

MISSION STATEMENT

The Board of Selectmen, acting as stewards of the Town and agents of the people, will provide services that promote safety; an affordable healthy living environment; and through effective land use and town resources, an economic base that creates jobs and tax assistance to the community while preserving our rural historic character.

TOWN OF HEBRON BOARD OF SELECTMEN REGULAR MEETING (VIRTUAL)

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HEBRON TOWN CLERK

Board of Selectmen Regular Meeting

March 2, 2023, 7:00 p.m. (America/New York)

Please join my meeting from your computer, tablet or smartphone.

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Thursday, March 2, 2023

7:00 p.m.

AGENDA

Time Guideline

- | | | |
|-----------|----|---|
| 7:00 p.m. | 1. | CALL TO ORDER |
| 7:00 p.m. | 2. | PLEDGE OF ALLEGIANCE |
| 7:02 p.m. | 3. | TOWN MANAGER'S FY 2023-2024 BUDGET PRESENTATION |
| 7:32 p.m. | 4. | ADDITIONS AND CHANGES TO THE AGENDA |
| 7:35 p.m. | 5. | PUBLIC COMMENT
This section of the agenda is reserved for persons in attendance who wish to briefly address the Board. The Board requests that comments be limited to three minutes or less. Persons wishing to comment should type "comment" and your name in the chat box and you will be recognized. |
| 7:40 p.m. | 6. | TOWN MANAGER'S REPORT
<ul style="list-style-type: none">a) Recent Activitiesb) Correspondencec) Town Manager Updates |

7:55 p.m.

7. OLD BUSINESS

- a) American Rescue Plan State and Local Recovery Funds Update ***
- b) Public Works Building Project Next Steps ***
- c) Charter Revision Discussion ***
- d) Any Other Old Business

*** No need for discussion or action at this time

8:15 p.m.

8. NEW BUSINESS

- a) Award Contract for Facilities Evaluation
- b) Approve Revenue Recovery Service Agreement with Certified Ambulance Group
- c) Approve NCAAA Hebron Outreach and Social Support Services Grant Application
- d) Approve NCAAA Hebron Therapeutic Activity Grant Application
- e) Approve NCAAA Hebron Transportation Grant Application
- f) AHM Budget
- g) Draft Agenda for March 16, 2023 Meeting
- h) Any Other New Business

8:35 p.m.

9. CONSENT AGENDA

Consent agenda items are considered to be routine in nature, which the Board may not need to discuss individually and may be voted on as a group. Any board member who wishes to discuss a particular item in this section may request the Chair to remove it for later discussion and a separate vote if necessary.

a) **APPROVAL OF MINUTES**

9.a.1 January 19, 2023 – Regular Meeting

9.a.2 February 16, 2023 – Regular Meeting

b) **TAX REFUNDS**

8:40 p.m.

10. LIAISON REPORTS

- a) AHM Youth Services
- b) Hebron BOE – Gail Richmond
- c) Board of Finance – Peter Kasper
- d) Land Acquisition – Tiffany Thiele
- e) RHAM BOE – Marc Rubera
- f) Parks & Recreation Commission – Peter Kasper
- g) Economic Development Commission – Tiffany Thiele
- h) Hebron Historic Properties Commission – Dan Larson
- i) Commission on Aging/Senior Center – Gail Richmond
- j) Fire Department – Dan Larson
- k) WPCA – Andrew Tierney/Kevin Kelly
- l) Green Committee – Tiffany Thiele
- m) Douglas Library Board of Trustees – Gail Richmond

8:50 p.m.

11. PUBLIC COMMENT

8:55 p.m. 12. ANTICIPATED EXECUTIVE SESSION

 a) Town Manager Annual Evaluation

9:30 p.m. 13. ADJOURNMENT

CORRESPONDENCE



Town of Hebron

**TOWN OFFICE BUILDING
15 GILEAD STREET
HEBRON, CONNECTICUT 06248
TELEPHONE: (860) 228-5971
FAX: (860) 228-4859
www.hebronct.com**

ANDREW J. TIERNEY
TOWN MANAGER

DANIEL LARSON
CHAIRMAN

GAIL B. RICHMOND
VICE CHAIRMAN

PETER D. KASPER
SELECTMAN

MARC P. RUBERA
SELECTMAN

TIFFANY V. THIELE
SELECTMAN

February 16, 2023

Mr. Kevin Kelly
12 Church Street
Hebron, CT 06248

Dear Kevin:

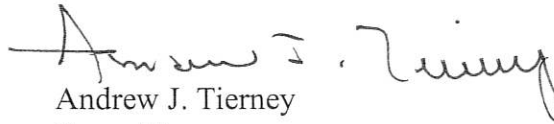
As the Town Manager of Hebron and on behalf of the Board of Selectmen and town residents, I want to personally congratulate and thank you for your 10 years of service, as of February 1, 2023.

Your continued dedication, support, diligence and hard work have not gone unnoticed. You are a valued employee who goes above and beyond, and it is much appreciated.

Every town should be so lucky to have an employee like you.

Again, congratulations on this milestone!!!

Sincerely,


Andrew J. Tierney
Town Manager

AJT:dw

cc: Board of Selectmen



Town of Hebron

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CHAIRMAN

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VICE CHAIRMAN

PETER D. KASPER
SELECTMAN

MARC P. RUBERA
SELECTMAN

TIFFANY V. THIELE
SELECTMAN

February 16, 2023

Ms. Adrian Maclean
8 Kristy Lane Ext, Unit 4D
Colchester, CT 06415

Dear Adrian:

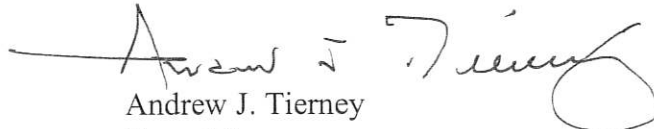
As the Town Manager of Hebron and on behalf of the Board of Selectmen and town residents, I want to personally congratulate and thank you for your 15 years of service, as of February 11, 2023.

Your continued dedication, support, diligence and hard work have not gone unnoticed. You are a valued employee who goes above and beyond, and it is much appreciated.

Every town should be so lucky to have an employee like you.

Again, congratulations on this milestone!!!

Sincerely,


Andrew J. Tierney
Town Manager

AJT:dw

cc: Board of Selectmen

**TOWN OF HEBRON
BOARD OF SELECTMEN
REGULAR MEETING
MARCH 2, 2023**

AWARD CONTRACT FOR FACILITIES EVALUATION

The Town of Hebron recently conducted an RFP/Q for proposals for Municipal Facilities Evaluation and received proposals from three (3) firms (summary attached). Please see attached letter of recommendation from the Public Building Committee.

Proposed Motion:

Move that the Hebron Board of Selectmen award the contract for the Municipal Facilities Evaluation to Bureau Veritas of Owings Mills, Maryland, in the amount of \$49,933.72 and authorize Andrew J. Tierney, Town Manager, to sign any necessary documents.

**Town of Hebron
BID # 2023-02
Evaluation of Existing
Municipal Facilities
February 2, 2023**

[illegible]

**PUBLIC BUILDING COMMITTEE
TOWN OF HEBRON
15 GILEAD STREET
HEBRON, CT 06248**

February 22, 2023

Mr. Andy Tierney
Town Manager
Town of Hebron
15 Gilead Street
Hebron, CT 06248

RE: Municipal Facilities Evaluation
Recommendation of Contract Award
Bureau Veritas

Dear Andy:

The Public Building Committee convened a Special Meeting on February 14th to conduct a Post Bid Scope Review meeting with the apparent low bidder for the Town's Municipal Facilities Evaluation project. In attendance was Cheyenne Irby, Project Executive of Bureau Veritas.

A very extensive and thorough scope review confirmation was conducted by members of the Committee. It is our opinion that Bureau Veritas has included in their bid all the work that is necessary and required to provide a complete and comprehensive evaluation and recommendation in regards the Town's facilities.

At last night's PBC meeting, "a motion was made by Mal Leichter and seconded by Chairmen Wayne Warwick that the Public Building Committee vote to approve the Base Bid from Bureau Veritas of Owings Mills, MD, in the amount of \$49,933.72 to perform the Town of Hebron's Municipal Facilities Evaluations. In addition, the Building Committee requests that this item be placed on the next Board of Selectmen meeting for their formal approval and with the Town Manager authorized to sign all necessary documents and contracts related to this work." A vote was taken and it was unanimous (4-0) with no abstentions.

Attached is a copy of Bureau Veritas' fee proposal from their RFQ/RFP submission for your information and use.

If you have any questions or comments, please feel to contact myself or any member of our committee.

Sincerely



Richard B. Steiner
Recording Secretary

Cc: Public Building Committee Members
Enc.

FEES

The following table provides a breakdown of the fees associated with the Town of Hebron's high-priority buildings listed in the RFP.

SERVICES	FEE (Fixed Price)
Facility Condition Assessment	\$49,933.72

INVOICE FORMAT

BV will submit a monthly invoice inclusive of all services performed during that period. The per site fee will be established per the schedule of values provided at the program kick-off, and invoiced at the billing milestones stated below. Invoices will be payable within 30 days of receipt:

Completion of onsite assessments:	50% of per site fee
Delivery of Draft Reports:	45% of per site fee
Delivery of Final Reports:	5% of per site fee

Upon receipt of each monthly invoice, the amount due per billing milestone is fully collectible. Please forward payments to: Accounting Department, Bureau Veritas Technical Assessments LLC, PO Box 74007289, Chicago, IL 60674-7289 or contact BV-invoicing@BVNA.com to pay via credit card or to receive wiring instructions. Please ensure that BV Proposal #161734.23P or invoice number is clearly identified on all payments and correspondence for proper credit.

Please submit all draft comments to BV within 60 days of draft delivery. Unless otherwise communicated, BV will consider all drafts approved for finalization after 60 days, and the remaining balance due will be invoiced.

HOURLY RATES

The following fees include all costs associated with travel, lodging, car rental, food, tools, equipment, and all other miscellaneous expenses applicable to the work related to this project.

Team Role	Hourly Rate (\$)
Project Executive	\$190.00
Program Manager	\$140.00
Project Manager I (PE/RA)	\$120.00
Project Manager II (PE/RA)	\$130.00
Quality Control Manager	\$135.00
Technical Report Reviewer	\$115.00
Administrative	\$80.00

**TOWN OF HEBRON
BOARD OF SELECTMEN
REGULAR MEETING
MARCH 2, 2023**

**APPROVE REVENUE RECOVERY SERVICE AGREEMENT WITH
CERTIFIED AMBULANCE GROUP**

Peter Starkel, Fire Chief, is recommending the change in provider for ambulance billing from Shared Response to Certified Ambulance Group. Attached is an agreement between the Town of Hebron and Certified Ambulance Group, Inc. which has been reviewed by the Town Attorney. The Town Attorney has also recommended adoption of the attached Business Associate Agreement. The proposal is for a five-year term.

Proposed Motion:

Move that the Hebron Board of Selectmen award the contract for ambulance billing to Certified Ambulance Group, of Rocky Hill, Connecticut, and authorize Andrew J. Tierney, Town Manager, to sign the Revenue Recovery Service Agreement and the Business Associate Agreement between the Town of Hebron Fire Department and Certified Ambulance Group, Inc.

REVENUE RECOVERY SERVICE AGREEMENT

THIS AGREEMENT is between Certified Ambulance Group, Inc., a Connecticut corporation having its principal place of business at 148 Dividend Road, 06067 Rocky Hill, Connecticut (hereinafter "Certified Ambulance Group") and **Town of Hebron Fire Department**, a corporate entity having an address of **44 Main Street, Hebron, CT 06248** - (hereinafter the "Provider"). This agreement becomes effective on _____.

WITNESSETH

WHEREAS, the Provider supplies certain emergency medical services to the residents and visitors of its primary service area and other individuals; and,

WHEREAS, the Provider desires to be reimbursed, to the extent legally permissible, by the individuals utilizing the Provider's emergency medical service; and,

WHEREAS, Certified Ambulance Group has experience in revenue recovery for services as a third-party billing service and is willing to provide such service to the Provider for a fee; and,

WHEREAS, the Provider desires to have Certified Ambulance Group provide revenue recovery services in accordance with the terms and conditions of this Agreement as a third party billing service.

NOW, THEREFORE, the parties agree as follows:

1. Work To Be Performed And Services To Be Rendered
 - (A) Certified Ambulance Group shall provide revenue recovery services on behalf of the Provider for revenues owed to the Provider. Such revenue recovery services and procedures are specified in Attachment A attached and incorporated as part of this Agreement.
 - (B) Certified Ambulance Group's services to the Provider shall include the filing of annual rate application filings when necessary, or provide assistance to the Provider in the determination of annual rate adjustments.
 - (C) Certified Ambulance Group will assist the Provider with public relations and consultation relating to revenue recovery services.
 - (D) The Provider shall authorize Certified Ambulance Group to act as the Provider's representative for the purpose of obtaining the necessary authorizations, provider numbers and insurance company contracts required for revenue recovery.

Clients Initials: _____

Date: _____

- (E) Certified Ambulance Group shall maintain its billing records in electronic format for a period of seven (7) years beginning on the day the first Statement of Services Rendered (as described in Attachment A) is mailed on behalf of the Provider. The Provider understands and agrees that original documents are destroyed upon data entry.
- (F) Certified Ambulance Group shall upon receipt of any payment by or on behalf of any patient who received the service from the Provider, forward said payment, no less frequently than four (4) times per month, to the Provider or deposit said payment in a bank account established for receipt of said payments.
- (G) The data and payment entry and record maintenance and retention services to be rendered by Certified Ambulance Group shall be performed by Certified Ambulance Group utilizing direct employees and shall not be subcontracted.
- (H) The revenue recovery services rendered by Certified Ambulance Group are contingent upon the Provider supplying to Certified Ambulance Group certain information and CMS mandated documentation: (i) In accordance with the terms and conditions described in Attachment B1, "Table of Required Information and Documentation" which is attached and becomes part of this Agreement, the required documentation and information must be provided and must be accurate and complete. (ii) In accordance with the terms and conditions described in Attachment B2, "Run Information Forwarding," which is attached and becomes part of this agreement, complete and accurate run information must be provided to Certified Ambulance Group in a timely fashion. The Provider's failure to timely supply such information to Certified Ambulance Group shall release Certified Ambulance Group from any obligation under this Agreement to recover revenue from any patient or Payor for whom such information and documentation was not supplied.

2. Compensation and Fees

- (A) Within five (5) days after the last day of every calendar month, Certified Ambulance Group shall determine the total payments received by it on behalf of the Provider. The Provider shall also give to Certified Ambulance Group, within 3 days after the last day of each calendar month, a monthly accounting for payments received by it or from a party other than Certified Ambulance Group. After Certified Ambulance Group has determined the total payments received from all sources for the previous month, Certified Ambulance Group shall invoice the Provider for an amount equal to **five and one half percent (5.5%)** of the total payments received. "Payments" as used in this section shall mean those funds that are paid to the Provider as a result of the activities of Certified Ambulance Group and shall not include donations, grants or other funds received by the Provider.

Clients Initials: _____

Date: _____

- (B) If the Provider pays the invoice noted in Subsection (A) above within fifteen days or the payment is post marked on or before the fifteenth of the month, a three percent (3%) discount of the net payable will be granted.
- (C) The Provider shall pay Certified Ambulance Group's invoice within thirty (30) days from date of invoice from Certified Ambulance Group. In the event that the Provider does not pay the invoice noted in Subsection (A) within the thirty (30) day period then Certified Ambulance Group reserves the right to hold all payments in escrow until payment is made.
- (D) The right of Certified Ambulance Group to receive payments for services performed pursuant to this Agreement shall survive termination of this Agreement.
- (E) It is understood between the parties that **Town of Hebron Fire Department** has sole control of the funds recovered and any and all bank accounts into which the funds are deposited. Certified Ambulance Group has neither access to nor direct use of the collected revenues.

3. Reports

- (A) A financial report will be mailed to the Provider each calendar month by Certified Ambulance Group. The financial report shall detail credits for each patient for which payment has been received; and the total dollar amount and source of any payments.
- (B) At the request of the Provider, Certified Ambulance Group shall also provide a fiscal year end report.
- (C) If the Provider requests additional reports from Certified Ambulance Group and if Certified Ambulance Group agrees to prepare such additional reports, the Provider agrees to provide any additional information required to prepare such reports. A fee, to be mutually agreed upon between the parties, shall be paid to Certified Ambulance Group prior to the compilation or preparation of such additional reports requested by the Provider.

4. Availability of Records, Audits

- (A) All records generated by Certified Ambulance Group with respect to this Agreement shall be open and available to the Provider for inspection at any time during the normal business hours of Certified Ambulance Group. All records generated by Certified Ambulance Group with respect to this Agreement shall be available at the office of Certified Ambulance Group in Rocky Hill, Connecticut. Likewise, the Provider shall allow for similar inspection by Certified Ambulance Group of its records relating to the services provided and fees due to Certified Ambulance Group.

Clients Initials: _____

Date: _____

- (B) Upon any reasonable request by the Provider, Certified Ambulance Group shall permit the Provider to retain the right to perform or have performed an audit of its billing records held by Certified Ambulance Group. The cost or expense of any audit(s) shall be borne solely by the Provider and not be charged to Certified Ambulance Group or be used to offset any payment owed to Certified Ambulance Group. Certified Ambulance Group shall provide necessary staff time for one (1) such audit per year without additional cost. The cost of additional audits in a given year will be mutually agreed to by the Provider and Certified Ambulance Group prior to such audit(s) being conducted.
- (C) Should any audit by the Provider or designated agent of the Provider of records held by Certified Ambulance Group specified in Section 4(B) above, reveal any discrepancy concerning sums due to the Provider in excess of five thousand dollars (\$5,000) per annum, the cost of said audit shall be reimbursed by Certified Ambulance Group.

5. Limitation of Liability

- (A) If any action arises from inaccurate or inappropriate billing based on inaccurate or inappropriate information that the Provider has provided to Certified Ambulance Group, the Provider shall be solely responsible for any and all actions. The Provider shall indemnify, hold harmless and defend Certified Ambulance Group and its officers, directors, agents and employees from and against all claims, damages or suits in law or in equity arising from or relating to the provision by the Provider of incomplete or inaccurate information to Certified Ambulance Group or the Provider's negligence or willful misconduct in its performance under this Agreement.
- (B) If any action arises from inaccurate or inappropriate billing based on inaccurate or inappropriate information that Certified Ambulance Group has provided to the Provider, then Certified Ambulance Group shall be solely responsible for any and all actions. Certified Ambulance Group shall indemnify, hold harmless and defend the Provider and its officers, directors, agents and employees from and against all claims, damages or suits in law or in equity arising from or relating to the provision by Certified Ambulance Group of incomplete or inaccurate information to the Provider or Certified Ambulance Group's negligence or willful misconduct in its performance under this Agreement.

Clients Initials: _____

Date: _____

- (C) Certified Ambulance Group may act upon any instrument or other writing believed by it, in good faith, to be genuine and to have been supplied by the Provider, Patient, Payor or their agents or attorneys, and shall not be liable to any party hereto in connection with the performance of its duties hereunder except for its own gross negligence or willful misconduct. Certified Ambulance Group's duties shall be determined only with reference to this Agreement. Certified Ambulance Group is not charged with knowledge of or any duties or responsibilities in connection with any other document or agreement. Certified Ambulance Group's sole obligation is to provide the Provider with revenue recovery services based on the information and documentation provided by the Provider or its agents in accordance with the terms and conditions of this Agreement, and shall have no responsibility or liability for the accuracy of any such information provided by the Provider or its agents.

6. Termination of Agreement

Either party may terminate this Agreement at any time by giving 30 days written notice.

- (i) If the Provider terminates the Agreement, Certified Ambulance Group shall continue to provide agreed upon services for 120 days following the notice of termination. However, additional Statements of Services Rendered for new accounts will not be mailed by Certified Ambulance Group from the date of receipt of the termination notice. If this Agreement is terminated by the Provider within one (1) year of the date of execution, then Certified Ambulance Group's fee will increase to twenty-five percent (25%) of payments received from the date of receipt of the termination notice to the effective date of termination.
- (ii) If Certified Ambulance Group is the party that terminates this Agreement, Certified Ambulance Group shall continue to provide all services for open accounts hereunder for the 120-day period. Certified Ambulance Group's fee will not increase during this 120-day period. However, the Provider agrees to pay Certified Ambulance Group the standard fee, as provided in this Agreement for all payments received as a result of revenue recovery that Certified Ambulance Group initiated. This commitment shall survive termination of this Agreement.

Clients Initials: _____

Date: _____

7. Confidentiality

Each party acknowledges that by reason of the relationship contemplated hereunder that it may have access to certain information and materials concerning each other's business (including without limitation the terms and pricing of this Agreement), technology, service or products that constitute trade secrets of the other party and/or is confidential ("Confidential Information"), which Confidential Information has substantial value. Each party acknowledges that said value would be impaired if such Confidential Information was disclosed to third parties. Each party ("Recipient") agrees that it will protect the Confidential Information of the other party ("Discloser") with at least the same degree of care and skill, but not less than a reasonable standard of care, as it uses for its own confidential information; provided, however, that the Recipient may provide access to and use of the Confidential Information only to those third parties that: (1) provide services to the Recipient, and (2) need to use and access the Discloser's Confidential Information in the provision of such services, and (3) have agreed to substantially similar nondisclosure obligations as those imposed hereunder. This Agreement imposes no obligation upon the Recipient with respect to the Discloser's Confidential Information for which the Recipient can establish by legally sufficient evidence: (i) was in the possession of, or was rightfully known by, the Recipient without an obligation to maintain its confidentiality prior to receipt from Discloser; (ii) is or becomes generally known to the public without violation of this Agreement; (iii) is obtained by the Recipient in good faith from a third party having a right to disclose it without an obligation of confidentiality; or (iv) was required to be disclosed by applicable law, provided that Recipient notifies Discloser of such requirement prior to disclosure, and provided further that Recipient makes diligent efforts to limit disclosure.

