

**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 (HYBRID)  
TOWN OFFICE BUILDING – 15 GILEAD STREET**

**Board of Selectmen Regular Meeting**  
 March 6, 2025, 7:00 PM (America/New York)  
**Please join my meeting from your computer, tablet or smartphone.**  
<https://meet.goto.com/180321709>  
**You can also dial in using your phone.**  
 Access Code: 180-321-709  
 United States: [+1 \(872\) 240-3212](tel:+18722403212)  
**Get the app now and be ready when your first meeting starts:**  
<https://meet.goto.com/install>

RECEIVED  
 2025 FEB 28 A 11:15  
 [Signature]  
 HEBRON TOWN CLERK

**Thursday, March 6, 2025**

**7:00 p.m.**

**AGENDA**

Time Guideline	
7:00 p.m.	1. <b>CALL TO ORDER</b>
7:00 p.m.	2. <b>PLEDGE OF ALLEGIANCE</b>
7:02 p.m.	3. <b>ADDITIONS AND CHANGES TO THE AGENDA</b>
7:05 p.m.	4. <b>PUBLIC COMMENT</b> This section of the agenda is reserved for persons in attendance who wish to briefly address the Board of Selectmen. The Board requests that a person's comments be limited to a single period lasting three minutes or less. While the Board respects the right of the public to provide comment, this time is not intended for open discussion or a Board response. Residents who wish to request a dialogue should make arrangements to do so through the Town Manager's Office or the Board Chair. (Persons wishing to comment should type "comment" and your name in the chat box and you will be recognized.)
7:10 p.m.	5. <b>GOOD TO KNOW/SPECIAL RECOGNITION</b> a) Hebron Maple Festival 2025
7:15 p.m.	6. <b>APPOINTMENTS AND RESIGNATIONS</b> a) Amplify Catchment Area 15 Board of Directors Appointment b) Central Regional Tourism District Board of Directors Appointment c) Board of Assessment Appeals Alternate Appointment

**7:20 p.m. 7. TOWN MANAGER'S REPORT**

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

**7:30 p.m. 8. OLD BUSINESS**

- a) American Rescue Plan State and Local Recovery Funds Update\*\*\*
- b) Department of Public Works Action Committee Update
- c) Town Manager's Annual Evaluation
- d) Any Other Old Business

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

**7:40 p.m. 9. NEW BUSINESS**

- a) Approve NCAAA Hebron Outreach and Social Support Services Grant Application
- b) Approve NCAAA Hebron Therapeutic Activity Grant Application
- c) Approve NCAAA Hebron Transportation Grant Application
- d) Renew Membership Agreement with the Connecticut River Valley Chamber of Commerce
- e) Schedule Special Town Meeting – DPW Project Design Funding
- f) Draft Agenda for March 20, 2025 Meeting
- g) Any Other New Business

**8:00 p.m. 10. 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**

10.a.1 February 20, 2025 – Regular Meeting

b) **TAX REFUNDS**

**8:05 p.m. 11. LIAISON REPORTS**

- a) AHM Youth Services – Peter Kasper
- b) Hebron BOE – Tiffany Thiele
- c) Board of Finance – Dan Larson
- d) Land Acquisition – Keith Petit
- e) RHAM BOE – Claudia Riley

**8:15 p.m. 12. PUBLIC COMMENT**

**8:20 p.m. 13. ADJOURNMENT**

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 6, 2025**

**APPOINTMENTS AND RESIGNATIONS**

**a. Amplify Catchment Area 15 Board of Directors Appointment**

Attached is correspondence from Rosalie Simichak (D) expressing interest in being appointed as Hebron's representative to the Catchment Area Council 15 for Amplify North Central Regional Mental Health Board.

**Proposed Motion:**

Move that the Hebron Board of Selectmen appoint Rosalie Simichak as Hebron's representative to the Catchment Area Council 15 for Amplify North Central Regional Mental Health Board.

**b. Central Regional Tourism District Board of Directors Appointment**

Attached is correspondence from Michelle Nicholson (D) expressing interest in serving as Hebron's representative to the Central Regional Tourism Board of Directors..

**Proposed Motion:**

Move that the Hebron Board of Selectmen appoint Michelle Nicholson as Hebron's representative to the Central Regional Tourism District Board of Directors for a three-year term.

**c. Board of Assessment Appeals Alternate Appointment**

Attached is correspondence from Janet Fodaski (D) expressing interest in being appointed as an Alternate to the Board of Assessment Appeals.

**Proposed Motion:**

Move that the Hebron Board of Selectmen appoint Janet Fodaski as an Alternate to the Board of Assessment Appeals for a term to run until November 2027.

## Donna Lanza

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**From:** Andy Tierney  
**Sent:** Tuesday, February 18, 2025 7:58 AM  
**To:** Donna Lanza  
**Subject:** FW: Inquiry regarding board position

**From:** Rosalie Simichak  
**Sent:** Friday, February 14, 2025 12:37 PM  
**To:** Andy Tierney <atierney@hebronct.com>  
**Subject:** Inquiry regarding board position

Mr. Kasper,

I forward this correspondence in order to express interest in serving on the Catchment Area Council 15 for Amplify – North Central Regional Mental Health Board. My name is Rosalie Simichak. I am a Licensed Professional Counselor and both practice and live in the town of Hebron. My practice name is Advanced Therapy Services LLC and my office is located at 23B Liberty Drive in Hebron. I also reside at 70 Grayville Road in Hebron and have lived in this community since 2009. I have worked in the mental health field for 30 years and have extensive experience working in this field. I worked for the Department of Children and Families for 27 years and currently work for the Department of Developmental Services where I have worked as a Developmental Specialist for the past three years. I am also in private practice where I serve both adults and children. I also serve as a Guardian Ad Litem and work with the courts regarding custody cases. I am interested in serving on this board and feel I have a great deal to offer in this capacity. I'm happy to communicate such interest in person at the next scheduled board meeting. Please let me know when this meeting is scheduled to take place. I can also be reached at (860) 707-6729. Thanks so much in advance for your time and attention and I look forward to hearing back from you.

Most Sincerely,

Rosalie Simichak M.A., MPH, LPC

Advanced Therapy Services LLC

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



## **Donna Lanza**

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**From:** Andy Tierney  
**Sent:** Thursday, February 27, 2025 10:47 AM  
**To:** Donna Lanza  
**Cc:** -  
**Subject:** FW: Request for Consideration for Central Regional Tourism District Board Representation

FYI

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**From:** Michelle Nicholson  
**Sent:** Thursday, February 27, 2025 10:45 AM  
**To:** Andy Tierney <atierney@hebronct.com>  
**Cc:** Matthew Bordeaux <mbordeaux@hebronct.com>  
**Subject:** Request for Consideration for Central Regional Tourism District Board Representation

Dear Andy,

I hope you are doing well. I am reaching out to express my interest in representing Hebron on the Central Regional Tourism District Board. As both the Chair of the Hebron Economic Development Commission and a small business owner, I am deeply invested in our town's economic vitality and growth.

Through my restaurant and bakery, I have seen firsthand how a thriving local business can draw visitors to Hebron, contributing to the town's economy and strengthening the community's identity. In addition to my role as a business owner, I have worked to support local economic development by advocating for small businesses and fostering initiatives that encourage tourism. Hebron's unique blend of agriculture, history, outdoor recreation, and small-business charm makes it a valuable contributor to Connecticut's tourism landscape. I would be honored to help showcase its potential at the regional level.

I believe having a dedicated representative from Hebron on the Central Regional Tourism District Board would provide an opportunity to highlight our town's assets, attract more visitors, and bring additional resources to local businesses. I would love the opportunity to discuss this request further and explore the necessary steps for an appointment to the board.

Thank you for your time and consideration.

Sincerely,  
Michelle Nicholson  
Chair, Hebron Economic Development Corporation  
Owner, The Flour Girl Bakery and Cafe

## Donna Lanza

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**From:** Andy Tierney  
**Sent:** Thursday, February 27, 2025 12:53 PM  
**To:** Donna Lanza  
**Cc:** Dori Wolf  
**Subject:** FW: Board of Assessment Appeals Alternate Vacancy

fyi

-----Original Message-----

**From:** Janet Fodaski  
**Sent:** Thursday, February 27, 2025 12:37 PM  
**To:** Andy Tierney <atierney@hebronct.com>  
**Subject:** Board of Assessment Appeals Alternate Vacancy

Hello, I am interested in volunteering for the Board of Assessment Appeals Alternate vacancy, I feel with my work back ground of 30 years in Budgets & Expense Management, plus my time on the BoF and P&Z would make me a good candidate for this board. I do realize that since I am already on P&Z I might not be able to join two boards. Please let me know if this will be an issue.

Thanks for your time,  
Janet Fodaski

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 6, 2024**

**DEPARTMENT OF PUBLIC WORKS ACTION COMMITTEE UPDATE**

Chairman Kasper will provide an update at the meeting.

The cost proposals are due on March 14 and interviews will be conducted with four qualified architectural firms on March 17 and 19.

It is anticipated that a recommendation will come from the Action Committee to the Board of Selectmen later in March and a Special Town Meeting will be held to seek approval for funding the preparation of design to bring the project to referendum.

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 6, 2024**

**TOWN MANAGER'S ANNUAL EVALUATION**

An update will be provided at the meeting.

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 6, 2025**

**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 \$24,000 with \$60,232 in-kind matching funds from the Hebron Senior Center budget, for the FFY 2025 North Central Area Agency on Aging, Inc. – Hebron Outreach, Information, Assistance and Referral, and Social Support Services Project Grant; and authorize Town Manager Andrew J. Tierney to apply for, accept and receive this grant and to sign any necessary documents.

NCAA Grant Application Fiscal Year 2026  
Application Due Date: March 14, 2025  
Cover Sheet

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

(1a) Federal EIN (Tax ID):  (1b) DUNS Number:

(2) Title of Project:

(3) Name of Organization:

(4) Address:  City:  State:  Zip code:

(5) Authorized Official:  Title:

Phone:  Ext:  Email:

(6) Project Contact Person:  Title:

Phone:  Ext:  Email:

(7) Type of Agency:

(8) Year Agency established:

(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

(11) Total amount of funding requested for funding period (10/1/2025 – 9/30/2026)

(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.

- Access Services
- Legal Services
- In-home Services
- Adult Day Care
- Community Services
- Community Education / Counseling

(13) Authorized Official Signature:

Date:



### Appendices Check List

Below is a list of the appendices and what each should contain.  
Please indicate (x) which items you are including. (See NCAAA Grant Application Instructions).

#### Appendix A – Organization Information

- A1 – Grant Application  Included
- A2 – Organization Chart  Included

#### Appendix B – Organizational Certifications

- B1\* – Certification of Non-Federal Match for Title III Project  Included
- B2\* – Standard Assurances, Compliances, and Conditions  Included
- B3\* – Accounting Systems Certification  Included
- B4\*\* – Facilities and Program Accessibility Survey  Included
- B5\*\* – Certificate of Fire Safety  Included
- B6 – Staffing and Supervision  Included
- B7 – Description of your Proposed Data Collection Process  Included

\*These documents must contain original signatures (not copies).

\*\*These documents may be turned in after the due date of the grant application.

#### Appendix C – Needed Organizational Documents

- C1 – Agency Budget  Included
- C2 – Most Recent Audit and/or Financial Statement  Included
- C3 – List of Board of Directors  Included
- C4 – Bonding and Insurance Information  Included
- C5 – Copy of 501c3 Certification (if applicable)  Included
- C6 – Documentation of Federally Approved Indirect Cost Rate (if applicable)  Included
- C7 – IRS W-9 Form  Included
- C8 – Photo of Grievance Notice or Copy of Grievance Document  Included

#### Appendix D – Budget Sheets (D1-D4)

- D1 – FFY 2026 Project Budget – Summary Page  Included
- D2 – FFY 2026 Project Budget – Personnel Cost Explanation  Included
- D3 – FFY 2026 Project Budget – Explanation of all Other Costs  Included
- D4 – FFY 2026 Project Budget – Title III Resource Summary  Included

Forms for Appendix A1, B1-B7, D1-D4 can be found on the North Central Area Agency on Aging website at <http://www.ncaaaact.org/grants-funding>. Appendices A2 and C1 to C8 should be uploaded from existing Agency documents (see NCAAA Grant Application Instructions for information). Upload Appendices A1, A2 and B1 to B7 to their designated locations on the next page.

