AVP of Strategic Partnerships and Development-Overall administrator of the grants including matching funds received to specific projects.

Bryant Harrell, VP for Physical Facilities, IT and Security-Oversight of the contracts and contractors who will perform the installation of the new energy efficient equipment.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY  
Program completion date: 12/31/2025  
MM - DD - YYYY  
Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) <u>Green roof structures, solar panels and energy saving up</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u> Date</p>
--

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending.
C Name of organization: GOODWIN COLLEGE MAGNET SCHOOLS INC
D Employer identification number: 81-0703802
E Telephone number: (860) 727-6906
G Gross receipts \$ 15,695,914
F Name and address of principal officer: MARK SCHEINBERG, ONE RIVERSIDE DRIVE, EAST HARTFORD, CT 06118
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number
Form of organization: Corporation
L Year of formation: 2015
M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: GOODWIN COLLEGE MAGNET SCHOOLS, INC OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS SERVING PUBLIC SCHOOL STUDENTS IN THE COMMUNITIES SURROUNDING EAST HARTFORD, CT
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 6
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0
6 Total number of volunteers (estimate if necessary) 6 0
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0
8 Contributions and grants (Part VIII, line 1h) 9,298,003 10,280,218
9 Program service revenue (Part VIII, line 2g) 4,947,297 5,409,696
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 6,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,245,300 15,695,914
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
16b Total fundraising expenses (Part IX, column (D), line 25) 0 0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,069,659 15,503,216
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14,069,659 15,503,216
19 Revenue less expenses Subtract line 18 from line 12 175,641 192,698
20 Total assets (Part X, line 16) Beginning of Current Year 4,583,847 End of Year 4,482,584
21 Total liabilities (Part X, line 26) 2,327,884 2,033,923
22 Net assets or fund balances Subtract line 21 from line 20 2,255,963 2,448,661

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer: MARK SCHEINBERG PRESIDENT
Date: 2020-06-08



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin University Magnet Schools, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 81-0703802

Program title: Support for Magnet School Students

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; **or**  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; **or**  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

Goodwin University Magnet Schools Inc. is the nonprofit operator of all Goodwin University Magnet Schools (PK through 12th grade) as well as the collaborator with many other statewide magnet school operations. The project is designed to provide magnet school students with additional programming support, as well as to provide students with possible support to attend early college classes at Goodwin University.

Need for program: \_\_\_\_\_

Magnet school budgets have suffered in the past few years and this budget squeeze is likely to continue well into the future. We are seeking to augment public support of the magnet school with funds contributed by our parents as well as the corporate supporters.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Goodwin University-1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY

Program completion date: 12/31/2025  
MM - DD - YYYY

Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">03/31/26 if funding is received _____</p> <p style="text-align: center;">Date</p>
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Form 990  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization GOODWIN COLLEGE MAGNET SCHOOLS INC		<b>D</b> Employer identification number 81-0703802
	Doing business as		<b>E</b> Telephone number (860) 727-6906
Number and street (or P O box if mail is not delivered to street address) Room/suite ONE RIVERSIDE DRIVE		<b>G</b> Gross receipts \$ 15,695,914	
City or town, state or province, country, and ZIP or foreign postal code EAST HARTFORD, CT 06118			
<b>F</b> Name and address of principal officer MARK SCHEINBERG ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 Website: ▶ WWW.GOODWIN.EDU		<b>L</b> Year of formation 2015 <b>M</b> State of legal domicile CT	
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 GOODWIN COLLEGE MAGNET SCHOOLS, INC OPERATES AND MANAGES EDUCATIONAL SERVICES TO MAGNET SCHOOLS SERVING PUBLIC SCHOOL STUDENTS IN THE COMMUNITIES SURROUNDING EAST HARTFORD, CT

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

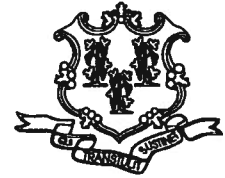
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	3
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	9,298,003	10,280,218
<b>9</b> Program service revenue (Part VIII, line 2g)	4,947,297	5,409,696
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	6,000
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,245,300	15,695,914
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,069,659	15,503,216
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,069,659	15,503,216
<b>19</b> Revenue less expenses Subtract line 18 from line 12	175,641	192,698
	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	4,583,847	4,482,584
<b>21</b> Total liabilities (Part X, line 26)	2,327,884	2,033,923
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,255,963	2,448,661

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has knowledge

Signature of officer: MARK SCHEINBERG PRESIDENT  
 Date: 2020-06-08



Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin University, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

Program title: Job Connection

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; or  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

Goodwin University is a community centered, workforce focused institution of higher learning. Its mission is to provide education and training, leading to employment as a foundation for lifelong learning. Most of the Goodwin University students for this program come from referrals from local community based organizations and many of these students are low income and need tuition assistance.

Need for program: \_\_\_\_\_

The Hartford labor market area continues to experience a chronic period of unemployment. At the same time, job training funds in the Hartford area have decreased, creating great unaddressed needs for retraining our unemployed or under employed workforce. East Hartford training in all and any of the areas cited in the program description.

Neighborhood area to be served: \_\_\_\_\_

Hartford area with a focus on East Hartford

Plan to implement the program: \_\_\_\_\_

Goodwin University, 1 Riverside Drive, East Hartford, CT 06118-Training in vocational areas and ESL, CT  
Registration Number 1690874-000

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY  
Program completion date: 12/31/2025  
MM - DD - YYYY  
Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Tuition	\$150,000.00
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p align="center"><b>Post-Project Audit</b></p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><u>03/31/26 if funding is received</u> Date</p>
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**990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
2018  
 Open to Public Inspection

**For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> GOODWIN COLLEGE INC  <b>Doing business as</b>  <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> ONE RIVERSIDE DRIVE  <b>City or town, state or province, country, and ZIP or foreign postal code</b> EAST HARTFORD, CT 06118	<b>D Employer identification number</b> 06-1627862  <b>E Telephone number</b> (860) 727-6906  <b>G Gross receipts \$</b> 75,544,229
<b>F Name and address of principal officer:</b> MARK SCHEINBERG ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>Website:</b> ▶ WWW.GOODWIN.EDU		
<b>Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 2001 <b>M State of legal domicile:</b> CT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 SEE SCHEDULE O

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	792
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-1,367,378
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-1,183,835

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	13,883,898	8,653,392
<b>9</b> Program service revenue (Part VIII, line 2g)	62,716,170	63,557,399
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-57,301	220,370
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,585	252,265
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,661,352	72,683,426
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,826,895	14,361,844
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–9)	26,207,206	28,123,335
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 414,858		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,754,303	25,271,257
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	59,788,404	67,756,436
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	16,872,948	4,926,990

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	249,376,415	247,327,812
<b>21</b> Total liabilities (Part X, line 26)	40,130,206	35,262,132
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	209,246,209	212,065,680

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer MARK SCHEINBERG PRESIDENT Type or print name and title	2020-06-05 Date
---	--------------------



Municipality: East Hartford

## Form NAA-01

### 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Goodwin University, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 06-1627882

Program title: Adding Energy Efficiencies

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; or  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

The purpose of this grant application is to purchase and install energy efficient building systems in all of the Goodwin University and its affiliate buildings. The systems include new windows, new insulated roof, new insulation, new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the state of Connecticut.

Need for program: \_\_\_\_\_

The current building budgets do not include funds to provide higher energy efficiencies. These enhancements will save the institution money throughout the life of the building.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Overall administration of the grant including matching all funds received to specific project requests as envisioned in this project. Oversight of the contract and contractors who will perform the redesign and installation of this project



**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY

Program completion date: 12/31/2025  
MM - DD - YYYY

Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) <u>Energy efficiency upgrades</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">03/31/26 if funding is received _____</p> <p style="text-align: center;">Date</p>
--

990 Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

Form 990 header section containing organization name (GOODWIN COLLEGE INC), EIN (06-1627882), address (ONE RIVERSIDE DRIVE, EAST HARTFORD, CT 06118), and principal officer (MARK SCHEINBERG).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include revenue (8-12), expenses (13-19), and fund balances (20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: MARK SCHEINBERG PRESIDENT Date: 2020-06-05



Municipality: East Hartford

## Form NAA-01

### 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Great River Land Trust, Inc.

Address: 1 Riverside Drive, East Hartford, CT 06118

Federal Employer Identification Number: 45-4128786

Program title: Energy Updates for the Bio Lab and South Meadows Trail System

Name of contact person: Sandra Ward

Telephone number: (860) 727-6974

Email address: sward@goodwin.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return.</p> <p>If <b>No</b>, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
--

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; **or**  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; **or**  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

The funds from the programs will be used to provide solar collectors for the Bio Science Lab located in the South Meadows and Crow Point of the Great River Land Trust holdings in East Hartford, Glastonbury and Wethersfield. Funds will be used for trail upgrades and energy efficient lightings and supports energy efficient repairs and maintenance equipment, in addition to the promotion of this trail network project as a model for other individuals and organizations in the State of Connecticut.

Need for program: \_\_\_\_\_

The Bio Science Lab and Meadows property in the contiguous towns near East Hartford have been designated as public access recreations areas. These funds will help complete the system with energy efficient components and will connect this system with the greater Riverfront Recapture trail system.

Neighborhood area to be served: \_\_\_\_\_

Connecticut River Watershed with a focus on East Hartford

Plan to implement the program: \_\_\_\_\_

Sandra Ward, AVP of Strategic Partnerships and Development-Receipt of funds, oversight and implementation of program

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY

Program completion date: 12/31/2025  
MM - DD - YYYY

Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000.00

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Installation of solar collectors and trail upgrades \$150,000.00

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office
Mailing address: _____ 740 Main Street , East Hartford, CT 06107
Name of municipal liaison: Paul O'Sullivan
Telephone number: 860-291-7206
Fax number: 860-289-8394
Email address: posullivan@easthartfordct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/26 if funding is received</u> Date</p>
--

990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

Department of the Treasury Internal Revenue Service

For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: GREAT RIVER LAND TRUST INC. D Employer identification number: 45-4128786. E Telephone number: (860) 727-6906. F Group Exemption Number.

Accounting Method: [ ] Cash [x] Accrual Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Website: N/A. Tax-exempt status (check only one): [x] 501(c)(3) [ ] 501(c)( ) (insert no ) [ ] 4947(a)(1) or [ ] 527

Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Investment income. Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less cost or other basis and sales expenses. Row 5c: Gain or (loss) from sale of assets other than inventory. Row 6: Gaming and fundraising events. Row 6a: Gross income from gaming. Row 6b: Gross income from fundraising events. Row 6c: Less direct expenses from gaming and fundraising events. Row 6d: Net income or (loss) from gaming and fundraising events. Row 7a: Gross sales of inventory, less returns and allowances. Row 7b: Less cost of goods sold. Row 7c: Gross profit or (loss) from sales of inventory. Row 8: Other revenue (describe in Schedule O). Row 9: Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Row 10: Grants and similar amounts paid (list in Schedule O). Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits. Row 13: Professional fees and other payments to independent contractors. Row 14: Occupancy, rent, utilities, and maintenance. Row 15: Printing, publications, postage, and shipping. Row 16: Other expenses (describe in Schedule O). Row 17: Total expenses. Add lines 10 through 16. Row 18: Excess or (deficit) for the year (Subtract line 17 from line 9). Row 19: Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Row 20: Other changes in net assets or fund balances (explain in Schedule O). Row 21: Net assets or fund balances at end of year. Combine lines 18 through 20.

Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2017)





Municipality: East Hartford

**Form NAA-01**  
**2023 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Hispanic Coalition of Greater Waterbury

Address: 745 Burnside Avenue, East Hartford, CT 06018

Federal Employer Identification Number: 06-1349937

Program title: Energy Conservation Project

Name of contact person: Victor Lopez

Telephone number: (203) 558-5438

Email address: victorlopez\_jr@yahoo.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; or  
 Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_

The purpose of this application is to replace our buildings current systems and add other energy saving enhancements. We recently completed an energy audit and believe we can recoup the entire cost of this project in less than five years. Should funds allow, some will be used to update windows and insulation systems for greater efficiency.

Need for program: \_\_\_\_\_

The Hispanic Coalition of Greater Waterbury occupies satellite offices in a historic East Hartford building that was built in 1909. It is critical to upgrade energy systems whil maintaining the historic integrity of the building wherever possible.

Neighborhood area to be served: \_\_\_\_\_

East Hartford

Plan to implement the program: \_\_\_\_\_

Olmstead Realty-745 Burnside Avenue, East Hartford, CT 06018-Oversight of any building work to state standards.