The obligations and requirements of this section shall survive termination of this Agreement.

8. Term of Agreement

This Agreement shall be in effect for a period of five years, with option to extend for an additional five years, from the date of execution, unless terminated as provided herein. Upon expiration of this agreement, payments to Certified Ambulance Group shall continue for services rendered as a result of billings that Certified Ambulance Group initiated. This Agreement shall automatically renew for additional term(s) unless one party notifies the other party 30 days before expiration of the term of its intent not to renew.

9. General

- (A) This Agreement is the sole and entire understanding between the parties relating to the subject matter hereof, and supersedes all prior understandings, agreements, and documentation relating to the subject. This Agreement may be amended only by an instrument executed by the authorized representatives of both parties.
- (B) This Agreement shall be governed by the laws of the State of Connecticut, without regard to conflict of laws provisions.

Clients Initials: _____

Date: _____

- (C) Certified Ambulance Group and its representatives are independent contractors of the Provider, and Certified Ambulance Group and its representatives in no event will be considered an agent, employee or joint venturer of, or with the Provider or its representative or agents. The lone exception to this paragraph is for the purpose of obtaining necessary authorizations, provider numbers and insurance company contracts as cited in Section 1., paragraph (D).
- (D) Provider understands and agrees that Certified Ambulance Group is not a "collection agency" and Certified Ambulance Group shall not be responsible for collection of payments for Provider services through the use of "collection agency" methodologies or strategies. The duties of Certified Ambulance Group are solely that of a revenue recovery service.
- (E) Any waiver of any provision of this Agreement must be in writing. No waiver of any provision of this Agreement will constitute a waiver of any other provision, whether or not similar, or a continuing waiver. The failure of either party to enforce at any time any of the provisions of this Agreement shall not be deemed to be a waiver of the right of such party thereafter to enforce any such provision. Except for payment obligations, neither party shall be liable for any failure to perform due to causes beyond its reasonable control and where failure is not caused by negligence of the nonperforming party.
- (F) If any provision of this Agreement is held to be invalid by a court of competent jurisdiction, then the remaining provisions shall nevertheless remain in full force and effect.
- (G) In addition to the reports provided by Certified Ambulance Group, the Provider agrees to maintain such records of expenditures and other income as is needed for the purpose of filing any necessary rate application, or the determination of any rate adjustments made by the Provider.
- (H) Any notice to a party hereto pursuant to this Agreement will be given in writing with Acknowledgement of Receipt, addressed as follows:

If to Certified Ambulance Group, to:
Certified Ambulance Group, Inc.
Post Office Box 290184
Wethersfield, Connecticut 06129

If to the Provider, to:
Town of Hebron Fire Department
44 Main Street
Hebron, CT 06248

Clients Initials: _____

Date: _____

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representative as of the date last below written.

Certified Ambulance Group, Inc.

Signature

Name

Title

Date

Town of Hebron Fire Department

Signature

Name

Title

Date

Clients Initials: _____

Date: _____

ATTACHMENT A

REVENUE RECOVERY SERVICE PROCEDURES

Reference: Section 1

Certified Ambulance Group will accept the appropriate documentation of a billable response from the **Town of Hebron Fire Department** (Provider) at a mutually agreed upon schedule. Certified Ambulance Group will mail or electronically transmit a standard Billing Form to the Recipient of Services' appropriate insurance provider or other entity within five (5) business days of receipt of the required information from the Provider. If the Provider fails to supply any insurance information or the Recipient of Services is uninsured, Certified Ambulance Group shall mail a Statement of Services Rendered to the Recipient of Services. Upon the request of the Provider, Certified Ambulance Group will attach an informational paragraph with such Statement of Services Rendered.

For Insured Recipient of Services:

Thirty (30) days after the mailing or electronic transmission of the first billing claim form, Certified Ambulance Group will mail or electronically send a second claim to the insurance carrier, if the insurance company has not contacted Certified Ambulance Group.

Sixty (60) days after the mailing or electronic transmission of the first billing claim form, Certified Ambulance Group will mail a Statement of Services Rendered to the Recipient of Services, if the insurance company has not contacted Certified Ambulance Group. This Statement of Services Rendered will explain that the claim has been filed with their insurance carrier over sixty days ago but we haven't received a response from that insurance carrier. If no response is received within thirty (30) days, this account will now process the same as the Uninsured described below.

For Uninsured Recipient of Services:

Twenty Five (25) days after mailing the first Statement of Services Rendered, a second Statement will be mailed, if the Recipient of Services or responsible party has not contacted Certified Ambulance Group.

Fifty (50) days after mailing the first Statement of Services Rendered, a third and final Statement will be mailed, if the Recipient of Services or responsible party has not contacted Certified Ambulance Group.

Twenty Five (25) days after the mailing of the third Statement of Services Rendered to the Recipient of Services, the account will be considered as uncollectible and the account will be closed and so reported to The Provider. The Provider then has the option to send all or selected accounts on to Collections. The Provider has the option of working with the Collection Agency of their choice or Certified Ambulance Group can refer all Collection accounts to Green Flag Collections program offered by Transworld. This is a two phase program and the Provider has the option to use either phase or combine the phases of the program. The cost for Phase 1 of the Green Flag program is a fixed eleven dollars (\$11) per claim. The cost for Phase 2 of the Green Flag program is based on a percentage of the funds collected. Current percentage rate is forty five percent (45%). The collections fees are on top of the Certified Ambulance Group fee already established.

All requests for payments, regardless of where sent, shall direct that payment be made to the Provider. Payments and correspondence from insurance carriers will be mailed to Certified Ambulance Group's address so that proper credits can be posted to patient accounts. Checks shall be delivered to the Provider or deposited into a bank account mutually agreed to by the parties four (4) times each month.

NOTE: No insert letters will be enclosed for statements mailed directly or electronically transmitted to third party payers.

Clients Initials: _____

Date: _____

ATTACHMENT B1

TABLE OF REQUIRED INFORMATION AND DOCUMENTATION

- 1) Client Profile (Completed by CAG Staff at time of Contract signing)
 - 2) Verification from IRS of Tax Identification Number (TIN) (This must be from the Internal Revenue Service preferably Form CP 575). (Completed with CAG Staff)
 - 3) Verification of Tax Exempt status (if applicable)
 - 4) Provider "Supplier" Identification Information form (Completed with CAG Staff)
 - 5) Adverse Legal History, if any.
 - 6) Authorized Official Signature "Certification Statement", Original Signature in **BLUE INK** only.
 - 7) State License or Certification Information. A Copy of the **CURRENT** License or Certificate **MUST** be attached.
 - 8) Description of Vehicle(s) (Current Vehicle Registrations), Copy of Current Registration(s) **MUST** be attached.
 - 9) Current Certificate of Liability Insurance
 - 10) Proof of Vehicle insurance if not bundled under liability policy
 - 11) List of Board of Directors with Social Security Numbers, addresses, date of birth, place of birth and the **date office held became effective.**
 - 12) Articles of Incorporation (if applicable)
 - 13) If bundle billing for ALS, copies of contracts with ALS intercept providers or BLS providers.
 - 14) Banking information for deposit of checks (Medicare) – Voided Check or Savings Deposit Slip.
-
- 15) *Municipalities using a purchase order – attach a purchase order form.*
- 16) *For Providers already billing; Rate Schedule, Provider Numbers, National Provider Identification (NPI) number (if assigned), Contact name and phone number for previous billing office, signed letter authorizing remittance address change.*

All information must be current at the time of contract signing and up-dated on an annual basis to ensure the submission and acceptance of claims.

Clients Initials: _____

Date: _____

ATTACHMENT B2

RUN INFORMATION FORWARDING

No less frequently than twice per month, Provider shall send to Certified Ambulance Group the following information with respect to all services provided by the Provider during the preceding week. Certified Ambulance Group will not process claims that are older than one hundred and eighty (180) days unless agreed upon by the Provider and Certified Ambulance Group.

- 1) The date and time the Provider or its representative(s) rendered the service to an individual or individuals.
- 2) The location where the service originated and occurred.
- 3) The apparent reason why the service was requested (e.g. auto accident, heart attack, non-vehicle trauma, seizure, etc.)
- 4) If the service is, in part or in whole, transportation, the destination of the service including the name of any hospital.
- 5) The name, address, Social Security Number and gender of the individual(s) who received the service.
- 6) The name and address of the legally responsible party if other than the individual(s) who received the service.
- 7) The date of birth of the individual(s) who received the service.
- 8) An assessment of the illness/injury of the individual(s) who received the service.
- 9) Whether the injury/illness to the individual who received the service is work related.
- 10) If the service is provided to an individual who is insured for any portion of the cost of the service, the name and address of the insurer and the insured's insurance identification number(s) including group and individual numbers, also, any signatures required for revenue recovery.
- 11) Any supplemental insurance information requested by Certified Ambulance Group where the service is provided to an insured individual.
- 12) Whether the Provider desires direct billing to a third party (such as a third party payer) for the service provided to an insured individual(s).

All of the above information shall be transmitted to Certified Ambulance Group utilizing an agreed upon Revenue Recovery form. This form shall be in addition to the PCR/Runform and the Hospital Face Sheet if available.

For the purposes of this Attachment B "service" shall mean any ambulance, transportation or emergency medical service provided by the Provider or other individual(s), whether treated and/or

Clients Initials: _____

Date: _____

transported by the Provider or its representatives.

Clients Initials: _____

Date: _____

BUSINESS ASSOCIATE AGREEMENT

This **BUSINESS ASSOCIATE AGREEMENT** (as amended or otherwise supplemented from time to time, this "Agreement") is executed as of this ____ day of _____, 2023 (the "Effective Date"), by and between **Town of Hebron Fire Department** ("Covered Entity") and **Certified Ambulance Group, Inc.** ("Business Associate").

Recitals

WHEREAS, Business Associate and Covered Entity have entered into an Engagement Letter (as amended or otherwise supplemented from time to time, the "Engagement Letter"), wherein Business Associate will perform or assist Covered Entity with certain business and legal services (the "Services") involving the use or disclosure of protected health information, as defined in the HIPAA Standards referred to below ("PHI");

WHEREAS, in connection with the Services, Covered Entity and Business Associate desire to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH"), enacted as part of the American Recovery and Reinvestment Act of 2009 (as so amended and as it may be further amended or otherwise supplemented from time to time, "HIPAA"), and the related implementing regulations which are codified at 45 C.F.R. Parts 160, 162 and 164 (as such regulations may be amended or otherwise supplemented from time to time, the "HIPAA Standards");

WHEREAS, Covered Entity and Business Associate acknowledge and agree that capitalized terms used, but not otherwise defined, herein are used herein as defined in the HIPAA Standards; and

WHEREAS, the HIPAA Standards require that Covered Entity obtain satisfactory assurances that Business Associate will appropriately safeguard the PHI created, received, maintained or transmitted by Business Associate in the course of performing the Services pursuant to the Engagement Letter.

NOW, THEREFORE, in consideration of the foregoing and the mutual promises and covenants herein contained, the parties agree as follows:

Section 1

Obligations and Activities of Business Associate

Business Associate agrees to the following:

- 1.1 *Not Use or Disclose PHI Unless Permitted or Required.*** Business Associate agrees not to use or disclose any PHI other than as permitted or required by this Agreement or the Engagement Letter, provided that such use or disclosure of PHI is permitted by HIPAA, the HIPAA Standards and other applicable laws or regulations, or as Required By Law.

- 1.2 *Safeguarding and Security of PHI.*** Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as permitted by this Agreement. Business Associate will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of any PHI that Business Associate creates, receives, maintains or transmits on behalf of Covered Entity, in accordance with Subpart C of 45 C.F.R. Part 164.
- 1.3 *Mitigate Harmful Effects.*** Business Associate agrees to cooperate in good faith in response to any reasonable requests from Covered Entity to discuss, review, inspect and/or audit Business Associate's safeguards with respect to PHI, and agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of this Agreement.
- 1.4 *Report Unpermitted Uses or Disclosures of PHI.*** Business Associate agrees to notify Covered Entity by telephone call, plus email or fax, within fifteen (15) calendar days thereof, upon becoming aware of the use or disclosure of PHI other than as permitted by this Agreement, including the discovery of any Breach of unsecured PHI as required at 45 C.F.R. §164.410.

(A) Discovery of a Breach. The Breach of unsecured PHI shall be treated as discovered by Business Associate (a "Discovered Violation") as of the first day on which the Breach is known to Business Associate, or, by exercising reasonable diligence would have been known to Business Associate, in accordance with 45 C.F.R. §164.410(a)(2).

(B) Mitigation. Business Associate shall reasonably cooperate with Covered Entity's efforts to prevent or curtail any threatened or actual Breach.

(C) Investigation of Breach. Business Associate shall promptly investigate the Discovered Violation and notify Covered Entity in writing within twenty (20) calendar days of the Discovered Violation with the following information: (1) A brief description of the incident that resulted in the Discovered Violation as appropriate; (2) The identity of each Individual who's PHI has been or is reasonably believed by Business Associate to have been accessed, acquired, used or disclosed during the Discovered Violation; (3) The date of the Discovered Violation and the date Business Associate discovered the Discovered Violation; (4) A description of the types of unsecured PHI involved in the Discovered Violation (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved); (5) Any steps that Individuals whose PHI was or is suspected to be involved in the Discovered Violation should take to protect themselves from potential harm resulting from the Discovered Violation; and (6) A brief description of what Business Associate is doing to investigate the Discovered Violation, to mitigate losses and to protect against future Breaches.

(D) Business Associate Cooperation. If Covered Entity is responsible for notifying Individuals under 45 C.F.R. §164.404 or providing any other notifications as may be required by Subpart D of 45 C.F.R. Part 164, Business Associate will cooperate in good faith with Covered Entity to ensure that Covered Entity may complete such notification as promptly as possible in full compliance with the HIPAA Standards.

- 1.5 **Ensure Compliance of Agents**. Business Associate agrees to require any agent, including any Subcontractor, that creates, receives, maintains or transmits PHI on behalf of Business Associate in connection with the performance of the Services by Business Associate to agree to the same restrictions and conditions that apply to Business Associate in this Agreement with respect to such PHI, and shall document such requirements in a written business associate agreement between Business Associate and such agent.
- 1.6 **Provide Access**. Business Associate agrees to provide access, during normal business hours, to PHI in a Designated Record Set of Covered Entity to Covered Entity in order for Covered Entity to meet the requirements of 45 C.F.R. §164.524, provided that Covered Entity has delivered written notice to Business Associate, at least five (5) business days in advance, requesting such access. This provision does not apply if Business Associate and its Workforce members, Subcontractors and other agents have no PHI in a Designated Record Set of Covered Entity or if the PHI held by Business Associate merely duplicates information held by Covered Entity.
- 1.7 **Respond to Requests for Accountings from Individuals**. If an Individual who is a patient of Covered Entity or his/her Personal Representative (as described in 45 C.F.R. §164.502(g)) makes a request to Business Associate for an accounting of disclosures of his/her PHI, Business Associate will forward such request in writing to Covered Entity within five (5) business days of receipt of such request. Covered Entity shall be solely responsible for preparing and delivering the requested accounting to the Individual or Personal Representative in accordance with 45 C.F.R. §164.528. If requested by Covered Entity, Business Associate shall make available to Covered Entity, within ten (10) business days of such request, all information about Business Associate's disclosures of PHI, if any, that must be included for Covered Entity to fully and properly respond to any request for an accounting in accordance with 45 C.F.R. §164.528.
- 1.8 **Respond to Requests for Access from Individuals**. If an Individual who is a patient of Covered Entity or his/her Personal Representative makes a request to Business Associate for access to his/her PHI, Business Associate shall forward such request in writing to Covered Entity within five (5) business days of receipt thereof. Covered Entity shall be solely responsible for providing such access in accordance with 45 C.F.R. §164.524, unless Business Associate is the only holder of the Individual's Designated Record Set, in which case Business Associate shall, if instructed by Covered Entity, provide the Individual or Personal Representative

making such request with access to the information requested in accordance with 45 C.F.R. §164.524. If requested by Covered Entity, Business Associate shall make available to Covered Entity, within ten (10) business days of such request, any PHI that is maintained by Business Associate on behalf of Covered Entity to enable Covered Entity to fully and properly respond to the request for access in accordance with 45 C.F.R. §164.524.

- 1.9 Respond to Requests for Amendment of PHI from Individuals.** If an Individual who is a patient of Covered Entity or his/her Personal Representative makes a request to Business Associate for amendment of his/her PHI, Business Associate, within five (5) business days of such request, shall direct the Individual or Personal Representative to present any such request for amendment to Covered Entity. Covered Entity shall be solely responsible for making all determinations and taking all actions regarding amendments to PHI in accordance with 45 C.F.R. §164.526. If requested by Covered Entity, Business Associate shall include any amendments agreed to by Covered Entity in any PHI that is maintained by Business Associate on behalf of Covered Entity in a Designated Record Set of Covered Entity.
- 1.10 Document Disclosures.** Business Associate agrees to document such disclosures of PHI by Business Associate as would be required for Covered Entity to respond to a proper request by an Individual or his/her Personal Representative for an accounting of disclosures of PHI in accordance with 45 C.F.R. §164.528.
- 1.11 Internal Practices.** Unless otherwise protected or prohibited from discovery or disclosure by law, Business Associate agrees to make its internal practices, books, and records relating to its use or disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to Covered Entity for purposes of determining Covered Entity's compliance with the HIPAA Standards. Business Associate shall have a reasonable time within which to comply with requests for such access and in no case shall access be required in less than ten (10) business days after Business Associate's receipt of such request, unless otherwise designated by the Secretary. Business Associate agrees to make its internal practices, books, and records relating to its use or disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary for purposes of determining Covered Entity's and/or Business Associate's compliance with the HIPAA Standards in a time and manner determined by the Secretary.
- 1.12 Limit Disclosures to Minimum Necessary.** Business Associate reserves the right to limit the disclosure of PHI under this Section 1 to the minimum necessary amount in order to accomplish the intended purpose of the request, use, or disclosure; provided that, minimum necessary does not apply in the circumstances described in 45 C.F.R. §164.502(b), including to requests made for the purposes of treatment or patient access to his/her own PHI.

Section 2
Permitted Uses and Disclosures of Business Associate

- 2.1 *Functions and Activities on Behalf of Covered Entity.*** Under the Engagement Letter, which is attached hereto, Business Associate provides Covered Entity with Services that may involve the use and disclosure, or creation, receipt, maintenance and/or transmission, of PHI by Business Associate. These services include business and legal matters on behalf of Covered Entity. Except as otherwise limited by this Agreement or by specific written instruction of Covered Entity, Business Associate may make any use or disclosure of PHI on behalf of Covered Entity for purposes of providing the Services described herein and in the Engagement Letter, provided that such use or disclosure shall not violate the HIPAA Standards if done by Covered Entity.
- 2.2 *Requests for, or Use or Disclosure of, PHI at Minimum Necessary.*** Business Associate agrees to limit requests for, and its use and disclosure of, PHI to no more than the minimum amount of PHI necessary to accomplish the purpose of the request, use or disclosure.
- 2.3 *De-identification.*** Business Associate may de-identify any and all PHI that it obtains from or on behalf of Covered Entity subject to prior written approval of Covered Entity, but only if such de-identification is accomplished in accordance with the requirements of 45 C.F.R. §164.514(a) and (b).
- 2.4 *Business Associate's Management, Administration and Legal Responsibilities.*** Except as otherwise limited by this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate and to carry out the legal responsibilities of the Business Associate.
- 2.5 *Disclosure to a Subcontractor or Agent.*** Except as otherwise limited in this Agreement, Business Associate may disclose PHI to an agent or Subcontractor for the proper management and administration of Business Associate, or to carry out the legal responsibilities of Business Associate, provided that such disclosures are Required By Law and/or Business Associate has required any such agent or Subcontractor to whom the disclosure of PHI is made, in a written agreement between Business Associate and such agent or Subcontractor, to agree to hold the PHI confidentially and use or further disclose the PHI only as Required By Law or for the purposes for which it was disclosed to the agent or Subcontractor, to notify Business Associate of any instances of which it is aware in which the confidentiality of any of the PHI has been breached, and to abide by the other restrictions and conditions that apply to the Business Associate in this Agreement with respect to such PHI.
- 2.6 *Data Aggregation Services.*** Except as otherwise limited by this Agreement, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 C.F.R. §164.504(e)(2)(i)(B).

Section 3 **Obligations of Covered Entity**

- 3.1 *Safeguarding and Security of PHI.*** Covered Entity shall be responsible for using appropriate physical, administrative and technical safeguards to maintain and ensure the confidentiality, privacy and security of PHI transmitted to Business Associate in connection with the provision of Services and this Agreement, in accordance with HIPAA and the HIPAA Standards, until such PHI is received and safeguarded by Business Associate.
- 3.2 *Notice of Privacy Practices.*** Promptly upon execution hereof, Covered Entity shall notify Business Associate of any limitations in the Notice of Privacy Practices that Covered Entity maintains in accordance with 45 C.F.R. §164.520 to the extent that such limitations may affect Business Associate's use or disclosure of the PHI. Covered Entity will provide Business Associate with a copy of the Notice of Privacy Practices and any changes to such Notice within thirty (30) days of the effective date of such changes.
- 3.3 *Notification of Changes to Permissible Uses or Disclosures.*** Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by an Individual under 45 C.F.R. §164.506 or §164.508 to use or disclose PHI to the extent that such changes may affect Business Associate's permitted or required uses or disclosures of PHI.
- 3.4 *Notification of Restrictions on Uses or Disclosures.*** Covered Entity shall notify Business Associate of any restriction on the use or disclosure of PHI that Covered Entity has agreed to or is required to comply with in accordance with 45 C.F.R. §164.522, or in accordance with Section 13405 of HITECH, to the extent that such restriction may affect Business Associate's permitted or required uses or disclosures of PHI.
- 3.5 *No Impermissible Requests.*** Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Standards if done by Covered Entity.