Please complete what applies to your organization and upload to the “2026 Grant Application - Part 2 – Appendices C-D” application at <http://www.ncaaaact.org/grants-funding>. Instructions for completing these forms can be found in the NCAAA Grant Application Instructions



**Appendix A1 – Grant Application**



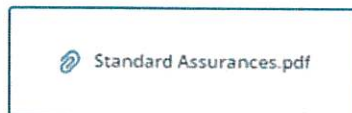
**Appendix A2 – Organization Chart**



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



**Appendix B2 – Standard Assurances, Compliances, and Conditions**



**Appendix B3 – Accounting Systems Certification**



**Appendix B4 – Facilities and Program Accessibility Survey**



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**Appendix B5 – Certificate of Fire Safety**



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**Appendix B6 – Staffing and Supervision**



**Appendix B7- Description of your proposed data collection process**





## 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's Senior Services will provide community outreach vital to engage and empower older adults who face multiple barriers and challenges, providing guidance, information and assistance, social supports, advocacy, and referrals. Effective community outreach and engagement is essential for fostering strong relationships, building trust, and ensuring the successful ability to age in place and obtain and maintain an optimal quality of life. Utilizing a person-centered and strengths-based approach, it is essential that there is not a one-size-fits-all methodology to outreach and that the specific concerns of the individual be addressed, harnessing their personal skills, abilities, and goals. Various strategies are employed to help facilitate communication, built rapport and trust, provide opportunities for meaningful interactions, and bridge the gap between needs, services, and resources. This means going beyond surface-level interactions and aiding the individual in securing connections that make a real impact to them and their caregivers. Research has shown that the earlier outreach is implemented, the more likely it will contribute to successful outcomes for the individual

(b) Services will be provided to Hebron residents age 60+

(c) With the rapid aging of our population, the number of people who could benefit from community-based supports and services has increased and is expected to continue increasing significantly in the coming years. Finding the right services can be daunting for older adults and their caregivers. There are numerous systems and services involving various funding streams, that are administered by multiple federal, state, and local agencies. These entities use complex, fragmented, and often duplicative intake, assessment, and eligibility processes. Individuals trying to access services and supports often feel that they are confronted with a maze of agencies, organizations, and bureaucratic requirements especially at a time when they may be vulnerable or in crisis. This is particularly noteworthy in a rural community such as Hebron, where where mental health issues like depression and anxiety can be linked to social determinants such as isolation and loneliness, and can pose risks of physical health problems as well

(d) Through our outreach program we will provide aging resources to enhance the quality of life for older adults and their caregivers which directly parallel the mission of the NCAAA. Linking individuals to services such as home-delivered or congregate meals, transportation, financial assistance programs, in-home services, adult day care, legal assistance, caregiver support, respite and supplemental services, are all designed to help community-dwelling older adults remain safely in their homes and delay or prevent institutionalization

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

(f) It is estimated that 600 units of service will be provide in the first 12 months of this project

(g) Our motto is to not just measure the difference, but to make a difference. Goals are very much dependent on the individual's lifestyle and aspirations with goal-setting part of the communication and decision-making process and as a person-centered outcome measure. Goal attainment scaling will be used as a method of scoring the extent to which an individual's goals are achieved in the course of intervention and their weighted relative importance to the individual

## **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 B7 on the NCAAA website. 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 C8. 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	600	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 in addition to in the homes of older adults

III d. 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).

The Town's elderly population is growing more rapidly than the population as a whole. The age group 65+ increased by 14.9%; and the 85+ population increased by 76.4%. Social connections can be jeopardized with Hebron being a rural town comprised of 92% single-family homeowner homes. The Town contains 37.5 square miles and has a population density of 243 persons per square mile -CT's average population density is 738.1 people per square mile. Many seniors find themselves in a situation where they are "house rich and cash poor" with a significant percentage of their income being spent on housing costs and in need of both financial and social supports

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

Connections with individuals who can benefit from outreach efforts will be made through networking with senior center attendees and at community hubs, collaborating with healthcare providers and local businesses, attending community events, partnering with other town departments and faith-based and lay organizations, utilizing social media, and utilizing the senior center's monthly newsletter and community publications

- 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 within the community.

Hebron continues to be a town with minimal ethnic diversity. 91% of the population is White with less than 1% Black; 4% Latino; 1% Asian; and 4% other race (American Indian, Alaskan Native, Native Hawaiian, Pacific Islander, 2 or more races). Since their inception, we have worked with Hebron's Coalition on Diversity & Equity (CoDE) and Housing Choices Advisory Committee and continue to do so. With the total population having 362 foreign-born residents with 56 speaking English less than "very well", we maintain a relationship with Interpreters and Translators, Inc. for as needed services. We also are part of the LGBTQ+ Movable Senior Center initiative

- III h. Using 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).





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

With the rapid growth of the elderly population, in particular those 85+, there has been a proportionate increase in the demand for services. Additionally, with dependence on a fixed income that is not keeping pace with the rate of inflation, the purchasing power of older adults has forced them to cut back on essential expenses, leading to financial and emotional stress with impacts on their quality of life. This has also increased the demand for outreach services

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

All publicity regarding outreach states 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/donations not being made

#### **IV. Description of Staff Providing Services**

- IVa. Using 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 for further discussion of items in this section.)

**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"/>	<input type="checkbox"/>	Yes		Yes			
Data Collection Manager	Staff	6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes		N/A			
Social Worker	Staff	13	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	No		N/A			
Receptionist	Status	6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	No		N/A			

- IVb. Describe how your Agency staffs this project and supervises the individuals providing the services to be delivered.

*For each individual who works on this project (from chart on page 9) see Appendix B6 to complete form which asks for: (1) job title, (2) primary job responsibilities, (3) the job title of their supervisor, and (4) the frequency of supervision.*

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

*If your program brings all clients into a central location to receive services, include a photo of your posted notice of the grievance process in a conspicuous location at your workplace, in Appendix C8 (as required by state regulations). If your program does NOT bring all clients into a central location, e.g. transportation program, in-home services, in Appendix C8, include a copy of the document detailing your grievance process which is distributed to all clients.*

**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.

Community-based supports and services (CBSS) are designed to help community-dwelling older adults remain safely in their homes and delay or prevent institutionalization. CBSS will provide, and act as a link, to specific resource for older adults and their caregivers and facilitate, individual-directed, planning and coordination of services and supports based on personal aspirations, needs, preferences, and values optimizing the individual's self-defined quality of life.

- Vb. Describe your client satisfaction data collection process.

*If your proposal is a NEW service for your agency, complete Appendix B7 - New Service to describe your proposed client satisfaction data collection process. Your description should include: (a) several example questions that you would include in your collection instrument, (b) when data will be collected from clients, e.g. end of service provision, quarterly, semi-annually, etc. (c) from whom data will be collected, e.g. all clients, a sample of clients, (d) how data will be collected, e.g. online or in-person, interview, etc. and (e) how the information collected will be used to make improvements in the service.*

*If your organization has conducted this service before, complete Appendix B7 - Current Service, using your client satisfaction data from the most recent year available. Also include a copy of your client satisfaction tool/survey instrument.*

**VI. Sustainability**

*The intent of Title III funding is to provide "start-up" funding for new services that address unmet needs of seniors in the community. Title III funds were never intended to provide the sole, long-term funding of programs. Consequently, we wish to learn how your organization is working to secure other resources to maintain this program.*

- Via. How many years has your Agency received NCAAA financial support for this service? 12
- 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. No, None

<b>Formal Agreements (Memorandums of Understanding (MOU's) or Agreement (MOA's)</b>		
Name of agency	Location: city/town	Content areas
<b>Informal Agreements (unwritten "understandings")</b>		
Name of agency	City/Town	Content areas

**Restrictions on negotiations of formal and informal agreements.** If your agency is part of a larger unit, e.g. a single department in a town government, and you are not permitted to negotiate such exchanges without the approval of others (e.g. mayor, town council), please describe in the space provided below.

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."

None

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

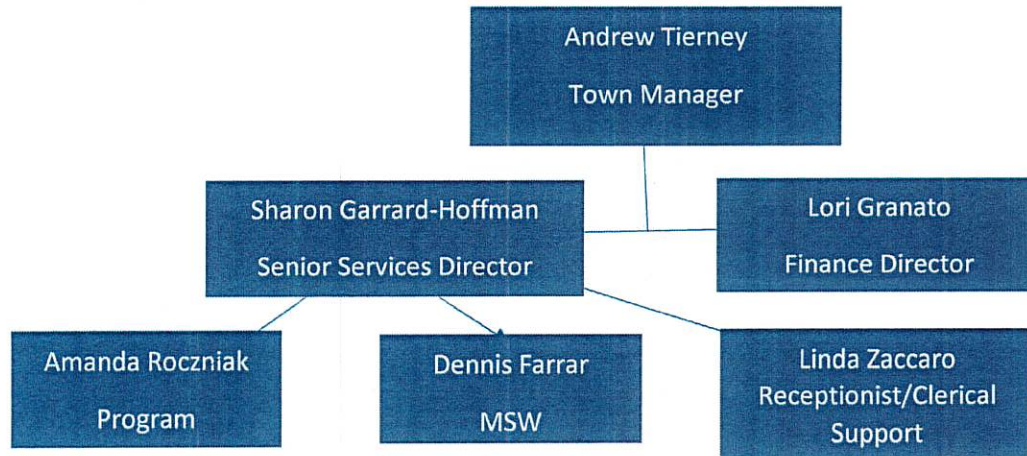
The Town of Hebron is committed to retaining a full-time social worker dedicated to serving older adults through its annual Town budget





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

## 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 Referral Assistance & Social Support**

for the period beginning October 1, 2025 and ending September 30, 2026.

Cost Category	Cash Amount	In Kind Value	Source
Personnel		44,404	Town of Hebron
Travel/Audit		6,583	Town of Hebron
Utilities/Phone/Contractual		5,585	Town of Hebron
Office Expenses/Supplies		600	Town of Hebron
Postage/Printing/Publications		1,993	Town of Hebron
Meetings/Conf/Prog Dev		1,067	Town on Hebron
<b>TOTAL</b>		<b>60,232</b>	

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: \_\_\_\_\_  
 Name: Andrew J Tierney  
 Title: Town Manager  
 Agency: Town of Hebron

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

## APPENDIX B2 – Standard Assurances, Compliances, and Conditions

### STANDARD ASSURANCES, COMPLIANCES, AND CONDITIONS

The Town of Hebron (Applicant Agency) understands and agrees that the following assurances, compliances, and conditions are part of the application, and as such become binding subsequent to the award of any funds by the North Central Area Agency on Aging, Inc.

#### I. OLDER AMERICANS ACT

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

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

- a. Provide NCAAA, in a timely manner, with statistical and other information which NCAAA requires in order to meet its planning, coordination, evaluation and reporting requirements established;
- b. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- c. Protect the privacy of each older person with respect to his or her contributions;
- d. Establish appropriate procedures to safeguard and account for all contributions;
- e. May not deny any older person a service because the older person will not or cannot contribute to the cost of the service;
- f. With the consent of the older person or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger;
- g. Where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies;
- h. Assist participants in taking advantage of benefits under other programs;
- i. Assure that all services are coordinated with other appropriate services in the community and that these services do not constitute an unnecessary duplication of services provided by other sources;
- j. Assure that the proposed project intends to satisfy the service needs of older persons with disabilities and severe disabilities.

- k. Assure that persons age 60 or over who are low income, minority, frail, homebound by reason of illness or incapacitating disability, residing in rural areas or otherwise isolated, shall be given priority in the delivery of services; and
- l. Assure that the proposed project intends to place special emphasis on serving older persons with the greatest economic and social need.

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

The undersigned also AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no persons in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient of Award receives Federal financial assistance from the North Central Connecticut Area Agency on Aging, a recipient of Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient of Award by NCAAA, this assurance shall obligate the Recipient of Award or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Recipient of Award for the period during which the Federal financial assistance is extended to it by NCAAA.

**III. REHABILITATION ACT OF 1973**

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

**IV. CERTIFICATION REGARDING LOBBYING**

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

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

undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

#### **V. CERTIFICATION OF DRUG FREE WORKPLACE**

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

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations of such prohibition;
- b. Establish a Drug-Free Awareness Program to inform employees about all of the following:
  1. The dangers of drug abuse in the work place,
  2. The person's or organization's policy of maintaining a drug-free work place,
  3. Any available counseling, rehabilitation and employee assistance programs, and
  4. Penalties that may be imposed upon employees for drug abuse violations.
- c. Provide that every employee who works on the proposed project:
  1. Will receive a copy of the company's drug-free policy statement, and
  2. Will agree to abide by the terms of the company's statement as a condition of employment for the project.