**Timetable:**

Program start date: 12/31/2023  
MM - DD - YYYY  
Program completion date: 12/31/2025  
MM - DD - YYYY  
Post-project audit due date: 03/31/2026  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Construction Costs</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$150,000.00

**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ <u>Town of East Hartford Grants Administration Office</u>
Mailing address: _____ <u>740 Main Street, East Hartford, CT 06107</u>
Name of municipal liaison: <u>Paul O'Sullivan</u>
Telephone number: <u>860-291-7206</u>
Fax number: <u>860-289-8394</u>
Email address: <u>posullivan@easthartfordct.gov</u>

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03-31-2026</u> Date</p>
---

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
 Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: HISPANIC COALITION OF GREATER WATERBURY WATERBURY INC  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 135 EAST LIBERTY STREET  
 City or town, state or province, country, and ZIP or foreign postal code: WATERBURY, CT 06706

**D** Employer identification number: 06-1349937

**E** Telephone number: (203) 754-6172

**F** Name and address of principal officer: VICTOR LOPEZ, 135 EAST LIBERTY STREET, WATERBURY, CT 06706

**G** Gross receipts \$ 1,730,536

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.THEHISPANICCOALITION.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 1991 **M** State of legal domicile: CT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE ADVOCACY, COLLABORATION AND CREATION OF SELF-SUSTAINING ENTITIES TO ENHANCE THE WELL BEING OF THE HISPANIC COMMUNITY

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	11
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	55
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,351,112	1,700,934
<b>9</b> Program service revenue (Part VIII, line 2g)	36,914	17,611
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,858	11,991
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,408,884	1,730,536
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,036,088	1,197,398
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 605		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	366,718	391,137
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,402,806	1,588,535
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	6,078	142,001

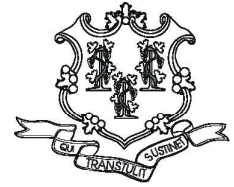
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	864,899	901,622
<b>21</b> Total liabilities (Part X, line 26)	518,499	609,741
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	346,400	291,881

**Part II Signature Block**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2022-02-14  
 VICTOR LOPEZ EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2022-02-14  
 Check  if self-employed PTIN: P00369050  
 Firm's name ▶ ZACKIN ZIMYESKI SULLIVAN CPA LLC Firm's EIN ▶ 06-1438606  
 Firm's address ▶ ONE EXCHANGE PLACE Phone no. (203) 753-2200  
 WATERBURY, CT 06702



**Municipality:** Town of East Hartford

## Form NAA-01

### 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: \_\_\_\_\_  
Town of East Hartford

Address: 740 Main Street, East Hartford, CT 06108

Federal Employer Identification Number: 066001989

Program title: Energy Efficiency Improvements to Town-owned Buildings

Name of contact person: Paul O'Sullivan

Telephone number: (860) 291-7206

Email address: posullivan@easthartfordct.gov

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 150,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

- Energy conservation; **or**
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

**60% credit percentage**

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; **or**
- Other (specify): \_\_\_\_\_

Description of program: \_\_\_\_\_  
Energy efficiency improvements to Town-owned buildings

Need for program: \_\_\_\_\_  
Several East Hartford Town-owned buildings are in the early stages of renovation projects. Funds are needed to ensure that modern, energy-efficient equipment is installed to maximize savings and reduce the buildings' carbon footprints

Neighborhood area to be served: \_\_\_\_\_  
Townwide

Plan to implement the program: \_\_\_\_\_

**Timetable:**

Program start date: 06/30/2023  
MM - DD - YYYY

Program completion date: 06/30/2025  
MM - DD - YYYY

Post-project audit due date: 09/30/2023  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$150,000.00

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) To be determined \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) To be determined \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000.00



## Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ Town of East Hartford Grants Administration Office _____
Mailing address: _____ 740 Main Street, East Hartford, CT 06108 _____
Name of municipal liaison: Paul O'Sullivan _____
Telephone number: 860-291-7206 _____
Fax number: 860-289-8394 _____
Email address: posullivan@easthartfordct.gov _____

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;"><u>6/30/2025</u> Date</p>
---

I, Jason Marshall, the duly appointed Clerk of the Town Council of the Town of East Hartford, a corporation organized and existing under the laws of the State of Connecticut, hereby certify that the following is a true copy of a resolution adopted at a meeting of the East Hartford Town Council of said corporation, duly held on the 20<sup>th</sup> of June, 2023.

## R E S O L U T I O N

**WHEREAS**, the Connecticut Neighborhood Assistance Act Tax Credit Program provides State of Connecticut tax credits to businesses who contribute to community programs benefiting low income or persons with disabilities in such areas as: job training, job education, community services, and energy conservation, and;

**WHEREAS**, fourteen proposals have been received from area agencies, listed on the 2023 State of Connecticut Neighborhood Assistance Act Proposal Summaries sheet as attached, and have requested to be included in the 2023 State of Connecticut tax credit program through the Town of East Hartford, and;

**WHEREAS**, a Public Hearing to present these applications was held on June 12, 2023, as required by the State of Connecticut.

**NOW, THEREFORE, LET IT BE RESOLVED:** That Michael P. Walsh, Mayor of the Town of East Hartford, is authorized to forward these applications to the State of Connecticut Department of Revenue Services for their review and inclusion into the 2023 Neighborhood Assistance Act Tax Credit Program.

AND I DO FURTHER CERTIFY that the above resolution has not been in any way altered, amended, or repealed, and is now in full force and effect.

IN WITNESS WHEREOF, I do hereunto set my hand and affix the corporate seal of said Town of East Hartford this \_\_\_\_ day of June, 2023.

---

Jason Marshall, Town Council Clerk

seal



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 14, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: Fair Rent Commission - Ordinance

---

Per state statute all municipalities that do not have a fair rent commission must establish one by July 1<sup>st</sup> 2023. The Town of East Hartford is in the process of establishing the Fair Rent Commission, the first step of this process is to adopt an ordinance establishing the commission and outlining its authority and responsibilities.

This issue was referred to ordinance committee at the February 21<sup>st</sup>, 2023 council meeting. Attached is the latest draft ordinance approved by the ordinance committee on June 13<sup>th</sup>, 2023.

Please place on the agenda for the June 20, 2023 meeting for consideration.

**FAIR RENT AND QUALITY HOUSING COMMISSION ORDINANCE**  
**06/13/2023**

Section 1. The East Hartford Code of Ordinances is hereby amended by adding a new Section 2-113e as follows:

(a) There is established a Fair Rent and Quality Housing Commission which shall consist of five members. Such members shall be residents or owners of real estate in the town of East Hartford. At least one member shall be a tenant and at least one member shall be an owner of residential rental property.

(b) The Commission shall have the powers and authority in Sections 2-113f and 2-113g of the East Hartford Code of Ordinances and for fair rent commissions under Connecticut General Statutes sections 7-148b through 7-148f, inclusive.

Section 2. The East Hartford Code of Ordinances is hereby amended by adding a new Section 2-113f as follows:

As used in section 2-113g:

- (1) "Commission" shall mean the Fair Rent and Quality Housing Commission;
- (2) "Fair Rent and Quality Housing Commission" shall be the commission established in section 2-113e of the East Hartford Code of Ordinances;
- (3) "seasonal basis" shall have the same meaning as in section 7-148b of the Connecticut General Statutes.

Section 3. The East Hartford Code of Ordinances is hereby amended by adding a new Section 2-113g as follows:

(a) Any tenant residing in a housing rental unit except one rented on a seasonal basis who has been provided notice of an increase in rent may file a complaint with the mayor or the mayor's designee alleging that such increase is excessively high or excessive in light of the conditions of the rental unit or structure in which such unit is located. Such complaint shall contain the following information: (1) the applicant's name home mailing address; (2) a copy of the signed lease or an affidavit from the tenant indicating the monthly rent and such other information regarding the tenancy that such tenant may deem appropriate; (3) documentation of the current rent and the proposed rent increase; (4) a written summary of why such increase is excessive; and (5) such other information that the mayor or designee shall require. Such information shall be filed with the mayor's office or such other physical or online location which the mayor determines will facilitate the filing, or enhance the town's review, of such complaint.

(b) Within five days of receipt of the complaint, the Mayor or designee shall notify in writing the tenant and landlord of receipt of such complaint and forward the complaint to the Fair Rent and Quality Housing Commission. Upon receipt of such notice, the landlord is prohibited from charging the proposed rent increase and the tenant shall be liable to pay the previously agreed to rent amount. Such notice shall include a statement that the landlord is prohibited from charging the increased rent during the town's review and shall not take any retaliatory action against the tenant for filing such complaint. Such notice shall also include the Commission's hearing date regarding such complaint.

(c) Within thirty days of receipt of a complaint, the Mayor or designee shall conduct an investigation.

(d) If the complaint is based on the rent being excessive because of the conditions of the rental unit, the Mayor or designee shall refer such complaint to the appropriate director or designee who shall initiate an inspection and issue appropriate orders to correct any violations. Upon completion of the inspection and corrective action, the Mayor or designee shall notify the landlord and tenant of such corrective action and the determination that the complaint is resolved. If the tenant still considers the increase excessive, such complaint shall proceed in accordance with the provision of this section.

(e) Upon receipt of the complaint and information pursuant to subsection (b) of this section, the Fair Rent and Quality Housing Commission shall hold a hearing on such complaint at which the Mayor or designee shall present the information gathered during the investigation and at which the landlord and tenant or their representatives may provide additional information. The landlord and tenant shall be provided written notice of such hearing at least twenty days prior to the hearing. Upon request of the landlord or tenant, the Commission may provide additional time for such persons to provide additional information regarding the complaint.

(f) After completion of such hearing, the Commission, at the same meeting or at a subsequent meeting, shall review the criteria in section 7-148c of the Connecticut General Statutes and determine whether the proposed rent increase is excessive and issue any appropriate order in accordance with the procedure established in section 7-148d of the Connecticut General Statutes. Notice of such order shall be provided to the landlord and tenant.

Section 4. Sections 2 and 3 of this act shall be effective October 1, 2023.

**FAIR RENT AND QUALITY HOUSING COMMISSION ORDINANCE**  
**06/13/2023**

Section 1. The East Hartford Code of Ordinances is hereby amended by adding a new Section 2-113e as follows:

(a) There is established a Fair Rent and Quality Housing Commission which shall consist of five members. Such members shall be residents or owners of real estate in the town of East Hartford. At least one member shall be a tenant and at least one member shall be an owner of residential rental property.

(b) The Commission shall have the powers and authority in Sections 2-113f and 2-113g of the East Hartford Code of Ordinances and for fair rent commissions under Connecticut General Statutes sections 7-148b through 7-148f, inclusive.

Section 2. The East Hartford Code of Ordinances is hereby amended by adding a new Section 2-113f as follows:

As used in section 2-113g:

- (1) "Commission" shall mean the Fair Rent and Quality Housing Commission;
- (2) "Fair Rent and Quality Housing Commission" shall be the commission established in section 2-113e of the East Hartford Code of Ordinances;
- (3) "seasonal basis" shall have the same meaning as in section 7-148b of the Connecticut General Statutes.

Section 3. The East Hartford Code of Ordinances is hereby amended by adding a new Section 2-113g as follows:

(a) Any tenant residing in a housing rental unit except one rented on a seasonal basis who has been provided notice of an increase in rent may file a complaint with the mayor or the mayor's designee alleging that such increase is excessively high or excessive in light of the conditions of the rental unit or structure in which such unit is located. Such complaint shall contain the following information: (1) the applicant's name home mailing address; (2) a copy of the signed lease or an affidavit from the tenant indicating the monthly rent and such other information regarding the tenancy that such tenant may deem appropriate; (3) documentation of the current rent and the proposed rent increase; (4) a written summary of why such increase is excessive; and (5) such other information that the mayor or designee shall require. Such information shall be filed with the mayor's office or such other physical or online location which the mayor determines will facilitate the filing, or enhance the town's review, of such complaint.

(b) Within five days of receipt of the complaint, the Mayor or designee shall notify in writing the tenant and landlord of receipt of such complaint and forward the complaint to the Fair Rent and Quality Housing Commission. Upon receipt of such notice, the landlord is prohibited from charging the proposed rent increase and the tenant shall be liable to pay the previously agreed to rent amount. Such notice shall include a statement that the landlord is prohibited from charging the increased rent during the town's review and shall not take any retaliatory action against the tenant for filing such complaint. Such notice shall also include the Commission's hearing date regarding such complaint.

(c) Within thirty days of receipt of a complaint, the Mayor or designee shall conduct an investigation.

(d) If the complaint is based on the rent being excessive because of the conditions of the rental unit, the Mayor or designee shall refer such complaint to the appropriate director or designee who shall initiate an inspection and issue appropriate orders to correct any violations. Upon completion of the inspection and corrective action, the Mayor or designee shall notify the landlord and tenant of such corrective action and the determination that the complaint is resolved. If the tenant still considers the increase excessive, such complaint shall proceed in accordance with the provision of this section.

(e) Upon receipt of the complaint and information pursuant to subsection (b) of this section, the Fair Rent and Quality Housing Commission shall hold a hearing on such complaint at which the Mayor or designee shall present the information gathered during the investigation and at which the landlord and tenant or their representatives may provide additional information. The landlord and tenant shall be provided written notice of such hearing at least twenty days prior to the hearing. Upon request of the landlord or tenant, the Commission may provide additional time for such persons to provide additional information regarding the complaint.

(f) After completion of such hearing, the Commission, at the same meeting or at a subsequent meeting, shall review the criteria in section 7-148c of the Connecticut General Statutes and determine whether the proposed rent increase is excessive and issue any appropriate order in accordance with the procedure established in section 7-148d of the Connecticut General Statutes. Notice of such order shall be provided to the landlord and tenant.

Section 4. Sections 2 and 3 of this act shall be effective October 1, 2023.

COMMUNITY CULTURAL CENTER ROOM 111

ORDINANCE COMMITTEE

June 13, 2023

PRESENT Rich Kehoe, Chair; Councillors Sebrina Wilson and John Morrison

ALSO Connor Martin, Chief of Staff  
PRESENT

CALL TO ORDER

Chair Kehoe called the meeting to order at 6:02 pm

APPROVAL OF MINUTES

March 27, 2023

MOTION By John Morrison  
seconded by Sebrina Wilson

to **approve** the March 27, 2023 meeting minutes.

Motion carried 3/0

OPPORTUNITY FOR RESIDENTS TO SPEAK

No resident came forward to speak.

OLD BUSINESS

Fair Rent Commission

The chair presented the June 12, 2023 revised draft of the Fair Rent and Quality Housing Commission ordinance which was the result of discussions and edits with Administration staff.

The proposal provides that all complaints about rental increases would be filed with the Mayor's office or such other person designated by the mayor. The complaint would be reviewed by town staff. If the basis of the complaint is the condition of the property, the complaint would be sent to appropriate departments for review. Once any outstanding orders to correct are complied with, the complaint would be closed. If the complaint concerns increased rent that is claimed to be excessive, the Commission would hold a hearing, receive any information compiled by town staff or provided by the tenant or landlord and make a decision as to whether the rent increase is excessive in accordance with the criteria established in state law. State law also provides for an appeal of the Commission's decision to the superior court.