Section 4 **Term and Termination**

- 4.1 *Term.*** The Term of this Agreement shall begin on the Effective Date and shall remain in force and effect until terminated pursuant to Sections 4.2, 4.3 or 4.4 herein.
- 4.2 *Termination for Cause.***
- (A) Upon Covered Entity's or Business Associate's reasonable determination that the other has breached or violated a material term of this Agreement, Covered Entity or Business Associate, as the case may be, shall give written notice of such breach

to the other, and provide reasonable opportunity for the party to cure the breach or end the violation, which in any event shall not exceed thirty (30) days from the date of receipt of such notice. Covered Entity or Business Associate may terminate this Agreement upon notice to the other if the breach is not cured within such cure period, or cure is not possible.

(B) Either party may terminate this Agreement upon notice to the other when all of the PHI received from Covered Entity, or maintained, transmitted, received, or created by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy the PHI, the protections are extended to such information in accordance with the provisions of Section 4.5 herein.

4.3 Automatic Termination. This Agreement shall automatically terminate without further action of the parties upon the termination of the Engagement Letter and the Services provided thereunder by Business Associate to or on behalf of Covered Entity.

4.4 Judicial or Administrative Proceedings. Either party may terminate this Agreement and the provision of Services under the Engagement Letter, effective immediately upon notice to the other party, if the other party is named as a defendant in a criminal proceeding for an alleged violation of the HIPAA Standards or if there is a finding or stipulation that the other party has violated any requirement of HIPAA, the HIPAA Standards, the Payment Card Industry Data Security Standards or any other security or privacy laws in any administrative or civil proceeding in which the party has been joined.

4.5 Effect of Termination.

(A) Upon termination of this Agreement for any reason and receipt of written demand from Covered Entity, Business Associate agrees to, if feasible, return or destroy all PHI received, retained by, or in the possession of Business Associate, in whatever form, and shall not retain any copies thereof, and Business Associate shall notify its Subcontractors of their comparable obligations under their agreements with Business Associate.

(B) In the event the return or destruction of any PHI is not feasible in the reasonable determination of Business Associate, Business Associate shall provide to Covered Entity notification of the conditions that make the return or destruction of such PHI infeasible. To the extent that any PHI created, received or retained by, or in the possession of, Business Associate is not returned or destroyed due to the infeasibility of doing so, Business Associate shall extend the protections of this Agreement to such PHI, and shall limit further uses and disclosures of such PHI to those purposes that make the return or destruction of the information infeasible, and appropriately safeguard such PHI, for so long as Business Associate retains such PHI. Any such retained PHI shall be destroyed or returned to Covered Entity when it becomes feasible to do so.

(C) Notwithstanding the foregoing, Business Associate may retain copies of any PHI used for the purposes set forth in Section 2.4 of this Agreement to the extent necessary for such purposes after the termination of this Agreement, provided Business Associate shall extend the protections of this Agreement to such PHI, shall limit further uses and disclosures of such PHI, and appropriately safeguard such PHI, for as long as Business Associate retains such PHI. Any such retained PHI shall be destroyed or returned to Covered Entity when it is no longer needed by Business Associate.

(D) Business Associate shall not be responsible for the privacy and security of PHI that may be retained and integrated into the Designated Record Set of another Covered Entity or Business Associate.

(E) In the event that it is infeasible for Business Associate to obtain from a Subcontractor of Business Associate any PHI in the possession of the Subcontractor, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction of such information from the Subcontractor infeasible. Upon such notification, Business Associate shall require the Subcontractor to extend the protections of its agreement to such PHI, and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Subcontractor maintains such PHI.

Section 5

Limitation of Liability

- 5.1** Each party to this Agreement (the "Indemnifying Party") agrees to indemnify, defend, and hold harmless the other party to this Agreement from any and all loss, liability, damage, cost, and expense, including without limitation civil monetary penalties, monetary settlements, fines, and damages, as a result of any federal or state enforcement or arising from any use or disclosure of PHI, breach of this Agreement, or violation of the HIPAA Standards by the Indemnifying Party or its subcontractors, agents or employees, provided that the Indemnifying Party shall not indemnify the other party for any act or omission made on advice, request or direction of the other party.

Section 6

Miscellaneous Provisions

- 6.1 *Regulatory References.*** Any reference in this Agreement to a provision of HIPAA or the HIPAA Standards shall be to the provision as in effect or as amended or superseded.
- 6.2 *Amendment.*** This Agreement shall automatically incorporate any change or modification of applicable state or federal law as of the effective date of the change or modification. Business Associate agrees to maintain compliance with all changes or modifications to applicable state or federal law and to take such action

as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the HIPAA Standards.

- 6.3 Nature of Agreement.** Nothing in this Agreement shall be construed to create a partnership, joint venture, or other joint business relationship between the parties or any of their affiliates, or a relationship of employer and employee between the parties. Rather, it is the intention of the parties that their relationship shall be that of independent contractors.
- 6.4 Governing Law.** The laws of the state of Connecticut (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this Agreement, including, without limitation, its validity, interpretation, construction, performance, and enforcement.
- 6.5 Integration.** This Agreement contains the complete and final understanding of the parties with respect to the subject matter herein and supersedes all prior or contemporaneous agreements, whether oral or written, between the parties relating to such subject matter.
- 6.6 Survival.** The rights and obligations of Business Associate under Sections 4.5 and 5.1 of this Agreement shall survive the termination of this Agreement.
- 6.7 Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA and the HIPAA Standards, as those statutes and implementing regulations may be amended from time to time.
- 6.8 Severability.** Any provision of this Agreement that is determined to be invalid or unenforceable shall be ineffective to the extent of such determination without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of such remaining provisions.
- 6.9 Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document.
- 6.10 Notices.** All notices, requests, consents, and other communications related to this Agreement shall be in writing and addressed to the receiving party's address set forth below or to such other address as a party may designate by notice, and shall be (i) if sent by overnight courier, next day delivery, effective as of the date sent, or (ii) if sent by facsimile or email (with written and/or electronic evidence of transmission of the same), effective as of the date of transmission:

If to Covered Entity: Town of Hebron Fire Department
44 Main Street
Hebron, CT 06248
Attn:
Fax:
Email:

If to Business Associate: Certified Ambulance Group, Inc.
148 Dividend Road,
Rocky Hill, CT06067
Attn:
Fax:
Email:

6.11 Authority. By signing this Agreement, the parties each represent, and the other party may rely, that the signatory is authorized to bind that entity.

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives to be effective as of the Effective Date set forth above.

Covered Entity
Town of Hebron Fire Department

Business Associate
Certified Ambulance Group, Inc.

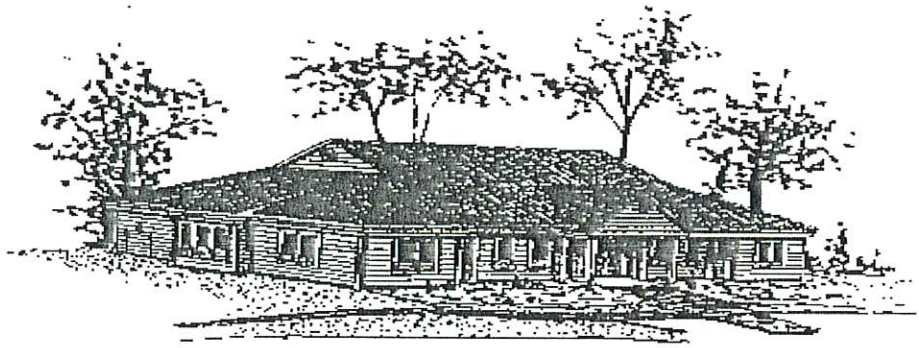
By: _____ By: _____

**TOWN OF HEBRON
BOARD OF SELECTMEN
REGULAR MEETING
MARCH 2, 2023**

**APPROVE SENIOR CENTER
NORTH CENTRAL AREA AGENCY ON AGING, INC. (NCAAA)
HEBRON OUTREACH AND SOCIAL SUPPORT SERVICES PROJECT GRANT
APPLICATION**

Proposed Motion:

Move that the Hebron Board of Selectmen approve the grant application in the amount of \$38,564 with \$54,327 in-kind matching funds from the Hebron Senior Center budget, for the FFY 2024 North Central Area Agency on Aging, Inc. – Hebron Outreach, Information, Assistance and Referral, and Social Support Services Project Grant; and that Town Manager Andrew J. Tierney be authorized to apply for, accept and receive this grant and to sign any necessary documents.



Russell Mercier Senior Center

Sharon M. Garrard, Senior Services Director/Municipal Agent for the Elderly Phone: (860) 228-1700 x 203
12 Stonecroft Drive Fax: (860) 228-4213
Hebron, CT 06248-1439 E-Mail: sgarrard@hebronct.com

February 23, 2023

Annually, three grant applications are submitted to the North Central Area Agency on Aging (NCAAA) seeking Federal Title III Older Americans Act (OAA) funds. Again this year, in light of the impact that the COVID-19 pandemic has taken on the older adult population, NCAAA also has American Rescue Plan Act (ARPA) funds available – please note that all three grants seek both Federal Older Americans Act dollars and ARPA funds. All three grants have an in-kind match consisting of a portion of existing budgeted items (e.g., personnel, utilities, postage, office supplies, fuel, etc.) None of the grants have a cash match commitment

For Fiscal year 2024 (October 1, 2023 through September 30, 2024), the three grant proposals are:

Outreach, Information, Assistance & Referral, and Social Support Services

Total Project Cost	\$92,891
OAA/ARPA Funds Requested	\$38,564
In-Kind Match	\$54,327

Therapeutic Activity

Total Project Cost	\$67,676
OAA/ARPA Funds Requested	\$15,600
In-Kind Match	\$52,076

Transportation

Total Project Cost	\$118,495
OAA/ARPA Funds Requested	\$42,308
In-Kind Match	\$76,187

I am seeking approval from the Board of Selectmen to submit all three of these grant proposals to the North Central Area Agency on Aging (NCAAA)

Sincerely,

Sharon M. Garrard
Senior Services Director and Municipal Agent for the Elderly

NCAAA Grant Application Fiscal Year 2024
Application Due Date: March 17, 2023
Cover Sheet

Please refer to the Grant Instructions document for detailed information on answering the questions.

- (1a) Federal EIN (Tax ID): 0660215 (1b) DUNS Number: 021866104
- (2) Title of Project: Outreach, Information, Assistance & Referral, and Social Support Services
- (3) Name of Organization: Town of Hebron
- (4) Address: 15 Gilroad Street City: Hebron State: CT Zip code: 06248
- (5) Authorized Official: Andrew J Tierney Title: Town Manager
 Phone: 860 228-5971 Ext: 122 Email: atierney@hebronct.com
- (6) Project Contact Person: Sharon M Garrard Title: Senior Services Director
 Phone: 860 228-1700 Ext: 203 Email: sgarrard@hebronct.com
- (7) Type of Agency: Municipality
- (8) Year Agency established: 1708
- (9) Is Applicant a Minority Provider? ☒ No ☐ Yes
- (10) Grant Category: ☒ Title III-B Supportive Services & Senior Centers
☐ Title III-D Evidence-Based Disease Prevention & Health Promotion
☐ Title III-E National Family Caregiver (Grandparent) Support Program
☒ ARPA American Rescue Plan Act
- (11) Total amount of funding requested for funding period (10/1/2023 – 9/30/2024): \$ 38,564.00
- (12) Priority Areas: If you are applying for a Grant under Title III-B, please mark (x) the area(s) under which your proposed service/program fits.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Access Services | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Community Services |
| <input type="checkbox"/> In-home Services | <input type="checkbox"/> Community Education / Counseling |
- (13) Authorized Official Signature _____ Date _____



I. Project Narrative

In the space provided, enter a narrative description of your proposed project that briefly addresses the following points: (a) the service(s) to be delivered, (b) the towns that will be served, (c) evidence of need for this service, (d) how your service(s) will support the mission of the NCAAA, (e) the estimated number of clients that will be served in the first 12 months, (f) the estimated number of service units to be provided in the first 12 months, and (g) how the service(s) will be evaluated.

(a) Through Hebron Senior Services various formal and informal outreach mechanisms and interventions will be initiated to identify individuals with unmet assistance needs, provide guidance, and encourage the use of existing services and benefits. Individuals will be provided with current information and education regarding opportunities and services available. Assistance will include assessing needs/problems/capacity, arranging/coordinating/linking services, and providing follow-up and reassessment. Outreach will include, but not be limited to, benefit access assistance, money management strategies, employment and housing guidance, in-home supports, and caregiver counseling. When appropriate, depression and cognitive screenings will be performed and referrals made along with addressing critical needs

(b) Services will be provided to Hebron residents

(c) Nealy 90% of older adults across all income and health status categories want to remain at home and "age in place". This can present a wide range of challenges both today and in the future particularly if people have insufficient awareness of the range of services available to them and how to access those services. 34.8% of Hebron's older adults live alone with the incidence of living alone increasing with age. 14.8% provide care to a family member/friend. 95.3% own the home that they reside in. Many of these homes are older and can now be difficult and costly to maintain. With Hebron being a rural community comprised of 37.3 square miles, homes can be situated on large pieces of property, separating neighbors who might otherwise be a source of support. The tendency toward loneliness, isolation, depression, and diminished quality of life is therefore increased. Individuals experiencing isolation are less prone to reach out for information and assistance. Isolation can also be a contributing factor for the use and abuse of various medications/substances and increased incidents of self-neglect, along with the risk of abuse/neglect by others and fraud/exploitation. Isolation can impede receiving benefits and services that can improve economic security and the ability to live healthy, independent lives. Outreach and engagement not only addresses social isolation and caregiver stress/relief, it also creates opportunities for individuals to receive assistance and for changes in the ability to manage to be observed and appropriately addressed

(d) NCAAA's mission will be supported through this project's goal of assisting individuals to meet their needs and overcome barriers to their independence, working with the senior themselves as well as family members, friends, and service providers to facilitate the maintenance, if not improvement, in quality of life and remain at home aging in place for as long as possible

(e) It is estimated that 60 clients will be served in the first 12 months of this project

(f) It is estimated that 760 service units will be provided in the first 12 months of this project

(g) This service will be evaluated based on efficacy of bringing more individuals awareness of/ability to access services successfully meeting their needs/aspirations, including, but not limited to, financial, informational, educational, home-support, and psycho-social needs. Additionally, we will assess referral levels made both from professionals and lay community members, as a measure of awareness of services and supports that are available to seniors

II. Agency Mission, History and Structure

Ila. Please list the mission statement of your Agency.

Hebron's Senior Services will offer a responsive, evolving, broad range of services, activities, and supports, along with providing information, education, assistance, and referrals to link individuals with available resources. We recognize that older adults have diverse needs and interests, and desire the ability to engage in activities and services that reflect their experiences and skills, enhance their dignity, support their independence, and improve their quality of life

Ilb. (If not a municipal agency), Please give a brief history of your agency and any changes in its mission statement or service focus over the lifespan of the agency.

Ilc. There are multiple Certifications and Assurances that need to be completed by your agency. These can be found in Appendices B1 to B5 on <https://www.ncaaaact.org/funding>. Please see Grant Instructions for more information on these.

Ild. There are other Organizational Documents that may need to be included with the application in Appendices A and Appendices C1 to C7. Please see Grant Instructions for more information.

III. Description of Services to be Provided

- IIIa. In the chart on the next page, please list: (1) the specific services (from NAPIS List – see Grant Instructions) that will be provided using NCAAA funds, (2) the service code for each service, (3) the projected number of units of each service that will be provided, and (4) the percent of the amount requested from NCAAA that will be allocated to each specific service.

IIIa. Description of Services to be Provided

(1) Service name (from NAPIS list)	(2) Service code from NAPIS list	(3) Projected number of service units to be provided	(4) Percent of requested funds allocated to this service
Outreach	131	760	100.00
Total (column 4 -- should equal 100%)			100.00

IIIb. Mark (x) the towns that will be served:

	Capitol Region		Central Region		Farmington Valley Region		Hockanum Valley Region
<input type="checkbox"/>	Bloomfield	<input type="checkbox"/>	Berlin	<input type="checkbox"/>	Avon	<input type="checkbox"/>	Andover
<input type="checkbox"/>	East Hartford	<input type="checkbox"/>	Bristol	<input type="checkbox"/>	Canton	<input type="checkbox"/>	Bolton
<input type="checkbox"/>	East Windsor	<input type="checkbox"/>	Burlington	<input type="checkbox"/>	East Granby	<input type="checkbox"/>	Ellington
<input type="checkbox"/>	Glastonbury	<input type="checkbox"/>	New Britain	<input type="checkbox"/>	Farmington	<input type="checkbox"/>	Enfield
<input type="checkbox"/>	Hartford	<input type="checkbox"/>	Plainville	<input type="checkbox"/>	Hartland	<input checked="" type="checkbox"/>	Hebron
<input type="checkbox"/>	Manchester	<input type="checkbox"/>	Plymouth	<input type="checkbox"/>	Granby	<input type="checkbox"/>	Marlborough
<input type="checkbox"/>	Newington	<input type="checkbox"/>	Southington	<input type="checkbox"/>	Simsbury	<input type="checkbox"/>	Somers
<input type="checkbox"/>	Rocky Hill			<input type="checkbox"/>	Suffield	<input type="checkbox"/>	Stafford
<input type="checkbox"/>	South Windsor					<input type="checkbox"/>	Tolland
<input type="checkbox"/>	West Hartford					<input type="checkbox"/>	Vernon
<input type="checkbox"/>	Wethersfield						
<input type="checkbox"/>	Windsor						
<input type="checkbox"/>	Windsor Locks						

IIIc. Describe the specific location(s) the service will be provided within the community(ies) listed above if it is a place-based service.

Services will be provided at the Russell Mercier Senior Center along with in the homes of older adults

IIId. Describe the frequency of service provision.

Services will be provided Mondays through Thursdays from 8AM to 4:30PM and Fridays from 8AM to 1PM

IIIe. In narrative form, present supporting evidence suggesting the need for the proposed services in the targeted town(s).

In 2020 2,277 Hebron residents were age 60. By 2025 2,601 individuals will be age 60+ and 2,601 by 2030. 28.2% of those 60+ have very low income or income below 60% of Tolland county's median. 95.3% own their homes, with 49.6% still having a mortgage. 28.4% of homeowners/renters spend more than 35% of their income on housing, and 12.3% report experiencing stress about paying mortgage/taxes/maintenance/rent. 11.9% have Alzheimer's or related dementias and 5.8% report cognitive difficulty. 18.4% report substance use disorders, 3.7% self-care difficulty, 7.9% independent living difficulty, 40% depression/anxiety

- III f. Discuss how potential clients will be solicited for the proposed service(s) including any advertising/marketing plans

To facilitate optimal awareness of outreach services, we proactively utilize our monthly newsletter, community newspapers/fliers, peer/neighbor/family identification, visits to senior housing sites, public speaking, social media posts, Voice/Email/Text Connect messages, database check-in mass/personalized notifications, networking with/referrals from Town departments/businesses/health care providers/social support services/faith and lay organizations

- III g. Describe how your agency will make it a priority to serve minority older adults, American Indian or Alaskan Native, Black or African American, Hispanic, or Latino, Asian, Native Hawaiian, other Pacific Islanders, or other underserved older adults in your community.

97.2% of Hebron's older adults are Caucasian with 2.8% minority. In July 2020 the Hebron Coalition on Diversity and Equity (CoDE) was formed and in September 2020 the Board of Selectmen supported forming a Racial Justice & Equity Steering Committee exploring racial barriers. Along with these groups, we work with the Town Planner regarding developing an Affordable Housing Plan. Working cooperatively, we strive to continually enhance multicultural knowledge, sensitivity, equality and competency, along with promoting the skills, abilities, and attitudes to build an inclusive community

- III h. In the chart on page 7 insert the service codes (from previous chart III a) that you are providing and the anticipated number of clients you expect to serve from each of the demographic groupings (see Grant Instructions).

IIIh. Chart of demographic characteristics of anticipated clients for each service.

[illegible]

- IIIi. If your Agency has delivered these services before, describe any trends in service usage over the last three years.

As the senior population has grown so has service need/demand. This is particularly true of those 80+ which was 12.3% of those 60+ in 2020 and projected to be 15.8% in 2025, 18% in 2030, and 21.5% in 2035. This cohort can be especially reluctant to accept services due to concerns over inability to complete tasks, perceptions of being burdensome, lack of trust, and lack of control. Reframing can enhance service acceptance and ability to age in place

- IIIj. Describe your process for requesting and collecting donations for the services provided.

All publicity regarding outreach state that funding is provided by NCAAA through the Federal Older Americans Act, further stating that contributions/donations are welcome and will be used exclusively to expand services. It is emphasized that individuals are under no obligation to provide contributions, that contributions are purely voluntary, and services provided to individuals will not be adversely affected in any way due to contributions not being made

IV. Description of Staff Providing Services

- IVa. On the chart on the next page, fill in requested information for all individuals, both paid and volunteers, who will be working on the project, including the fiscal manager and individual(s) providing data collection/management information activities. (see Grant Instructions)

IVa. Description of Staff Providing Services

(see instructions above)

Title	Status: (Staff [S] or Volunteer [V])	Hours per week working on project	Is person a member of a racial or ethnic minority group? (Yes, No). If yes, indicate type: Black or African American, Hispanic or Latino, Asian, Hawaiian or other Pacific Islander								Is person age 60 or older?		Does this person have pertinent license or certification?		
			Yes	No	African American	Hispanic or Latino	Asian	Hawaiian/Pacific Islander			Yes	No	Yes	No	N/A
Fiscal Manager	Staff	1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Data Collection Manager	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Social Worker	Staff	24	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		Yes		
Program Coordinator	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		Yes		
Receptionist/Clerical Support	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		

IVb. Describe how your Agency supervises and/or maintains quality control regarding services delivered.