#### **VI. NON-DISCRIMINATION REGARDING SEXUAL ORIENTATION**

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

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

#### **VII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION**

The undersigned Provider AGREES it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status,

national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown that such a disability prevents the performance of the work involved. The Provider also agrees to the following:

- a. In all solicitations or advertisements for employees to state "affirmative action-equal opportunity employer."
- b. A notice stating the above to be posted in conspicuous places available to employees and applicants.
- c. To comply with Connecticut General Statutes 46a-56, 46a-68e, and 46a-68f.

#### **VIII. AMERICANS WITH DISABILITIES ACT OF 1990**

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

#### **IX. UTILIZATION OF MINORITY BUSINESS ENTERPRISES**

The undersigned Provider AGREES to use best efforts consistent with 45 C.F.R. 74.160 et seq. (1992) and paragraph 9 of Appendix G; Connecticut General Statutes 13a-95a, 4a-60, 4a-62, 4b-95(b), and 32-9e.

#### **X. CONFIDENTIALITY AND DISCLOSURE OF INFORMATION**

Provider is required to safeguard the use, publication, and disclosure of information on all applicants for, and all applicants who receive, services under the contract in accordance with all applicable federal and state laws regarding confidentiality, including the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the associated regulations, 45 C.F.R. parts 160-164, as may be amended (the "Privacy Rule") and 45 C.F.R. Section 142.308(a)(2), as may be finalized and amended (the "Chain of Trust" requirement). The Privacy Rule requires written assurances that Provider will appropriately safeguard Protected Health Information ("PHI"). The Chain of Trust provision requires that a contract involving exchange of PHI protect the integrity and confidentiality of the PHI.

#### **XI. AUDIT REQUIREMENTS**

All recipients receiving a combined Agency wide total of federal and/or state funds of \$300,000 or more are required to have a State Single Audit performed by an outside auditor. A copy must be submitted to NCAAA by MARCH 15<sup>TH</sup> following the end of the program period.

Pursuant to the requirements of the Single Audit Act to which NCAAA must adhere, all audits of awards received from NCAAA must be performed in accordance with the Single Audit Act.

#### **XII. PROJECT PERFORMANCE**

The Provider:

- a. Agrees that the project will be carried out in accordance with Title III of the Older Americans Act of 1965, As Amended; the program regulations issued thereto; the policies and procedures established by NCAAA; and the terms and conditions of this application as approved by NCAAA in making an award of funds.
- b. Agrees to identify the source of funding for this project in all publicity materials published

about the project. The following sentence is suggested: "Program is funded in part by the Older Americans Act of 1965, As Amended, through the North Central Area Agency on Aging, Inc."

- c. Agrees that where subcontracts are proposed for the operation of one or more components of the proposal, and are approved as part of any award of funds under Title III, the applicant agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by NCAAA for the project. The applicant agency will be held accountable by NCAAA for all project expenditures, and will ensure that all expenditures incurred by the subcontracting agency(ies) will be in accordance with the cost policies and procedures established by NCAAA, in keeping with the guidelines of the U.S. Administration on Aging. Copies of the proposed subcontracts are submitted with the application.
- d. Agrees to cooperate with NCAAA in its efforts toward developing a comprehensive and coordinated system of services for older persons, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
- e. Agrees that all project records and documents shall be open for public inspection, excluding personnel files and the names of clients.
- f. Agrees to keep records and make reports in such form, and content, and within the time frame required by NCAAA. Specifically included, but not restricted to, are monthly financial reports and data for the National Aging Program Information System (NAPIS). No funds will be released unless the required reports are submitted by their respective deadlines.
- g. Agrees that no personal information obtained from an individual in conjunction with the project shall be disclosed in a form that identifies that individual without the written and informed consent of the individual concerned.
- h. Agrees to maintain such accounts and documents so that the status of funds with the award can be determined expeditiously at any time. This includes the disposition of all funds received from NCAAA, and the nature and amount of all charges claimed against such funds.
- i. Agrees to actively seek qualified older persons for paid positions on the project, and to make provisions for volunteer opportunities for older persons.
- j. Agrees to cooperate and assist in efforts undertaken by NCAAA, the Connecticut Department of Social Services (State Unit on Aging), the U.S. Administration on Aging, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility, and costs of the project.
- k. Agrees to provide for, or participate in, such training as may be necessary to enable paid and volunteer project personnel to perform more effectively on the project.
- l. Certifies that the applicant agency has no commitments or obligations that are inconsistent with compliance of these and any other pertinent Federal regulations and policies, and that any other agency, organization or party, which participates in this project, shall have no such commitments or obligations.



- m. Assures that a minimum match as designated by NCAAA on the total approved project cost will be provided.
- n. Certifies that all other potential sources of funding have been exhausted (Community Development funds, etc.) and duplicate use of various Federal funds does not take place.
- o. Agrees that assessment will generally occur quarterly, whether in the form of review of accounting systems, program output evaluations, or other pertinent items.
- p. Agrees that verification of the "Non-Federal Share/Match" of the award/contract by means of "in-kind vouchers" and other cash and in-kind documentation will be reviewed during assessments or periodic reviews. Verification of the total amount for the project year must be available for audit purposes within thirty days after the close of the project year.
- q. Agrees that line item budget adjustments over \$500.00 or 25% of line items, whichever is less, shall not be made without a written request to NCAAA and approval from NCAAA. Any written requests for budget line item changes must be submitted prior to JUNE 1<sup>ST</sup> of the program year.

**CERTIFICATION**

THESE ASSURANCES are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient of Award by NCAAA, including installment payments after such date on account of applications for Federal financial assistance were approved before such date. The Recipient of Award recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that NCAAA or the United States or both shall have the right to seek judicial enforcement of this assurance.

These assurances, compliances, and conditions are binding on the Recipient of Award, its successors, transferees, and assignees, and the person(s) whose signatures appear below are authorized to sign this assurance on behalf of the Recipient of Award. Non-compliance of any one or more of the above conditions serves as justification for suspension of financial support of the project by NCAAA.

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

Applicant Agency: Town of Hebron  
Mailing Address: 15 Gilead Street  
Hebron, CT 06248  
Authorized Official: Andrew J Tierney  
Title: Town Manager  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX B3 – Accounting Systems Certification**

**ACCOUNTING SYSTEMS CERTIFICATION**

STATEMENT TO BE SUBMITTED BY APPROPRIATE PUBLIC FINANCIAL OFFICE WHEN THE APPLICANT IS A PUBLIC AGENCY OR WHEN THE ACCOUNTING SYSTEM OF A PRIVATE NON-PROFIT AGENCY WILL BE MAINTAINED BY A PUBLIC AGENCY.

North Central Area Agency on Aging, Inc.  
151 New Park Avenue, Box 75  
Hartford, CT 06106

Dear Funding Agency:

I am the chief financial officer of the Town of Hebron \_\_\_\_\_ and, in this capacity, I will be responsible for providing financial services adequate to ensure the establishment and maintenance of an accounting system for the Town of Hebron \_\_\_\_\_ (Name of Applicant) which is a public non-profit agency charged with carrying out a federally funded program in the Town of Hebron \_\_\_\_\_ (Name of community). The accounting system and internal control procedures will be adequate to safeguard the assets of such agency(ies), check the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency(ies).

\_\_\_\_\_  
Signature of Financial Officer

Lori Granato

\_\_\_\_\_  
Name of Financial Officer

Finance Director

\_\_\_\_\_  
Title

Town of Hebron

\_\_\_\_\_  
Name of Public Agency

\_\_\_\_\_  
Date

**APPENDIX B4 – Facilities and Program Accessibility Survey**

**FACILITIES AND PROGRAM ACCESSIBILITY SURVEY**

Applicant Agency Town of Hebron  
Name of Facility Russell Mercier Senior Center  
Street Address 12 Stonecroft Drive  
City and Zip Code Hebron 06248  
Owner of Building Town of Hebron  
Management Firm Town of Hebron

I. How many entrances for general use? 1

II. How many floors for general use? 1

III. Is there one or more elevators in the building?  yes  no

IV. If yes, do elevators serve all essential areas  
(that should be accessible to the handicapped)?                      yes      no

Note exceptions \_\_\_\_\_  
\_\_\_\_\_

V. Classify building by indicating appropriate number from list below: 1

- Governmental..... 1
- Office..... 2
- Industrial..... 3
- Merchandising and Service..... 4
- Restaurant..... 5
- Travel Facility..... 6
- Hotel, Motel, etc. .... 7
- Apartment..... 8
- Religious..... 9
- Health and Medical..... 10
- Educational..... 11
- Cultural, Recreational, Sports..... 12
- Other (specify)..... 13

VI. Complete the following survey for the proposed project. Indicate yes or no for each statement by placing an "X" in the appropriate column.

		STRUCTURAL ACCESS
YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All corridors or hallway walls are at least 33 inches wide (will accommodate one handicapped person at a time (load bearing walls)).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The width of all intersecting corridors are at least 48 inches wide (walls are load bearing).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All corridors or hallway entrances and exits (that are load bearing) will allow a pivotal turn space of 60 x 60 inches from these areas through the openings.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rooms in which activities handicapped persons can be expected to take part in are of sufficient lengths and widths to permit easy maneuverability by at least two wheelchair persons (walls of rooms are load bearing).
<b>ALL OTHER ACCESS</b>		
YES	NO	FACILITY LOCATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The facility is so located that the grade of approach to the building does not exceed a slope greater than one foot rise in 12 feet (not a steep hill).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The approaches to the building are barrier free.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sidewalks area a continuing common surface not interrupted by steps or abrupt level changes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks crossing other walks, driveways or parking lots blend to a common level.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks at the facility entrance level have a level platform area which is at least 5 feet by 5 feet if the doorway swings and the platform extends at least one foot beyond each side of the doorway.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The entrance platform is 3 feet by 5 feet wide if the entrance door swings into the building and the platform extends at least one foot beyond each side of the doorway.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate off-street parking spaces are available for the handicapped.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking spaces reserved for handicapped persons are near facility.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking space 12 feet wide allows for persons in wheelchair or crutches to get out from one side of vehicle onto level, smooth and hard surfaces.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diagonal or head-on parking provides for space of not less than 12 feet wide between at least two conventional spaces reserved for physically disabled persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking is such that disabled person is not compelled to wheel or walk behind parked cars.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	An adequate number of handicapped reserved spaces are available in accord with the frequency of use of facility by handicapped individuals.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks connecting the parking lot are in conformity with "Walks" under Section E.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A passenger loading zone is available with necessary level, smooth and hard surface for alighting upon, and in conformity with "Walks" under Section E.

YES	NO	FACILITY
<input type="checkbox"/>	<input type="checkbox"/>	Adequate ramps with appropriate gradation are in place providing approaches to at least one facility entrance.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level or graded approaches to entrance exits.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps and/or graded approaches do not have a slope greater than one foot rise on 12 feet, or 8.33 percent, or 4 degrees 50 minutes.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have at least one handrail 32 inches high even with the ramp surface, smooth rail; that extends one foot beyond the top and bottom of the ramp approaches and conforms with the American Standards Safety Codes for Floor and Wall Openings, Railings & Toe Boards (A12-1932).
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have non-slip surfaces.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have level platforms that conform with Section E.
<input type="checkbox"/>	<input type="checkbox"/>	Each ramp has at least 6 feet of straight clearance at the bottom.
<input type="checkbox"/>	<input type="checkbox"/>	Lengthy ramps have level platforms at at least 30-foot intervals for safety and rest purposes and have level platforms whenever the ramps turn.
<input type="checkbox"/>	<input type="checkbox"/>	Entrance steps exist that are 7 inches or less in height.
<input type="checkbox"/>	<input type="checkbox"/>	Steps are the same height and less than 6 in number in each flight.
<input type="checkbox"/>	<input type="checkbox"/>	At least one sturdy handrail exists with each flight of steps to entrance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One primary entrance to the facility is usable by individuals in wheelchairs and on walkers and crutches.
<input type="checkbox"/>	<input type="checkbox"/>	The usable entrance is on a level making elevators or inside ramps accessible to physically handicapped persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doorways to the facility and to emergency exits are at least 32 inches wide (with door open).