The committee reviewed the draft and made several minor and technical changes which will become the June 13, 2023 draft.



MOTION By Sebrina Wilson  
Seconded by John Morrison

to send the June 13, 2023 draft of the Fair Rent and Quality Housing  
Commission ordinance to the Town Council for the purposes of  
Setting a public hearing date

Motion carried 3/0

NEW BUSINESS

None

MOTION By Sebrina Wilson  
seconded by John Morrison

to **adjourn** (6:51 p.m.)

Motion carried 3/0

cc: Mayor Walsh



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 13, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: REFERRAL: Personnel and Pensions Subcommittee – Pay Grade Changes

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Please see the attached requests for changes to the pay grade of a variety of municipal positions, submitted by HR Director Tyron Harris. These changes are required to better reflect the updated job responsibilities for each position.

Please place this item on the Town Council agenda for the June 20, 2023 meeting for referral to the Personnel and Pensions Subcommittee.

C: T. Harris, HR Director

MICHAEL P. WALSH  
MAYOR

# TOWN OF EAST HARTFORD

(860) 291-7220

TYRON HARRIS  
DIRECTOR  
OFFICE OF HUMAN  
RESOURCES

740 Main Street  
East Hartford, Connecticut 06108

WWW.EASTHARTFORDCT.GOV

June 5<sup>th</sup> 2023

The Hon. Mayor Mike Walsh  
740 Main Street  
East Hartford, CT 06108

Re: Case Worker I, Case Worker II. Administrative Secretary II - Senior Services and Account Clerk- Tax

Dear Mr. Walsh:

Please see the revised job descriptions for Case Worker I and Case Worker II in the department of Health and Social Services. The majority of revisions are to better define case management responsibilities, and the additional responsibilities related to providing support to the program supervisor by the case worker II.

With the opening of our new senior center, Victoria Diana Liberator, Senior Services Coordinator, Laurence Burnsed, Director of Health and Social Services and I met to discuss the staffing needs at the Senior Center. To date we have 1,975 members. Last month we had 5,701 event sign-ups and 763 unduplicated sign-ins. We also had 192 guests. (Most of these guests are people coming in to do their taxes but some are for our special programs we offer.) Our gym has 487 members with about 70 people using it daily. Therefore, the Senior centers needs to transition from an Administrative Clerk II to an Administrative Secretary II - Senior Services employee. I've attached the Administrative Secretary II - Senior Services job description that is specific to the needs of the Senior Center.

Attached is the Account Clerk- Tax position description with proposed revisions. The Account Clerk- Tax job description has not been updated since 2012, and the role has evolved and adjust from a Grade 4 to Grade 5. Some of the key additions are

- Motor Vehicle (DMV) clearance for delinquent tax payers.
- Responsible for coordinating parking ticket appeals, rebilling and keeping files of all tickets.
- Correction of change reports from Assessors office, mailing adjusted or added bills as well as mailing refund letters for accounts with credits, and researching thoroughly.
- Spanish speaking is desirable being able to help taxpayers in tax department and guide them with brief questions they may have for other departments.
- Assisting with alias warrants, filing copy's every warrant cycle, calculating interest and fees confirming constable payments for clearance with DMV. Correspondence with constables regarding adjusted or removed bills.
- Assisting in thoroughly reading the bridge from the assessor's office and rebilling accounts.

- Assist in routine clerical duties.

Following CSEA/SEIU LOCAL NO. 2001, ARTICLE VIII 8.7, to be considered for a change in pay grade, an employee must show that he/she is: (a) performing duties in a competent manner that are significantly different from the duties of his/her current classification, and (b) the change in his/her duties are so substantial that the position in question is of a different classification than his/her current classification. Therefore, I recommend that this position is referred to Town Council for consideration of a pay grade change.

Tyron V. Harris  
Human Resources Director

*Customer Service. Collaboration. Communication.*

MICHAEL P. WALSH  
MAYOR

# TOWN OF EAST HARTFORD

(860) 291-7220

TYRON HARRIS  
DIRECTOR  
OFFICE OF HUMAN  
RESOURCES

740 Main Street  
East Hartford, Connecticut 06108

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June 6<sup>th</sup> 2023

The Hon. Mayor Mike Walsh  
740 Main Street  
East Hartford, CT 06108

Re: Asst. Bldg. Official Electrical, Asst. Bldg. Official General, Asst. Bldg. Official P & H

Dear Mr. Walsh:

Attached is the Asst. Bldg. Official Electrical, Asst. Bldg. Official General, Asst. Bldg. Official P & H position description with proposed revisions.

The Asst. Bldg. Official Electrical, Asst. Bldg. Official General, Asst. Bldg. Official P & H job description has yet to be updated since 1987, and the role has evolved and adjusted from Grade 11 to Grade 13. Some of the key additions are

- Receives supervision from the Supervisor and Director of Development.
- Graduation from a standard senior high school or GED equivalent, and five (5) years of experience in general construction and related fields, or up to a maximum of two (2) years' experience as an Assistant Building Official or one year as Provisional Building Official may be substituted for experience in the construction, design or supervision of construction of buildings.
- Investigates complaints of building code violations and takes corrective action.
- Provides technical consultation to town departments and commissions as needed.

Following CSEA/SEIU LOCAL NO. 2001, ARTICLE VIII 8.7, to be considered for a change in pay grade, an employee must show that he/she is: (a) performing duties in a competent manner that are significantly different from the duties of his/her current classification, and (b) the change in his/her duties are so substantial that the position in question is of a different classification than his/her current classification. Therefore, I recommend that this position is referred to Town Council for consideration of a pay grade change.

Tyron V. Harris  
Human Resources Director

*Customer Service. Collaboration. Communication.*

## TOWN OF EAST HARTFORD

TITLE: Caseworker I

GRADE: 7

DEPARTMENT: Health and Social Services  
~~2008~~ ~~October 6<sup>th</sup> 2022~~ ~~November 2, 2022~~

DATE: May 6<sup>th</sup>

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### GENERAL DESCRIPTION

The Town of East Hartford, Department of Health & Social Services is responsible for promoting the well-being, self-sufficiency, and quality of life of residents by administering a variety of human services programs, including tax rebate programs, housing, energy assistance programs, food distribution, emergency relocation services pursuant to the Uniform Relocation Assistance Act, and other community support systems. The person in this position serves as a case worker for the Social Services Division. The person in this position provides casework, community outreach, emergency assistance and referral services to individuals and families.

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The goals and objectives of case management will vary greatly depending on the problems the Health Department attempts to resolve. A case could be a specific problem, incident, response, transaction, or complex issue.

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### SUPERVISION RECEIVED

Works under the general direction of the department director and the direct supervision of the Program Supervisor, Social Services.

### ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides counseling assistance to families and individuals in relation to a variety of social services programs and needs.
- Provides community outreach and represents the division at community events.
- ~~Serves as the back-up coordinator for municipal food pantry sites and mobile foodshare distribution operations as needed in the absence of the Food Bank Coordinator. Serves as Site Coordinator for Mobile Foodshare distributions.~~
- Assists the ~~division~~ department in the planning/delivery of "Special Programs." that address community needs (i.e., food insecurity, unstable housing, clothing, school supplies, etc.); including but not limited to annual back-to-school shoes, winter coats for kids, holiday meals for residents, and holiday toys for children.
- Interviews applicants to determine eligibility for various benefits programs. Performs case management responsibilities to determine eligibility for various local, state, federal, and privately funded assistance programs. Assessment and application assistance may include, but is not limited to, housing, shelter access, food, medical benefits, referral to behavioral health services, local and state tax programs, fuel bank and energy assistance, and employment.
- Research and identify services which will assist in meeting client's needs. Contacts clients' relatives and appropriate agencies for information to pursue solutions to challenges such as substance abuse, unemployment, lack of housing, food insecurity, and medical needs.
- Refers clients to appropriate resources; assists clients by identifying appropriate points of contact, program eligibility, and navigating application processes.
- Conducts home visits, schedule meetings at satellite office sites, or meet with clients at other public settings as required.
- Maintain case records and statistics. Prepares regular reports as required by the department.

— Responds to crisis situations; public health and welfare emergencies; assesses needs; and provides appropriate emergency assistance at all hours.

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• — Responds to police and fire department calls for Town emergencies and Collaborates with Red Cross and other emergency management agencies to meet needs in times of emergency.

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• Receives referrals from Town crisis response staff and provides case management to address client needs.

• Serves as liaison to various social service and community agencies and attends scheduled meetings.

• Participates in job related trainings, drills and educational workshops.

• Provide intensive case management, care coordination, and support and interventions.

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• Coordinate and case manage the day-to-day needs and overall service delivery of consumers in the community as assigned by the Clinical Supervisor or Program Director.

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• Provide intensive supportive casework for assigned caseload, including advocacy and assistance with access to entitlements to social, medical, psychiatric, and community services.

• May oversee operations of municipal food pantry sites and mobile food distribution operations in the absence of a Foodbank Coordinator.

## **KNOWLEDGE, SKILLS AND ABILITIES**

- Knowledge of social casework and community outreach methods.
- Working knowledge of available town, state, federal and private resources.
- Ability to interview and establish rapport with clients.
- Ability to read, interpret, and apply program rules/regulations as they apply to clients and recommend courses of action.
- Ability to match the variety of resources available to the complex needs of clients.
- Ability in written and oral expression.
- Ability to keep accurate case records.
- Ability to deal effectively with co-workers, clients, other agencies, and the general public.

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• Ability to learn and utilize local and state case management software programs.

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• Ability to remain calm under adverse situations.

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## **QUALIFICATIONS**

A bachelor's degree from a recognized college or university in social work, psychology, sociology or related field, and one year of ~~full-time~~ full-time social work experience. ~~Bilingual desirable.~~ Relevant experience in social work or related fields may be substituted for the educational requirement, or an equivalent combination of education and experience.

## **SPECIAL-ADDITIONAL REQUIREMENTS**

- Must have a valid Connecticut Motor Vehicle Operator's license.
- Bilingual/Bicultural. Spanish/English skills helpful, but not required.
- An acceptable general background check to include a local and state criminal history and sex offender registry check. Individuals in this position cannot be listed as having a founded child abuse or neglect complaint.

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- In the event of a declared emergency in the town of East Hartford, individuals in this position are required to work shelter duty if local disaster conditions require shelter activation for residents.
- Experience assisting traditionally underserved populations with a developed understanding of issues of diversity essential.
- Crisis intervention and counseling skills.
- 

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## **TOOLS AND EQUIPMENT USED**

Motor vehicle, computer, calculator, telephone, fax and copying machines.

## **PHYSICAL AND MENTAL DEMANDS**

~~The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.~~

~~While performing the duties of this job, the employee is frequently required to sit, talk, listen, walk, use hands and fingers to operate office equipment and reach with hands and arms. The employee may have to lift or move 50 pounds. May have to work outdoors under adverse weather conditions. Specific vision abilities required for this job include close vision and the ability to adjust focus. Must be able to read and interpret regulations and guidelines, write reports and correspondence and effectively present information in one on one and group settings.~~

*The following physical and mental standards are identified as necessary to perform the essential duties and responsibilities. However, reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.*

- Mobility: frequent sitting for long periods; occasional kneeling, crouching, pushing, pulling, walking, and standing; occasional reaching above and below desk level.
- Dexterity: frequent fine manipulation sufficient to operate a computer keyboard; frequent grasping to handle individual papers, write and take notes, and feel individual objects.
- Lifting: frequent lifting of papers, files, and material weighing up to 10 pounds; occasional lifting and carrying of equipment and other items up to 25 pounds.
- Visual Requirements: frequent use of vision sufficient to read files, documents, and computer screens and do close-up work.
- Hearing/Talking: frequent hearing and talking, in person and on the telephone.
- Emotional/Psychological Factors: frequent contact with others, including extensive public contact; frequent deadlines and time-limited assignments.

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## **WORK ENVIRONMENT**

~~The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.~~

- Work is primarily performed in an office setting, subject to continuous interruptions and background noise.
- While performing the duties of the job, the employee occasionally works in outside weather conditions while conducting home visits or resident outreach.
- Occasional after-hours work may be required for outreach and education events.

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## **GENERAL GUIDELINES**



The duties listed above are intended only as illustration of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

**EEO/AA Statement**

In the Town of East Hartford, we don't just accept difference — we celebrate it, support it, and thrive on it for the benefit of our employees, residents, and community partners. The Town of East Hartford is proud to be an equal-opportunity workplace.

## TOWN OF EAST HARTFORD

**TITLE:** Caseworker II

**GRADE:** 9

Field Code Changed

**DEPARTMENT:** Health and Social Services

**DATE:** 4/11/2023

4/11/2023

6/07/2005124/82/2022

### GENERAL DESCRIPTION

The Town of East Hartford, Department of Health & Social Services is responsible for promoting the well-being, self-sufficiency, and quality of life of residents by administering a variety of human services programs, including tax rebate programs, housing, energy assistance programs, food distribution, emergency relocation services pursuant to the Uniform Relocation Assistance Act, and other community support systems. The person in this position serves as a case worker for the Social Services Division. This is a responsible professional position involving counseling and casework service to individuals and families, as well as community outreach, emergency assistance, advocacy and referral services. The goals and objectives of case management will vary greatly depending on the problems the Department attempts to resolve. A case could be a specific problem, incident, response, transaction, or complex issue.

### SUPERVISION RECEIVED

Works under the general direction of the department director and the direct supervision of the Program Supervisor, Social Services.