Outreach intervention is person-centered and strengths-based, with quality defined by the individual's assessed satisfaction regarding improved quality of life/ability to live safely at home with more control over pertinent aspects of their lives /reduced unmet needs. Hebron's outreach worker maintains a BSW and participates in all pertinent trainings to ensure the provision of accurate, up-to-date information. Additionally, individual detailed records of all interventions/follow-ups/reassessments are maintained to monitor quality control

IVc. Describe your grievance process for clients who feel they have been denied service because of discrimination.

A grievance would initially be received by the Senior Services Director. Within 15 calendar days after receipt, the Senior Services Director and the complainant would meet to discuss the grievance and possible resolution. If not satisfactorily resolved, the grievance would be referred to Hebron's Commission on Aging within 15 calendar days. If still not resolved, the grievance would be referred to NCAAA/State Unit on Aging within 15 calendar days

V. Evaluation of Services (See grant instructions for further discussion of items in this section)

Va. Discuss the desired impact that your service(s) will have on the targeted individual(s) quality of life.

Person-centered, strengths-based, No Wrong Door outreach places all individuals in control of services needed and outcomes desired. While the vast majority of people are very interested in receiving information about services, they often do not know where or how to access them. Outreach's role is to identify those with unmet assistance needs, provide accurate up-to-date resource information, and provide linkage(s) to those services with follow-up and reassessment

Vb. Describe your client satisfaction data collection process.

Satisfaction is documented in written detail with each client encounter eliciting what is important to the individual, identifying person-centered outcomes, recording education provided regarding how to achieve those outcomes, and formulating an action plan. Follow-up and reassessment documents the efficacy of whether or not the individual's goals have been attained and/or if there has been enhancement of the individual's skills, attitude, and ability to gain more control over their lives in aspects of their lives that they have self-identified as important, and next steps

Vc. If the proposed service(s) has previously been delivered, summarize in narrative form your previous satisfaction data (no more than the past two years).

Over the course of the past 2 years 18.3% of individuals served have been enrolled in the Medicare Savings Program, 12.2% have been enrolled in Medicaid (dual eligible), 3% have been enrolled in SNAP, 1.2% have been enrolled in the CT Home Care Program for Elders, 6.48% have been enrolled in the CT Energy Assistance Program, and 2.5% have engaged in applicable support groups. Linkage to these programs has assisted individuals to remain integrated in the community and to age in place as desired

Vd. Please briefly describe any other measures that you are currently using to examine changes in the client's psychological or physical functioning.

ADLs and IADLs are reviewed in addition to, when appropriate, administration of the Geriatric Depression Scale, mini mental status evaluation, and/or other applicable mental/emotional health measurement tools

VI. Sustainability

- Via. How many years has your Agency received NCAAA financial support for this service? 10
- Vib. Does your agency have any *formal* (written Memorandums of Understanding or Agreement) or *informal* arrangements (understandings that have not been written) with other agencies regarding sharing resources to expand service capacity? If yes, please list in the table below the names of these agencies, their location, and the content areas (e.g., share transport, referral exchanges, etc.) of these arrangements.

Formal Agreements (Memorandums of Understanding (MOU's) or Agreement (MOA's))		
Name of agency	Location: city/town	Content areas
None		
Informal Agreements (unwritten "understandings")		
Name of agency	City	Content areas
None		

VIc. Beyond the relationships described in the table above, are you currently engaged in any discussion or planning with other programs or municipalities to share resources or services? If yes, describe. If no, write "none."

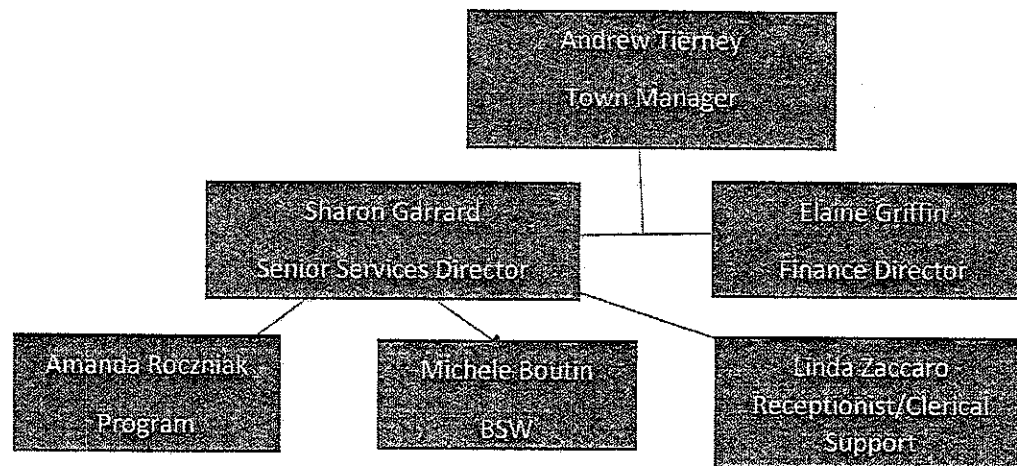
Hebron Senior Services collaborates with the CT Healthy Living Collective to offer the LGBT Movable Senior Center Initiative, Tai Ji Quan: Moving for Better Balance, A Matter of Balance, and the Aging Mastery Program. Additionally, we collaborate with the Chatham Health District to offer Live Well, and with AARP to offer the Zero Isolation program. We also work with the LiveWell Institute to deliver initiatives to make Hebron an Age & Dementia Friendly Community

VIId. Identify any self-sustainability plans for the proposed service including fundraising and fee-for-service efforts.

The Town of Hebron is committed to retaining a full-time social worker dedicated to serving older adults through its annual Town budget

Hebron Outreach, Information, Assistance & Referral, and Social Support Services

Project Staff Organization Chart



Appendix B1 – Certification of Non-Federal Match for Title III Project

CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROJECT

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

Hebron Outreach, Information, Assistance & Referral, and Social Support Services

for the period beginning 10/1/23 and ending 9/30/24.

Cost Category	Cash Amount	In Kind Value	Source
Personnel		39,296	Town of Hebron
Audit/Postage/Printing & Publications		7,673	Town of Hebron
Utilities/Phone		3,848	Town of Hebron
Travel/Office Exp/Supplies		1,158	Town of Hebron
Contractual		1,315	Town of Hebron
Meetings/Conf/Dues/Prog Dev		1,037	Town of Hebron
TOTAL		54,327	

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

Signed:

Date: _____

Name:

Andrew J Tierney

Title:

Town Manager

Agency:

Town of Hebron

APPENDIX D1 - FFY 2024 PROJECT BUDGET - SUMMARY PAGE

PROJECT NAME: Hebron Outreach, Information, Assistance & Referral, and Social Support Services

Line Item	Cost Category	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Project Cost
				Cash	In Kind	
1	Personnel	\$ 19,282	\$ 19,282	\$ -	\$ 39,296	\$ 77,860
2	Rent	\$ -	\$ -	\$ -	\$ -	\$ -
3	Travel	\$ -	\$ -	\$ -	\$ 583	\$ 583
4	Audit	\$ -	\$ -	\$ -	\$ 6,300	\$ 6,300
5	Utilities	\$ -	\$ -	\$ -	\$ 2,972	\$ 2,972
6	Telephone	\$ -	\$ -	\$ -	\$ 876	\$ 876
7	Office Expense	\$ -	\$ -	\$ -	\$ 67	\$ 67
8	Postage	\$ -	\$ -	\$ -	\$ 1,300	\$ 1,300
9	Printing/Publication	\$ -	\$ -	\$ -	\$ 73	\$ 73
10	Supplies	\$ -	\$ -	\$ -	\$ 508	\$ 508
11	Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
12	Repairs/Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
13	Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
14	Contractual	\$ -	\$ -	\$ -	\$ 1,315	\$ 1,315
15	Other: Meeting/Conf/Dues/ProgDev	\$ -	\$ -	\$ -	\$ 1,037	\$ 1,037
16	Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Total Cost		\$ 19,282	\$ 19,282	\$ -	\$ 54,327	\$ 92,891

Projected Client Contributions**

\$ -

*Projected client contributions must be used to expand services; the funds cannot be used as match.

PROJECT NAME: Hebron Outreach, Information, Assistance & Referral, and Social Support Services

Position	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
			Cash	In-Kind		
Social Worker	19,282	19,282		9,640	\$ 48,204	\$30.90/hr x 24hrs/wk x 52wks = \$38,563.20 + 25% fringe \$9,640.80 = \$48,204
Senior Services Director/Data Collection				\$ 12,503	\$ 12,503	\$38.47/hr x 5hrs/wk x 52wks = \$10,002.20 + 25% fringe \$2,500.55 = \$12,502.75
Program Coordinator				\$ 8,171	\$ 8,171	\$25.14/hr x 5hrs/wk x 52wks = \$6,536.40 + 25% fringe \$1,634.10 = \$8,170.50
Receptionist/Clerical Support				\$ 4,875	\$ 4,875	\$15/hr x 5hrs/wk x 52wks = \$3,900 + 25% fringe \$975 = \$4,875
Finance Director				\$ 4,107	\$ 4,107	\$63.19/hr x 1hr/wk x 52wks = \$3,285.88 + 25% fringe \$821.47 = \$4,107.35
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
Total Personnel Costs	\$ 19,282	\$ 19,282	\$ -	\$ 39,296	\$ 77,860	

APPENDIX D3 - FFY 2024 PROJECT BUDGET - EXPLANATION OF ALL OTHER COSTS

PROJECT NAME:

Hebron Outreach, Information, Assistance & Referral, and Social Support Services

Line Item	Cost Category	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
				Cash	In-Kind		
1	Personnel	\$ 19,282	\$ 19,282	\$ -	\$ 39,296	\$ 77,860	See attached Personnel Cost Explanation
2	Rent					\$ -	
3	Travel				\$ 583	\$ 583	33.3% of staff mileage
4	Audit				\$ 6,300	\$ 6,300	10% of Annual Audit
5	Utilities				\$ 2,972	\$ 2,972	33.3% of Electricity, Natural Gas, and Water
6	Telephone				\$ 876	\$ 876	33.3% of Senior Services Phones
7	Office Expense				\$ 67	\$ 67	33.3% of Office Equipment and Furnishings
8	Postage				\$ 1,300	\$ 1,300	10% of Postage
9	Printing/Publication				\$ 73	\$ 73	33.3% of Copier Fees
10	Supplies				\$ 508	\$ 508	33.3% of Office Supplies
11	Insurance					\$ -	
12	Repairs/Maintenance					\$ -	
13	Equipment					\$ -	
14	Contractual				\$ 1,315	\$ 1,315	33.3% of HVAC Maintenance, Data Management System, Fire System, and Internet/Cable
15	Other: Meetings/Conf/Dues/ProgDev				\$ 1,037	\$ 1,037	33.3% Meetings/Conferences, Dues & Program Development
16	Other:					\$ -	
Total Costs		\$ 19,282	\$ 19,282	\$ -	\$ 54,327	\$ 92,891	

PROJECT NAME: Hebron Outreach, Information, Assistance & Referral, and Social Support Services

Indicate how much of the non-federal CASH match listed in the project budget is from:

Specify source(s):
 Town of Hebron

Amount

List Source(s)

(Include all other federal resources above and beyond Title III that support the total program.)

Specify source(s):

Title V

Specify amount of suggestion donation per unit of service (if applicable)

\$0.00 estimated client contributions

****Projected client contributions must be used to expand services; the funds cannot be used as match.**

**TOWN OF HEBRON
BOARD OF SELECTMEN
REGULAR MEETING
MARCH 2, 2023**

**APPROVE SENIOR CENTER
NORTH CENTRAL AREA AGENCY ON AGING, INC. (NCAAA)
HEBRON THERAPEUTIC ACTIVITY
PROJECT GRANT APPLICATION**

Proposed Motion:

Move that the Hebron Board of Selectmen approve the grant application in the amount of \$15,600 with \$52,076 in-kind matching funds from the Senior Center budget, for the FFY 2024 North Central Area Agency on Aging, Inc. – Hebron Therapeutic Activity Grant; and that Town Manager Andrew J. Tierney be authorized to apply for, accept and receive this grant and to sign any necessary documents.

NCAAA Grant Application Fiscal Year 2024
Application Due Date: March 17, 2023
Cover Sheet

Please refer to the Grant Instructions document for detailed information on answering the questions.

- (1a) Federal EIN (Tax ID): 06600215 (1b) DUNS Number: 021806104
- (2) Title of Project: Hebron Therapeutic Activity
- (3) Name of Organization: Town of Hebron
- (4) Address: 15 Gilead Street City: Hebron State: CT Zip code: 06248
- (5) Authorized Official: Andrew J Tierney Title: Town Manager
 Phone: 860 228-5971 Ext: 122 Email: atierney@hebronct.com
- (6) Project Contact Person: Sharon M Garrard Title: Senior Services Director
 Phone: 860 228-1700 Ext: 203 Email: sgarrard@hebronct.com
- (7) Type of Agency: Municipality
- (8) Year Agency established: 1708
- (9) Is Applicant a Minority Provider? ☒ No ☐ Yes
- (10) Grant Category: Title III-B Supportive Services & Senior Centers
☒ Title III-D Evidence-Based Disease Prevention & Health Promotion
 Title III-E National Family Caregiver (Grandparent) Support Program
☒ ARPA American Rescue Plan Act
- (11) Total amount of funding requested for funding period (10/1/2023 – 9/30/2024): \$ 15,600.00
- (12) Priority Areas: If you are applying for a Grant under Title III-B, please mark (x) the area(s) under which your proposed service/program fits.
- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Access Services | Adult Day Care |
| Legal Services | Community Services |
| In-home Services | Community Education / Counseling |
- (13) Authorized Official Signature _____ Date _____



I. Project Narrative

In the space provided, enter a narrative description of your proposed project that briefly addresses the following points: (a) the service(s) to be delivered, (b) the towns that will be served, (c) evidence of need for this service, (d) how your service(s) will support the mission of the NCAAA, (e) the estimated number of clients that will be served in the first 12 months, (f) the estimated number of service units to be provided in the first 12 months, and (g) how the service(s) will be evaluated.

(a) Hebron Senior Services provides various evidence-based organized therapeutic activity programs offering proven ways to promote both physical and emotional health and prevent chronic diseases (including, but not limited to, osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease). These programs have also been shown to help with weight loss/control, stress management, falls prevention, overall physical activity levels, and improved nutrition. Programs offered include, but are not limited to, EnhanceFitness, Stay Active & Independent for Life (SAIL), Tai Ji Quan: Moving for Better Balance, A Matter of Balance, and Live Well. We also offer yoga (all levels - mat and chair), plus the Senior Center houses a fitness room equipped with various pieces of aerobic and hydraulic resistance machines

(b) Services will be provided to Hebron residents

(c) Hebron is a rural community with very limited options for older adults to engage in organized physical activity programs specifically designed for them. Group exercise programs led by professionals in a community setting, offer peer support, goal-setting, coaching, and feedback. Evidence-based strategies rooted in research and rigorous study of the effects/outcomes of specific interventions/models provide documented health benefits, demonstrate reliable and consistently positive changes in important health-related/functional measures, and ensure confidence that they work. Additionally, components for behavioral change and self-management are included. Participation can lower risk of chronic diseases and falls and can improve their long-term effects. In 2020 there were 2,277 Hebron residents age 60+ (23.8% of the total population) rising to 2,601 (29.6%) by 2025, and 2,612 (30.8%) by 2030. 75.6% of Hebron's older adults do some physical activity, with 59.8% meeting CDC guidelines for aerobic physical activity, however, only 31.4% meet CDC guidelines for muscle-strengthening activity. Unintentional falls are by far, the leading cause of injury hospitalizations in CT, accounting for over 3.5 times the number of injury hospitalizations when compared to the second leading cause, motor vehicle traffic crashes. Statewide, there were 6,018 fall hospitalizations in the 60+ population in 2020 including those caused by slipping/ tripping/stumbling, falling on stairs/steps, and getting in or out of bed or a chair. 130 of these falls resulted in death. 85% of all fall deaths in CT occur in the 60+ population and represent the leading cause of injury death in the 70+ population

(d) NCAAA's mission is supported by providing individuals with quality, safe, and cost-effective proven therapeutic activity models to elicit positive physical, mental, and emotional changes and outcomes, reducing barriers to independence and enhancing quality of life

(e) It is estimated that 40 clients will be served in the first 12 months of this project

(f) It is estimated that 780 service units will be provided in the first 12 months of this project

(g) All evidence-based therapeutic activity programs require baseline and periodic standardized physical/functional testing at various intervals to evaluate improvement. Testing includes, but is not limited to, are curl, timed up & go, chair stand, gait speed, balance testing (feet together, semi-tandem, and full-tandem), Medical Outcomes Study, and mini mental status evaluation

II. Agency Mission, History and Structure

IIa. Please list the mission statement of your Agency.

Hebron's Senior Services will offer a responsive, evolving, broad range of services, activities, and supports, along with providing information, education, assistance, and referrals to link individuals with available resources. We recognize that older adults have diverse needs and interests, and desire the ability to engage in activities and services that reflect their experiences and skills, enhance their dignity, support their independence, and improve their quality of life

IIb. (If not a municipal agency), Please give a brief history of your agency and any changes in its mission statement or service focus over the lifespan of the agency.

IIc. There are multiple Certifications and Assurances that need to be completed by your agency. These can be found in Appendices B1 to B5 on <https://www.ncaaact.org/funding>. Please see Grant Instructions for more information on these.

IId. There are other Organizational Documents that may need to be included with the application in Appendices A and Appendices C1 to C7. Please see Grant Instructions for more information.

III. Description of Services to be Provided

- IIIa. In the chart on the next page, please list: (1) the specific services (from NAPIS List – see Grant Instructions) that will be provided using NCAAA funds, (2) the service code for each service, (3) the projected number of units of each service that will be provided, and (4) the percent of the amount requested from NCAAA that will be allocated to each specific service.

IIIa. Description of Services to be Provided

4

(1) Service name (from NAPIS list)	(2) Service code from NAPIS list	(3) Projected number of service units to be provided	(4) Percent of requested funds allocated to this service
Therapeutic Activity	377	780	100.00
Total (column 4 – should equal 100%)			100.00

IIIb. Mark (x) the towns that will be served:

	Capitol Region		Central Region		Farmington Valley Region		Hockanum Valley Region
<input type="checkbox"/>	Bloomfield	<input type="checkbox"/>	Berlin	<input type="checkbox"/>	Avon	<input type="checkbox"/>	Andover
<input type="checkbox"/>	East Hartford	<input type="checkbox"/>	Bristol	<input type="checkbox"/>	Canton	<input type="checkbox"/>	Bolton
<input type="checkbox"/>	East Windsor	<input type="checkbox"/>	Burlington	<input type="checkbox"/>	East Granby	<input type="checkbox"/>	Ellington
<input type="checkbox"/>	Glastonbury	<input type="checkbox"/>	New Britain	<input type="checkbox"/>	Farmington	<input type="checkbox"/>	Enfield
<input type="checkbox"/>	Hartford	<input type="checkbox"/>	Plainville	<input type="checkbox"/>	Hartland	<input checked="" type="checkbox"/>	Hebron
<input type="checkbox"/>	Manchester	<input type="checkbox"/>	Plymouth	<input type="checkbox"/>	Granby	<input type="checkbox"/>	Marlborough
<input type="checkbox"/>	Newington	<input type="checkbox"/>	Southington	<input type="checkbox"/>	Simsbury	<input type="checkbox"/>	Somers
<input type="checkbox"/>	Rocky Hill			<input type="checkbox"/>	Suffield	<input type="checkbox"/>	Stafford
<input type="checkbox"/>	South Windsor					<input type="checkbox"/>	Tolland
<input type="checkbox"/>	West Hartford					<input type="checkbox"/>	Vernon
<input type="checkbox"/>	Wethersfield						
<input type="checkbox"/>	Windsor						
<input type="checkbox"/>	Windsor Locks						

IIIc. Describe the specific location(s) the service will be provided within the community(ies) listed above if it is a place-based service.

Services will be provided at the Russell Mercier Senior Center

IIId. Describe the frequency of service provision.

Services will be provide Mondays through Thursdays for 8AM to 4:30PM and Fridays from 8AM to 1PM

IIIe. In narrative form, present supporting evidence suggesting the need for the proposed services in the targeted town(s).

Older adults should engage in moderate exercise and strength training each week, however, many fall short of this recommendation. The best exercise for seniors to prevent health problems that often come with age and stay independent, are aerobic activity and muscle-strengthening. Fun, evidence-based therapeutic activity classes keep older adults active improving strength, mobility, flexibility, and balance for enhanced overall physical health and better functioning in daily activities. Participation may also result in better mental health, reduce stress, improve memory/cognition, increase self-esteem, and improve quality of life

- III f. Discuss how potential clients will be solicited for the proposed service(s) including any advertising/marketing plans

To facilitate optimal awareness of therapeutic activity services, we proactively utilize our monthly newsletter, community newspapers/fliers, peer/neighbor/family identification, visits to senior housing sites, public speaking, social media posts, Voice/Email/Text Connect messages, database check-in mass/personalized notifications, networking with/referrals from Town departments/businesses/health care providers/social support services/faith and lay organizations

- III g. Describe how your agency will make it a priority to serve minority older adults, American Indian or Alaskan Native, Black or African American, Hispanic, or Latino, Asian, Native Hawaiian, other Pacific Islanders, or other underserved older adults in your community.