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The doorsill is one inch or less in height.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The depth of space on the other side of the doorway is 36 inches or more in depth.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The floor on either side of the doorway extends at least 12 inches beyond side of the door.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The door handle is such a device to easily allow a wheelchair person to open and the door's weight is such to allow easy movement by the person through the door unassisted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is at least one entrance door and space beyond meeting the requirements of the above.
<input type="checkbox"/>	<input type="checkbox"/>	Elevator doors open to 32 inches or more and the depth of the elevator is at least 56 inches.
<input type="checkbox"/>	<input type="checkbox"/>	All elevator buttons, switches are reachable by wheelchair persons and raised lettering makes identification of floor and safety switches and buttons easily readable by blind persons.

#### ESSENTIAL AREAS SURVEY

(describe the functions of each of the areas included in the survey)

- Area 1 Multi-Purpose Room-Meals; Fitness, Educational & Recreational Activities
- Area 2 Health Room-Health Screenings & Care; Small Group Gatherings
- Area 3 Library-Workshops; Discussion & Support Groups; Crafts
- Area 4 Game/Exercise Rooms-Recreational Activities/Fitness Equipment

AREA	YES	NO	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All essential areas, doorways are at least 32 inches wide (with door open) and the floor is level (no doorsill).
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are no steps or other unramped levels in the essential area.
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “

	YES	NO	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
1	<input type="checkbox"/>	<input type="checkbox"/>	The ramps incline in essential area to meet Section F.
2	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
4	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Male and female toilet entrances (outside) have clear doorway openings (no sill of at least 32 inches (with door open).
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The outside toilet doors meet Section F.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are <u>not</u> two doors in series at the entrance.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The floor inside is level, without interruptions.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The free space in the room is at least 60 x 60 inches to permit a wheelchair to turn.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At least one toilet stall door in each bathroom swings out and the width is at least 32 inches wide (with door open).
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The female and male stalls are at least 36 inches wide and 56 inches deep.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The stalls have handrails on each side 33 inches high and parallel to the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The stall seat is not more than 20 inches from the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both sexes' toilets have wash basins set at appropriate heights for wheelchair persons clear beneath of piping obstructions so chair persons can come close to the basin.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All tower, mirror, trash receptacles and other dispensers mounted no higher than 40 inches from the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water fountains and coolers have up-front spouts and controls for hand or food operation; not more than 36 inches on walls and 30 inches on coolers and are not within an alcove.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	An appropriate number of public telephones are available for physically disabled persons and at least a reasonable number are equipped for hearing impaired persons and all are so identified.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All control switches for lights, heat, ventilation, window draperies, fire alarms, and such or frequent or essential use are placed within reach of wheelchair persons.

YES	NO	IDENTIFICATION AND WARNING SIGNALS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Raised letters or numbers and other Braille devices for directions are used within the facility.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	These are placed at the right or left side of the entrance of each essential area identifying number of room at a height between 4 feet 6 inches and 5 feet 6 inches (average 5 feet) from floor.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doors not intended for normal use and that might prove dangerous to a blind person are identified for touch by knurling the door handle or knob (by use of an acceptable plastic, abrasive coating).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Braille directions in hallways are located so that entrances and emergency exits are easily determined by blind persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Audible warning signals (such as smoke alarms) are accompanied by simultaneous visual signals for the benefit of those with hearing impairments and those who are blind.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Every effort has been exercised to obviate hazards to physically disabled persons (such as manholes, floor openings and low handling door closures or doors that protrude into hallways) using appropriately placed barricades and hazard lights or audible warnings.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low hanging signs, ceiling lights and similar objects and those that protrude into regular traffic ways have been removed or relocated to at least 7 foot height from the floor.



YES	NO	PROGRAMS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All services for the elderly are equally provided to handicapped persons or at least one of each type of service is available for handicapped individuals in a location and facility that meets accessibility requirements (within a nutrition project or an area agency region). If answer is yes, do not answer the following.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Materials published for general circulation (newsletter, etc.) are reasonably available either in Braille or tape for older blind persons who wish to and should receive such.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special efforts are made to ensure disabled older person have the opportunity and are served meals in a manner not debilitating to their handicap and are not excluded from attending congregate functions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation is accessible for physically disabled persons (at least one vehicle providing rides to services regularly available to physically able persons).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All staff have been made aware of the requirements to serve handicapped older persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate efforts are made to take special services or assistance to handicapped older persons where provisions of such would be in inaccessible facilities. (Such as ENP and AAA central offices).

**Andrew J Tierney**

Printed Name of Reviewer

**Town Manager**

Title of Person

Signature of Reviewer

Date

**APPENDIX B5 – Certificate of Fire Safety**

**CERTIFICATE OF FIRE SAFETY**

I certify that I have visited the Town of Hebron/Russell Mercier Senior Center at  
(Name of Agency)  
12 Stonecroft Drive in Hebron  
(Address) (City)

and have found that the premises meet fire safety requirements and have sufficient exits.

Signed,

\_\_\_\_\_  
(Fire Marshal)

\_\_\_\_\_  
(Date)

**Appendix B6 – Agency Supervision and Maintenance of Quality Control**

\*[Key Job responsibilities and supervision processes for staff who work 10 + hours per week on project]

**Person #1**      Job Title Social Worker

**Key Job Responsibilities**

1. Assess, Implement, Coordinate, Monitor, and Evaluate Support Systems and Options to meet individual needs
2. Provide client-centered advocacy, resource and risk management
3. Identify client strengths and functional capacity to achieve optimal autonomy

Job Title of supervisor Senior Services Director

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

---

---

**Person #2**      Job Title \_\_\_\_\_

**Key Job Responsibilities**

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

---

---

**Person #3**      Job Title \_\_\_\_\_

**Key Job Responsibilities**

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

---

---

**Person #4**      Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)  

---

---

**Person #5**      Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

---

---

**Person #6**      Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

---

---

[Upload additional sheets as needed.]

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

### Survey of Outreach, Information/Referral/Assistance & Social Support Services

According to your experience with our Outreach, Information/Referral/Assistance and Social Support services, please rate your satisfaction with each of the below aspects, where 1 represents very dissatisfied, 3 represents neutral, and 5 represents very satisfied

1. How would you rate your experience with our Outreach, Information/Referral/Assistance, and Social Support services?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you feel that your concerns, objectives, and goals were listened to and used to lead the services needed and provided?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How knowledgeable was personnel in addressing your issue(s)?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How satisfied were you with the performance of the personnel who provided services?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How satisfied were you with follow-up from personnel?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Would you recommend our Outreach, Information/Referral/Assistance, and Social Support services to others?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance in helping us to evaluate our Dial-A-Ride Services

**Appendix B7 - Current Service - Describe your proposed client satisfaction data collection process:**

Year of data being presented 2024  
 Total number of clients seen that year 60 The number of clients you collected satisfaction data from in that year 40

Insert the two items with the **highest** scores (greatest satisfaction) on lines (1) and (2) below. Include the item numbers from the instrument, brief description of what the item measures, and the average score on the item.

(1)	<b>1 Punctuality</b>	<b>5</b>
Item #	What the item measures? (item description)	Ave. Score
(2)	<b>5 Satisfaction with Personnel</b>	<b>5</b>
Item #	What the item measures? (item description)	Ave. Score

Insert the two items with the **lowest** scores (least satisfaction) on lines (3) and (4) below. Include the item numbers from the instrument, brief description of what the item measures, and the average score on the item.

(3)	<b>2 Comfort of Vehicle</b>	<b>3</b>
Item #	What the item measures? (item description)	Ave. Score
(4)	<b>Form Requirements</b>	<b>3</b>
Item #	What the item measures? (item description)	Ave. Score

Briefly comment on what corrective actions were taken (if any) regarding the lowest scoring items?

Unfortunately the buses have a suspension that does result in riders feeling some of the bumps in the road with cannot be avoided

Not all riders are extremely receptive to completing a Form 5 despite explanations that are provided and assistance in completion offered. With Form 5s being required, we cannot avoid their necessity

## Appendix C – Needed Organizational Documents

### **C1 – Agency Budget**



### **C2 – Most Recent Audit and/or Financial Statement**



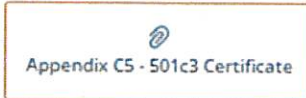
### **C3 – List of Board of Directors**



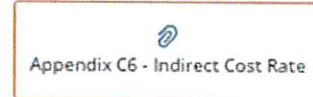
### **C4 – Bonding and Insurance Information**



### **C5 – Copy of 501c3 Certification (if applicable)**



### **C6 – Documentation of Federally Approved Indirect Cost Rate (if applicable)**



### **C7 – IRS W-9 Form**



### **C8 – Photo of Grievance Notice or Copy of Grievance Document**



### **Appendix D – Budget Sheets (D1-D4 required)**





**SENIOR CENTER - 3020**  
**2025 -2026 PROPOSED BUDGET**

<u>ACCOUNT NUMBER</u>	<u>DESCRIPTION</u>	<u>SUBTOTAL</u> (if applicable)	<u>TOTAL</u>
Part-Time Payroll 3020-100-1002	3 Fitness Instructors One instructor @ \$25/hr x 3hrs/wk x 52 wks = \$3,900 One instructor @ \$35/hr x 2hrs/wk x 52 wks = \$3,640 One instructor @ \$35/hr x 2hrs/wk x 52 wks = \$3,640 Reception/Clerical Support @ \$18.42/hr x 20hrs/wk x 52wks = \$19,156.80 Line Item Increased by \$437 to reflect 3% increase for Receptionist/Clerical Support		\$30,337
Office Supplies 3020-200-2001	Line Item Remains Unchanged		\$1,600
Program Development 3020-200-2006	Line Item Remains Unchanged		\$2,500
Meetings/Conferences 3020-20102010	Line Item Remains Unchanged		\$250
Dues 3020-201-2011	CT Association of Senior Center Personnel \$100; National Council on Aging/National Institute of Senior Centers \$145; CT Local Administrators of Social Services \$200 Line Item Remains Unchanged		\$450
Contractual Services 3020-202-2034	HVAC Preventive Maintenance Contract \$596 per Donna - Remains Unchanged Comcast Internet \$2,044.80 (\$170.40/month) - Increase of \$55.08 to reflect price increase Metered Water \$658.88 (\$49.49/month + \$65 annual testing fee) - Increase of \$44.04 to reflect price increase Data Management System Maintenance \$1,607.25 - Remains Unchanged Water Cooler Rental \$408 (\$34/month) - Remains Unchanged Line Item Increased by \$99 to reflect increased pricing for Comcast and Metered Water		\$5,315

Minor Equipment Maint. 3020-210-2061	Sharp Copiers (no longer have maintenance, leasing, taxes or service contract fees due to age of equipment) Fees are for ink cartridges only (no service calls or parts) - \$1,179.03 Note: See Below Quote for replacement machine Annual inspection and service 5 fire extinguishers - \$89 per quote from Shipman's Line Item Increase \$393	\$1,268
Mileage 3020-205-2046	Line Item Remains Unchanged	\$1,750
Office Furnishings & Equip 3020-211-2065	Line Item Remains Unchanged	\$200
Telephone 3020-212-2070	2 Frontier fire alarm lines \$1,187.88 (\$98.99 per month) Increase of \$263.88 to reflect price increase Genie Innovations phone lines \$1,710.72 (\$142.56 per month) Line Item Increased by \$264 to reflect Frontier price increase	\$2,899
Electricity 3020-212-2071	Based on history of actual usage from past 12 months Line Item Increased by \$1,492	\$5,218
Natural Gas 3020-212-2073	Based on history of actual usage from past 12 months Line Item Decreased by \$530	\$3,174
Fire/Security Alarm 3020-228-2187	Fees incorporated in Telephone line item	\$0
<b>TOTAL</b>	Increase of \$2,155	<b>\$54,961</b>

Replacement refrigerator, double wall ovens, and range - \$4,446

Replacement Copier Lease (60 months) @ \$132.23/month + maintenance contract @ \$43.99/month

Electrical work needed for portable emergency generator hook up - \$15,550

**TOWN OF HEBRON, CONNECTICUT**  
**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTARY INFORMATION**  
**YEAR ENDED JUNE 30, 2023**



CPAs | CONSULTANTS | WEALTH ADVISORS

[CLAconnect.com](http://CLAconnect.com)