### ESSENTIAL DUTIES AND RESPONSIBILITIES

- Provides counseling assistance to families and individuals in relation to a variety of programs and needs.
- Conducts home visits, schedule meetings at satellite office sites, or meet with clients at other public settings as required.
- Performs case management responsibilities to determine eligibility for various local, state, federal, and privately funded assistance programs. Assessment and application assistance may include but is not limited to, housing, shelter access, food, medical benefits, referral to behavioral health services, local and state tax programs, fuel bank and energy assistance, and employment.
- Assists the department in the planning/delivery of "Special Programs" that address community needs (i.e., food insecurity, unstable housing, clothing, school supplies, etc.).
- Research and identify services which will assist in meeting client's needs. Contacts clients' relatives and appropriate agencies for information to pursue solutions to challenges such as substance abuse, unemployment, lack of housing, food insecurity, and medical needs.
- Refers clients to appropriate resources; assists clients by identifying appropriate points of contact, program eligibility, and navigating application processes.
- Receives referrals from Town crisis response staff to assess and provides case management to address client needs.
- May oversee operations of municipal food pantry sites and mobile food distribution operations in the absence of a Foodbank Coordinator.
- Maintain case records and statistics. Prepares regular reports as required by the department.
- Respond to crisis situations; public health and welfare emergencies; assesses needs, and gives appropriate emergency assistance at all hours. Responds to Police and Fire Department calls for Town emergencies and collaborates with Red Cross and Emergency Management Agencies to meet needs in times of emergency.
- Assists the Supervisor to provide guidance, training and direction to social services staff with regard to difficult or complex issues and questions.

- Coordinates and monitors assignments related to program operations and case management activities of caseworkers (caseworker I), outreach workers, part-time contracted staff and student interns, as assigned by supervisor.
- Interprets and clarifies policy and through meetings and conferences with caseworkers and other division staff, assures that clients are appropriately served.
- Assists the Supervisor with the administration and staffing of departmental outreach and satellite programs.
- Manages the Social Services Division in the absence of the Supervisor.
- Assists in drafting the department's budget and control expenditures within fund allocations.
- Serves as liaison to various community agencies and attends scheduled meetings.
- ~~Oversees and monitors the work of Social Service Caseworkers (Caseworker I), outreach workers, part-time contracted workers and student interns.~~
- ~~Coordinates and monitors assignments related to program operations and case management activities of caseworkers (caseworker I), outreach workers, part-time contracted staff and student interns. Schedules, assigns, and assists the supervisor in the evaluation of Social Service Caseworkers. Assures safe work practices.~~
- ~~Interprets and clarifies policy and through meetings and conferences with caseworkers and other division staff, assures that clients are appropriately served.~~
- ~~Assists the Supervisor with the administration and staffing of departmental outreach and satellite programs.~~
- ~~Provides guidance and support to the staff regarding issues such as burnout, internal conflicts, and office safety.~~
- ~~Manages the Social Services Office Division in the absence of the Supervisor.~~
- ~~Assists the Supervisor with the administration and staffing of departmental outreach and satellite programs.~~
- ~~Assists in drafting the department's budget and control expenditures within fund allocations.~~
- ~~Provides guidance, training and direction to social services staff with regard to difficult or complex issues and questions.~~
- ~~Provides counseling assistance to families and individuals in relation to a variety of programs and needs. Makes home visits to clients as may be required.~~
- ~~Conducts home visits, schedule meetings at satellite office sites, or meet with clients at other public settings as required.~~
- ~~Performs case management responsibilities to determine eligibility for various local, state, federal, and privately funded assistance programs. Assessment and application assistance may include but is not limited to, housing, shelter access, food, medical benefits, referral to behavioral health services, local and state tax programs, fuel bank and energy assistance, and employment.~~
- ~~Assists the department in the planning/delivery of "Special Programs" that address community needs (i.e., food insecurity, unstable housing, clothing, school supplies, etc.).~~
- ~~Research and identify services which will assist in meeting client's needs. Contacts clients' relatives and appropriate agencies for information to pursue solutions to challenges such as substance abuse, unemployment, lack of housing, food insecurity, and medical needs.~~
- ~~Refers clients to appropriate resources; assists clients by identifying appropriate points of contact, program eligibility, and navigating application processes.~~
- ~~Receives referrals from Town crisis response staff to assess and provides case management to address client needs.~~
- ~~May oversee operations of municipal food pantry sites and mobile food distribution operations in the absence of a Foodbank Coordinator.~~
- ~~Maintain case records and statistics. Prepares regular reports as required by the department.~~
- ~~Interviews applicants for housing, food, medical benefits, fuel and employment. Determines initial and ongoing eligibility for assistance.~~
- ~~Schedules, assigns, and assists the supervisor in the evaluation of Social Service Caseworkers. Assures safe work practices. Completes employee time records.~~

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- ~~Interprets and clarifies policy and through meetings and conferences with caseworkers, assures that clients are appropriately served.~~
- ~~Provided guidance and support to the staff regarding issues such as burnout, internal conflicts, and office safety.~~
- ~~Responds to crisis situations; public health and welfare emergencies; assesses needs, and gives appropriate emergency assistance at all hours. Responds to Police and Fire Department calls for Town emergencies and collaborates with Red Cross and Emergency Management Agencies to meet needs in times of emergency.~~
- ~~Provides guidance, training and direction to social services caseworkers with regard to difficult or complex issues and questions.~~
- ~~Contacts client's relatives and other agencies for information and to pursue solutions to problems such as alcoholism, unemployment, lack of housing, medical needs and family related problems.~~
- ~~Determines eligibility for various municipal and privately funded programs such as fuel assistance, homemaker subsidy and child day care.~~
- ~~Maintains contact with community groups, agencies and officials, acting as an advocate for clients and their needs. Assists other Town departments with relocation services for residents of Town-purchased properties.~~
- ~~Assists in drafting the department's budget and control expenditures within fund allocations.~~
- ~~Conducts Homeowner's Tax Relief Program for elderly and disabled residents and assists in the administration of the Renter's Rebate and other programs.~~
- ~~Manages the Social Services Office in the absence of the Supervisor.~~
- ~~Serves as liaison to various community agencies and attends scheduled meetings.~~
- ~~Participates in job related educational workshops~~
- ~~Assists the Supervisor with the administration and staffing of departmental outreach and satellite programs.~~
- ~~Thorough knowledge of social work principles and practices~~
- ~~Considerable knowledge of psycho-social dynamics of individuals and families.~~

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### **KNOWLEDGE, SKILLS AND ABILITIES**

- Thorough knowledge of social work principles and practices
- Considerable knowledge of psycho-social dynamics of individuals and families.
- Considerable skill in case management and case coordination
- Considerable interviewing and counseling skills
- Considerable ability to communicate orally and in writing and to coordinate technical and specialized operational and administrative activities
- Thorough ability to administer policies and procedures including scheduling, day-to-day problem solving, and report writing
- Considerable ability to handle stressful situations
- Considerable ability to establish and maintain effective working relationships with co-workers, clients, other agency staff and officials and the general public
- Ability to learn and utilize local and state case management software programs

### **QUALIFICATIONS**

A master's degree from a recognized college or university in social work, psychology, sociology or a related field, plus four years of progressively responsible experience in professional social services work; or, an equivalent combination of training and experience.

### **SPECIAL-ADDITIONAL REQUIREMENTS**

- Must have a valid Connecticut Driver's license.

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- Bilingual/Bicultural, Spanish/English skills helpful, but not required.
- An acceptable general background check to include a local and state criminal history and sex offender registry check. Individuals in this position cannot be listed as having a founded child abuse or neglect complaint.
- In the event of a declared emergency in the town of East Hartford, individuals in this position are required to work shelter duty if local disaster conditions require shelter activation for residents.
- Experience assisting traditionally underserved populations with a developed understanding of issues of diversity essential.
- Crisis intervention and counseling skills.
- Working knowledge of trauma-informed work, adverse childhood experienced, and motivational interviewing.
- Working knowledge of treatment and prevention of substance misuse, suicide prevention, and crisis response.

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### **TOOLS AND EQUIPMENT USED**

Motor vehicle, computer, calculator, telephone, fax and copying machines.

### **PHYSICAL AND MENTAL DEMANDS**

~~The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.~~

~~While performing the duties of this job, the employee is frequently required to sit, talk and listen. Occasionally the employee is required to walk, use hands and fingers to operate office equipment and reach with hands and arms. The employee may occasionally lift or move 50 pounds. Specific vision abilities required for this job include close vision and the ability to adjust focus. Must be able to read and interpret professional journals and government regulations, write standard reports and correspondence and effectively present information in one on one and small group situations. The position requires the ability to solve practical problems involving several concrete variables.~~

~~*The following physical and mental standards are identified as necessary to perform the essential duties and responsibilities. However, reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.*~~

- Mobility: frequent sitting for long periods; occasional kneeling, crouching, pushing, pulling, walking, and standing; occasional reaching above and below desk level.
- Dexterity: frequent fine manipulation sufficient to operate a computer keyboard; frequent grasping to handle individual papers, write and take notes, and feel individual objects.
- Lifting: frequent lifting of papers, files, and material weighing up to 10 pounds; occasional lifting and carrying of equipment and other items up to 25 pounds.
- Visual Requirements: frequent use of vision sufficient to read files, documents, and computer screens and do close-up work.
- Hearing/Talking: frequent hearing and talking, in person and on the telephone.
- Emotional/Psychological Factors: frequent contact with others, including extensive public contact; frequent deadlines and time-limited assignments.

### **WORK ENVIRONMENT**

~~The work environment characteristics describe here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.~~

- Work is primarily performed in an office setting, subject to continuous interruptions and background noise.

- While performing the duties of the job, the employee occasionally works in outside weather conditions while conducting home visits or resident outreach.
- Occasional after-hours work may be required for outreach and education events.

### **GENERAL GUIDELINES**

The duties listed above are intended only as illustration of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

### **EEO/AA Statement**

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## TOWN OF EAST HARTFORD

**TITLE:** Accounts Clerk

**GRADE:** 4-5

**DEPARTMENT:** Tax

**DATE:** ~~10/16/12~~ 4-12-23

### GENERAL DESCRIPTION

This is responsible counter and telephone public service work involving the collection of municipal revenues.

Work involves responsibility for effectively and courteously dealing with the taxpaying public. Duties include receiving and processing revenue payments and responding to taxpayer inquiries. This position also has the responsibility for making basic revenue collection clerical decisions. The work requires that the employee have general familiarity with tax collection procedures and good knowledge, skill and ability with data entry, basic mathematics and dealing with the public.

### SUPERVISION RECEIVED

Works under the general supervision of the Collector of Revenue and Assistant Collector of Revenue.

### SUPERVISION EXERCISED

None.

### ESSENTIAL DUTIES AND RESPONSIBILITIES

- Renders service and assistance to parties at the payment counter of the Tax Department.
- Receives payments for taxes and for parking tickets.
- Processes cash, credit card and check payments. Makes necessary change and receipts tax bills.
- Balances cash drawer and makes daily deposit of revenues.
- Responds to questions regarding tax payments, mill rates, interest charges and Town parking ordinances.
- Answers telephone, directs callers, takes messages or answers routine procedural questions.
- Responsible for processing large cash and check payments.
- Motor Vehicle (DMV) clearance for delinquent tax payers.
- Responsible for coordinating parking ticket appeals, rebilling and keeping files of all tickets.
- Plans and organizes work according to established or standard office procedures.
- Receives, records and verifies revenues.
- Assists in balancing monies collected on a daily basis.
- Performs mathematical computations, requiring absolute accuracy in examining, verifying and correcting taxes, and interest amounts.
- Assists in the preparation and processing of delinquent tax lists, tax and other lien notices.
- Provides continuing assistance to other clerical staff.
- Sets up and maintains office files and records as needed.
- Maintains files documenting adjustments, corrections for audit trail.
- Provides information and assistance to attorneys, title searchers, and banking officials.
- Correction of change reports from Assessors office, mailing adjusted or added bills as well as mailing refund letters for accounts with credits, and researching thoroughly.

- Updates QDS by messaging and flagging accounts.
- Assisting with alias warrants, filing copy's every warrant cycle, calculating interest and fees confirming constable payments for clearance with DMV. Correspondence with constables regarding adjusted or removed bills.
- Assisting in thoroughly reading the bridge from the assessor's office and rebilling accounts.
- Assist in routine clerical duties.

## **KNOWLEDGE, SKILLS, AND ABILITIES**

- Good knowledge of general office procedures, including the use of personal computer and software.
- Good knowledge of tax collection procedures.
- Good knowledge of the operations of standard office machines, including a word processor, typewriter and calculator.
- Good knowledge of business English.
- Good skill in word processing skills.
- Good ability in oral and written communications.
- Good ability to follow oral and written instructions.
- Good ability to perform administrative procedures.
- Good ability to learn the operations of the assigned department.
- Very good ability to establish and maintain effective working relationships with supervisors, coworkers and tax and revenue paying public.
- Spanish speaking is desirable being able to help taxpayers in tax department and guide them with brief questions they may have for other departments.

## **QUALIFICATIONS**

A high school diploma or the equivalent, supplemented by business courses, plus one to two years of progressively responsible clerical experience including public contact, or an equivalent combination of education and experience which provides a demonstrated ability to perform the duties of the position.

## **SPECIAL REQUIREMENTS**

None.

## **TOOLS AND EQUIPMENT USED**

Computer, calculator, typewriter, fax equipment, copy machine, telephone, and credit card machine.

## **PHYSICAL AND MENTAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The employee is frequently required to sit, talk and listen. Occasionally the employee is required to walk, use hands and fingers to operate office equipment and reach with hands and arms. The employee must occasionally lift or move up to 10 pounds. Specific vision abilities required for this job include close vision and the ability to adjust focus. Must be able to read and comprehend standard instructions, write straightforward correspondence and effectively present information in one-on-one



situations. The position requires the ability to apply common sense understanding in carrying out instructions and deal with standardized situations involving occasional or no variables.

## **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of the job, the employee will occasionally deal with clients who are mentally disturbed, substance abusers, hostile, terminally ill, or socially deviant. The noise level in the work environment is moderately quiet.