97.2% of Hebron's older adults are Caucasian with 2.8% minority. In July 2020 the Hebron Coalition on Diversity and Equity (CoDE) was formed and in September 2020 the Board of Selectmen supported forming a Racial Justice & Equity Steering Committee exploring racial barriers. Along with these groups, we work with the Town Planner regarding developing an Affordable Housing Plan. Working cooperatively, we strive to continually enhance multicultural knowledge, sensitivity, equality and competency, along with promoting the skills, abilities, and attitudes to build an inclusive community

- III h. In the chart on page 7 insert the service codes (from previous chart III a) that you are providing and the anticipated number of clients you expect to serve from each of the demographic groupings (see Grant Instructions).

IIIh. Chart of demographic characteristics of anticipated clients for each service.

[illegible]

- III. If your Agency has delivered these services before, describe any trends in service usage over the last three years.

A new study from the Journal of Medicine found that seniors are ramping up activity in the aftermath of the pandemic. As Hebron's older adult population has increased, so has the demand for quality health-related programming. Providing various evidence-based therapeutic activities with proven results, along with offering a safe, convenient location, and cost effective classes at convenient days/times, has resulted in increased usage and sustained attendance

- IIIj. Describe your process for requesting and collecting donations for the services provided.

All publicity regarding therapeutic activity state that funding is provided by NCAAA through the Federal Older Americans Act, further stating that contributions/donations are welcome and will be used exclusively to expand services. It is emphasized that individuals are under no obligation to provide contributions, that contributions are purely voluntary, and services provided to individuals will not be adversely affected in any way due to contributions not being made

IV. Description of Staff Providing Services

- IVa. On the chart on the next page, fill in requested information for all individuals, both paid and volunteers, who will be working on the project, including the fiscal manager and individual(s) providing data collection/management information activities. (see Grant Instructions)

IVa. Description of Staff Providing Services

(see instructions above)

Title	Status: (Staff [S] or Volunteer [V])	Hours per week working on project	Is person a member of a racial or ethnic minority group? (Yes, No). If yes, indicate type: Black or African American, Hispanic or Latino, Asian, Hawaiian or other Pacific Islander							Is person age 60 or older?		Does this person have pertinent license or certification?		
			Yes	No	African American	Hispanic or Latino	Asian	Hawaiian/Pacific Islander	Yes	No	Yes	No	N/A	
Fiscal Manager	Staff	1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes			Yes		
Data Collection Manager	Staff	3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes			Yes		
Program Coordinator	Staff	6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No			Yes		
Activity Instructor	Staff	6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes			Yes		
Activity Instructor	Staff	3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes			Yes		
Activity Instructor	Staff	3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No			Yes		
Social Worker	Staff	3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No			Yes		
Receptionist/Clerical Support	Staff	6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes			N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No			N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No			N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No			N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No			N/A		

IVb. Describe how your Agency supervises and/or maintains quality control regarding services delivered.

All therapeutic activity instructors must be ACE, ACSM, or AFAA certified along with being CPR/AED/First Aid certified. Additionally, all evidence-based therapeutic activity programs require the administration of baseline and periodic standardized physical and functional testing at various intervals to evaluate improvement

IVc. Describe your grievance process for clients who feel they have been denied service because of discrimination.

A grievance would initially be received by the Senior Services Director. Within 15 calendar days after receipt, the Senior Services Director and the complainant would meet to discuss the grievance and possible resolution. If not satisfactorily resolved, the grievance would be referred to Hebron's Commission on Aging within 15 calendar days. If still not resolved, the grievance would be referred to NCAA/State Unit on Aging within 15 calendar days

V. Evaluation of Services (See grant instructions for further discussion of items in this section)

Va. Discuss the desired impact that your service(s) will have on the targeted individual(s) quality of life.

Hebron is witnessing a growth in its older adult population, especially those age 60+ which is a testament to the increase in longevity. A longer life brings with it opportunities, yet the extent of opportunities depends heavily on one factor: health. Hebron is rural with minimal fitness options for seniors. Our evidence-based therapeutic activities are aimed at enhancing and maintaining physical, mental, and emotional health along with independence and optimal quality of life

Vb. Describe your client satisfaction data collection process.

Evidence-based therapeutic activity programs utilize baseline pre-testing of various physical measures, testing at various intervals, and post-testing at the conclusion of a session. These measurements, along with additional satisfaction and goal attainment scaling, and behavioral surveys, measure perception of overall self-reported general physical, mental, and emotional health, which are all factored into evaluating satisfaction and outcomes

Vc. If the proposed service(s) has previously been delivered, summarize in narrative form your previous satisfaction data (no more than the past two years).

As improvement in the ability to perform various activities increases, so does satisfaction. 71.5% of participants showed significant improvement in their post-testing scores on physical measures and self-reported general health. 92% of participants are comprised of those re-enrolling and 97% state that they would recommend the program to a family member or a friend

Vd. Please briefly describe any other measures that you are currently using to examine changes in the client's psychological or physical functioning.

Questions related to ADLs and IADLs are reviewed in addition to, when appropriate, referral to Hebron's Adult & Senior Services Social Worker. The referral may include administration of the Geriatric Depression Scale and/or mini mental status evaluation when indicated

VI. Sustainability

- Vla. How many years has your Agency received NCAAA financial support for this service? **12**
- Vlb. Does your agency have any *formal* (written Memorandums of Understanding or Agreement) or *informal* arrangements (understandings that have not been written) with other agencies regarding sharing resources to expand service capacity? If yes, please list in the table below the names of these agencies, their location, and the content areas (e.g., share transport, referral exchanges, etc.) of these arrangements.

Formal Agreements (Memorandums of Understanding (MOU's) or Agreement (MOA's))		
Name of agency	Location: city/town	Content areas
None		
Informal Agreements (unwritten "understandings")		
Name of agency	City	Content areas
None		

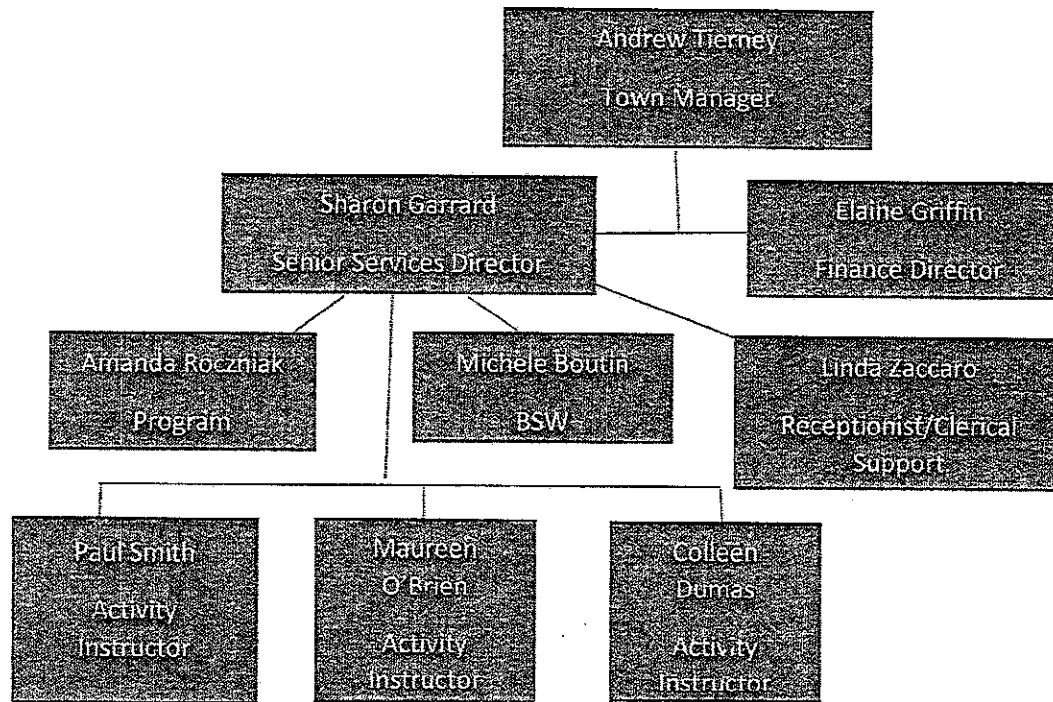
Vic. Beyond the relationships described in the table above, are you currently engaged in any discussion or planning with other programs or municipalities to share resources or services? If yes, describe. If no, write "none."

We collaborate with the Healthy Living Collective and Chatham Health District to deliver Tai Ji Quan: Moving for Better Balance, A Matter of Balance, LGBT Movable Senior Center Initiative, Aging Mastery Program, and Live Well. These programs are available at various Senior Centers, offering in-person, virtual, and hybrid programming. Virtual options provide accessibility to all without respect to geography, allowing participation by Hebron residents through other locations

VId. Identify any self-sustainability plans for the proposed service including fundraising and fee-for-service efforts.

Through the Department of Aging & Disability Services State Unit on Aging CT Senior Center Project: CARES Act Funding Opportunity, we were able to acquire various pieces of aerobic equipment for our fitness room. All therapeutic activity instructors are Town of Hebron employees and all current programs offered have the potential for being sustained through a fee-for-service structure

Hebron Therapeutic Activity Project Staff Organization Chart



Appendix B1 – Certification of Non-Federal Match for Title III Project

CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROJECT

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

Hebron Therapeutic Activity

for the period beginning 10/1/23 and ending 9/20/24.

Cost Category	Cash Amount	In Kind Value	Source
Personnel		37,190	Town of Hebron
Audit/Postage/Printing & Publications		7,673	Town of Hebron
Utilities/Phone		3,848	Town of Hebron
Travel/Office Exp/Supplies		1,013	Town of Hebron
Contractual		1,315	Town of Hebron
Meetings/Conf/Dues/Prog Dev		1,037	Town of Hebron
TOTAL		52,076	

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

Signed:

Date: _____

Name:

Andrew J Tierney

Title:

Town Manager

Agency:

Town of Hebron

APPENDIX D1 - FFY 2024 PROJECT BUDGET - SUMMARY PAGE

PROJECT NAME: Hebron Therapeutic Activity

Line Item	Cost Category	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Project Cost
				Cash	In Kind	
1	Personnel	\$ 7,800	\$ 7,800	\$ -	\$ 37,190	\$ 52,790
2	Rent	\$ -	\$ -	\$ -	\$ -	\$ -
3	Travel	\$ -	\$ -	\$ -	\$ 438	\$ 438
4	Audit	\$ -	\$ -	\$ -	\$ 6,300	\$ 6,300
5	Utilities	\$ -	\$ -	\$ -	\$ 2,972	\$ 2,972
6	Telephone	\$ -	\$ -	\$ -	\$ 876	\$ 876
7	Office Expense	\$ -	\$ -	\$ -	\$ 67	\$ 67
8	Postage	\$ -	\$ -	\$ -	\$ 1,300	\$ 1,300
9	Printing/Publication	\$ -	\$ -	\$ -	\$ 73	\$ 73
10	Supplies	\$ -	\$ -	\$ -	\$ 508	\$ 508
11	Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
12	Repairs/Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
13	Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
14	Contractual	\$ -	\$ -	\$ -	\$ 1,315	\$ 1,315
15	Other: Meetings/Conf/Dues/Prog Dev	\$ -	\$ -	\$ -	\$ 1,037	\$ 1,037
16	Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Total Cost		\$ 7,800	\$ 7,800	\$ -	\$ 52,076	\$ 67,676

Projected Client Contributions**

\$ 1,000

*Projected client contributions must be used to expand services; the funds cannot be used as match.

APPENDIX D2 - FFY 2024 PROJECT BUDGET - PERSONNEL COST EXPLANATION

PROJECT NAME: Hebron Therapeutic Activity

Position	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
			Cash	In-Kind		
Activity Instructor	3,900	3,900		1,950	\$ 9,750	\$25/hr x 6hrs/wk x 52wks = \$7,800 + 25% fringe \$1,950 = \$9,750
Activity Instructor	\$ 1,950	\$ 1,950		\$ 975	\$ 4,875	\$25/hr x 3hrs/wk x 52wks = \$3,900 + 25% fringe \$975 = \$4,875
Activity Instructor	1,950	1,950		\$ 975	\$ 4,875	\$25/hr x 3hrs/wk x 52wks = 3,900 + 25% fringe \$975 = \$4,875
Senior Services Director/Data Collection				\$ 7,502	\$ 7,502	\$38.47/hr x 3hrs/wk x 52wks = \$6,001.32 + 25% fringe \$1,500.33 = \$7,501.65
Program Coordinator				\$ 9,805	\$ 9,805	\$25.14/hr x 6hrs/wk x 52wks = \$7,843.68 + 25% fringe \$1,960.92 = \$9,804.60
Social Worker				\$ 6,026	\$ 6,026	\$30.90/hr x 3hrs/wk x 52wks = \$4,820.40 + 25% fringe \$1,205.10 = \$6,025.50
Receptionist/Clerical Support				\$ 5,850	\$ 5,850	\$15/hr x 6hrs/wk x 52wks = \$4,680 + 25% fringe \$1,170 = \$5,850
Finance Director				\$ 4,107	\$ 4,107	\$63.19/hr x 1hr/wk x 52wks = \$3,285.88 + 25% fringe \$821.47 = \$4,107.35
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
Total Personnel Costs	\$ 7,800	\$ 7,800	\$ -	\$ 37,190	\$ 52,790	

APPENDIX D3 - FFY 2024 PROJECT BUDGET - EXPLANATION OF ALL OTHER COSTS

PROJECT NAME:

Hebron Therapeutic Activity

Line Item	Cost Category	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
				Cash	In-Kind		
1	Personnel	\$ 7,800	\$ 7,800	\$ -	\$ 37,190	\$ 52,790	See attached Personnel Cost Explanation
2	Rent					\$ -	
3	Travel				\$ 438	\$ 438	15% of staff mileage
4	Audit				\$ 6,300	\$ 6,300	10% of Annual Audit
5	Utilities				\$ 2,972	\$ 2,972	33.3% of Electricity, Natural Gas, and Water
6	Telephone				\$ 876	\$ 876	33.3% of Senior Services Phones
7	Office Expense				\$ 67	\$ 67	33.3% of Office Equipment and Furnishings
8	Postage				\$ 1,300	\$ 1,300	10% of Postage
9	Printing/Publication				\$ 73	\$ 73	33.3% of Copier Fees
10	Supplies				\$ 508	\$ 508	33.3% of Office Supplies
11	Insurance					\$ -	
12	Repairs/Maintenance					\$ -	
13	Equipment					\$ -	
14	Contractual				\$ 1,315	\$ 1,315	33.3% of HVAC Maintenance, Data Management System, Fire System, and Internet/Cable
15	Other: Meetings/Conf/Dues/ProgDev				\$ 1,037	\$ 1,037	33.3% Meetings/Conferences, Dues & Program Development
16	Other:					\$ -	
Total Costs		\$ 7,800	\$ 7,800	\$ -	\$ 52,076	\$ 67,676	

APPENDIX D4 - FFY 2024 PROJECT BUDGET - NON - TITLE III RESOURCE SUMMARY

PROJECT NAME: Hebron Therapeutic Activity

NON-FEDERAL CASH MATCH SOURCES

Indicate how much of the non-federal CASH match listed in the project budget is from:

	Amount
Municipalities	\$ 52,076
Fundraising	
Other	
Total Cash Match	\$ 52,076

Specify source(s):

Town of Hebron

NON-FEDERAL IN-KIND MATCH SOURCES

Amount

List Source(s)

Total In Kind Match	\$ -
---------------------	------

OTHER FEDERAL RESOURCES

(Include all other federal resources above and beyond Title III that support the total program.)

Specify source(s):

Title V

Total Other Federal Resources	\$ -
-------------------------------	------

PROJECTED CLIENT CONTRIBUTIONS

Estimated amount of client contributions	\$ 1,000
--	----------

Specify amount of suggestion donation per unit of service (if applicable)

Suggested Donation of \$2 per class

****Projected client contributions must be used to expand services; the funds cannot be used as match.**

**TOWN OF HEBRON
BOARD OF SELECTMEN
REGULAR MEETING
MARCH 2, 2023**

**APPROVE SENIOR CENTER
NORTH CENTRAL AREA AGENCY ON AGING, INC. (NCAAA)
HEBRON TRANSPORTATION PROJECT GRANT APPLICATION**

Proposed Motion:

Move that the Hebron Board of Selectmen approve the grant application in the amount of \$42,308 with \$76,187 in-kind matching funds from the Hebron van budget, for the FFY 2024 North Central Area Agency on Aging, Inc. – Hebron Transportation Project Grant; and that Town Manager Andrew J. Tierney be authorized to apply for, accept and receive this grant and to sign any necessary documents.

NCAAA Grant Application Fiscal Year 2024
Application Due Date: March 17, 2023
Cover Sheet

Please refer to the Grant Instructions document for detailed information on answering the questions.

- (1a) Federal EIN (Tax ID): 066002015 (1b) DUNS Number: 021806104
- (2) Title of Project: Hebron Transportation
- (3) Name of Organization: Town of Hebron
- (4) Address: 15 Gilead Street City: Hebron State: CT Zip code: 06248
- (5) Authorized Official: Andrew J Tierney Title: Town Manager
 Phone: 860 228-5971 Ext: 122 Email: atierney@hebronct.com
- (6) Project Contact Person: Sharon M Garrard Title: Senior Services Director
 Phone: 860 228-1700 Ext: 203 Email: sgarrard@hebronct.com
- (7) Type of Agency: Municipality
- (8) Year Agency established: 1708
- (9) Is Applicant a Minority Provider? ☒ No ☐ Yes
- (10) Grant Category: ☒ Title III-B Supportive Services & Senior Centers
☐ Title III-D Evidence-Based Disease Prevention & Health Promotion
☐ Title III-E National Family Caregiver (Grandparent) Support Program
☒ ARPA American Rescue Plan Act
- (11) Total amount of funding requested for funding period (10/1/2023 – 9/30/2024): \$ 42,308.00
- (12) Priority Areas: If you are applying for a Grant under Title III-B, please mark (x) the area(s) under which your proposed service/program fits.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Access Services | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Community Services |
| <input type="checkbox"/> In-home Services | <input type="checkbox"/> Community Education / Counseling |
- (13) Authorized Official Signature _____ Date _____



I. Project Narrative

In the space provided, enter a narrative description of your proposed project that briefly addresses the following points: (a) the service(s) to be delivered, (b) the towns that will be served, (c) evidence of need for this service, (d) how your service(s) will support the mission of the NCAAA, (e) the estimated number of clients that will be served in the first 12 months, (f) the estimated number of service units to be provided in the first 12 months, and (g) how the service(s) will be evaluated.

(a) Hebron Senior Services will provide on-demand door-to-door handicapped accessible transportation within a 35 town radius for medical appointments, to/from the Senior Center (which houses our Community Cafe and our Adult & Senior Services Social Worker), grocery shopping, Mobile Foodshare, Food Bank (Hebron Interfaith Human Services), group clinics/health screenings, social events/destinations, and other personal needs

(b) Services will be provided to Hebron residents

(c) Those in rural areas such as Hebron are particularly affected by the lack of transportation options. Hebron is not serviced by public transportation such as CT Transit or ADA Paratransit, or private vendors. Seniors are outliving their ability to drive safely by an average of 7 to 10 years and must be able to plan for those years of "driving retirement". This is particularly true of those 80+. According to the CT State Data Center, in 2020 there were 2,277 individuals age 60+ residing in Hebron with 280 age 80+. By 2025, it is projected that there will be 2,601 individuals age 60+ with 410 age 80+. This 80+ cohort is anticipated to increase to 469 by 2030, to 559 by 2035, and to 564 by 2040. Successful community living requires access to medical and other essential services. Hebron seniors, as compared to the state average, are less likely to get annual physical exams and check-ups. While the health impact of reduced access to needed medical services is obvious (unscheduled/missed appointments, emergency hospital visits/911 calls, lack of continual care, etc.), social isolation due to lack of transportation can have an equally negative effect on mental health. While family is often a primary support for transportation needs, older adults who live long distances from family or need frequent rides (e.g., physical therapy, chemo or radiation therapy, renal dialysis, etc.) depend on more formal services such as Dial-a-Ride to meet their needs. Additionally, of note is the fact that many service providers, and individuals themselves, delayed care during the height of the COVID-19 pandemic, resulting in demand now being significantly increased. As a result, 50% of requested funding is from Title III-B, and 50% is from ARPA

(d) NCAAA's Mission will be supported by Hebron's Transportation services which address the importance for older adults to remain mobile by providing the resources needed to keep their social independence with family and friends, reduce feelings of isolation and loneliness, and engage in other life prolonging activities (medical care, access to food, etc.), all of which impact quality of life and the ability to successfully age in place

(e) It is anticipated that 75 clients will be served in the first 12 months of this project

(f) It is anticipated that 1,200 service units will be provided in the first 12 months of this project

(g) Services will be evaluated based on our ability to accommodate requested rides and to minimize any denial of trips. Requested destinations will also be evaluated to assess if any necessary service area modifications need to be made beyond our current 35 town radius

II. Agency Mission, History and Structure

IIa. Please list the mission statement of your Agency.

Hebron's Senior Services will offer a responsive, evolving, broad range of services, activities, and supports, along with providing information, education, assistance, and referrals to link individuals with available resources. We recognize that older adults have diverse needs and interests, and desire the ability to engage in activities and services that reflect their experiences and skills, enhance their dignity, support their independence, and improve their quality of life

IIb. (If not a municipal agency), Please give a brief history of your agency and any changes in its mission statement or service focus over the lifespan of the agency.

IIc. There are multiple Certifications and Assurances that need to be completed by your agency. These can be found in Appendices B1 to B5 on <https://www.ncaaaact.org/funding>. Please see Grant Instructions for more information on these.