Town of Hebron  
15 Gilead St  
Hebron CT 06248  
Board and Commission Members

Updated as of December 6, 2024

**BOARD OF SELECTMEN (5) ELECTED - FOUR YEAR TERM**

- (R) Peter D. Kasper, Chairman, 54 West Branch Drive, H., 11/21/2023-11/16/2027, 860-918-5701
- (R) Daniel E. Larson, Vice Chairman, 147 Hope Valley Road, A., 11/16/2021-11/18/2025, 860-604-1982
- (D) Tiffany V. Thiele, 626 Gilead Street, H., 11/16/2021-11/18/2025, 401-301-8154
- (D) Claudia T. Riley, 18 Jones Street, A, 11/21/2023-11/16/2027, 860-462-3014
- (R) Keith C. Petit, 92 Old Colchester Road, A., 11/21/2023-11/16/2027, 860-975-8060

**TOWN MANAGER APPOINTED**

Andrew Tierney 860-228-5971 x 122

**BOARD OF FINANCE (5) ELECTED - FOUR YEAR TERM**

- (R) Diane L. Del Rosso, Chairman, 9 Judd Brook Lane, A., 11/16/2021-11/18/2025, 860-965-1343
- (R) Michael T. McCormack, Vice Chair, 24 Hebron Landing, H., 11/16/2021-11/18/2025, 860-228-1955
- (D) Malcolm Leichter, Jr., 62 Wellswood Road, A., 11/16/2021-11/18/2025, 860-228-0601
- (R) James F. DeDonato, 14 Hills Lane, H., 11/21/2023-11/16/2027, 860-729-3777
- (D) Brian R. Thibeault, 27 Saw Mill Way, A., 11/21/2023-11/16/2027, 860-817-1319

**BOARD OF EDUCATION (7) ELECTED - FOUR YEAR TERM**

- (D) Heather R. Petit, Chairman, 92 Old Colchester Road, A., 11/16/2021-11/18/2025, 860-530-1189
- (R) Joe Margaitis, Vice Chair, 50 Bissell Ridge Rd, H., 11/21/2023-11/16/2027, 860-530-1111
- (R) Sera Coppolino, 44 Hillcrest Drive, A., 11/21/2023-11/16/2027, 304-598-9217
- (D) Nicole A. Matthews, 60 Old Daniels Lane, A., 11/16/2021-11/18/2025, 860-634-6631
- (R) Kimberly R. Hills, 312 Old Slocum Road, H., 11/21/2023-11/16/2027,
- (D) Eleisha LeMay, 20 Brighton Road, H., 11/21/2023-11/16/2027,
- (R) Allyson Schmeizl, 157 Cannon Drive, A., until 12/2025, 860-921-8390

**REGIONAL SCHOOL DISTRICT #8 BOARD OF EDUCATION (5) ELECTED - FOUR YEAR TERM**

- (D) Heather J. Summerer, Chairman, 46 Coates Farm Road, A, 11/21/2023-11/16/2027
- (R) Joseph A. Colletti, Vice Chairman, 49 Oak Drive, H, 11/16/2021-11/18/2025, 860-228-8893
- (R) Michael Charron, Secretary, 100 Jennifer Drive, H, 11/16/2021-11/18/2025, 860-334-1555
- (R) Gabriel J. Marques, 300 West Street, H, 11/16/2021-11/18/2025, 860-228-6600
- (R) Michael Beaulieu, 46 Cannon Drive, A., 11/21/2023-11/16/2027,

**PLANNING & ZONING COMMISSION (5) ELECTED - FOUR YEAR TERM**

- (D) Frank Zitkus, Chairman, 91 West St, H., 11/21/2023-11/16/2027, 860-228-9206, 860-870-3692 (w)
- (D) David V. Sousa, Vice Chair, 278 West Street, H, 11/16/2021-11/18/2025, 860-508-3298
- (D) Janet Fodaski, Secretary, 496 Old Colchester Road, A., 11/21/2023-11/16/2027, 860-490-9539
- (R) Devon S. Garner, 14 Attawanhood Trail, A., 11/16/2021-11/18/2025, 860-336-6330
- (R) Christopher Cyr, 49 Scarboro Road, H., until 11/18/2025, 860-841-8501

**PLANNING & ZONING ALTERNATES (2) ELECTED - FOUR YEAR TERM**

- (R) Bradley Franzese, 110 Joel Drive, H., 11/21/2023-11/16/2027, 860-228-5276

**ZONING BOARD OF APPEALS (5) ELECTED - FOUR YEAR TERM**

- (R) Martin J. Halloran, Chairman, 233 Old Colchester Rd, 11/16/2021-11/18/2025, 203-233-0919
- (R) Jim Petrozza, 62 Hope Valley Road, A, 11/16/2021-11/18/2025, 860-670-3918
- (D) Courtney Hays, 557 Hope Valley Road, A, until December 2025, 860-333-3724
- (D) Amy E. DeCesare, 650 Gilead Street, H., 11/21/2023-11/16/2027, 401-323-1114
- (D) Bryan D. Smith, 42 Smith Farm Rd, A., 11/21/2023-11/16/2027, 860-228-8889

**ZBA ALTERNATES (3) ELECTED - FOUR YEAR TERM**

- (R) June Danaher, 11 Reidy Hill Road, A, until 12/2025, 860-228-3100
- (R) Steve Weir, 888 Gilead Street, H., 11/21/2023-11/16/2027, 860-918-0721
- (D) William Alexander, 29 Forest View Lane, H., 11/21/2023-11/16/2027, 203-705-9419

**BOARD OF ASSESSMENT APPEALS (3) ELECTED - FOUR YEAR TERM**

- (D) David Rose, Chairman, 274 Wall Street, H., 11/21/2023-11/16/2027, 860-368-9959
- (R) Phil LoBianco, 440 Martin Road, H., 11/16/2021-11/18/2025, 860-918-3626
- (R) Thomas Tremont, 9 Chestnut Hill Road, H, thru 11/2025, 860-368-1949

**CONSERVATION COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (R) Thomas Loto, Chairman 85 Highland Dr. A., 12/2024-12/2028, 860-228-4453, 860-830-1418
- (D) Christopher Frey, V. Chairman, 60 Jones St., A, 11/18/21-12/2025, 860-228-1908
- (U) Daniel Seremet, 12 Cedar Ridge Dr, H, 12/2024-12/2028, 860-690-7467
- (U) Joanna Chester, 350 West Street, H, 12/2022 to 12/2026, 860-228-0740
- (R) Jasmin Okugic, 44 Highland Drive, H, 12/2023 to 12/2027, 857-207-1463

**CONSERVATION COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**WPCA (5) APPOINTED - FOUR YEAR TERM**

- (R) Chris Hemberger, Chairman, 64 North Pond Road, A., 12/2022-12/2026, 860-228-2349
- (U) Benjamin Gilmore, Vice Chairman, 25 Wall Street, H., 12/2022-12/2026, 860-428-8463
- (D) James R. Riley, 18 Bass Lake Road, A., 12/2024-12/2028, 860-530-1297
- (D) Kevin Grady, 199 Deepwood Drive, A., 12/2023-12/2027, 860-209-1313

**Municipal Agent for the Elderly - Appointed**

Sharon Garrard-Hoffman, 53 Ridgeway Street, Newington, 860-667-1985, until 12/31/2027

**COMMISSION ON AGING (7) APPOINTED - FOUR YEAR TERM**

- (R) Catherine Litwin, 35 Buttonwood Rd, H, 12/2023-12/2027, 860-228-3940
- (D) Sandra Waldo, 33 Mill Landing Road, H., 12/2023-12/2027, 603-313-7618
- (R) Angela Corentin, 403 Jones Street, A, until 12/2025, 860-402-8316
- (D) Jo Souza, 47 Buttonwood Rd, H, until 12/2026, 860-918-1260
- (D) Rebecca Tamsin, 94 Stone House Rd, A., until 12/2026, 860-212-6771
- (D) Margaret Gibbs, 14 Stonecroft Dr #A1, H., until 12/2025, 860-384-4327

**COMMISSION ON AGING ALTERNATES (2)**

**HOUSING AUTHORITY (5) APPOINTED - FOUR YEAR TERM**

- (D) Florence O'Sullivan, Chairman 38 Barber's Way, H., 12/2024-12/2028, 860-228-3485
- (R) Anne-Lee Boynton, 230 Church Street, H., 12/2022-12/2026, 860-228-9755
- (D) Deborah Hart, 14 Stonecroft Drive, C-1, H, 12/2024-12/2028, 860-748-6565
- (D) John D'Atri, 116 Slocum Road, H, until 12/2025, 860-874-3498



**ECONOMIC DEVELOPMENT COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (D) Michelle Nicholson, Chairman, 20 Richardson Drive, H., until 12/2025, 603-986-8335
- (R) Scot Kauffman, Vice Chairman, 55 Griswold Lane, A., 12/2024-12/2028, 860-803-1765
- (D) Peter Casarella, Secretary, 810 East Street, H., 12/2022-12/2026, 860-643-9288
- (R) Jon Lesisko, 461 West Street, H., 12/2023-12/2027, 860-228-9676
- (D) Crandall R. Yopp, 136 Hope Valley Rd, A., until 12/2026, 860-558-8350

**ECONOMIC DEVELOPMENT COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**HISTORIC PROPERTIES COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (R) Mary Ann Foote, Chairman 1126 Gilead Street, H., 12/2021-12/2025, 860-944-3862
- (D) Susan Morin, 730 Church Street, A., 12/2021-12/2025, 860-228-1354
- (U) Jon Minard, 283 Hope Valley Road, A., 12/2021-12/2025, 860-228-9069
- (R) Patricia Larson, 147 Hope Valley Road, A., 12/2023-12/2027, 860-228-9170
- (R) June Danaher, 11 Reidy Hill Road, A., 12/2024-12/2028,

**HISTORIC PROPERTIES COMM. ALTERNATES (3) APPOINTED - FOUR YEAR TERM**

**PARKS & RECREATION COMMISSION (7) APPOINTED - FOUR YEAR TERM**

- (R) Ken Jardin, Chairman, 9 Gilead Landing, H., 12/2024-12/2028, 860-652-5651
- (R) Kate Wilcox, 383 Martin Road, H., 12/2023-12/2027, 860-428-1165
- (D) Eric May, 66 Slocum Road, H., until 12/2025, 860-695-1807
- (D) Ryan Price, 8 Charles Lane, H, 12/2023-12/2027, 860-713-8971
- (D) Maria Morelli-Wolfe, 14 Gilbert Lane, H. until 12/2026, 860-559-7571
- (D) Adam Thiele, 626 Gilead Street, H. until 12/2026,
- (U) Travis Carter, 46 Burrows Hill Rd, A., 12/2023-12/2027,

**PARKS & RECREATION COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**OPEN SPACE LAND ACQUISITION COMMITTEE (8) APPOINTED - NO TERM**

- (D) Brian O'Connell, Chairman, (Citizen at Large) 438 Old Colchester Rd, A, 860-228-2036, 860-305-5316
- (D) John Mullaney, Vice Chairman, (Citizen at Large), 243 Hope Valley Road, A., 860-228-1771
- (D) Frank Zitkus, Secretary, (P&Z), 91 West Street, H., 860-228-9206, 860-870-3692 work
- (R) James Cordier, (Citizen at Large), 48 Charles Lane, H., 860-228-4718
- (D) Christopher Frey, (Conservation), 60 Jones Street, A., 860-228-1908
- (R) Keith C. Petit, (BOS) 92 Old Colchester Road, A., 860-975-8060
- (R) James F. DeDonato, (BOF) 14 Hills Lane, H., 860-817-1319
- (R) Kate Wilcox, (P&R), 383 Martin Road, H, 860-428-1165

**CHARTER REVISION COMMISSION (7) APPOINTED - LENGTH OF PROJECT**

- (D) Heather Petit, Chairman, 92 Old Colchester Road, A.
- (R) Donna Lanza, Vice Chairman, One Murphy Road, H.
- (R) Jessica Stewart, 6 Smith Farm Road, A.
- (D) Adam Ockman, 500 Hope Valley Road, A.
- (U) Allegra Weir, 888 Gilead Street, H.
- (D) Machel Gauthier, 79 Slocum Road, H.