## **GENERAL GUIDELINES**

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

## **EEO/AA Statement**

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## TOWN OF EAST HARTFORD

**TITLE:** Assistant Building Official (Electrical)      **Grade:** 1113  
**Department:** Inspections and Permits      **Date:**  
7/01/1987/1/20223

Field Code Changed

### **POSITION DEFINITION:**

Performs inspection, review, and enforcement duties in assisting in the administration and enforcement of the State Building Code, National Electrical Code, and related regulations. Provides lead supervision in the inspection, review, and acceptance of new electrical systems and equipment and inspects electrical systems or equipment damaged by fire or natural causes to determine safe operating ~~condition~~conditions. Performs general building inspections as needed.

### **GENERAL DUTIES:**

- Reviews oral or written assignments from the supervisor.
- Plans and organizes work according to unit and standard procedure.
- Allocates work to secretaries and clerks.
- Primary inspection assignment is within respective construction discipline, performs related inspections, i.e., general, heating and plumbing, etc., as needed.
- Receives building and system plans.
- Analyzes and evaluates plans, including location, design, materials, construction methods, and health and safety measures.
- Coordinates review with other town departments.
- Recommends issuance of building permits.
- Performs field inspections of construction work ~~in process~~ to assure conformity with code and regulations.
- Enforces building and electrical ~~code~~codes.
- Assists with zoning regulations.
- Recommends issuance of certificates of occupancy.
- Confers with, and interprets code provisions and application procedures to architects, engineers, contractors, and members of the public.
- Assists the public in modifying plans or in taking corrective action to comply with code and/or regulations.
- Provides technical consultation to town departments in specific building construction areas, including electrical systems and equipment, to ~~assure~~ensure public health and safety.
- Assists the Director in the inspection and review of major construction projects.
- Prepares ~~supporting to support~~ statistical and narrative reports for the supervisor.
- Reports work accomplished to supervisor.
- Assists subordinates in performing duties; adjusts errors and complaints;

- Assists in the preparation of and/or prepares a variety of studies, reports and related information for decision making purposes;

#### **ADDITIONAL DUTIES:**

- Organizes and maintains files on inspection and review work.
- Investigates complaints of building code violations and takes corrective action.
- Provides technical consultation to town departments and commissions as needed.

#### **SUPERVISED BY:**

~~Receives general supervision from Director of Inspections and Permits.~~  
Receives supervision from the Supervisor and Director of Development.

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#### **QUALIFICATIONS PROFILE:**

- The skills and knowledge required would generally be acquired with graduation from a Vocational Technical School or completion of an apprenticeship training program in electrical skill and five years experience in a construction trade.
- Ability to interpret engineering and architectural drawings and specifications.
- A strong working knowledge of the building and electrical codes and related building and zoning ordinances, regulations and procedures.
- Ability to explain code regulatory information to members of the public.
- Physical ability to inspect construction work in progress.
- Some ability to prepare and present written reports.
- Ability to work in poor weather conditions, including heat, cold, rain, or snow.
  - Ability to develop and maintain records, reports and logs;
  - Ability to establish and maintain effective and courteous working relationships with State and Federal Officials, Town officials, public officials, other departments and agencies. Effective communication includes both verbal and written; also must have the ability to maintain confidentiality.
  - Ability to enforce regulations firmly, tactfully, and impartially;

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#### **LICENSE OR CERTIFICATE:**

- Licensed as an E-1 Unlimited Contractor, or and E-2 Unlimited Journeyman for two years.
- Certified as an Assistant Building Official, Section 19-391 of the Connecticut General Statutes.
- Connecticut Motor Vehicle Operator's License.

- Graduation from a standard senior high school or GED equivalent, and five (5) years of experience in general construction and related fields, or up to a maximum of two (2) years' experience as an Assistant Building Official or one year as Provisional Building Official may be substituted for experience in the construction, design or supervision of construction of buildings.



- EEO/AA Statement

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## TOWN OF EAST HARTFORD

**TITLE:** Assistant Building Official

**Grade:** 4413

Field Code Changed

**Department:** Inspections and Permits

**Date:** 7/01/1987/1/2023

### **POSITION DEFINITION:**

~~Performs inspections, reviews, and enforcement duties in assisting in the administration and enforcement of the State Building Code and related regulations. Performs inspections in other trade disciplines as needed.~~

Under the general direction of the Building Official or designee, performs technical work involving the examination of construction documents, inspection of building construction, including the on-site inspection of heating, plumbing and electrical installations, alterations and repairs to ensure compliance with the State Building Code and other related regulations. Duties include both field and office work related to the enforcement of electrical, building and plumbing and heating codes and must be able to efficiently utilize standard office technology including desktops, portable computers and automated software. The work requires a special knowledge of general and flood resistant building construction practices, methods, materials and knowledge of plumbing, heating and air conditioning and knowledge of electrical installations for code compliance. The work is subject to general supervision and is normally carried on with considerable independence and initiative, subject to review by a superior through the analysis of prepared plan review reports and/or inspection reports.

### **GENERAL DUTIES:**

- Receives oral or written assignments from supervisor.
- Plans and organizes work according to unit or standard procedure.
- Prepares schedule for regular inspections of subdivisions and development sites.
- Primary inspection assignment is within respective construction discipline.
- Allocates work to clerks and secretaries.
- Performs preliminary and on-going construction inspections of subdivision, multi-family and commercial development applications.
- Receives building plans.
- Analyzes and evaluates building plans, including location, design, materials, construction methods, health and safety measures.
- Coordinates review with other town departments.
- Recommends issuance of building permits.
- Performs field inspections of construction work in process to assure conformity with code and regulations.
- Enforces building code.
- Oversees safety and erosion control requirements on construction projects.
- Recommends issuance of certificates of occupancy.
- Confers with and interprets code provision and application procedures to architects, engineers, contractors, and members of the public.
- Assists public in modifying building plans or in taking corrective action to comply with code and/or regulations.

- Provides technical consultation to town departments in specific building construction areas, including electrical, plumbing, heating, and carpentry to assure public health and safety.
- Assists supervisor in inspection and review of major construction projects.
- Prepares supporting statistical and narrative reports for supervisor.
- Reports work accomplished to supervisor.

#### **ADDITIONAL DUTIES:**

- ~~Organizes and maintains files on inspection and review work.~~
  - Maintains documentation on the system on reviews and inspections.
- Investigates complaints of building code or zoning violations and takes corrective action.
- Provides technical consultation to town departments and commissions as needed.

#### **SUPERVISED BY:**

Receives general supervision from the Supervisor and the Director of Development.  
~~Receives general supervision from Director of Inspections and Permits.~~

#### **QUALIFICATIONS PROFILE:**

- The skills and knowledge required would generally be acquired with graduation from a Vocational Technical School or completion of an apprenticeship training program in a construction skill, and five years experience in a construction trade.
- Ability to interpret engineering and architectural drawings and specifications.
- A strong working knowledge of the building code and related building and zoning ordinances, regulations and procedures.
- Ability to explain code and regulatory information to members of the public.
- Physical ability to inspect construction work in progress.
- Some ability to prepare and present written reports.
- Ability to work in poor weather conditions, including heat, cold, rain, or snow.
  - Ability to develop and maintain records, reports and logs;
  - Ability to establish and maintain effective and courteous working relationships with State and Federal Officials, Town officials, public officials, other departments and agencies. Effective communication includes both verbal and written; also must have the ability to maintain confidentiality.
  - Ability to enforce regulations firmly, tactfully, and impartially;

**LICENSE OR CERTIFICATE:**

- Certification as an Assistant Building Official, Section 19-391 of the Connecticut General Statutes.
- Connecticut Motor Vehicle Operator's License.
- Graduation from a standard senior high school or GED equivalent, and five (5) years of experience in general construction and related fields, or up to a maximum of two (2) years' experience as an Assistant Building Official or one year as Provisional Building Official may be substituted for experience in the construction, design or supervision of construction of buildings.
- The Assistant Building Official shall be certified as required by CGS 29-262 and shall stay current with statutorily required continuing education to maintain license.

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## TOWN OF EAST HARTFORD

**TITLE:** Administrative Clerk II ~~Secretary II Senior Services~~  
**GRADE:** ~~3~~ 5

**DEPARTMENT:** ~~As Assigned~~ Department of Health & Human Services,  
Senior Services ~~at the Senior Center~~  
**DATE:** ~~07/01/87~~  
04/18/2023

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### POSITION DEFINITION:

Under supervision of Senior Services Coordinator and Program Supervisor, P performs general clerical work of some complexity and variety; and specialized clerical administrative work in assigned department. Enters and retrieves information ~~from~~ the public requiring knowledge of department programs and procedures. ~~Engages with residents regarding department programs, including registration as a senior center member, enrollment in available programs, and referral of residents to other senior services staff or departments to address resident needs.~~

### Essential job Functions:

- ~~Primary Responsibility is to assist with the day-to-day operation of the Senior Center.~~
- ~~The person in this position is responsible for Daily Opening and closing of the Senior Center building on a daily basis.~~
- ~~Job functions and assignments are primarily performed at the Senior Center; however, assignments may involve working at other sites within Town for senior services program activities.~~

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### GENERAL DUTIES:

- Receives oral and written instructions from supervisor. ~~Also, may act independently to initiate or complete certain tasks.~~
- Plans and organizes work according to established office or standard procedure.
- ~~Allocates work to clerks of lower grade.~~ Trains and supports clerical and part-time support staff allocating work as needed.
- Classifies and files materials such as correspondence, reports, or technical documents in an established filing system.
- Enters and retrieves information through a computer terminal.
- Prepares file information for review by a supervisor or public.
- Performs copying, faxing and mail duties (incoming and outgoing).
- Organizes and types materials for publication such as program brochures, activity schedules, special flyers, and tickets for events.
- ~~Utilizes Town-supported software programs to develop or update Using Canva, uploads advertisements for upcoming senior services events and other~~

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communications to inform residents of program activities. keeping the information up to date.

- Provides information and referral services to public regarding department, unit or town programs and procedures.
- Observes strict confidentiality in maintaining restricted files and records.
- Transmits requested files, materials or related information to appropriate receiving agents.
- Answers telephone and greets visitor, refers them to appropriate person or office. Answers questions, gives out information to members of the public about department or Town services, cultural, social or recreational programs
- Respond to voice messages and emails in a timely fashion.
- ~~Receives and records fees.~~
- Signs up new members and updates existing members' information
- Assists members in registration for program activities, maintains program registers.
- Receives and processes money payments
- ~~Interacts with instructors and provide them with needed supplies, including -ie- Activity sheets, headset, etc.~~
- Prints off daily activity sheets checking who signed up for classes, who showed up for classes and who paid for classes.
- Selling ADA tickets and inputting them into the ADA system.
- Arranging for Senior Center Bus transportation.
- Maintains limited financial records for a department or a unit.
- Types letters, cards, reports, or forms from prepared material or rough copy.
- Composes routine letters or reports for review and signature by supervisor.
- ~~Prepares requisitions for materials and supplies.~~
- Directs complaints about the Senior Center and or Senior Services to the appropriate person, follows up to assure that the complaint has been resolved.
- Performs arithmetical computations as required.
- Reports work accomplished to supervisor.

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#### **ADDITIONAL DUTIES:**

- Performs general receptionist duties.
- Maintains inventory of office materials ~~and supplies and ordering supplies as needed.~~
- ~~Maintains office petty cash fund.~~
- Operates office equipment such as calculators, photocopying machines, collators, and mailing equipment.
- Temporarily relieves other office staff as need requires and assists with programs as needed
- Proof read newsletter
- Tech assistance as needed
- Software trouble shooting
- Ability to put in IT work ticket and building work tickets.
- 
- Performs related tasks as required.

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**SUPERVISED BY:**

- ~~Receives immediate supervision an assigned supervisor. Senior Services Coordinator~~

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**QUALIFICATIONS PROFILE:**

- The skills and knowledge required would generally be acquired with a high school education, and two years experience in general office work.
- Basic understanding of aging issues and a compassion for older adults
- Possess a friendly, professional demeanor
- Patience
- ~~Time management skills to ensure completion of tasks.~~
- Knowledge of basic office procedures, including filing, scheduling, posting and basic bookkeeping.
- Ability to follow written and oral instructions.
- Ability to acquire working knowledge of laws, regulations and procedures pertaining to mission of ~~assigned department. Senior Services~~
- Ability to type accurately.
- Ability to acquire skill to operate data and word processing equipment.
- Ability to maintain accurate files and records.
- Ability to add, subtract, multiply and divide all units to measure.
- Ability to deal cooperatively and effectively with others.

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**Physical and Mental Effort and Environmental Conditions:**

The following physical and mental standards are identified as necessary to perform the essential duties and responsibilities. However, reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.

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- Mobility: frequent sitting for long periods; occasional kneeling, crouching, pushing, pulling, walking, and standing; occasional reaching above and below desk level.
- Dexterity: frequent fine manipulation sufficient to operate a computer keyboard; frequent grasping to handle individual papers, write and take notes, and feel individual objects.
- Lifting: frequent lifting of papers, files, and material weighing up to 10 pounds; occasional lifting and carrying of equipment and other items up to 25 pounds.
- Visual Requirements: frequent use of vision sufficient to read files, documents, and computer screens and do close-up work.
- Hearing/Talking: frequent hearing and talking, in person and on the telephone.
- Emotional/Psychological Factors: frequent contact with others, including extensive public contact; frequent deadlines and time-limited assignments.
- ~~Works in an environment with continuous interruptions and background noise.~~
- ~~Includes exposure to video display terminals on a daily basis.~~
- ~~Must be able to work under stress from demanding deadlines and changing priorities and conditions.~~
- ~~Ability to handle a large volume of people and interacting with them.~~
- ~~Ability to be an active listener, to be understanding and possess the ability to end a conversation tactfully.~~

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**LICENSE OR CERTIFICATE:**

Not applicable.