IId. There are other Organizational Documents that may need to be included with the application in Appendices A and Appendices C1 to C7. Please see Grant Instructions for more information.

III. Description of Services to be Provided

- IIIa. In the chart on the next page, please list: (1) the specific services (from NAPIS List – see Grant Instructions) that will be provided using NCAAA funds, (2) the service code for each service, (3) the projected number of units of each service that will be provided, and (4) the percent of the amount requested from NCAAA that will be allocated to each specific service.

IIIa. Description of Services to be Provided

(1) Service name (from NAPIS list)	(2) Service code from NAPIS list	(3) Projected number of service units to be provided	(4) Percent of requested funds allocated to this service
Transportation	477	1,200	100.00
Total (columnn 4 -- should equal 100%)			100.00

IIIb. Mark (x) the towns that will be served:

	Capitol Region		Central Region		Farmington Valley Region		Hockanum Valley Region
<input type="checkbox"/>	Bloomfield	<input type="checkbox"/>	Berlin	<input type="checkbox"/>	Avon	<input type="checkbox"/>	Andover
<input type="checkbox"/>	East Hartford	<input type="checkbox"/>	Bristol	<input type="checkbox"/>	Canton	<input type="checkbox"/>	Bolton
<input type="checkbox"/>	East Windsor	<input type="checkbox"/>	Burlington	<input type="checkbox"/>	East Granby	<input type="checkbox"/>	Ellington
<input type="checkbox"/>	Glastonbury	<input type="checkbox"/>	New Britain	<input type="checkbox"/>	Farmington	<input type="checkbox"/>	Enfield
<input type="checkbox"/>	Hartford	<input type="checkbox"/>	Plainville	<input type="checkbox"/>	Hartland	<input checked="" type="checkbox"/>	Hebron
<input type="checkbox"/>	Manchester	<input type="checkbox"/>	Plymouth	<input type="checkbox"/>	Granby	<input type="checkbox"/>	Marlborough
<input type="checkbox"/>	Newington	<input type="checkbox"/>	Southington	<input type="checkbox"/>	Simsbury	<input type="checkbox"/>	Somers
<input type="checkbox"/>	Rocky Hill			<input type="checkbox"/>	Suffield	<input type="checkbox"/>	Stafford
<input type="checkbox"/>	South Windsor					<input type="checkbox"/>	Tolland
<input type="checkbox"/>	West Hartford					<input type="checkbox"/>	Vernon
<input type="checkbox"/>	Wethersfield						
<input type="checkbox"/>	Windsor						
<input type="checkbox"/>	Windsor Locks						

IIIc. Describe the specific location(s) the service will be provided within the community(ies) listed above if it is a place-based service.

All reservations and dispatching is conducted through Hebron's Senior Center

IIId. Describe the frequency of service provision.

Service is available Mondays through Fridays from 8AM to 4:30PM

IIIe. In narrative form, present supporting evidence suggesting the need for the proposed services in the targeted town(s).

The vast majority of older adults (nearly 90% according to AARP) choose to age in place in their homes and communities. Accessible, reliable, affordable transportation services are critical for enabling them to live independently, especially in rural towns such as Hebron where there are a minimal number of healthcare providers, personal needs providers (e.g., hairdressers, barbers, etc.), shopping options, etc. and no access to other means of public or private transportation services

- III f. Discuss how potential clients will be solicited for the proposed service(s) including any advertising/marketing plans

To facilitate optimal awareness of transportation services, we proactively utilize our monthly newsletter, community newspapers/fliers, peer/neighbor/family identification, visits to senior housing sites, public speaking, social media posts, Voice/Email/Text Connect messages, database check-in mass/personalized notifications, networking with/referrals from Town departments/businesses/health care providers/social support services/faith and lay organizations

- III g. Describe how your agency will make it a priority to serve minority older adults, American Indian or Alaskan Native, Black or African American, Hispanic, or Latino, Asian, Native Hawaiian, other Pacific Islanders, or other underserved older adults in your community.

97.2% of Hebron's older adults are Caucasian with 2.8% minority. In July 2020 the Hebron Coalition on Diversity and Equity (CoDE) was formed and in September 2020 the Board of Selectmen supported forming a Racial Justice & Equity Steering Committee exploring racial barriers. Along with these groups, we work with the Town Planner regarding developing an Affordable Housing Plan. Working cooperatively, we strive to continually enhance multicultural knowledge, sensitivity, equality and competency, along with promoting the skills, abilities, and attitudes to build an inclusive community

- III h. In the chart on page 7 insert the service codes (from previous chart III a) that you are providing and the anticipated number of clients you expect to serve from each of the demographic groupings (see Grant Instructions).

IIIh. Chart of demographic characteristics of anticipated clients for each service.

[illegible]

- IIIi. If your Agency has delivered these services before, describe any trends in service usage over the last three years.

Hebron's age 60+ population is growing from 23.8% of the total population in 2020 to a projected 29.6% in 2025, 30.8% by 2030, and 31.7% by 2035. In particular the 80+ cohort most affected by the need for transportation services was 12.3% of those 60+ in 2020 and is projected to be 15.8% by 2025, 18% by 2030, and 21.5% by 2035. Having received numerous request for transports to Bloomfield, Norwich, and Windsor, those destinations were added to our service area

- IIIj. Describe your process for requesting and collecting donations for the services provided.

All publicity regarding transportation services state that funding is provided by NCAAA through the Federal Older Americans Act, further stating that contributions/donations are welcome and will be used exclusively to expand services. It is emphasized that individuals are under no obligation to provide contributions, that contributions are purely voluntary, and services provided to individuals will not be adversely affected in any way due to a contribution not being made

IV. Description of Staff Providing Services

- IVa. On the chart on the next page, fill in requested information for all individuals, both paid and volunteers, who will be working on the project, including the fiscal manager and individual(s) providing data collection/management information activities. (see Grant Instructions)

IVa. Description of Staff Providing Services

(see instructions above)

Title	Status: (Staff [S] or Volunteer [V])	Hours per week working on project	Is person a member of a racial or ethnic minority group? (Yes, No). If yes, indicate type: Black or African American, Hispanic or Latino, Asian, Hawaiian or other Pacific Islander								Is person age 60 or older?		Does this person have pertinent license or certification?		
			Yes	No	African American	Hispanic or Latino	Asian	Hawaiian/Pacific Islander			Yes	No	Yes	No	N/A
Fiscal Manager	Staff	1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Data Collection Manager	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Program Coordinator	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		Yes		
Dial-a-Ride Driver	Staff	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Dial-a-Ride Driver	Staff	9	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Dial-a-Ride Driver	Staff	9	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Dial-a-Ride Driver	Staff	9	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		Yes		
Social Worker	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		Yes		
Receptionist/Clerical Support	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes		N/A		
Mechanic	Staff	3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		Yes		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		
	Status		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			No		N/A		

IVb. Describe how your Agency supervises and/or maintains quality control regarding services delivered.

All Dial-a-Ride Drivers must maintain a CDL license with a Passenger Endorsement and are subject to random drug testing. All vehicles undergo a daily safety inspection and must meet all safety requirements. Routine maintenance is performed by our Town mechanic.

Should we have to deny any transport due to our inability to accommodate a request, a log is maintained that includes specifying the reason for trip denial

IVc. Describe your grievance process for clients who feel they have been denied service because of discrimination.

A grievance would initially be received by the Senior Services Director. Within 15 calendar days after receipt, the Senior Services Director and the complainant would meet to discuss the grievance and possible resolution. If not satisfactorily resolved, the grievance would be referred to Hebron's Commission on Aging within 15 calendar days. If still not resolved, the grievance would be referred to NCAAA/State Unit on Aging within 15 calendar days

V. Evaluation of Services (See grant instructions for further discussion of items in this section)

Va. Discuss the desired impact that your service(s) will have on the targeted individual(s) quality of life.

Hebron's door-to-door on-demand transportation services provide a safe, accessible, convenient, and affordable option for all older adults and removes barriers that impact health and well-being and affect quality of life. Challenges to transportation can be experienced even by those continuing to drive due to physical challenges such as visual and mobility impairments, along with anxiety that cause them to reduce the scope of their driving. Dial-a-Ride addresses this need

Vb. Describe your client satisfaction data collection process.

Senior Services staff handle all matters related to transportation including trip requests and reservations, providing a direct opportunity to solicit and evaluate client satisfaction. Our Dial-a-Ride Drivers are experienced and sensitive to working with older and disabled adults and serve as our eyes and ears regarding situations of concern. If a requested ride cannot be accommodated, we work directly with the client's service provider in order to reschedule for a date and time that our service can accommodate in order to assure that needs are met

Vc. If the proposed service(s) has previously been delivered, summarize in narrative form your previous satisfaction data (no more than the past two years).

Satisfaction is measured both from the Dial-a-Ride users' personal experiences and the expected quality that they desire from the service. Dial-a-Ride users have been highly satisfied with ease of making appointments, timeliness of pick-ups, Driver performance, condition of vehicles, and broad service area. Satisfaction is also measured by our ability to accommodate trip requests

Vd. Please briefly describe any other measures that you are currently using to examine changes in the client's psychological or physical functioning.

Drivers become quite familiar with regular riders and the status of their physical, mental, cognitive, and emotional conditions. With the drivers being part of the Senior Services staff, any changes in an individual's circumstances are readily reported to the appropriate staff member. ADLs and IADLs can then be reviewed in addition to, when appropriate, administration of the Geriatric Depression Scale and/or mini mental status evaluation

VI. Sustainability

- Vla. How many years has your Agency received NCAAA financial support for this service? 20
- Vlb. Does your agency have any *formal* (written Memorandums of Understanding or Agreement) or *informal* arrangements (understandings that have not been written) with other agencies regarding sharing resources to expand service capacity? If yes, please list in the table below the names of these agencies, their location, and the content areas (e.g., share transport, referral exchanges, etc.) of these arrangements.

Formal Agreements (Memorandums of Understanding (MOU's) or Agreement (MOA's))		
Name of agency	Location: city/town	Content areas
None		
Informal Agreements (unwritten "understandings")		
Name of agency	City	Content areas
None		

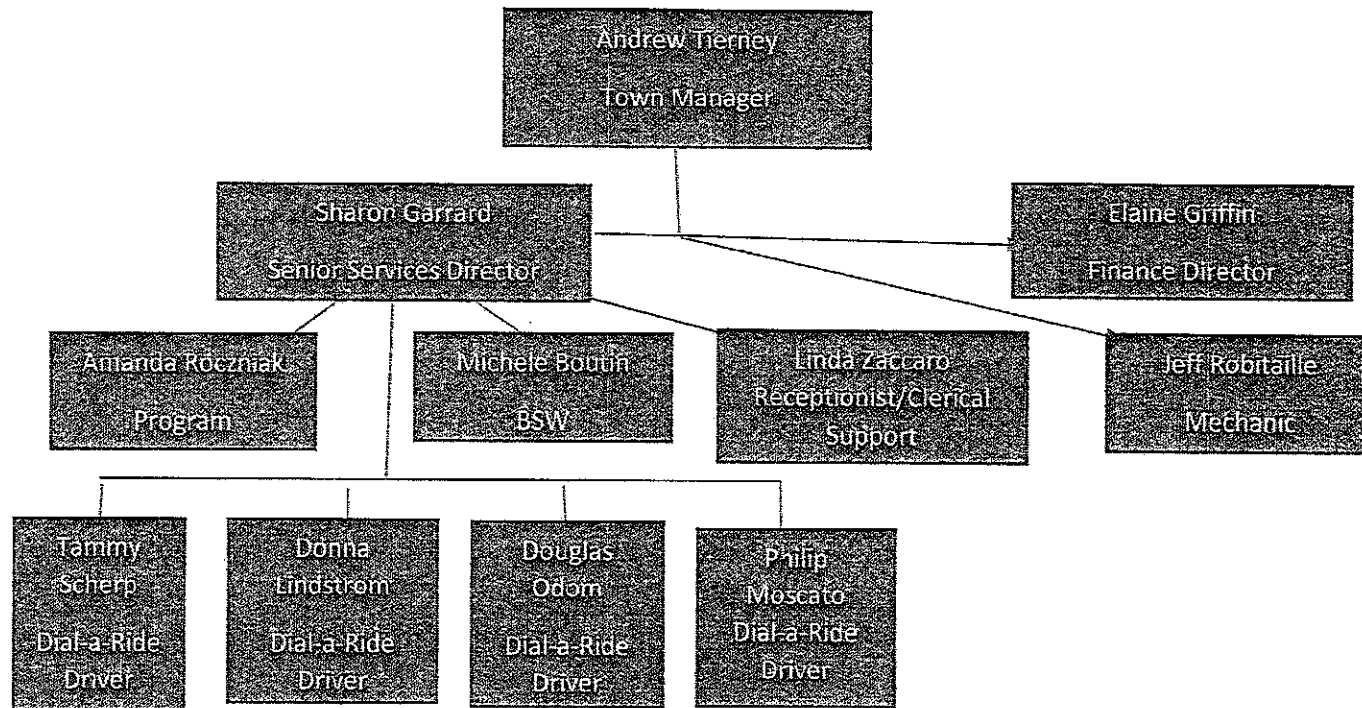
Vic. Beyond the relationships described in the table above, are you currently engaged in any discussion or planning with other programs or municipalities to share resources or services? If yes, describe. If no, write "none."

Marlborough Senior Services operates Dial-a-Ride transportation services. Should we or they have an unexpected situation such as a vehicle breakdown, sudden driver illness, etc., we work cooperatively to assure that riders are serviced. Additionally, Colebrook Village Assisted Living in Hebron provides transportation to their residents, and again, we work cooperatively on behalf of their residents in need of services to fill any gaps

VId. Identify any self-sustainability plans for the proposed service including fundraising and fee-for-service efforts.

Municipal funding is provided for operation of our Dial-a-Ride program. Additionally, through DOT/CRCOG we apply for and receive the maximum allowable amount from the State Matching Grant for Elderly and Disabled Demand Responsive Transportation (aka, Matching Grant Program). All vehicles are procured through the Federal Transit Administration's Enhanced Mobility of Seniors and Individuals with Disabilities Section 5310 Grant

Hebron Transportation Project Staff Organization Chart



Appendix B1 – Certification of Non-Federal Match for Title III Project

CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROJECT

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

Hebron Transportation

for the period beginning 10/1/23 and ending 9/30/24.

Cost Category	Cash Amount	In Kind Value	Source
Personnel		56,995	Town of Hebron
Audit/Postage/Printing/Publications		7,673	Town of Hebron
Utilities/Phone		4,208	Town of Hebron
Travel/Office Exp/Supplies		1,013	Town of Hebron
Contractual/Ins/Repairs & Maint		3,125	Town of Hebron
Gas/Parking/DMV/Phys Exams		2,136	Town of Hebron
Meetings/Conf/Dues/Prog Dev		1,037	Town of Hebron
TOTAL		76,187	

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

Signed:

Date: _____

Name:

Andrew J Tierney

Title:

Town Manager

Agency:

Town of Hebron

APPENDIX D1 - FFY 2024 PROJECT BUDGET - SUMMARY PAGE

PROJECT NAME: Hebron Transportation

Line Item	Cost Category	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Project Cost
				Cash	In Kind	
1	Personnel	\$ 21,154	\$ 21,154	\$ -	\$ 56,995	\$ 99,303
2	Rent	\$ -	\$ -	\$ -	\$ -	\$ -
3	Travel	\$ -	\$ -	\$ -	\$ 438	\$ 438
4	Audit	\$ -	\$ -	\$ -	\$ 6,300	\$ 6,300
5	Utilities	\$ -	\$ -	\$ -	\$ 2,972	\$ 2,972
6	Telephone	\$ -	\$ -	\$ -	\$ 1,236	\$ 1,236
7	Office Expense	\$ -	\$ -	\$ -	\$ 67	\$ 67
8	Postage	\$ -	\$ -	\$ -	\$ 1,300	\$ 1,300
9	Printing/Publication	\$ -	\$ -	\$ -	\$ 73	\$ 73
10	Supplies	\$ -	\$ -	\$ -	\$ 508	\$ 508
11	Insurance	\$ -	\$ -	\$ -	\$ 810	\$ 810
12	Repairs/Maintenance	\$ -	\$ -	\$ -	\$ 1,000	\$ 1,000
13	Equipment (gasoline)	\$ -	\$ -	\$ -	\$ 1,958	\$ 1,958
14	Contractual	\$ -	\$ -	\$ -	\$ 1,315	\$ 1,315
15	Other: Parking/DMV/Phys Exams	\$ -	\$ -	\$ -	\$ 178	\$ 178
16	Other: Meetings/Conf/Dues/ProgDev	\$ -	\$ -	\$ -	\$ 1,037	\$ 1,037
Total Cost		\$ 21,154	\$ 21,154	\$ -	\$ 76,187	\$ 118,495

Projected Client Contributions**

\$ 1,170

*Projected client contributions must be used to expand services; the funds cannot be used as match.

APPENDIX D2 - FFY 2024 PROJECT BUDGET - PERSONNEL COST EXPLANATION

PROJECT NAME:

Hebron Transportation

Position	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
			Cash	In-Kind		
Dial-a-Ride Driver	8,518	8,518		4,258	\$ 21,294	$\$18.20/\text{hr} \times 18\text{hrs/wk} \times 52\text{wks} = \$17,035.20 + 25\% \text{ fringe } \$4,258.80 = \$21,294$
Dial-a-Ride Driver	\$ 4,212	\$ 4,212		\$ 2,106	\$ 10,530	$\$18/\text{hr} \times 9\text{hrs/wk} \times 52\text{wks} = \$8,424 + 25\% \text{ fringe } \$2,106 = \$10,530$
Dial-a-Ride Driver	4,212	4,212		\$ 2,106	\$ 10,530	$\$18/\text{hr} \times 9\text{hrs/wk} \times 52\text{wks} = \$8,424 + 25\% \text{ fringe } \$2,106 = \$10,530$
Dial-a-Ride Driver	\$ 4,212	\$ 4,212		\$ 2,106	\$ 10,530	$\$18/\text{hr} \times 9\text{hrs/wk} \times 52\text{wks} = \$8,424 + 25\% \text{ fringe } \$2,106 = \$10,530$
Senior Services Director/Data Collection				\$ 12,503	\$ 12,503	$\$38.47/\text{hr} \times 5\text{hrs/wk} \times 52\text{wks} = \$10,002.20 + 25\% \text{ fringe } \$2,500.55 = \$12,502.75$
Program Coordinator				\$ 8,171	\$ 8,171	$\$25.14/\text{hr} \times 5\text{hrs/wk} \times 52\text{wks} = \$6,536.40 + 25\% \text{ fringe } \$1,634.10 = \$8,170.50$
Social Worker				\$ 10,043	\$ 10,043	$\$30.90/\text{hr} \times 5\text{hrs/wk} \times 52\text{wks} = \$8,034 + 25\% \text{ fringe } \$2,008.50 = \$10,042.50$
Receptionist/Clerical Support				\$ 4,875	\$ 4,875	$\$15/\text{hr} \times 5\text{hrs/wk} \times 52\text{wks} = \$3,900 + 25\% \text{ fringe } \$975 = \$4,875$
Mechanic				\$ 6,720	\$ 6,720	$\$34.46/\text{hr} \times 3\text{hrs/wk} \times 52\text{wks} = \$5,375.76 + 25\% \text{ fringe } \$1,343.94 = \$6,719.70$
Finance Director				\$ 4,107	\$ 4,107	$\$63.19/\text{hr} \times 1\text{hr/wk} \times 52\text{wks} = \$3,285.88 + 25\% \text{ fringe } \$821.47 = \$4,107.35$
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
Total Personnel Costs	\$ 21,154	\$ 21,154	\$ -	\$ 56,995	\$ 99,303	

APPENDIX D3 - FFY 2024 PROJECT BUDGET - EXPLANATION OF ALL OTHER COSTS

PROJECT NAME:

Hebron Transportation

Line Item	Cost Category	T-III NCAAA Funds	ARPA NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
				Cash	In-Kind		
1	Personnel	\$ 21,154	\$ 21,154	\$ -	\$ 56,995	\$ 99,303	See attached Personnel Cost Explanation
2	Rent					\$ -	
3	Travel				\$ 438	\$ 438	15% of staff mileage
4	Audit				\$ 6,300	\$ 6,300	10% of Annual Audit
5	Utilities				\$ 2,972	\$ 2,972	33.3% of Electricity, Natural Gas, and Water
6	Telephone				\$ 1,236	\$ 1,236	50% of vehicle cell phones + 33.3% of Senior Services phones
7	Office Expense				\$ 67	\$ 67	33.3% of Office Equipment and Furnishings
8	Postage				\$ 1,300	\$ 1,300	10% of Postage
9	Printing/Publication				\$ 73	\$ 73	33.3% of Copier Fees
10	Supplies				\$ 508	\$ 508	33.3% of Office Supplies
11	Insurance				\$ 810	\$ 810	50% of Vehicle Insurance
12	Repairs/Maintenance				\$ 1,000	\$ 1,000	50% of Vehicle Repairs/Maintenance
13	Equipment (gasoline)				\$ 1,958	\$ 1,958	50% of gasoline for Dial-a-Ride vehicles
14	Contractual				\$ 1,315	\$ 1,315	33.3% of HVAC Maintenance, Data Management System, Fire System, and Internet/Cable
15	Other: Parking/DMV/Phys Exams				\$ 178	\$ 178	50% Parking/DMV licensing/Physical Exams Fees
16	Other: Meetings/Conf/Dues/Prog Dev				\$ 1,037	\$ 1,037	33.3% Meetings/Conferences, Dues & Program Development
Total Costs		\$ 21,154	\$ 21,154	\$ -	\$ 76,187	\$ 118,495	

APPENDIX D4 - FFY 2024 PROJECT BUDGET - NON - TITLE III RESOURCE SUMMARY

PROJECT NAME: Hebron Transportation

NON-FEDERAL CASH MATCH SOURCES

Indicate how much of the non-federal CASH match listed in the project budget is from:

	Amount
Municipalities	<u>\$ 76,187</u>
Fundraising	<u> </u>
Other	<u> </u>
Total Cash Match	<u>\$ 76,187</u>

Specify source(s):

Town of Hebron

NON-FEDERAL IN-KIND MATCH SOURCES

	Amount
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
Total In Kind Match	<u>\$ -</u>

List Source(s)

OTHER FEDERAL RESOURCES

(Include all other federal resources above and beyond Title III that support the total program.)