**PUBLIC BUILDING COMMITTEE - (5) APPOINTED - (2) ALTERNATE - FOUR YEAR TERM**

(U) Wayne Warwick, Chairman 72 Northam Road, A., 12/2023-12/2027, 860-228-0364  
(D) Richard Steiner, 330 West Street, H., until December 2026, 860-228-1489 and 860-841-2216  
(D) Malcolm Leichter, Jr., 62 Wellswood Road, A., until December 2025, 860-228-0601

**PUBLIC BUILDING COMMITTEE ALTERNATES (2)**

**HES AND GILEAD HILL SCHOOL ROOF BUILDING COMMITTEE**

(D) Eleisha LeMay, 20 Brighton Road, H.,  
(R) Joseph Margaitis, 50 Bissell Ridge Rd, H., 860-530-1111  
Plus all Members of the Public Building Committee above

**HVAC PROJECT HES AND GHS BUILDING COMMITTEE**

(D) Eleisha LeMay, 20 Brighton Road, H.,  
(R) Joseph Margaitis, 50 Bissell Ridge Rd, H., 860-530-1111  
Plus all Members of the Public Building Committee above

**DPW ACTION COMMITTEE**

(R) Peter D. Kasper, 54 West Branch Drive, H., 860-918-5701  
(U) Todd Habicht, 98 East Street, H.,  
(R) Jody Leary, 94 Charles Lane, H.,  
Plus all Member of the Public Building Committee above

**GREEN COMMITTEE - (7) APPOINTED - (2) Alternates - FOUR YEAR ALTERNATING TERMS**

(U) Kaitlin Hershey, Chairman 85 Millstream Road, A., 12/2023-12/2027, 860-652-5210  
(D) Michael Harder, 61 Prentice Hill Road, H., 12/2023-12/2027, 860-228-9614  
(D) Lindsay Ockman, 500 Hope Valley Road, A., 11/18/21-11/2025, 201-341-0877  
(U) Brian Barlow, 422 Church St, A., 12/2023-12/2027,

**GREEN COMMITTEE ALTERNATES - (2)**

(U) Joshua Esposito, 57 Fox Ridge Lane, H., 11/18/2021-12/2025, 203-417-2466

**LIBRARY BOARD OF TRUSTEES - (9) APPOINTED - FOUR YEAR OVERLAPPING TERM**

(U) Patricia Ayars, Co-Chairman, 51 Elizabeth Dr, H, 12/2024-12/2028, 860-652-7070  
(R) Gail Richmond, Co-Chairman, 276 Hope Valley Road, Amston, 12/2022-12/2026, 860-228-3404  
(U) Emily Cyr, Secretary, 49 Scarboro Rd, H, 12/2024-12/2028, 860-805-0451  
(D) Peter Casarella, Vice-Chariman, 810 East Street, Hebron, 12/2022-12/2026, 860-643-9288  
(U) Susan Porter, 10 Martin Road, Hebron, 12/2022-12/2026, 860-228-1113  
(R) Mary Ann Foote, 1126 Gilead Street, Hebron, 12/2022-12/2026, 860-228-3471  
(D) Dale Bland, 124 Slocum Road, Hebron, 12/2024-12/2028, 860-228-3514  
(D) Margaret Clifton, 10 Cottage Lane, H. until 12/2026  
(D) Kirk Smallidge, 282 Skinner Lane, H. unitl 12/2026

**BROWNFIELD TASK FORCE**

(R) Gerald Garfield, 5 Rivendell Road, Marlborough, 860-228-8374  
(R) Jon Lesisko, 461 West Street, H., 860-228-9676  
(D) Christopher Frey, 60 Jones Street, A, 860-228-1908  
(R) Devon Garner, 14 Attawanhood Trail, A. 860-336-6330  
Ken Slater, Halloran & Sage LLP, 225 Asylum Street, Hartford, 860-297-4662



**COMMEMORATION COMMISSION - REGULAR 3 TO 13**

**HOUSING CHOICES ADVISORY COMMITTEE - 5 APPOINTED - FOUR YEAR TERM**

(D) Pamela Atwood, 8 Uncas Drive, A. until 12/2028

(U) Stephen Wells, 90 Yorkshire Drive, H. until 12/2025

(D) Lillian Rhodes, 106 Slocum Road, H., Until 12/2026

(U) James Celio, 13 Jeremy Way, H., until 12/2027, 860-463-2563

(R) Scot Kauffman, 55 Griswold Lane, A., until 12/2027, 860-803-1765

**HOUSING CHOICES ADVISORY COMMITTEE ALTERNATE (1)**

(D) Florence O'Sullivan, 38 Barber's Way, H., until 12/2027, 860-228-3485

**ACTING TOWN CLERK (reminder of term to 1/2026)**

Francesca Villani, 110 Hoadly Road, A, 860-338-1913

**ASSISTANT TOWN CLERK**

Elisabeth Irish, 25 Cole Street, Manchester, CT 06042, 860-970-1748

**FINANCE DIRECTOR**

Lori Granato, 7A Charter Oak Square, Mansfield, CT 06250, 860-306-9315

**ASSESSOR**

Suzanne Topliff, 24 Ellwood Road, Berlin, CT 06037, 860-818-3536

**REVENUE COLLECTOR**

Adrian MacLean, 8 Christy Lane Ext., Unit 4d, Colchester, 06415, 860-213-0423

**ASSISTANT TO ASSESSOR - REVENUE COLLECTOR**

Brigit Tanganelli, 64 Trumbull Hwy, Lebanon 06249, 860-384-9831

**TOWN PLANNER**

Matthew Bordeaux, 44 Porter Road, Hebron, 860-808-7917

**PUBLIC WORKS DIRECTOR**

Paul Forrest, 28 Fieldstone Drive, Hebron, CT 860-573-4650

**BUILDING OFFICIAL & ZONING AGENT**

Scott R. Phelps, 197 Pleasant Valley, Mansfield Center, CT 860-380-0227

**SANITARIAN**

Emily Miller, Chatham Health Dept. 860-228-5971 x 140

**WETLANDS AGENT**

James Cordier, 48 Charles Lane, Hebron 860-228-4718

**WPCA ADMINISTRATOR**

Kevin Kelly, cell 860-608-2976

**REGISTRARS OF VOTERS**

Elizabeth Fitzgerald, 105 Scarboro Road, Hebron, 06248, 860-228-4710

John Richmond, 276 Hope Valley Road, Amston, 06231, 860-228-3404

**DEPUTY REGISTRARS OF VOTERS**

Thomas Golub, 749 Gilead Street, Hebron, 860-228-0359

Nancy Weisenburger, 29 Winthrop Road, Hebron, 860-559-2635

**JUDGE OF PROBATE Glastonbury, Hebron Probate Court**

Sean Peoples, 2155 Main Street, Glastonbury 06033, 860-652-7629

**LIBRARY DIRECTOR**

J. Drucilla Carter, 13 Falknor Drive, Manchester, 860-634-7519

**SENIOR SERVICES DIRECTOR**

Sharon Garrard-Hoffman, 53 Ridgeway Street, Newington 06111, 860-667-1985

**PARKS & RECREATION DIRECTOR**

Craig Bryant, 2 Meadowlark Lane, East Lyme 06333, 860-335-6260

**ANIMAL CONTROL OFFICER**

Jason Hunniford, 36 Abby Drive, H., 860-455-3440

**FIRE CHIEF**

Peter J. Starkel, P.O. Box 911, 40 Oakwood Lane, Columbia, CT 06237, 860-733-9808

**DEPUTY FIRE CHIEF**

Dan Huppe, 201 Jagger Lane, H., 860-228-9848

**ASSISTANT FIRE CHIEF**

Dan Phelps, Assistant Chief, 224 East Street, H., 860-228-4819

Cody Porter, 41 North Parker Road, Marlborough, CT 860-918-6968

Bill Schappert, 33 Coates Farm Rd, H., 860-977-7294

**FIRE MARSHAL**

Christopher Bray, 20 Palmer Road, Chaplin, CT 860-933-2297

**DEPUTY FIRE MARSHAL**

John Spaulding, 44 Lynn Lane, Colchester, CT 06415 860-234-7058

**BURNING OFFICIAL**

Tony Pitrone, 9 Mai Road, A., 860-202-3725 cell

**FISH & WILD LIFE CONSTABLE**

Dan Larson, 147 Hope Valley Road, A., 860-228-9170

**RESIDENT STATE TROOPERS**

Bryce Reed, 860-228-3710

**HEBRON POLICE OFFICERS**

Marc Rubera (KC58)

Ricardo Martinez

Thomas Regan

Thomas Topulos

Kevin Dowd

**EMERGENCY MANAGEMENT DIRECTOR**

Paul Bancroft, 65 Route 87, Andover, 860-748-2562

**DEPUTY EMERGENCY MANAGEMENT DIRECTOR**

Slawomir Chrostowski, 136 London Rd, Hebron, 413-426-4081

**MODERATORS**

(D) Joseph Krist, 138 West Main Street, H., 12/1/23-11/30/2025, 860-228-4876

(R) Scot Kauffman, 55 Griswold Lane, A., 12/1/23-11/30/2025, 860-803-1765

(D) Kevin Connors, 274 Skinner Lane, H., 12/1/23-11/30/2025, 860-228-0433

**DIRECTOR OF HEALTH**

Russell Melmed, Director, Chatham Health District, 240 Middletown Ave, E. Hampton, 860-365-0884

**RHAM SUPERINTENDENT OF SCHOOLS**

Colin McNamara, 85 Wall Street, Hebron, 860-228-2115

**HEBRON SUPERINTENDENT OF SCHOOLS**

Thomas J. Baird, Ed.D, 580 Gilead Street, Hebron, 860-228-2577

**BOARD CLERKS**

Catharine Brinkman, 36 North Main Street, Marlborough, 860-508-4179

Debbie Pearson, 50 Sentinal Woods Drive, Hebron, 860-368-1101

Hannah Walcott, 267 Clubhouse Road, Lebanon, 603-345-4050

Marion Spaulding, 36 Lynn Lane, Colchester 860-212-7972

(Backup) Matthew Thornberg, 154 Harrisville, Rd, Apt. 31, Woodstock, CT 207-616-6003

**TOWN ATTORNEY**

Ken Slater, Halloran & Sage LLP, 225 Asylum Street, Hartford, 11/21/23 to 11/18/25, 860-297-4662

**CENTRAL REGIONAL TOURISM DISTRICT**

vacant

**NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD**

vacant

**TREE WARDEN**

Paul Forrest, 28 Fieldstone Drive, Hebron, CT 860-573-4650

**AHM YOUTH SERVICES**

Tressa Giordano, 25 Pendleton Drive, H., 860-228-9488

**HEBRON PARKING VIOLATIONS HEARING OFFICER - APPOINTED - NO TERM**

G. William Cox, 73 West Street, H., 860-228-0234

**AMPLIFY CATCHMENT AREA COUNCIL 15**

vacant



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Town of Hebron</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ <b>Municipality</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>15 Gilead Street</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>Hebron, CT 06248</b>		
	7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	or
Employer identification number	
06-6002015	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <b>2-6-24</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**RUSSELL MERCIER SENIOR CENTER  
GRIEVANCE PROCEDURE  
FOR CONSUMERS**

This Grievance Procedure may be used by anyone wishing to file a complaint due to dissatisfaction with or denial of services administered or sponsored by the Russell Mercier Senior Center/Hebron Senior Services

The complaint should be in writing and contain information about the dissatisfaction/ denial including date and description of the grieved service. In addition, include the name, address, and phone number of complainant. Alternative means of filing complaints, such as personal interviews or a voice recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his or her designee as soon as possible, but not later than 60 calendar days, after the denial/dissatisfaction to:

Senior Services Director  
Russell Mercier Senior Center  
12 Stonecroft Drive  
Hebron, CT 06248

Within 15 calendar days after receipt of complaint, the Senior Services Director will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Senior Services Director will respond in writing and, where appropriate, in a format accessible to the complainant, such as large print, or audio tape. The response will explain the position of the Russell Mercier Senior Center/Hebron Senior Services and offer options for substantive resolution of the complaint.

If the response by the Senior Services Director does not satisfactorily resolve the issue, the complainant and/or his or her designee may further be heard by appealing the decision within 15 calendar days after receipt of the response to the Chairman of the Commission on Aging or his/her designee.

Within 15 calendar days after receipt of the appeal, the Chairman of the Commission on Aging or his/her designee will respond in writing with a final resolution of the complaint, and, where appropriate, in a format accessible to the complainant.