**EEO/AA Statement**

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**Note: The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility.**

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## TOWN OF EAST HARTFORD

**TITLE:** ~~Assistant Building Official (Plumbing and Heating Assistant Building Official – Plumbing & Mechanical )~~ **Grade:** ~~1113~~

Field Code Changed

**Department:** Inspections and Permits  
~~8/3/107/1/2023~~

Date:

### POSITION DEFINITION

Performs inspection, review, and enforcement duties in assisting in the administration and enforcement of the State of Connecticut Building Codes and related regulations. Provides lead supervision in ~~the inspection, review and acceptance of inspecting, reviewing, and accepting~~ plumbing, heating, air conditioning, ventilation, fire protection, and ancillary installations.

### GENERAL DUTIES:

- Receives oral or written assignments from supervisor.
- Plans and organizes work according to unit and standard procedures.
- Allocates work to secretaries and clerks.
- Primary inspection assignment is within ~~the~~ respective construction discipline.
- Receives and reviews permit applications and plans.
- Analyzes and evaluates plans, including location, design, materials, and construction methods.
- Coordinates review with other town departments.
- Approves the issuance of permits.
- Performs field inspections of construction work in process to ~~assure-ensure~~ ~~the~~ conformity with the code and regulations.
- Maintain department records as required by the State of Connecticut Building Codes.
- Enforces the State of Connecticut Building Codes.
- Recommends issuance of certificates of occupancy.
- Confers with, and interprets code provisions and application procedures to architects, engineers, contractors, and members of the public.
- Assists ~~the~~ public ~~to-complyin~~ ~~complying~~ with ~~the~~ State of Connecticut Building Code and/or regulations.
- Assists Supervisor in ~~the~~ inspection and review of major construction projects.
- Prepares ~~supporting-to support~~ statistical and narrative reports for supervisor.
- Reports work accomplished to supervisor.
- ~~Assists subordinates in performing duties; adjusts errors and complaints;~~

- Assists in the preparation of and/or prepares a variety of studies, reports and related information for decision making purposes;
- Assists in the administration of the permitting function, including application, fee assessment and collection, permit issuance inspection and occupancy;
- Review current trends and developments in the field of construction, and suggests revisions to codes, ordinances and local regulations;
- Reviews proposed subdivision for code compliance;
- 

- 1 -

**TITLE: ASSISTANT BUILDING OFFICIAL-PLUMBING AND HEATING**

**ADDITIONAL DUTIES:**

**MECHANICAL ADDITIONAL DUTIES:**

- Maintains documentation on the system on reviews and inspections.
- Investigates complaints of building code violations and takes corrective action.
- Provides technical consultation to town departments and commissions as needed.
- ~~Organizes and maintains files on inspection and review work.~~
- ~~Investigates complaints of building code violations and takes corrective action.~~
- ~~Provides technical consultation to town departments and commissions as needed.~~

**SUPERVISED BY:**

~~Receives general supervision from Director of Inspections and Permits.~~

Receives supervision from the Supervisor and Director of Development.

**QUALIFICATIONS PROFILE:**

- Ability to interpret engineering and architectural drawings and specifications.
- A strong working knowledge of the State of Connecticut Building Codes and related regulations and procedures.
- Ability to explain code and regulatory information to members of the public.
- Physical ability to inspect construction work in progress.
- Some ability to prepare and present written reports.
- Ability to work in poor weather conditions, including heat, cold, rain, or snow.
  - Ability to develop and maintain records, reports and logs;

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- Ability to establish and maintain effective and courteous working relationships with State and Federal Officials, Town officials, public officials, other departments and agencies. Effective communication includes both verbal and written; also must have the ability to maintain confidentiality.
- Ability to enforce regulations firmly, tactfully, and impartially;

**LICENSE OR CERTIFICATE:**

- Certified ~~as an~~ Assistant Building Official, Section 29-261 of the Connecticut General Statutes.
- Connecticut Motor Vehicle Operator's License.
- P-2 and P1 (licensed for at least 2 years minimum).
- -Must possess and retain a valid CT Motor Vehicle Operator's License
- Graduation from a standard senior high school or GED equivalent, and five (5) years of experience in general construction and related fields, or up to a maximum of two (2) years' experience as an Assistant Building Official or one year as Provisional Building Official may be substituted for experience in the construction, design or supervision of construction of buildings.

**TOOLS AND EQUIPMENT USED**

Motor ~~vehicle~~vehicles, tape measure, level, ~~ruler~~rulers, ~~computer~~computers, ~~calculator~~calculators, testing devices of the building trade, and safety equipment such as hard hat and safety glasses.

**PHYSICAL AND MENTAL DEMANDS**

The physical and mental demands described are representative of those that must be met by an employee to perform the essential functions of this job successfully~~to successfully perform the essential functions of this job.~~ Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**TITLE: ASSISTANT BUILDING OFFICIAL-PLUMBING AND HEATING**

Work is performed both in an office setting and outdoors. Fieldwork is required in the inspection of construction sites. Hand-eye coordination is necessary to operate various pieces of office equipment. While performing the duties of this job, the employee is occasionally required to stand, walk, use hands to finger, handle, feel, or operate objects, tools, or controls, and reach with hands and arms. The employee is occasionally required to sit, climb, or balance, stoop, kneel, crouch, crawl, talk, or hear. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required for this job include close vision, distance vision, peripheral vision, depth perception, and the ability to adjust focus. ~~Employee~~ Employees must be able to read and interpret documents such as building codes and to write routine reports and correspondence. This position requires the ability to solve practical problems and deal with a variety of concrete variables.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those ~~an employee encounters~~ an employee encounter while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee frequently works in outside weather conditions. The employee occasionally works near moving mechanical parts and construction equipment ~~and~~ in high, precarious places and is occasionally exposed to odorous, wet and/or humid conditions, or risk of electrical shock. The noise level in the work environment is usually quiet in the office, and moderate to loud in the field.

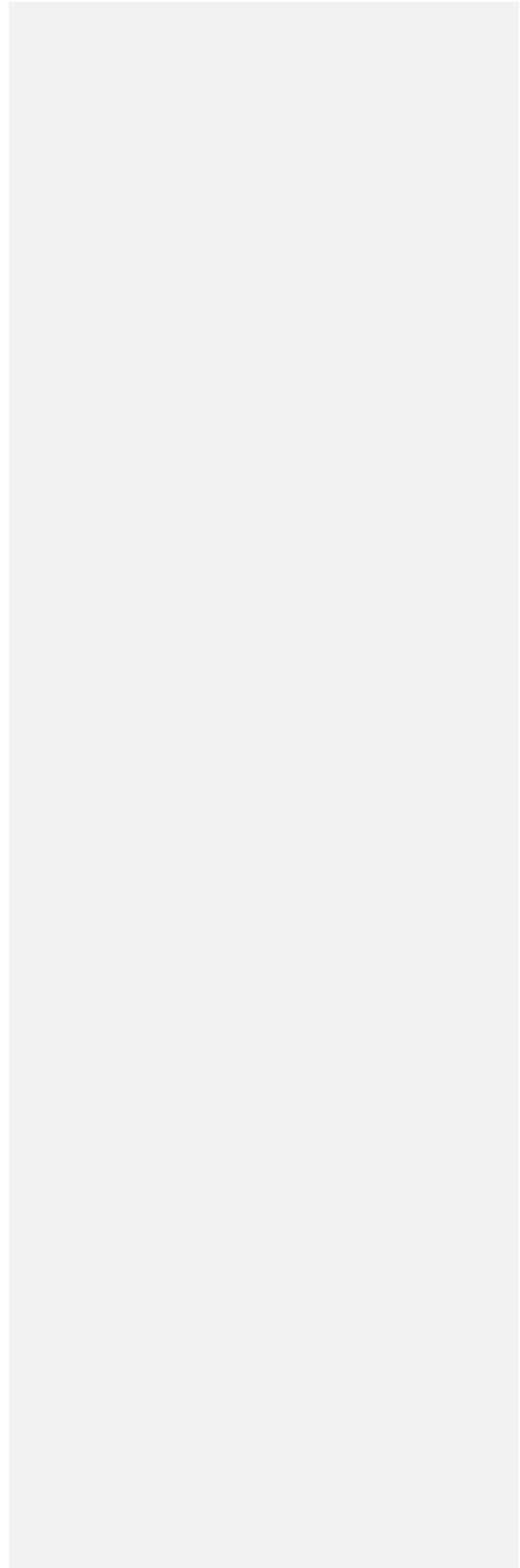
### **GENERAL GUIDELINES**

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

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## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 13, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: APPOINTMENTS: Boards and Commissions

---

The following name were submitted to serve on the following commission:

### Democratic Appointments:

#### **Commission on Aging**

- (D) James G. Sundin Jr.– 6 Suffolk Dr – term to expire 12/25

#### **Public Building Commission**

- (D) Angel Santiago – 700 Forbes Street – term to expire 12/23

#### **Economic Development Commission**

- (D) Shana Rohan – 53 Woodbridge Ave – term to expire 12/25

### Unaffiliated Appointments

#### **Public Building Commission**

- (U) Gary Roy – 61 Matthew Road – term to expire 12/23

Please place these nominations on the Town Council agenda for the June 20, 2023 meeting.

C: C. Martin, Chief of Staff  
R. Pasek, Town Clerk

May 22, 2023

The Honorable Richard Kehoe, Town Council Chairman  
Town of East Hartford  
740 Main Street  
East Hartford, CT 06108

***Re: Democratic Appointment***

Dear Chairman Kehoe:

The District Chairs and Vice Chairs of the East Hartford Democratic Town Committee met on Thursday May 18<sup>th</sup> to vote and endorse the following candidates:

**Commission on Aging**

- (D) James G. Sundin Jr.– 6 Suffolk Dr – term expired 12/25

**Public Building Commission**

- (D) Angel Santiago – 700 Forbes Street – term expired 12/23

**Economic Development Commission**

- (D) Shana Rohan – 53 Woodbridge Ave – term expired 12/25

In accordance with our guidelines, a vote was held. The result of the vote was to forward the attached application to your attention with a recommendation for approval.

Please contact me if you have questions or need additional information.

Respectfully,  
Moriah H. Moriarty  
Chairman

**Town of East Hartford  
Boards and Commissions  
Application**



Date: 05/24/2023

Name: STANNA ROHAN

Your name exactly as it appears on the E. Htfd. Voter Registration List

Address: 53 WOODBRIDGE AVE APT 2 Apt.# \_\_\_\_\_ Zip: 06108

Home Phone: \_\_\_\_\_ Email: REALSTATE@STANNAROHAN.COM

Cell Phone: 860-818-1079 Years as an E.Hartford Resident: 2

Occupation: REAL ESTATE AGENT Employer: EXP REALTY  
Employer/Work Address \_\_\_\_\_

Formal Education/Certifications: BACHELORS OF CERAMICS

Party Affiliation: Unaffiliated  Democrat  Republican  Minority Party \_\_\_\_\_  
As it appears on the E. Htfd. Voter Registration List

Name of board or commission you wish to serve on: ECONOMICS DEVELOPMENT COMMISSION

**Interest statement:**

Your reason for being interested in serving our Town in this capacity

EDUCATION. DEVELOPMENT OF DOWNTOWN  
SMALL BUSINESSES + LOCAL EVENTS / CULTURAL.

**List of qualifications that you believe will be an asset to the board/commission on which you wish to serve:**

FINE ARTS DEGREE.  
REAL ESTATE CAREER + ACCESS TO A FUNDAMENTAL NEED /  
COLLABORATION W/ CIVIC DUTIES

In accordance with the Boards and Commissions Appointment Policy and Procedures Ordinances please initial your acknowledgment of the following statements;

I understand the commitment required for this appointment and have attended at least one meeting of the board/commission I am applying to serve on, and I understand that members who are absent for 30% or more of regular meetings will be presumed to have resigned from such board or commission.

I understand that I may be required to complete training and/or continuing education.

I understand that I must be a resident of the Town of East Hartford, have no criminal record considered by the town to be so serious that it should be a disqualification, not be an adversary party to pending litigation against the town, not be in arrears on any town taxes, fines, or other obligations owed to the town.

By submitting this Expression of Interest form and any accompanying resume or other information, you agree to the release of this information to the Mayor, Town Council, the Board or Commission to which you are applying, and to all appropriate Town administrative staff.

Signature: [Signature] Date: 05/24/2023

Please return completed and signed form to:	BCpost@easthartfordct.gov	or mail to:	Town of East Hartford Office of the Mayor 740 Main Street East Hartford CT 06108
---	---------------------------	-------------	---

For internal use only:

Mandatory Qualifications:  
Resident \_\_\_\_\_ T/O \_\_\_\_\_ C/R \_\_\_\_\_ T/C \_\_\_\_\_

Town of East Hartford  
Boards and Commissions  
Application



Date: May 9, 2023

Name: JAMES G BLINDLY JR

Your name exactly as it appears on the E. Hartford Voter Registration List.

Address: 6 SUFFOLK DR, EAST HARTFORD CT Apt.#

Zip: 06105

Home Phone: 860-068-3063

Email: BLINDLYJ@SOUTHWIND.COM

Cell Phone: 860-550-2466

Years as an E. Hartford Resident: 25+

Occupation: Retired Plumber / School Expenses Board

Employer: Town of E. Hartford / 1114 Main St E. Hartford  
Employer/Work Address

Formal Education/Certifications: LICENSED PLUMBER

Party Affiliation: Unaffiliated  Democrat  Republican  Minority Party   
As it appears on the E. Hartford Voter Registration List

Name of board or commission you wish to serve on: COMMISSION OF SENIORS

**Interest statement:**

Your reason for being interested in serving our Town in this capacity:

DEDICATED TO IMPROVING THE LIVES OF SENIORS

**List of qualifications that you believe will be an asset to the board/commission on which you wish to serve:**

OVER 10 YEARS VOLUNTEERING AT THE SENIOR CENTER.