	<u> </u>
	<u> </u>
Total Other Federal Resources	<u>\$ -</u>

Specify source(s):

Title V

PROJECTED CLIENT CONTRIBUTIONS

Estimated amount of client contributions	<u>\$ 1,170</u>
--	-----------------

Specify amount of suggestion donation per unit of service (if applicable)

\$0.00 to \$5 per one-way trip dependent upon distance

**Projected client contributions must be used to expand services; the funds cannot be used as match.

**TOWN OF HEBRON
BOARD OF SELECTMEN
REGULAR MEETING
MARCH 2, 2023**

AHM BUDGET

Attached is the proposed AHM Budget for FY 2023-2024 with Hebron's share at \$296,552 which will be incorporated into the Town budget.

Proposed Motion:

Move that the Hebron Board of Selectmen endorse and support the Town of Hebron's share of the AHM FY 2023-2024 budget in the amount of \$296,552 and approve its inclusion in the Town Budget.

Municipal YSB Formula

	Andover	Hebron	Marlborough	Totals	RHAM High 823	RHAM Middle 379
Pre-K-12						
Enrollment as of						
OCT 2022	419	1320	921	2,660	TG called schools on 12/16	
	15.75%	49.62%	34.62%	100%		
2021 CERC Town						
Profile	3,203	9,512	6,368	19,083		
	16.78%	49.85%	33.37%	100%		
Combined Avg.	16.27%	49.73%	34.00%	100.00%		
FY 23/24	97,002	296,552	202,713	596,268		
FY 22/23	93,406	285,558	195,198	574,163		
FY 21/22	89,104	272,571	191,202	552,877		
Change:						
FY 23/24 Increase	3,596	10,994	7,515	22,105		
FY 22/23 Increase	4,302	12,987	3,996	21,286		

3.85%

AHM YOUTH & FAMILY SERVICES
FY 2023-2024
PROPOSED BUDGET
VS FY 2023-2024

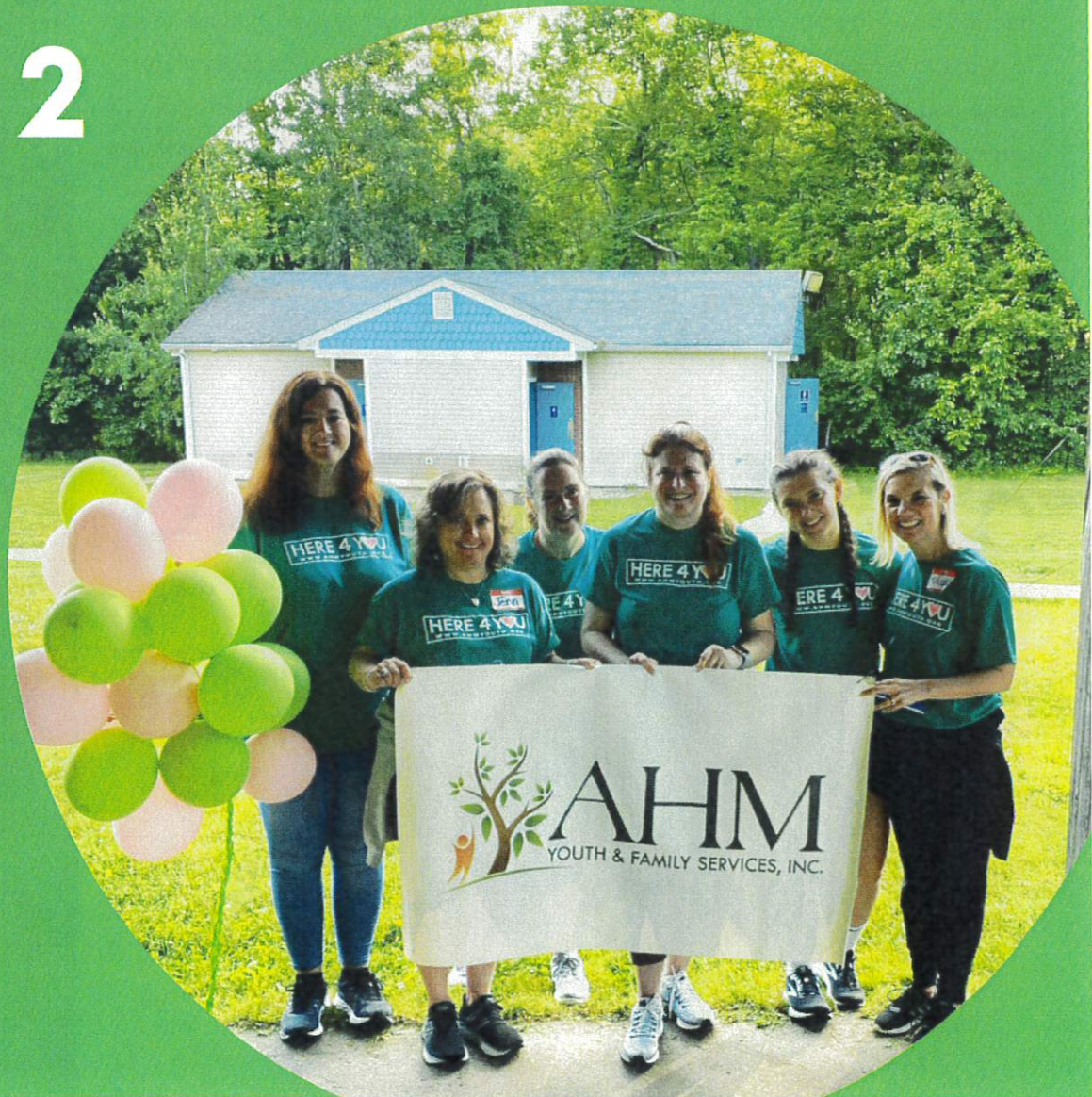
ACCOUNT	FY 23-24 INCOME	FY 22-23 INCOME	Variance
4000 · Federated Campaigns	2,500	2,500	-
4100 · Fundraising Events	-	-	-
4120 · Fall - Auction & Concert	10,000	10,000	-
4130 · Winter - Holiday Auction	9,000	9,000	-
4140 · Spring - Annual Appeal	53,000	53,000	-
4150 · Summer - Golf Tourn.	26,500	26,500	-
4160 · Fundraising Events	12,900	12,900	-
4400 · Government Grants	-	-	-
4440 · Local	2,000	2,000	-
4450 · State	180,462	170,850	9,612
4460 · Federal	125,000	125,000	-
4500 · Corporate/Foundations/Individual	-	-	-
4510 · Corporate	3,000	3,000	-
4520 · Donor Advised Funds	-	4,000	(4,000)
4525 · Faith Based	7,450	7,450	-
4530 · Foundations/Trust	7,000	106,074	(99,074)
4540 · Individual	14,650	14,650	-
4550 · Legacy/Bequest	-	-	-
4560 · Non-profit	15,950	15,950	-
4570 · Small Business	1,000	1,000	-
4700 · Program Service Revenue	-	-	-
4710 · Program Revenue	407,740	170,082	237,658
4720 · Local Service Contracts	910,179	906,651	3,528
Andover	97,002	92,179	4,823
Hebron	296,552	281,349	15,204
Marlborough	202,713	193,171	9,542
4730 · State Service Contracts	-	-	-
4740 · Federal Service Contracts	-	-	-
4800 · Investment Income	-	-	-
4810 · Interest/Dividends	41,088	35,589	5,499
TOTAL INCOME	1,829,419	1,676,196	153,223

ACCOUNT	FY 23-24 EXPENSE	FY 22-23 EXPENSE	Variance
5100 · Personnel	-	-	-
5110 · Salaries/Wages	1,214,644	1,108,832	105,811
5111 · COLA/Increases	60,732	33,265	27,467
5120 · FICA - Medicare/Soc. Sec.	92,920	84,826	8,095
5130 · CT - Unemployment	8,500	11,255	(2,755)
5200 · Fringe Benefits	-	-	-
5210 · Health Insurance	94,000	64,556	29,444
5215 · HSA Contributions	11,245	6,700	4,545
5220 · Dental Insurance	-	-	-
5230 · STD/LTD Disability Ins.	6,500	6,537	(37)
5240 · Workers' Comp Ins.	5,500	5,501	(1)
5250 · 401K - Match	34,000	31,303	2,697
5260 · 401K - Discretionary	25,000	20,862	4,138
6000 · Professional/Contractual	-	-	-
6010 · Investment Mgt.	15,000	15,002	(2)
6020 · Accounting	15,000	12,001	2,999
6030 · Legal	2,000	1,000	1,000
6040 · Contractor Services	67,939	122,866	(54,927)
6100 · Advertising/Promotion	2,350	2,985	(635)
6200 · Office Expense	-	-	-
6210 · Program Supplies	45,000	40,133	4,867
6220 · Office Supplies	5,000	3,500	1,500
6230 · Telephone	2,533	1,884	649
6240 · Postage/Shipping	1,400	1,017	383
6250 · Equipment Rental	2,500	3,150	(650)
6255 · Printing	2,145	1,732	412
6260 · Bank Fees	1,532	1,532	-
6270 · Credit Card Processing	3,000	3,000	(0)
6275 · Awards/Recognition	3,000	3,000	(0)
6280 · Recruiting/Pre-Employment	2,000	2,000	-
6300 · Technology	-	-	-
6310 · Tech. Gen	21,643	18,264	3,379
6320 · Hardware	1,500	1,500	-
6330 · Tech Support	9,000	8,851	149
6400 · Occupancy	-	-	-
6410 · Utilities	13,015	14,001	(986)
6420 · Maintenance & Repairs	14,000	13,201	799
6430 · Property Insurance	4,700	4,600	100
6500 · Travel	-	-	-
6510 · Airfare	2,500	1,400	1,100
6520 · Lodging	5,500	4,253	1,247
6530 · Mileage	500	600	(100)
6540 · Per Diem	1,000	1,080	(80)
6550 · Ground Transportation	1,500	1,700	(200)
6600 · Professional Development	9,000	5,665	3,335
6900 · Insurance	-	-	-
6910 · Liability Ins.	12,058	3,636	8,421
6920 · D&O Ins.	2,886	2,222	664
6930 · Prof. Liability Ins.	2,637	2,400	237
6940 · Auto Ins.	300	250	50
6980 · Membership/Dues	4,240	4,130	110
Total Expenses	1,829,419	1,676,195	153,223.92

Operating Expenses	163,438.72	139,558.75	23,879.97	17%
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ANNUAL REPORT 2022



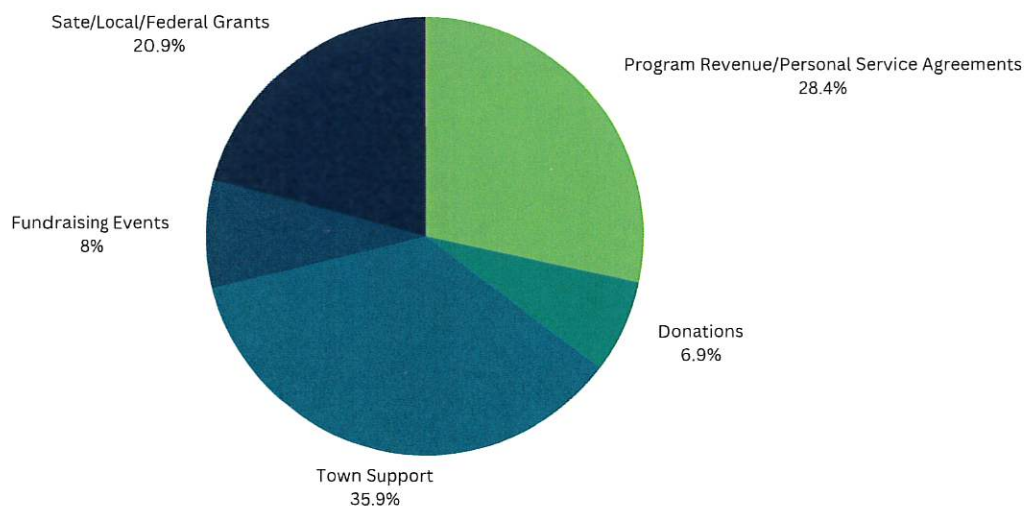
THANK YOU!

The Staff and Board at AHM would like to take this opportunity to express our gratitude for the community members who have supported our organization this year. It is because of YOU that AHM was able to offer more programming, more therapeutic support, and more prevention education than ever before. Although the Covid-19 pandemic and it's negative effects continue to impact our region, we at AHM began to offer more in-person opportunities for engagement this year, which was amazing. AHM continues to focus our efforts on providing youth and families with Mental Health supports through our outpatient clinical program, our School Student Support services at all schools in the towns we serve, as well as outreach through our HERE 4 YOU campaign. AHM's Family Resource Center is thriving as we continue offer families with young children playgroups, the KinderRHAMa preschool program as well as parent education and child assessment services. This year, we have successfully opened our doors to residents of all ages for Positive Community Development programs such as theater instruction and Health Matters classes which continues to bring our community members together through offering instruction from art lessons to cooking. Lastly, we continue to look for ways to educate our residents around prevention topics such as substance abuse and suicide, through offering training and workshop opportunities and community engagement events. The AHM staff is honored to serve our four towns and looks forward to continuing to offer quality and innovative programming to meet the needs of our youth and families.

TRESSA GIORDANO

Executive Director

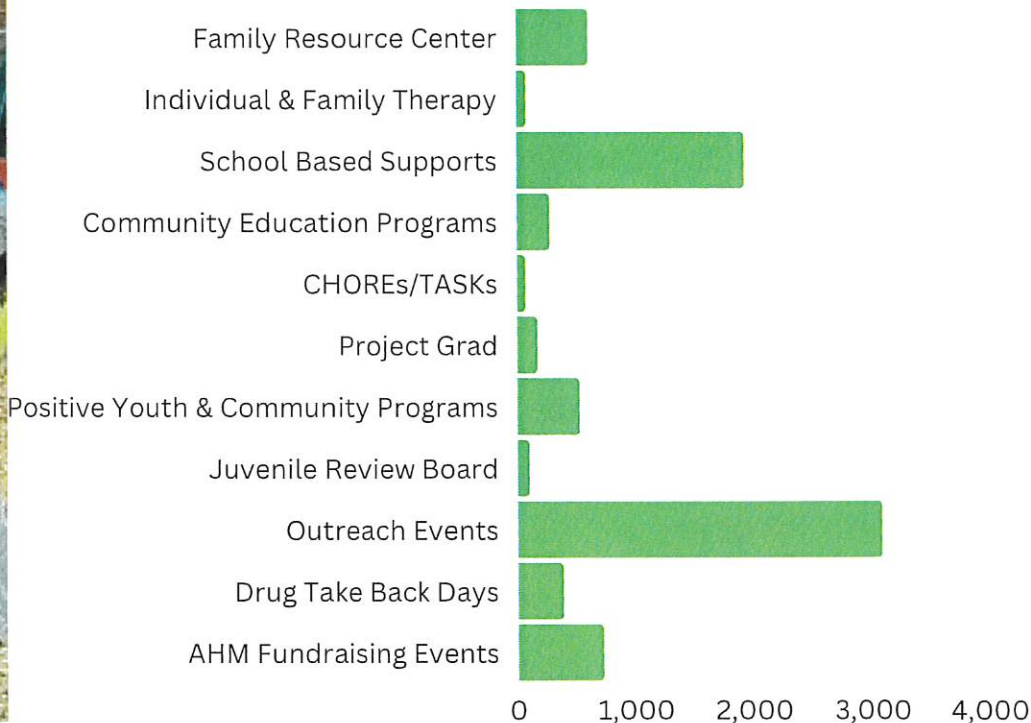
AHM FUNDING





CONNECTIONS

The following is a snapshot of some of AHM's programs and services offered in 2021.



In 2021, AHM served over 5,000 residents in person and received over 32,000 views on our YouTube video channel!

AHM Board of Directors 2021-2022

President: Steve Fish **Vice President:** Sara Tarca **Treasurer:** Brendan Shea

Recording Secretary/Corresponding Secretary: Joleen Yorio

Directors: Paulette Adams, Brenda Bula, John Gasper, Kristen Kania, Maryanne Leichter, Denise Morell, Gayle Mulligan, Allyson Schmeizl, Edward Skopas, William Sudol, Marica Tecca **Member at Large:** Kay Corl

Immediate Past President: Pete Yorio **Youth Director:** Christina Leshak



For more information about AHM's programs and services go to our website: ahmyouth.org

MISSION STATEMENT

The Board of Selectmen, acting as stewards of the Town and agents of the people, will provide services that promote safety; an affordable healthy living environment; and through effective land use and town resources, an economic base that creates jobs and tax assistance to the community while preserving our rural historic character.

TOWN OF HEBRON BOARD OF SELECTMEN REGULAR MEETING (VIRTUAL)

Board of Selectmen Regular Meeting

March 16, 2023, 7:00 PM (America/New York)

Please join my meeting from your computer, tablet or smartphone.

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Thursday, March 16, 2023

7:00 p.m.

AGENDA

Time Guideline

- | | |
|-----------|--|
| 7:00 p.m. | 1. CALL TO ORDER |
| 7:00 p.m. | 2. PLEDGE OF ALLEGIANCE |
| 7:02 p.m. | 3. ADDITIONS AND CHANGES TO THE AGENDA |
| 7:35 p.m. | 4. PUBLIC COMMENT
This section of the agenda is reserved for persons in attendance who wish to briefly address the Board. The Board requests that comments be limited to three minutes or less. Persons wishing to comment should type "comment" and your name in the chat box and you will be recognized. |
| 7:40 p.m. | 5. APPOINTMENTS AND RESIGNATIONS

a) Economic Development Commission Appointment |
| 7:45 p.m. | 6. TOWN MANAGER'S REPORT

a) Recent Activities
b) Correspondence
c) Town Manager Updates |

7:55 p.m.

7. OLD BUSINESS

- a) American Rescue Plan State and Local Recovery Funds Update
- b) Public Works Building Project Next Steps
- c) Charter Revision Discussion ***
- d) Any Other Old Business

*** No need for discussion or action at this time

8:15 p.m.

8. NEW BUSINESS

- a) Approve Mandated Reporter Policy for Parks & Recreation
- b) Parks and Recreation Park Policies Update
- c) Approve Revenue Recovery Service Agreement with Certified Ambulance Group
- d) Draft Agenda for April 6, 2023 Meeting
- e) Any Other New Business

8:35 p.m.

9. CONSENT AGENDA

Consent agenda items are considered to be routine in nature, which the Board may not need to discuss individually and may be voted on as a group. Any board member who wishes to discuss a particular item in this section may request the Chair to remove it for later discussion and a separate vote if necessary.

a) **APPROVAL OF MINUTES**

9.a.1 March 2, 2023 – Regular Meeting

b) **TAX REFUNDS**

8:40 p.m.

10. LIAISON REPORTS

- a) AHM Youth Services
- b) Hebron BOE – Gail Richmond
- c) Board of Finance – Peter Kasper
- d) Land Acquisition – Tiffany Thiele
- e) RHAM BOE – Marc Rubera
- f) Parks & Recreation Commission – Peter Kasper
- g) Economic Development Commission – Tiffany Thiele
- h) Hebron Historic Properties Commission – Dan Larson
- i) Commission on Aging/Senior Center – Gail Richmond
- j) Fire Department – Dan Larson
- k) WPCA – Andrew Tierney/Kevin Kelly
- l) Green Committee – Tiffany Thiele
- m) Douglas Library Board of Trustees – Gail Richmond

8:50 p.m.

11. PUBLIC COMMENT

8:55 p.m.

12. ANTICIPATED EXECUTIVE SESSION

- a) Town Manager Annual Evaluation

9:30 p.m.

13. ADJOURNMENT

**TOWN OF HEBRON
BOARD OF SELECTMEN
REGULAR MEETING
MARCH 2, 2023**

CONSENT AGENDA

Proposed Motion:

Move that the Board of Selectmen approve the following Consent Agenda items and motions contained therein as if individually adopted:

a) APPROVAL OF MINUTES

- 9.a.1 January 19, 2023 – Regular Meeting
- 9.a.2 February 16, 2023 – Regular Meeting

b) APPROVAL OF TAX REFUNDS

- | | |
|---------------------|---------|
| 9.b.1 Timothy Cruse | \$17.56 |
|---------------------|---------|

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, January 19, 2023 - 7:00 PM**

MINUTES

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HEBRON TOWN CLERK

ATTENDENCE:

Board of Selectmen (Present): Daniel Larson (Chair), Gail Richmond (Vice Chair, joined at 7:35 p.m.), Tiffany Thiele, Peter Kasper, Marc Rubera (joined at 7:27 p.m.)

Public Building Committee: Mal Leichter, Richard Steiner

Staff Present: Donna Lanza, Dori Wolf

Guests: Community Voice Channel, Terry McManus, Kathy Williams, Adam Thiele, Dan Seremet, Diane DelRosso, Lilli Rhodes

1. Call to Order

2. Pledge of Allegiance

D. Larson called the meeting to order at 7:00 p.m. and led the Pledge of Allegiance.

3. Additions and Changes to Agenda

None.