If the response by the Chairman of the Commission on Aging or his/her designee does not satisfactorily resolve this issue, and if the program/service at issue is funded under the Older Americans Act the complainant and/or his or her designee may further be heard by appealing the decision within 15 calendar days after receipt of the response to the North Central Area Agency on Aging.

Upon receipt of an unresolved complaint, the North Central Area Agency on Aging's Advisory Council, either in whole or in part, shall hold a hearing for the purpose of receiving testimony from the older person filing the complaint and contrary documentation from the Russell Mercier Senior Center/Hebron Senior Services against who the complaint is filed.

If the matter is not resolved by the Advisory Council to the satisfaction of the older person, he/she has 30 days to file further evidence to be heard by the North Central Area Agency on Aging's Board of Directors, either in whole or part. The decision of the Board of Directors will constitute the final disposition of the matter.

All written complaints received by the Senior Services Director, and any appeals to the Chairman of the Commission on Aging or his/her designee will be kept on file at the Russell Mercier Senior Center/Hebron Senior Services for a minimum of three years.



APPENDIX D1 - FFY 2026 PROJECT BUDGET - SUMMARY PAGE

PROJECT NAME: Hebron Outreach Information Referral Assistance & Social Support

Line Item	Cost Category	T-III NCAAA Funds	Non-Federal Match		Total Project Cost
			Cash	In Kind	
1	Personnel	\$ 24,000	\$ -	\$ 44,404	\$ 68,404
2	Rent	\$ -	\$ -	\$ -	\$ -
3	Travel	\$ -	\$ -	\$ 583	\$ 583
4	Audit	\$ -	\$ -	\$ 6,000	\$ 6,000
5	Utilities	\$ -	\$ -	\$ 3,153	\$ 3,153
6	Telephone	\$ -	\$ -	\$ 966	\$ 966
7	Office Expense	\$ -	\$ -	\$ 67	\$ 67
8	Postage	\$ -	\$ -	\$ 1,600	\$ 1,600
9	Printing/Publication	\$ -	\$ -	\$ 393	\$ 393
10	Supplies	\$ -	\$ -	\$ 533	\$ 533
11	Insurance	\$ -	\$ -	\$ -	\$ -
12	Repairs/Maintenance	\$ -	\$ -	\$ -	\$ -
13	Equipment	\$ -	\$ -	\$ -	\$ -
14	Contractual	\$ -	\$ -	\$ 1,466	\$ 1,466
15	Other:	\$ -	\$ -	\$ 1,067	\$ 1,067
16	Other:	\$ -	\$ -	\$ -	\$ -
<b>Total Cost</b>		<b>\$ 24,000</b>	<b>\$ -</b>	<b>\$ 60,232</b>	<b>\$ 84,232</b>

Projected Client Contributions\*\*\* \$ -

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



APPENDIX D2 - FFY 2026 PROJECT BUDGET - PERSONNEL COST EXPLANATION

PROJECT NAME: Hebron Outreach Information Referral Assistance & Social Support

Position	T-III NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
		Cash	In-Kind		
Social Worker	24,000		6,000.00	\$ 30,000	\$35.50/hr x 13hrs/wk x 52wks = \$23,999 + 25%fringe = \$29,999
Fiscal Manager			\$ 4,899	\$ 4,899	\$75.37/hr x 1hr/wk x 52 wks = \$3,919.24 + 25%fringe = \$4,899.05
Data Collection Manager/Director			\$ 15,920	\$ 15,920	\$40.82/hr x 6hrs/wk x 52wks = \$12,736.84 + 25%fringe = \$15,919.80
Program Coordinator			\$ 10,401	\$ 10,401	\$26.67/hr x 6hrs/wk x 52wks = \$8,321.04 + 25%fringe = \$10,401.30
Receptionist			\$ 7,184	\$ 7,184	\$18.42/hr x 6hrs/wk x 52wks = \$5,747.04 + 25%fringe = \$7,183.80
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
<b>Total Personnel Costs</b>	\$ 24,000	\$ -	\$ 44,404	\$ 68,404	

APPENDIX D3 - FFY 2026 PROJECT BUDGET - EXPLANATION OF ALL OTHER COSTS

PROJECT NAME: Hebron Outreach Information Referral Assistance & Social Support

Line Item	Cost Category	T-III NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
			Cash	In-Kind		
1	Personnel	\$ 24,000	\$ -	\$ 44,404	\$ 68,404	See attached Personnel Cost Explanation
2	Rent				\$ -	
3	Travel			\$ 583	\$ 583	1/3rd staff mileage
4	Audit			\$ 6,000	\$ 6,000	10% Annual Audit
5	Utilities			\$ 3,153	\$ 3,153	1/3rd electricity, natural gas, and waer
6	Telephone			\$ 966	\$ 966	1/3rd phones and fire alarm line
7	Office Expense			\$ 67	\$ 67	1/3rd office furnishings
8	Postage			\$ 1,600	\$ 1,600	10% postage
9	Printing/Publication			\$ 393	\$ 393	1/3rd copier fees
10	Supplies			\$ 533	\$ 533	1/3rd office supplies
11	Insurance				\$ -	
12	Repairs/Maintenance				\$ -	
13	Equipment				\$ -	
14	Contractual			\$ 1,466	\$ 1,466	1/3rd HVAC, Data System, Internet/Cable, Fire Extinguishers
15	Other:			\$ 1,067	\$ 1,067	1/3rd Meetings/Conferences, Dues, Program Development
16	Other:				\$ -	
<b>Total Costs</b>		<b>\$ 24,000</b>	<b>\$ -</b>	<b>\$ 60,232</b>	<b>\$ 84,232</b>	

APPENDIX D4 - FFY 2026 PROJECT BUDGET - NON - TITLE III RESOURCE SUMMARY

PROJECT NAME: Hebron Outreach Information Referral Assistance & Social Support

NON-FEDERAL CASH MATCH SOURCES

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

	Amount	Specify source(s):
Municipalities	<u>\$ 60,232</u>	<u>Town of Hebron</u>
Fundraising	_____	_____
Other	_____	_____
Total Cash Match	<u>\$ 60,232</u>	

NON-FEDERAL IN-KIND MATCH SOURCES

Amount	List Source(s)
_____	_____
_____	_____
_____	_____
_____	_____
Total In Kind Match	
<u>\$ -</u>	

OTHER FEDERAL RESOURCES

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

	Amount	Specify source(s):
_____	_____	<u>Title V</u>
_____	_____	_____
Total Other Federal Resources	<u>\$ -</u>	

PROJECTED CLIENT CONTRIBUTIONS

	Amount	Specify amount of suggestion donation per unit of service (if applicable)
Estimated amount of client contributions	<u>_____</u>	<u>\$0 estimated client contributions</u>

\*\*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 6, 2025**

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

**Proposed Motion:**

Move that the Hebron Board of Selectmen approve the grant application in the amount of \$10,800 with \$62,886 in-kind matching funds from the Senior Center budget, for the FFY 2025 North Central Area Agency on Aging, Inc. – Hebron Therapeutic Activity and Health Promotion Program Grant; and authorize Town Manager Andrew J. Tierney to apply for, accept and receive this grant and to sign any necessary documents.

**NCAAA Grant Application Fiscal Year 2026**  
**Application Due Date: March 14, 2025**  
**Cover Sheet**

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

- (1a) Federal EIN (Tax ID):  (1b) DUNS Number:
- (2) Title of Project:
- (3) Name of Organization:
- (4) Address:  City:  State:  Zip code:
- (5) Authorized Official:  Title:
- Phone:  Ext.  Email:
- (6) Project Contact Person:  Title:
- Phone:  Ext.  Email:
- (7) Type of Agency:
- (8) Year Agency established:
- (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
- (11) Total amount of funding requested for funding period (10/1/2025 – 9/30/2026)
- (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:  



**Appendices Check List**

Below is a list of the appendices and what each should contain. Please indicate (x) which items you are including. (See NCAAA Grant Application Instructions).

**Appendix A – Organization Information**

- A1 – Grant Application  Included
- A2 – Organization Chart  Included

**Appendix B – Organizational Certifications**

- B1\* – Certification of Non-Federal Match for Title III Project  Included
- B2\* – Standard Assurances, Compliances, and Conditions  Included
- B3\* – Accounting Systems Certification  Included
- B4\*\* – Facilities and Program Accessibility Survey  Included
- B5\*\* – Certificate of Fire Safety  Included
- B6 – Staffing and Supervision  Included
- B7 – Description of your Proposed Data Collection Process  Included

\*These documents must contain original signatures (not copies).  
\*\*These documents may be turned in after the due date of the grant application.

**Appendix C – Needed Organizational Documents**

- C1 – Agency Budget  Included
- C2 – Most Recent Audit and/or Financial Statement  Included
- C3 – List of Board of Directors  Included
- C4 – Bonding and Insurance Information  Included
- C5 – Copy of 501c3 Certification (if applicable)  Included
- C6 – Documentation of Federally Approved Indirect Cost Rate (if applicable)  Included
- C7 – IRS W-9 Form  Included
- C8 – Photo of Grievance Notice or Copy of Grievance Document  Included

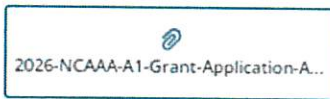
**Appendix D – Budget Sheets (D1-D4)**

- D1 – FFY 2026 Project Budget – Summary Page  Included
- D2 – FFY 2026 Project Budget – Personnel Cost Explanation  Included
- D3 – FFY 2026 Project Budget – Explanation of all Other Costs  Included
- D4 – FFY 2026 Project Budget – Title III Resource Summary  Included

Forms for Appendix A1, B1-B7, D1-D4 can be found on the North Central Area Agency on Aging website at <http://www.ncaaaact.org/grants-funding>. Appendices A2 and C1 to C8 should be uploaded from existing Agency documents (see NCAAA Grant Application Instructions for information). Upload Appendices A1, A2 and B1 to B7 to their designated locations on the next page.

Please complete what applies to your organization and upload to the “2026 Grant Application - Part 2 – Appendices C-D” application at <http://www.ncaaaact.org/grants-funding>. Instructions for completing these forms can be found in the NCAAA Grant Application Instructions

**Appendix A1 – Grant Application**



**Appendix A2 – Organization Chart**



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



**Appendix B2 – Standard Assurances, Compliances, and Conditions**



**Appendix B3 – Accounting Systems Certification**



**Appendix B4 – Facilities and Program Accessibility Survey**



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**Appendix B5 – Certificate of Fire Safety**



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**Appendix B6 – Staffing and Supervision**



**Appendix B7- Description of your proposed data collection process**







## 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) The Town of Hebron's Senior Services will provide affordable, cost-effective, evidence-based multicomponent group exercise and falls prevention programs for older adults at all levels of fitness aimed at becoming more active, energized, and empowered to sustain independent lives and improve functional health and wellbeing. Benefits of participation also include improved self-image and the mental health benefits associated with the social environment of a group-based class and peer support. The availability of predictable, regular, and ongoing basis classes, facilitates participant adherence which correlate to moderate-impact classes with high-impact results

(b) Services will be provided to Hebron residents age 60+

(c) Less than 15% of Americans age 65 years and older get the recommended amounts of aerobic and muscle-strengthening physical activity and research shows that physical activity levels often decrease further as adults continue to age. Regular physical activity is one of the most important things people can do to improve their health, maintain independence, and achieve their optimal quality of life. This is especially true for older adults, many of whom live with 1 or more chronic conditions. In fact, regular physical activity can help people prevent or manage many costly chronic conditions that are common in older adults, including heart disease and stroke, cancer, diabetes, obesity, and arthritis — and physical activity is also associated with a host of other physical, mental, social, and economic benefits. To help reverse the observed rates of inactivity among this population we strive to overcome the barriers often relate to older adults' capabilities, opportunities, or motivation. Studies show that physical activity can positively impact cognitive abilities, potentially reducing the risk of dementia, along with promoting better psychological wellbeing by alleviating symptoms of depression and anxiety. Regular physical activity also improves balance and coordination, lowering the risk of falls and falls-related injuries. Research indicates the physically active older adults tend to live longer and have an increased life expectancy compared to sedentary individuals

(d) John F. Kennedy said "We added years to life, now it's time to add life to those years," This goal of our activity and health promotion programs is to foster better physical, functional, cognitive, and emotional health as individuals continue to age. This not only has profound implications for them personally, but also for their caregivers. Our objectives directly parallel the mission of the NCAAA to provide aging resources to enhance the quality of life for older adults and their caregivers

(e) It is estimated that 45 clients will be served in the first 12 months of this project

(f) It is estimated that 1,800 units of service will be provided in the first 12 months of this project

(g) First and foremost, we want our activity classes to be fun and for that to translate into individuals consistently attending. Outcomes of physical functioning, role limitations, emotional wellbeing, social functioning, energy/fatigue, and general health perceptions will be assessed with tools such as the 36-Item Short Form Health Survey and, when indicated, the Center for Epidemiologic Studies Depression Scale (a 20-item self-report instrument



## **II. Agency Mission, History and Structure**

IIa. Please list the mission statement of your Agency.