OVER 5 YEARS WORKING WITH PRESENT CHAIRMAN GARY KELLY.

ATTENDED MEETINGS FOR OVER 5 MEETINGS.

In accordance with the Boards and Commissions Appointment Policy and Procedures Ordinances please initial your acknowledgment of the following statements:

I understand the commitment required for this appointment and have attended at least one meeting of the board/commission I am applying to serve on, and I understand that members who are absent for 30% or more of regular meetings will be presumed to have resigned from such board or commission.

I understand that I may be required to complete training and/or continuing education.

I understand that I must be a resident of the Town of East Hartford, have no criminal record considered by the town to be so serious that it should be a disqualification, not be an adversary party to pending litigation against the town, not be in arrears on any town taxes, fines, or other obligations owed to the town.

By submitting this Expression of Interest form and any accompanying resume or other information, you agree to the release of this information to the Mayor, Town Council, the Board or Commission to which you are applying, and to all appropriate Town administrative staff.

Signature: James G. Blindly Jr.

Date: May 9, 2023

Please return completed and signed form to:

BCpost@easthartfordct.gov

or mail to:

Town of East Hartford  
Office of the Mayor  
740 Main Street  
East Hartford CT 06108

For Internal Use only:

Mandatory Qualifications:

Resident \_\_\_\_\_ T/O \_\_\_\_\_ C/R \_\_\_\_\_ T/C \_\_\_\_\_

**Town of East Hartford  
Boards and Commissions  
Application**



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

**Name:** \_\_\_\_\_  
Your name exactly as it appears on the E. Htfd. Voter Registration List

**Address:** \_\_\_\_\_ **Apt.#** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Years as an E.Hartford Resident:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
Employer/Work Address

**Formal Education/Certifications:** \_\_\_\_\_

**Party Affiliation:** Unaffiliated \_\_\_\_\_ Democrat \_\_\_\_\_ Republican \_\_\_\_\_ Minority Party \_\_\_\_\_  
As it appears on the E. Htfd. Voter Registration List

**Name of board or commission you wish to serve on:** \_\_\_\_\_

**Interest statement:**  
Your reason for being interested in serving our Town in this capacity

\_\_\_\_\_

\_\_\_\_\_

**List of qualifications that you believe will be an asset to the board/commission on which you wish to serve:**

\_\_\_\_\_

\_\_\_\_\_

In accordance with the Boards and Commissions Appointment Policy and Procedures Ordinances please initial your acknowledgment of the following statements;

I understand the commitment required for this appointment and have attended at least one meeting of the board/commission I am applying to serve on, and i understand that members who are absent for 30% or more of regular meetings will be presumed to have resigned from such board or commission.

I understand that I may be required to complete training and/or continuing education.

I understand that I must be a resident of the Town of East Hartford, have no criminal record considered by the town to be so serious that it should be a disqualification, not be an adversary party to pending litigation against the town, not be in arrears on any town taxes, fines, or other obligations owed to the town.

By submitting this Expression of Interest form and any accompanying resume or other information, you agree to the release of this information to the Mayor, Town Council, the Board or Commission to which you are applying, and to all appropriate Town administrative staff.

Signature	Date		
<b>Please return completed and signed form to:</b>	BCpost@easthartfordct.gov	<b>or mail to:</b>	Town of East Hartford Office of the Mayor 740 Main Street East Hartford CT 06108

*For internal use only:*

Mandatory Qualifications: Resident _____ T/O _____ C/R _____ T/C _____
---



Town of East Hartford
Boards and Commissions
Application

Date: June 9, 2023

Name: Gary A. Roy
Your name exactly as it appears on the E. Htfd. Voter Registration List

Address: 61 Matthew Road Apt.# Zip: 06108

Home Phone: (860) 291-9666 Email: garyalbertroy@yahoo.com

Cell Phone: (860) 810-8736 Years as an E.Hartford Resident: 14

Occupation: work status on hold - injury Employer: none

Formal Education/Certifications: East Windsor High School diploma

Party Affiliation: Unaffiliated [ ] Democrat [ ] Republican [ ] Minority Party Independent

Name of board or commission you wish to serve on: Public Building Commission

Interest statement:
Your reason for being interested in serving our Town in this capacity
Being on this Commission would give me the opportunity to be more involved with the Town of East Hartford.

List of qualifications that you believe will be an asset to the board/commission on which you wish to serve:

I believe I have the ability to make sound and wise decisions for the projects brought before the Public Building Commission.

In accordance with the Boards and Commissions Appointment Policy and Procedures Ordinances please initial your acknowledgment of the following statements;

[GR] understand the commitment required for this appointment and have attended at least one meeting of the board/commission I am applying to serve on, and i understand that members who are absent for 30% or more of regular meetings will be presumed to have resigned from such board or commission.

[GR] understand that I may be required to complete training and/or continuing education.

[GR] understand that I must be a resident of the Town of East Hartford, have no criminal record considered by the town to be so serious that it should be a disqualification, not be an adversary party to pending litigation against the town, not be in arrears on any town taxes, fines, or other obligations owed to the town.

By submitting this Expression of Interest form and any accompanying resume or other information, you agree to the release of this information to the Mayor, Town Council, the Board or Commission to which you are applying, and to all appropriate Town administrative staff.

Signature: Gary A. Roy Date: 6-9-23
Please return completed and signed form to: BCpost@easthartfordct.gov or mail to: Town of East Hartford, Office of the Mayor, 740 Main Street, East Hartford CT 06108

For internal use only:
Mandatory Qualifications:
Resident T/O C/R T/C



## TOWN OF EAST HARTFORD OFFICE OF THE MAYOR

DATE: June 14, 2023  
TO: Richard F. Kehoe, Chair  
FROM: Mayor Michael P. Walsh  
RE: AMUSEMENT PERMIT APPLICATIONS

---

The following Amusement Permit is before you due to the East Hartford Code of Ordinances, Chapter 5, Amusements, Section 5-3 (e), passed by the Town Council:

Sec. 5-3 (e):

(e) If the application is submitted pursuant to subsection (b) of section 5-1 of the Town Ordinances, within one week of receipt of written comments from the Directors, the Chief of Police shall forward those comments to the Town Council. The Chief of Police shall also forward to the Town Council written comments pertaining to the impact the proposed amusement would have on the areas under the purview of the Police Department and any recommended changes in the planned operations, as well as a statement as to whether the Police Department can supply adequate police protection.

Please add the following amusement permit to the Town Council agenda for June 20, 2023 meeting.

- **Diligence Training 4-year Anniversary**
  - Saturday, June 24, 2023 from 11:00 am to 3:00 PM at 275 Park Avenue, East Hartford.

C: S. Sansom, Chief of Police

MICHAEL P. WALSH  
MAYOR

**TOWN OF EAST HARTFORD**  
**Police Department**

TELEPHONE  
(860) 528-4401

SCOTT M. SANSOM  
CHIEF OF POLICE

31 School Street  
East Hartford, Connecticut 06108-2638

FAX (860) 289-1249

[www.easthartfordct.gov](http://www.easthartfordct.gov)

To: Mayor Walsh

From: Chief Scott M. Sansom

Date: June 15, 2023

Re: **Amusement Permit Application**  
**“Dilligence Training 4-Year Anniversary”**

Pursuant to the East Hartford Code of Ordinances, Chapter 5, Amusements, Section 5-3(e), the attached Amusement Permit Application should be forwarded to the Town Council for appropriate action.

If you require any further information, please contact me at your convenience.



Scott M. Sansom  
Chief of Police



MICHAEL P. WALSH  
MAYOR

**TOWN OF EAST HARTFORD**  
**Police Department**

TELEPHONE  
(860) 528-4401

SCOTT M. SANSOM  
CHIEF OF POLICE

31 School Street  
East Hartford, Connecticut 06108-2638

FAX (860) 289-1249

[www.easthartfordct.gov](http://www.easthartfordct.gov)

June 15, 2023

Richard F. Kehoe, Chairman  
East Hartford Town Council  
740 Main Street  
East Hartford, CT 06108

**Re: Outdoor Amusement Permit Application  
"Dilligence Training 4-Year Anniversary"**

Dear Chairman Kehoe:

Attached please find the amusement permit application submitted by **Devonte Dillion, Owner of Dilligence Training, LLC**. The applicant seeks to conduct a community day in celebration of their 4-Year Anniversary at their location on **275 Park Avenue on Saturday, June 24, 2023, from 11:00 am – 3:00 pm**. This will be a free event for the community with a food truck, games for youth and a space for the community to socialize and be empowered. This event is rain or shine.

The applicant respectfully **requests a waiver of the associated permit fee**, under the provisions of (TO) 5-6(a), since this a community event.

The applicant respectfully **requests a waiver of the associated time requirement** under the provisions of (TO) 5-2(a).

Pursuant to Town Ordinance (TO) 5-3, a review of the application was completed by the Directors of the Fire, Health, Parks & Recreation, Public Works Departments and the Offices of the Corporation Counsel and Finance.

The **Risk Management Office** approves the application as submitted with the understanding that the use of a bouncy house will be subject to approval of the vendor's Certificate of Insurance prior to day of event.

The **Office of Corporation Counsel** approves the application as submitted.

The **Fire Department** approves the application as submitted and indicates there are no anticipated costs to their Departments. **Applicant must contact the Fire Marshall's Office to schedule inspection of the food truck day for the day of event.**

The **Health Department** approves the application as submitted and indicates there are no anticipated costs to their Departments. **They are working with event organizer to assure food handling and safety standards are addressed.**

The **Parks & Recreation and Public Works Departments** approve the application as submitted and state there are no anticipated costs to their Departments.

The **Police Department** conducted a review of the application, and the following comments/recommendations are made:

- The Police Department can provide adequate police protection for the event. The site is suitable for the outdoor amusement, the expected crowds are of small to moderate size, and the area has sufficient parking available.
- This event can be conducted with a minimal impact upon the surrounding neighborhoods and a near-normal flow of traffic on the streets adjacent to the site can be maintained.
- There are no anticipated costs to the Department for this event.

Respectfully submitted for your information.

Sincerely,

A handwritten signature in black ink that reads "Scott M. Sansom". The signature is written in a cursive style with a long horizontal stroke at the end.

Scott M. Sansom  
Chief of Police

Cc: Applicant

**Rivera, Augustina**

---

**From:** Sasen, Christine  
**Sent:** Monday, June 12, 2023 12:23 PM  
**To:** Rivera, Augustina  
**Cc:** Fitzgerald, Laurie; Martin, Connor; Dilligence Training; Fitzgerald, Robert  
**Subject:** RE: Placeholder on agenda for Dilligence Training

Tina, Devonte,

The Certificate of Insurance for Dilligence Training is approved.

Regarding Westberry's Party House, LLC for the bounce house- I spoke with Knah Westberry. At the present time he does not have any type of insurance. He has had it in the past. He has been working on it and should have quote in the next few days. He said he needs to obtain as he needs going forward as a business and not just for Dilligence Training. I told him I would accept just General Liability and Workers' Compensation with the Town as Certificate Holder.

He said he will let me know as soon as he gets a quote.

Chris

---

**From:** Rivera, Augustina <ARivera@easthartfordct.gov>  
**Sent:** Monday, June 12, 2023 11:30 AM  
**To:** Sasen, Christine <CSasen@easthartfordct.gov>  
**Subject:** RE: Placeholder on agenda for Dilligence Training

Did he respond to you about your question in regards to additional insurance for his agency? I just wanted to know that COI was approved or he needed to submit other stuff so I can keep Laurie in the loop since she will be taking over with this Outdoor Amusement Permit while I am away.

**TOWN OF EAST HARTFORD  
FIRE MARSHALS OFFICE  
ADMINISTRATIVE REVIEW  
Amusement Permit**

**DATE: 6/12/2023**

**APPLICATION FOR: Dilligence Training 4 year Anniversary**

**APPLICANT: Devonte Dillion, (860) 292-0068**

**ADDRESS: 275 Park Ave, East Hartford, Connecticut 06108**

**DATE(S) OF EVENT: June 24<sup>th</sup> rain or shine**

Pursuant to your request, a review of the above application was completed and the following recommendation is made:

- The application is approved as submitted.
- The application be revised. Approved conditionally.
- The application is disapproved.
- No application to the Connecticut Fire Safety Code

**COMMENTS:** Food Trucks will need an inspection please call (860) 291-7405 to schedule



**JOHN PELOW  
FIRE MARSHAL  
TOWN OF EAST HARTFORD**



Scott Sansom  
Chief of Police

**TOWN OF EAST HARTFORD  
POLICE DEPARTMENT  
SUPPORT SERVICES BUREAU  
Outdoor Amusement Permits  
31 School Street  
East Hartford, CT 06108  
(860) 528-4401**



Michael P. Walsh  
Mayor

**Administrative Review of Amusement Permit**

Event Date: Saturday, June 24, 2023-Rain or Shine

Event: "Dilligence Training 4-Year Anniversary"

Applicant: Dilligence Training, Devonte Dillion, CEO

Pursuant to Town Ordinance (TO) 5-3, a review of the application was completed and the following recommendation is made:

- 1. the application be approved as submitted.
  - 2. the application be revised, approved subject to the condition(s) set forth in the attached comments.
  - 3. the application be disapproved for the reason(s) set forth in the attached comments.
- 
- Fire Department
  - Health Department
  - Parks & Recreation Department
  - Public Works Department
  - Corporation Counsel
- 
- Anticipated Cost(s) if known \$0.00

Ted Fravel \_\_\_\_\_ 6/8/23 \_\_\_\_\_  
Signature Date

Comments:



Scott Sansom  
Chief of Police

TOWN OF EAST HARTFORD  
POLICE DEPARTMENT  
SUPPORT SERVICES BUREAU  
Outdoor Amusement Permits  
31 School Street  
East Hartford, CT 06108  
(860) 528-4401



Michael P. Walsh  
Mayor

## Administrative Review of Amusement Permit

Event Date: Saturday, June 24, 2023-Rain or Shine

Event: "Dilligence Training 4-Year Anniversary"

Applicant: Dilligence Training, Devonte Dillion, CEO

Pursuant to Town Ordinance (TO) 5-3, a review of the application was completed and the following recommendation is made:

- 1. the application be approved as submitted.
- 2. the application be revised, approved subject to the condition(s) set forth in the attached comments.
- 3. the application be disapproved for the reason(s) set forth in the attached comments.