4. Public Comment

None.

5. Appointments and Resignations

A. Planning and Zoning Resignation

Motion by D. Larson that the Hebron Board of Selectmen accept the resignation of Eric Lindquist from the Hebron Planning and Zoning Commission with regret and thanks for his service. Further, that the Selectmen designate Friday, January 27, 2023 as the posting date for the vacancy notice. The 35th and final day by which nominations shall be received is Friday, March 3, 2023. The motion passed (3-0).

B. Parks and Recreation Commission Appointment

Motion by D. Larson that the Hebron Board of Selectmen appoint Adam Thiele as a regular member of the Parks and Recreation Commission for a term to run until December 2026.

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, January 19, 2023 - 7:00 PM**

Discussion: D. Larson introduced Adam Thiele, who reiterated his desire to join the Commission and stated he has already attended several meetings. T. Thiele noted Adam is her husband.

The motion passed (3-0).

P. Kasper noted multiple people had expressed interest in joining the Parks and Rec Commission, and encouraged all interested individuals to check Hebron's other boards and commissions, as there are often openings. D. Lanza stated that information can be found on the Town's website, under "Contact Us" then "Volunteer Opportunities".

6. Town Manager's Report

A. Recent Activities

D. Lanza noted the office has been very busy. Budget and CIP processes have begun.

A. Tierney had a project update meeting with key staff this week.

B. Correspondence

Items (included in the agenda) covered the monthly police report, as well as a letter of congratulations to Sue Hushin on her recent retirement.

7. Old Business

A. ARPA Funds Update

D. Lanza shared an updated copy of the Town's approved ARPA projects, noting items previously marked "pending attorney review" had been reviewed and deemed ARPA eligible. The BoS agreed to discuss only Round 2 projects with estimated costs, and to put aside discussion on those with cost estimates TBD. They also agreed to remove the line item for "Support for Local Small Businesses," which they had previously agreed upon. Projects were discussed as follows:

1. The Town Center Project Storage Shed

D. Lanza read a letter from TTCP President Holly Habicht, summarizing the group's need for storage facilities (chiefly for the Adirondack chairs and snowfolk installations). They are requesting funds to receive a shed from Country Carpenters, to include the structure as well as necessary site work, noting this would also support a local business. P. Kasper wondered if there were less expensive alternatives to the proposed structure. D. Lanza stated consideration of building style would be a factor depending on the location of the shed, as Planning and Zoning may require their approval. The BoS agreed to keep the item on the list, while seeking more input from Planning and Zoning.

2. Peters House

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, January 19, 2023 - 7:00 PM**

Project costs are listed as TBD. P. Kasper noted he would like to see a financial report indicating how much has been spent on the Peters House to date. G. Richmond agreed that would be valuable information in determining the course forward.

3. CoDE Request: Implicit Bias Training

The request is for \$5,000, which would cover four training sessions (of 25 people per session) for town employees and elected officials. The BoS supports the project and training for town staff, and discussed whether this type of training should be funded by ARPA or the regular budget, as well as how that training should be conducted (virtually vs. in-person). The BoS approved the item, with all members voting in favor.

*DLarson motion
BoS approved.*

4. Hebron Historical Society

D. Larson noted the initial request was \$25,000, which D. Lanza stated was initiated by the Town on the Society's behalf, and was intended to cover exterior painting and possibly address moisture issues in the basement. That amount has already been approved by the BoS. The Historical Society has submitted additional requests for \$125,000 (to add restrooms and handicap accessibility at the Old Town Hall building) and \$100,000 (for cemetery repairs and maintenance.) The BoS considered the items separately, and agreed they need more information about projected costs for adding an addition at OTH. That item was moved to TBD. The BoS approved the second request for \$100,000, with all members voting in favor, and discussed the importance of ongoing maintenance for these town assets.

Motion by G. Richmond to move forward with the request for \$100,000 from the Hebron Historical Society. The motion passed (4-0).

5. Gull School Roof

A request for \$20,000 to repair the roof of the Gull School was discussed. Three estimates were received, with the BoS recommending the town move forward with the lowest bid.

Motion by D. Larson to move forward with the expenditure of \$20,000 for the roof replacement and award the roof repair and replacement contract to Thomas Archambault Building & Remodeling for \$19,825. The motion passed (4-0).

6. Police Accreditation

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, January 19, 2023 - 7:00 PM**

Motion by D. Larson to approve the expenditure out of ARPA funds for \$28,000 for the police department accreditation process for the services as received from Daigle Law Group LLC. The motion passed (5-0).

The rest of the ARPA funds discussion was tabled in the interest of time.

B. PW Building Project

D. Larson introduced R. Steiner and M. Leichter of the Public Building Committee. They are drafting a document outlining the pros and cons of each alternative option, with more detailed explanations. That document is expected to be received by the BoS next week. D. Larson noted many committees in town are requesting and sharing information, and urged members to include town staff in those exchanges, so all parties have all relevant information. M. Leichter then offered updates on other PBC projects. A proposal for expanding the firehouse bay, which would allow the department to reasonably store both ambulances, has been received. The proposal includes all design and engineering work, as well as site testing. The PBC has sent that proposal to the BoS, with their recommendation to move forward. A mandatory walkthrough for AHM's HVAC project was held last week, with bids due on February 1. The library re-roofing project RFP has been sent out, with an addendum upcoming this week. Those bids are also due February 1. R. Steiner reported on the facilities analysis project. A walkthrough of town buildings was conducted with potential bidders. M. Leichter stated the AHM HVAC project is slated to occur between the end of heating season and beginning of the cooling season. The roofing project is targeted for completion in late May or early June, pending a contract being signed by late February. The firehouse addition could be completed this summer.

C. Charter Revision

The BoS discussed the merits of opening a Charter Revision Commission, as the town is required to review the Charter every five years. D. Lanza indicated the BoS must consider the matter, but is not required to form a commission if they determine a revision is not warranted. G. Richmond stated the last revision was extremely thorough, and she does not feel a revision committee is necessary at this time. T. Thiele would like to discuss bifurcation in regards to budgeting, but agreed that discussion could occur at a later time. The BoS agreed.

8. New Business

A. Award Bid for Sale of Used Roll Off Truck

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, January 19, 2023 - 7:00 PM**

Motion by D. Larson that the Hebron Board of Selectmen accept the bid in the amount of \$24,500 and award the sale of the 2005 Kenworth truck as is to Fowler's Auto Wrecking, Inc. of East Hampton, Connecticut, and authorize Andrew J. Tierney, Town Manager, to sign documents necessary for the sale and transfer. The motion passed (5-0).

B. Approve Revised Job Description: Assistant Town Clerk

Motion by D. Larson that the Hebron Board of Selectmen approve the revised job description for the Assistant Town Clerk as presented. The motion passed (5-0).

C. Draft Agenda for February 2, 2023 Meeting

D. Larson requested members forward additional items to Town Hall for next month's agenda. Continued charter revision discussion will be included, and conducted after budget season.

9. Consent Agenda

Motion by D. Larson that the Board of Selectmen approve the following consent agenda items and motions contained therein as if individually adopted:

A. Approval of Minutes

1. January 5, 2023 – Regular Meeting

B. Tax Refunds

1. Devin Hanelius - \$19.94
2. Nicholas Wallick - \$98.05
3. Derrick Hanelius - \$67.14
4. Timothy Carrier - \$314.53
5. Erick Dwelley - \$27.52

The motion passed 4-0, with G. Richmond abstaining.

10. Liaison Reports

P. Kasper updated on Parks and Rec Commission activities; potential dog park locations are under discussion, and new programs have been launched. Recommendations for pickleball and skatepark locations are expected. M. Rubera reported a mock active shooter event has been scheduled for April vacation at RHAM, and will include fire department, EMS, and police personnel. D. Larson stated the Hebron Historic Properties met recently and discussed

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, January 19, 2023 - 7:00 PM**

possible buildings on the McCorrison property. He also noted T. Thiele will be the BoS liaison to the RHAM Strategic Planning Committee.

11. Public Comment

None.

12. Executive Session

Tabled to next meeting.

13. Adjournment

Motion by G. Richmond that the Board of Selectmen adjourn at 9:03 pm.

Respectfully submitted,
Hannah Walcott (Board Clerk)

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

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HEBRON TOWN CLERK

MINUTES

ATTENDANCE:

Board of Selectmen (Present): Daniel Larson (Chair), Gail Richmond (Vice-Chair), Tiffany Thiele, Peter Kasper, Marc Rubera

Public Building Committee: Mal Leichter, Richard Steiner

Staff Present: Andy Tierney (Town Manager), Donna Lanza, Dori Wolf, Matthew Bordeaux (Town Planner)

Guests: Greg Shortell, Community Voice Channel, Lilli Rhodes, Terry McManus, Kathy Williams, Kevin Tulimieri, Meg Clifton, Anne Danaher

1. Call to Order

2. Pledge of Allegiance

D. Larson called the meeting to order at 7:01 p.m. and led the Pledge of Allegiance.

3. Additions and Changes to Agenda

None.

4. Public Comment

- A. Kevin Tulimieri (110 Kinney Rd) – Read a portion of the Town Charter relating to Ethics, and asserted that members of the Board publicly discussed pressuring the Planning and Zoning Commission (PZC) to block the Scenic Road designation for Kinney Road. He feels they have used their positions to leverage undue influence, and have not acted in good faith. He withdraws his offer to serve on any committee associated with the Board of Selectmen. D. Larson stated he has not had any communications with PZC for weeks, nor has any other BoS member, to his knowledge, and regards Mr. Tulimieri's comments almost as an act of slander.
- B. Terry McManus – Noted he has attended a number of different board meetings in recent weeks, and while there are differing views, he has not seen anything which leads him to mistrust anyone. He offered his support to Chairman Larson.

5. Appointments and Resignations

A. Commission on Aging Appointment

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

Motion by D. Larson that the Hebron Board of Selectmen appoint Jo Souza as a Regular Member of the Commission on Aging with a term to run until December 2026. The motion passed unanimously.

B. Douglas Library of Hebron Board of Trustees Appointments

Motion by D. Larson that the Hebron Board of Selectmen appoint Anne Danaher and Margaret Clifton to fill the two vacant "Association" positions on the Douglas Library Board of Trustees, each for a term to run until December 2026. The motion passed unanimously.

6. Town Manager's Report

A. Tierney reported his office is working on the budget daily; it will be presented March 2nd. Fran Villani has moved into the position of acting Town Clerk. A new Assistant Town Clerk has been hired, and will begin on March 6th. The town received a grant of \$962,400 towards improvements on Martin Road. Combined with previously awarded funds, this brings the total to nearly \$4 million, which taxpayers will not have to directly pay for. The project is currently in the design phase. He also reported the town will be fully reimbursed for the Old Colchester Road bridge culvert replacement, which will save taxpayers about an additional \$500,000. A firm has been interviewed for the facilities study, and a contract will be brought for BoS approval at the next meeting. Chatham Health budget work continues. Region 8 Health Insurance work is also ongoing; it currently stands at 3%, with efforts continuing to bring that number down.

7. Old Business

A. Tax Abatement Application 14/16 Main Street

The BoS has amended the EDC's proposed abatement agreement to a term of five (5) years.

D. Larson read the following **proposed resolution**:

The Town of Hebron Economic Development Commission received the Economic Development Incentive Program application from L & J Properties, LLC, dated October 18, 2022 and revised January 13, 2023.

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

The Hebron Economic Development Commission reviewed the application for real property tax abatement with the applicant at its November 21, 2022 meeting and subsequently approved a recommendation at its January 23, 2023 meeting.

Whereas, the proposed new construction of a post and beam mixed-use building to be located at 16 Main Street in the Hebron Green Village District and is anticipated to cost the developer approximately \$650,000 to construct; and

Whereas, the Hebron Assessor has estimated the assessed value of the proposed improvements to be \$155,000 and at the 2021 Grand List mill rate would generate a tax bill of \$4,913.50. The proposed tax abatement would have a value of \$24,567.50 over the term of the agreement with the understanding that the assessed value and mill rate may be subject to change that will impact the full value of the abatement; and

Whereas, the applicant is not delinquent in any taxes that are otherwise due to the Town of Hebron; and

Whereas, L & J Properties LLC have demonstrated a commitment to the development of high-quality construction in an area of the Town that warrants a heightened concern for the impacts new development will have on the historic character of the National Register Historic District.

Therefore, be it resolved that the Hebron Board of Selectmen accept and amend the recommendation of the Hebron Economic Development Commission and authorize the Town Manager to enter into an agreement with L & J Properties, LLC, fixing the assessment of proposed improvements at 16 Main Street (Parcel #70-32) to 0% of the assessed value for a period of five (5) years and to take effect upon the first full fiscal year following the issuance of a Certificate of Occupancy by the Building Official.

Discussion:

Town Planner M. Bordeaux spoke on the application, stating he and the EDC feel the project warrants the 10-year incentive they recommended, but understands the Board is considering a shorter term.

The resolution, as read, passed unanimously.

B. ARPA Funds Update

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

A. Tierney noted several items recently approved by the attorney, and suggested the BoS review the following ARPA projects:

1. Fence Between Library and Legion (\$7,500) -- To replace an old stockade fence.
2. Hebron Center Signage (wayfinding and community event 85/66)(\$45,000) -- To establish a more permanent community messaging system and wayfinding signs.
3. Beautify Veterans Memorial Route 85/66 -- Trees/Bushes (\$600) -- To add arbor vitae in order to make the area more visually appealing.
4. CoDE Support for Juneteenth Event (\$4,000) -- To assist CoDE with events on June 10th.
5. Hebron Elementary School Gym Floor (\$264,800) -- To repair gym floor more quickly by using ARPA, and also to remove item from CIP requests.

D. Larson read the following **proposed resolution**:

BE IT RESOLVED that the Hebron Board of Selectmen approve the ARPA projects listed above (or amended) and authorize Andrew J. Tierney, Town Manager, to take any action necessary to acquire or implement the identified projects.

BE IT FURTHER RESOLVED that it is understood the amounts indicated are budget estimates; the amount of the final project may be more or less than indicated and that the Town Manager has the discretion to adjust the amount. If an individual project budget comes in more than 20% above the original budget amount, an update will be provided to the Board of Selectmen before commitment is made and project is finalized.

BE IT FURTHER RESOLVED that authorization given to Andrew J. Tierney, Town Manager, by this resolution includes signing any purchase agreements, contracts or any other documents necessary to finalize the projects.

Discussion:

T. Thiele noted \$45,000 towards signage (item #2) seems high. M. Bordeaux stated these are initial, conservative numbers, and that concise figures are difficult to obtain without final designs or plans. He is seeking approval from the BoS to move forward developing those plans (including design, locations, etc). P. Kasper suggested the BoS consider the request in two parts; approving initial funds (perhaps \$8,000 -

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
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\$10,000) to move forward with design work, with the remaining amount TBD, pending further design plans.

D. Larson noted CoDE's request, with D. Lanza stating it is specifically for their Juneteenth event.

Proposed amendment:

Split item #2 into two phases:

- Hebron Center Signage (Design) - \$10,000
- Hebron Center Signage (Completion) – TBD

The resolution, as amended, passed unanimously.

C. PW Building Project Next Steps

A proposed motion to establish a committee to work with DKA was included in the agenda. A. Tierney stated proposed members had reached out to him expressing interest, and that he had not solicited anyone. That motion was drafted prior to K. Tulumieri's withdrawal from consideration. P. Kasper stated his willingness to represent the BoS on the committee. A. Tierney suggested Greg Shortell as a possible community representative. G. Shortell respectfully declined, as he feels he is too close to the situation to remain as objective as necessary. D. Larson suggested Terry McManus as a third community member. T. McManus stated he would be happy to help.

Motion by D. Larson that the Hebron Board of Selectmen appoint a Committee to work with DKA on the community survey for the Public Works Building Project to consist of five (5) members as follows:

Peter Kasper	Board of Selectmen
Mal Leichter	Public Building Committee/Board of Finance
Andrea Lattanzi	Community Member
Mark Stuart	Community Member
Terry McManus	Community Member

The motion passed unanimously.

D. Other Old Business

None.

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

8. New Business

1. Transfer of Land at Abby Drive

M. Bordeaux summarized the proposed transfer concerning a small parcel (an access strip, or “paper road”) owned by the town, which was initially intended to provide access to undeveloped land. That land was later acquired by the state, eliminating the need for the access strip. The abutting property owner (of 35 Abby Road) is seeking to acquire the access strip land. Due to the slight irregularity of the parcel (and to avoid future neighbor property disputes), M. Bordeaux is suggesting the parcel be split down the middle, adding a 25-foot-wide strip to both abutting properties.

Motion by D. Larson that the Hebron Board of Selectmen approve the transfer of land at Abby Drive as presented, and refer to a future Special Town Meeting at a date to be determined. The motion passed unanimously.

2. Award Bid for Douglas Library Roof Replacement Project

Motion by D. Larson that the Hebron Board of Selectmen award the bid for the Douglas Library Roof Replacement Project to Young Developers LLC of Hamden, Connecticut, in the amount of \$320,900 (base bid of \$274,900 plus Alternate 1 Homosote Replacement \$39,500 and Alternate 2 Hand Nail \$6,500) and authorize Andrew J. Tierney, Town Manager, to sign all necessary documents and contracts related to this work. The motion passed unanimously.

M. Leichter and R. Steiner stated it is hoped work will begin in the third or fourth week of March, depending on weather.

3. FY 2023-2024 CIP Budget Review

A. Tierney’s proposed CIP budget was included in the agenda. The current total amount is \$947,886. He noted the impact inflation has had on budget considerations, and has tried to bring the recommended budget amount down. D. Lanza noted the amount for the Jones Street culvert had been updated from \$94,761 to \$55,000 since the agenda was published.

Motion by D. Larson that in accordance with the Town of Hebron Capital Improvement Plan Policy the Hebron Board of Selectmen approve a final draft of recommended projects for the FY 2023-2024 CIP Budget and the Five-Year Plan as presented, totaling \$947,886

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

for inclusion in the Town Manager's FY 2023-2024 Budget Recommendation. The motion passed unanimously.

4. FY 2023-2024 Budget Review Schedule

Motion by D. Larson that the Hebron Board of Selectmen approve the FY 2023-2024 Budget Review Schedule as presented. The motion passed unanimously.

5. Approve ARPA Rural Roads Grant Application

A. Tierney noted this item would provide increased police enforcement at no added cost to the town.

Motion by D. Larson that the Hebron Board of Selectmen approve submission of the application for the State of Connecticut Department of Emergency Services & Public Protection Connecticut FY 2022 ARPA Rural Roads Grant in the amount of \$50,000 and authorize Andrew J. Tierney, Town Manager, to sign any necessary grant documents. The motion passed unanimously.

6. Draft Agenda for March 2, 2023 Meeting

A. Tierney noted approval of the firm to conduct the facility study for the next agenda.

9. Consent Agenda

A. Approval of Minutes

- 1. January 19, 2023 – Regular Meeting**
- 2. January 24, 2023 – Special Joint Meeting**
- 3. February 2, 2023 – Regular Meeting**

B. Approval of Tax Refunds

- 1. Alexandra Smith - \$6.24**
- 2. Douglas and Donnalee Porter - \$2,203.47**

D. Larson noted one amendment to the January 19th minutes:

- Page 3 (of 6), Section 7.A.3 (Old Business, ARPA Update, CoDE Request) – Replace last sentence with “Motion by D. Larson to approve the request. The Board of Selectmen approved.”

Approval of the January 19th minutes was tabled for additional amendments from G. Richmond.

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

Motion by D. Larson that the Hebron Board of Selectmen approve the following consent agenda items: the minutes of the January 24th, 2023 Special Joint Meeting, the minutes of the February 2nd Regular Meeting, and the tax refunds as listed. The motion passed unanimously.

10. Liaison Reports

- A. RHAM BOE** – M. Rubera reported ARPA funds have provided for “stop the bleed” kits in each AED at the high school, as well as advanced kits in each police car. Kits will be provided to the elementary schools next.
- B. Douglas Library Board of Trustees** – G. Richmond noted several new museum passes available, paid for by the Friends of the Library.
- C. Commission on Aging/Senior Center** – A Medicare Information session will be held February 22 at 2 p.m. and 6 p.m. Technology assistance sessions at the senior center are ongoing. There is also an AARP tax program being held currently; appointments can be made by calling (860) 228-1700.
- D. Green Committee** – T. Thiele noted several events in April, including Earth Day celebrations (April 22), Swap Shack reopening (April 23), and a spring Shred event (April 29).
- E. Board of Finance** – P. Kasper reported the audit is being finalized. He also noted ongoing expenses to the town (such as vet bills) relating to the rescue of a large number of animals in town, and wondered what steps the town can take to eliminate those expenses by finding homes for the animals. He also stated there was discussion about a potential charter revision, specifically about increasing the BoF’s threshold for special appropriation, with more to follow.
- F. WPCA** – A. Tierney stated the sewer project is starting to wrap up. He also noted neighboring municipalities have assisted with caring for the rescued animals, but expenses are adding up. The town will explore recouping some of that money from the state. The Chief Sanitarian for Chatham Health has stepped down.

11. Public Comment

None.

12. Anticipated Executive Session

Motion by D. Larson that the Board of Selectmen move into executive session for the purpose of the Town Manager annual evaluation at 8:26 p.m. The motion passed unanimously.

**TOWN OF HEBRON
BOARD OF SELECTMEN
Regular Meeting (Virtual)
Thursday, February 16, 2023 - 7:00 PM**

The BoS returned from executive session at 9:59 p.m. No action was taken.

Motion by G. Richmond that the Board of Selectmen adjourn at 10:01 pm. The motion passed unanimously.

Respectfully submitted,
Hannah Walcott (Board Clerk)