- Fire Department
- Health Department
- Parks & Recreation Department
- Public Works Department
- Corporation Counsel

Anticipated Cost(s) if known \$ \_\_\_\_\_

Laurence Burns, MPH, MBA  
Signature

June 14, 2023  
Date

Comments:

Approved as submitted. Health Department staff will work with event organizers to assure food handling and safety standards are addressed.



Scott Sansom  
Chief of Police

TOWN OF EAST HARTFORD  
POLICE DEPARTMENT  
SUPPORT SERVICES BUREAU  
Outdoor Amusement Permits  
31 School Street  
East Hartford, CT 06108  
(860) 528-4401



Michael P. Walsh  
Mayor

### Administrative Review of Amusement Permit

Event Date: Saturday, June 24, 2023-Rain or Shine

Event: "Dilligence Training 4-Year Anniversary"


Applicant: Dilligence Training, Devonte Dillion, CEO

Pursuant to Town Ordinance (TO) 5-3, a review of the application was completed and the following recommendation is made:

- 1. the application be approved as submitted.
- 2. the application be revised, approved subject to the condition(s) set forth in the attached comments.
- 3. the application be disapproved for the reason(s) set forth in the attached comments.

- Fire Department
- Health Department
- Parks & Recreation Department
- Public Works Department
- Corporation Counsel

Anticipated Cost(s) if known \$ 0

 6/5/2023  
 Signature \_\_\_\_\_ Date

Comments:

**Rivera, Augustina**

---

**From:** Hawkins, Mack  
**Sent:** Monday, June 5, 2023 9:55 AM  
**To:** Rivera, Augustina  
**Subject:** RE: Outdoor Amusement Permit Application - Dilligence Training 4-Yr Anniversary

Tina,

I have reviewed the Outdoor Amusement Permit Application for "Dilligence Training 4-Yr Anniversary." I approve the application as submitted. Please mark the worksheet "Extra Attention" for the day of the event.

Thank you,

*Mack S. Hawkins*

Assistant Chief of Police  
East Hartford Police Department  
31 School St.  
East Hartford, CT 06108  
Office 860 291-7597

***Serving Our Community with Pride and Integrity***



---

**From:** Rivera, Augustina <ARivera@easthartfordct.gov>  
**Sent:** Monday, June 5, 2023 8:05 AM  
**To:** Burnsed, Laurence <lburnsed@easthartfordct.gov>; Fravel, Theodore <tfravel@easthartfordct.gov>; Munson, Kevin <KMunson@easthartfordct.gov>; Trujillo, Alexander <atrujillo@easthartfordct.gov>  
**Cc:** Alsup, Steve <SAlsup@easthartfordct.gov>; Browning, Craig <CBrowning@easthartfordct.gov>; Cohen, Bruce <BCohen@easthartfordct.gov>; Cummings, Kim <kcummings@easthartfordct.gov>; Davis, Robert <RDavis@easthartfordct.gov>; Drouin, Darrell <Ddrouin@easthartfordct.gov>; Dwyer, Sean <SDwyer@easthartfordct.gov>; Fitzgerald, Robert <rfitzgerald@easthartfordct.gov>; Hawkins, Mack <MHawkins@easthartfordct.gov>; McCaw, Melissa <mmccaw@easthartfordct.gov>; Neves, Paul <Pneves@easthartfordct.gov>; O'Connell, Michael <Moconnell@easthartfordct.gov>; Pelow, John <JPelow@easthartfordct.gov>; Sansom, Scott <SSansom@easthartfordct.gov>; Sasen, Christine <CSasen@easthartfordct.gov>  
**Subject:** Outdoor Amusement Permit Application - Dilligence Training 4-Yr Anniversary



Fire Dept



Scott Sansom  
Chief of Police

TOWN OF EAST HARTFORD  
POLICE DEPARTMENT  
SUPPORT SERVICES BUREAU  
Outdoor Amusement Permits  
31 School Street  
East Hartford, CT 06108  
(860) 528-4401



Michael P. Walsh  
Mayor

## Administrative Review of Amusement Permit

Event Date: Saturday, June 24, 2023-Rain or Shine

Event: "Dilligence Training 4-Year Anniversary"

Applicant: Dilligence Training, Devonte Dillion, CEO

Pursuant to Town Ordinance (TO) 5-3, a review of the application was completed and the following recommendation is made:

- 1. the application be approved as submitted.
- 2. the application be revised, approved subject to the condition(s) set forth in the attached comments.
- 3. the application be disapproved for the reason(s) set forth in the attached comments.

- Fire Department
- Health Department
- Parks & Recreation Department
- Public Works Department
- Corporation Counsel

Anticipated Cost(s) if known \$ \_\_\_\_\_

Signature  
Steve Alsup, Assistant Fire Chief

6/9/2023  
Date

Comments:

# TOWN OF EAST HARTFORD POLICE DEPARTMENT



Michael P. Walsh  
Mayor

OUTDOOR AMUSEMENT PERMITS  
31 SCHOOL STREET  
EAST HARTFORD, CT 06108-2638  
(860) 528-4401



Scott M. Sansom  
Chief of Police

## OUTDOOR AMUSEMENT PERMIT APPLICATION

**THIS APPLICATION IS DUE NOT LESS THAN 30 DAYS PRIOR TO THE EVENT APPLIED FOR**

1. **Name of Event:**  
Dilligence Training - 4 Year Anniversary
2. **Date(s) of Event:**  
June 24th - Rain or Shine.
3. **Applicant's name, home & work phone numbers, home address, and e-mail address (NOTE: If applicant is a partnership, corporation, limited liability company, club or association give the full legal name of the Applicant):**  
Dilligence Training, LLC  
Devonte Dillion, Owner  
860-292-0068  
275 Park Ave, East Hartford, Connecticut, 06108  
Info@dilligencetraining.com
4. **If Applicant is a partnership, corporation, limited liability company (LLC), club, or association, list the names of all partners, members, directors and officers AND provide their business address.**  
Devonte Dillion, CEO  
Terrell Huff, COO  
275 Park Ave, East Hartford, Connecticut, 06108
5. **List the location of the proposed amusement: (Name of facility and address)**  
Dilligence Training - 275 Park Ave, East Hartford, Connecticut, 06108
6. **List the dates and hours of operation for each day (if location changes on a particular day, please list):**  
June 24th, 11am-3pm
7. **Provide a detailed description of the proposed amusement:**  
Dilligence will host a community day, celebrating 4 years in business. This will be a free event for the community, providing games for the youth and a space for the community to socialize and be empowered.

8. Will music or other entertainment be provided wholly or partially outdoors?

✓ Yes      No

a. If 'YES,' during what days and hours will music or entertainment be provided (note: this is different from hours of operation)? **11am-3pm**

9. What is the expected age group(s) of participants?  
**12 & up**

10. What is the expected attendance at the proposed amusement:  
(If more than one performance, indicate time / day / date and anticipated attendance for each.)  
**100 Attendees**

11. Provide a detailed description of the proposed amusement's anticipated impact on the surrounding community. Please comment on each topic below:

a. Crowd size impact:

**With being at 275 Park Ave, we have spoken to Theodore Bradon and he has confirmed that the trucks parked in our current location, will be park on silver lane to allow enough parking for attendees.**

b. Traffic control and flow plan at site & impact on surrounding / supporting streets:  
**Dilligence will provide a specific area for parking for this event.**

c. Parking plan on site & impact on surrounding / supporting streets:  
**Melrose Street, Laurel Street will be side streets people can use as needed.**

d. Noise impact on neighborhood:  
**Dilligence will only have music playing during the allotted time of the event.**

e. Trash & litter control plan for the amusement site and surrounding community during and immediately after the proposed amusement:  
**Dilligence will have staff for the cleaning during and after the event.**

f. List expected general disruption to neighborhood's normal life and activities:  
**Noise/Music**

g. Other expected influence on surrounding neighborhood:

12. Provide a detailed plan for the following:

a. Accessibility of amusement site to emergency, police, fire & medical personnel and vehicles:  
**Dilligence will have the entire lot open, allowing for open access for emergency units to be accessible.**

b. Provisions for notification of proper authorities in the case of an emergency:  
**Dilligence has made Chief Mack Hawkins aware of the event.**

c. Any provision for on-site emergency medical services:  
**Dilligence has made Chief Mack Hawkins aware of the event.**

d. Crowd control plan:  
**Dilligence will provide seating for attendees to eat/sit, games will have a designated area as well.**

e. If on town property, the plan for the return of the amusement site to pre-amusement condition:

f. Provision of sanitary facilities:

Dilligence would like to use portable toilets to allow for access to all attendees, sanitation stands will be present.

13. Will food be provided, served, or sold on site:

a. Food available:  Yes  No **AND**

b. Contact has been made with the East Hartford Health Department  Yes  No.

14. Does the proposed amusement involve the sale and / or provision of alcoholic beverages to amusement attendees,

Yes  No  Alcoholic beverages will be served / provided.

If 'YES', describe, in detail, any and all arrangements and what procedures shall be employed:

a. For such sale or provision,

b. To ensure that alcohol is not sold or provided to minors or intoxicated persons.

Check if copy of the liquor permit, as required by State law, is included with application.

15. Include any other information which the applicant deems relevant (ie: time waivers and fee waiver requests should go here):

Requesting a time waiver, requesting fee waiver as this is an event for the community.

---

CGS Sec. 53a-157. False Statement: Class A Misdemeanor.

A person is guilty of False Statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official duties.

a. False Statement is a Class A Misdemeanor.

b. The penalty for a Class A Misdemeanor is imprisonment for a term not to exceed one (1) year, or a fine not to exceed \$1,000, or both a fine and imprisonment.

---

I declare, under the penalties of False Statement, that the information provided in this application is true and correct to the best of my knowledge:

Dilligence Training LLC

(Legal Name of Applicant)

Devonte Dillion

(Applicant Signature)

Devonte Dillion

(Printed Name)

06/01/2023

(Date Signed)

Owner

(Capacity in which signing)

---

● (Click button to send application electronically to [ehpdpermits@easthartfordct.gov](mailto:ehpdpermits@easthartfordct.gov))

**FOR OFFICE USE**

Insurance Certificate Included:

YES

NO

Liquor Permit Included:

YES

NO

Certificate of Alcohol Liability Included:

YES

NO

Time Waiver Request Included:

YES

NO

Fee Waiver Request Included:

YES

NO

**Outdoor Amusement Permit Fees:**

Sport, athletic contest, musical, operatic, dramatic, theatrical or pictorial performance or other exhibitions

\$ 10/performance §5-6

Parades

\$ 25/each parade §5-6

Fireworks display or air show

\$ 25/performance §5-6

Carnival, rodeo, circus, or tent show

\$ 100/day §5-6

**Total Assessed Amusement Permit Fee**

Received By: Augustina Rivera

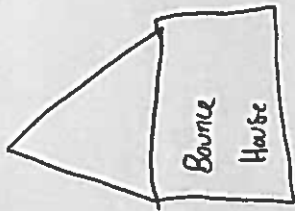
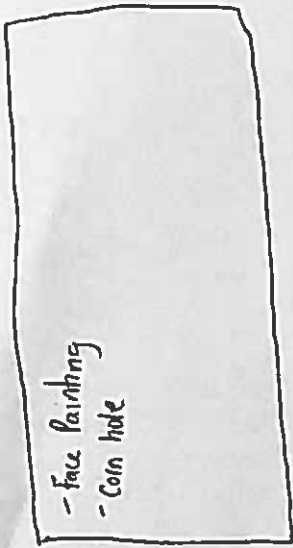
Employee Number: 9099

Date & Time Signed: ~~06/01/2022~~ 6/5/23 7 : 05 PM

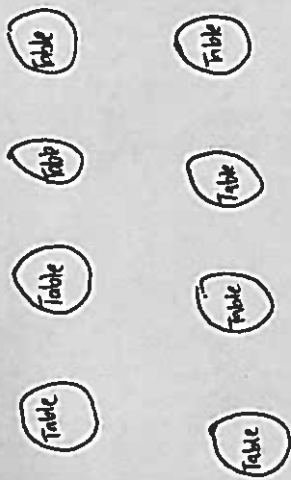
Time remaining before event: 19 days.

If roads or sidewalks will be closed to public use as a result of this event the applicant must comply with signage requirements per Section 5-4 and present a signed affidavit attesting to this at the Town Council meeting.

# The Celebration Layout



DJ/Music



Diligence Training  
Main Entrance  
Food  
Food  
Food

Note: Parking will take place around the outside of Diligence Training.

← Park Ave →



DILLTRA-01

PSPENCER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/9/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Haberman Insurance 95 Ashley Ave West Springfield, MA 01089	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (413) 781-7000 FAX (A/C, No): (413) 733-9545 E-MAIL ADDRESS: info@habermaninsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Dilligence Training LLC 275 East St Ste B East Hartford, CT 06108	<b>INSURER A:</b> Mount Vernon Fire
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	MSE023U3216	6/23/2023	6/25/2023	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: June 24, 2023 Dilligence Training 4 year anniversary event at 275 Park Ave, East Hartford, CT 06108  
Special Event General Liability policy  
The Town of East Hartford and the East Hartford Board of Education, its officials, employees, volunteers, boards and commissions are included as an Additional Insured on General Liability Policy.

<b>CERTIFICATE HOLDER</b>  The Town of East Hartford and East Hartford Board of Education 740 Main Street East Hartford, CT 06108	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 