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 B7 on the NCAAA website. 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 C8. 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.



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.

IIId. Describe the frequency of service provision.

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

- III.f. Discuss how potential clients will be solicited for the proposed service(s) including any advertising/marketing plans.
- 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 within the community.
- III.h. Using the chart on page 7 insert the service codes (from previous chart IIIa) that you are providing and the anticipated number of clients you expect to serve from each of the demographic groupings (see Grant Instructions).



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

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

#### **IV. Description of Staff Providing Services**

IVa. Using 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 for further discussion of items in this section.)

**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		N/A		
Certified Instructor	Staff	3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes		Yes		
Certified Instructor	Staff	2	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No		Yes		
Certified Instructor	Staff	1	<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		N/A		
Social Worker	Staff	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes		Yes		
Receptionist	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		



- IVb. Describe how your Agency staffs this project and supervises the individuals providing the services to be delivered.

*For each individual who works on this project (from chart on page 9) see Appendix B6 to complete form which asks for: (1) job title, (2) primary job responsibilities, (3) the job title of their supervisor, and (4) the frequency of supervision.*

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

*If your program brings all clients into a central location to receive services, include a photo of your posted notice of the grievance process in a conspicuous location at your workplace, in Appendix C8 (as required by state regulations). If your program does NOT bring all clients into a central location, e.g. transportation program, in-home services, in Appendix C8, include a copy of the document detailing your grievance process which is distributed to all clients.*

**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.

- Vb. Describe your client satisfaction data collection process.

*If your proposal is a NEW service for your agency, complete Appendix B7 - New Service to describe your proposed client satisfaction data collection process. Your description should include: (a) several example questions that you would include in your collection instrument, (b) when data will be collected from clients, e.g. end of service provision, quarterly, semi-annually, etc. (c) from whom data will be collected, e.g. all clients, a sample of clients, (d) how data will be collected, e.g. online or in-person, interview, etc. and (e) how the information collected will be used to make improvements in the service.*

*If your organization has conducted this service before, complete Appendix B7 - Current Service, using your client satisfaction data from the most recent year available. Also include a copy of your client satisfaction tool/survey instrument.*

**VI. Sustainability**

*The intent of Title III funding is to provide "start-up" funding for new services that address unmet needs of seniors in the community. Title III funds were never intended to provide the sole, long-term funding of programs. Consequently, we wish to learn how your organization is working to secure other resources to maintain this program.*

- Via. How many years has your Agency received NCAAA financial support for this service? 14
- 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. No, None

<b>Formal Agreements</b> (Memorandums of Understanding (MOU's) or Agreement (MOA's))		
Name of agency	Location: city/town	Content areas
<b>Informal Agreements</b> (unwritten "understandings")		
Name of agency	City/Town	Content areas

**Restrictions on negotiations of formal and informal agreements.** If your agency is part of a larger unit, e.g. a single department in a town government, and you are not permitted to negotiate such exchanges without the approval of others (e.g. mayor, town council), please describe in the space provided below.

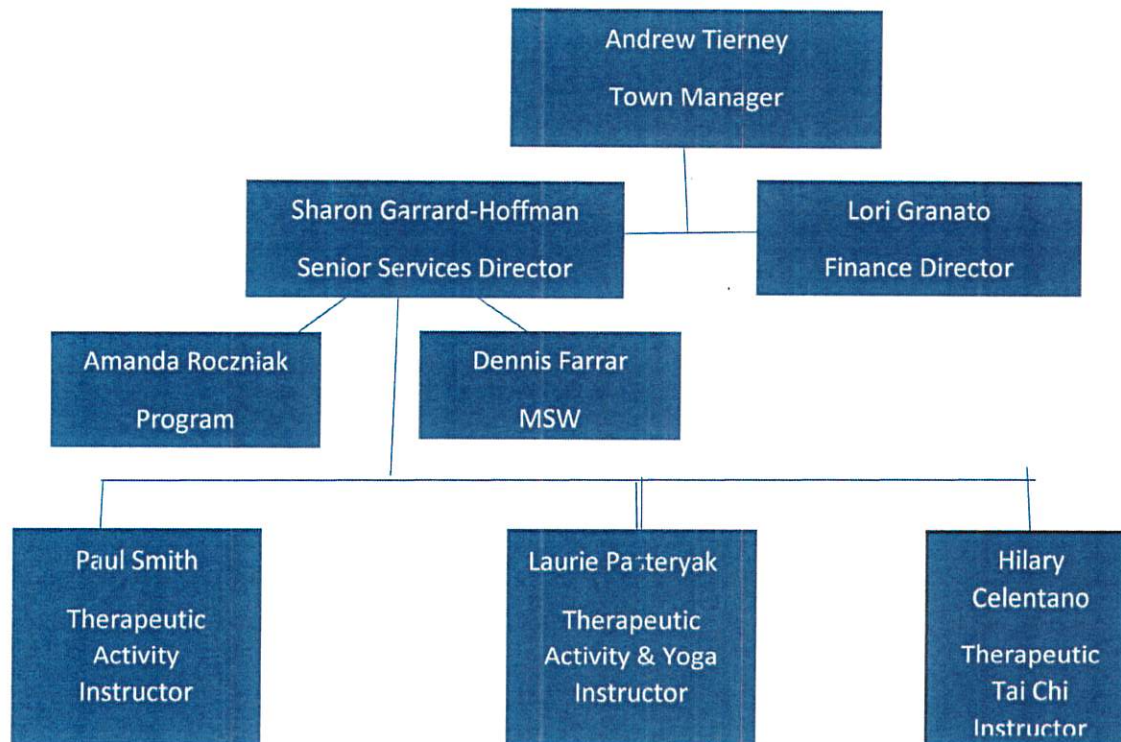
Vic. Beyond the relationships described in the table above, are you currently engaged in any discussion or planning with other programs or municipalities to share resources or services? If yes, describe. If no, write "none."

None

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



## Hebron Physical Activity & Fitness Promotion 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 and Health Promotion**

for the period beginning October 1, 2025 and ending September 30, 2026.

Cost Category	Cash Amount	In Kind Value	Source
Personnel		47,058	Town of Hebron
Travel/Audit		6,583	Town of Hebron
Utilities/Phone/Contractual		5,585	Town of Hebron
Office Expenses/Supplies		600	Town of Hebron
Postage/Printing/Publications		1,993	Town of Hebron
Meetings/Conf/Prog Dev		1,067	Town of Hebron
<b>TOTAL</b>		<b>62,886</b>	

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: \_\_\_\_\_  
 Name: Andrew J Tierney  
 Title: Town Manager  
 Agency: Town of Hebron

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

**APPENDIX B2 – Standard Assurances, Compliances, and Conditions**

**STANDARD ASSURANCES, COMPLIANCES, AND CONDITIONS**

The **Town of Hebron** \_\_\_\_\_ (Applicant Agency) understands and agrees that the following assurances, compliances, and conditions are part of the application, and as such become binding subsequent to the award of any funds by the North Central Area Agency on Aging, Inc.

**I. OLDER AMERICANS ACT**

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

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

- a. Provide NCAAA, in a timely manner, with statistical and other information which NCAAA requires in order to meet its planning, coordination, evaluation and reporting requirements established;
- b. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- c. Protect the privacy of each older person with respect to his or her contributions;
- d. Establish appropriate procedures to safeguard and account for all contributions;
- e. May not deny any older person a service because the older person will not or cannot contribute to the cost of the service;
- f. With the consent of the older person or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger;
- g. Where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies;
- h. Assist participants in taking advantage of benefits under other programs;
- i. Assure that all services are coordinated with other appropriate services in the community and that these services do not constitute an unnecessary duplication of services provided by other sources;
- j. Assure that the proposed project intends to satisfy the service needs of older persons with disabilities and severe disabilities.

- k. Assure that persons age 60 or over who are low income, minority, frail, homebound by reason of illness or incapacitating disability, residing in rural areas or otherwise isolated, shall be given priority in the delivery of services; and
- l. Assure that the proposed project intends to place special emphasis on serving older persons with the greatest economic and social need.

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

The undersigned also AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no persons in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient of Award receives Federal financial assistance from the North Central Connecticut Area Agency on Aging, a recipient of Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient of Award by NCAAA, this assurance shall obligate the Recipient of Award or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Recipient of Award for the period during which the Federal financial assistance is extended to it by NCAAA.

## **III. REHABILITATION ACT OF 1973**

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

## **IV. CERTIFICATION REGARDING LOBBYING**

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

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



undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

#### **V. CERTIFICATION OF DRUG FREE WORKPLACE**

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

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations of such prohibition;
- b. Establish a Drug-Free Awareness Program to inform employees about all of the following:
  1. The dangers of drug abuse in the work place,
  2. The person's or organization's policy of maintaining a drug-free work place,
  3. Any available counseling, rehabilitation and employee assistance programs, and
  4. Penalties that may be imposed upon employees for drug abuse violations.
- c. Provide that every employee who works on the proposed project:
  1. Will receive a copy of the company's drug-free policy statement, and
  2. Will agree to abide by the terms of the company's statement as a condition of employment for the project.

#### **VI. NON-DISCRIMINATION REGARDING SEXUAL ORIENTATION**

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

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

#### **VII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION**

The undersigned Provider AGREES it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status,

national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown that such a disability prevents the performance of the work involved. The Provider also agrees to the following:

- a. In all solicitations or advertisements for employees to state "affirmative action-equal opportunity employer."
- b. A notice stating the above to be posted in conspicuous places available to employees and applicants.
- c. To comply with Connecticut General Statutes 46a-56, 46a-68e, and 46a-68f.

#### **VIII. AMERICANS WITH DISABILITIES ACT OF 1990**

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

#### **IX. UTILIZATION OF MINORITY BUSINESS ENTERPRISES**

The undersigned Provider AGREES to use best efforts consistent with 45 C.F.R. 74.160 et seq. (1992) and paragraph 9 of Appendix G; Connecticut General Statutes 13a-95a, 4a-60, 4a-62, 4b-95(b), and 32-9e.

#### **X. CONFIDENTIALITY AND DISCLOSURE OF INFORMATION**

Provider is required to safeguard the use, publication, and disclosure of information on all applicants for, and all applicants who receive, services under the contract in accordance with all applicable federal and state laws regarding confidentiality, including the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the associated regulations, 45 C.F.R. parts 160-164, as may be amended (the "Privacy Rule") and 45 C.F.R. Section 142.308(a)(2), as may be finalized and amended (the "Chain of Trust" requirement). The Privacy Rule requires written assurances that Provider will appropriately safeguard Protected Health Information ("PHI"). The Chain of Trust provision requires that a contract involving exchange of PHI protect the integrity and confidentiality of the PHI.

#### **XI. AUDIT REQUIREMENTS**

All recipients receiving a combined Agency wide total of federal and/or state funds of \$300,000 or more are required to have a State Single Audit performed by an outside auditor. A copy must be submitted to NCAAA by MARCH 15<sup>TH</sup> following the end of the program period.

Pursuant to the requirements of the Single Audit Act to which NCAAA must adhere, all audits of awards received from NCAAA must be performed in accordance with the Single Audit Act.

#### **XII. PROJECT PERFORMANCE**

The Provider:

- a. Agrees that the project will be carried out in accordance with Title III of the Older Americans Act of 1965, As Amended; the program regulations issued thereto; the policies and procedures established by NCAAA; and the terms and conditions of this application as approved by NCAAA in making an award of funds.
- b. Agrees to identify the source of funding for this project in all publicity materials published

about the project. The following sentence is suggested: "Program is funded in part by the Older Americans Act of 1965, As Amended, through the North Central Area Agency on Aging, Inc."

- c. Agrees that where subcontracts are proposed for the operation of one or more components of the proposal, and are approved as part of any award of funds under Title III, the applicant agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by NCAAA for the project. The applicant agency will be held accountable by NCAAA for all project expenditures, and will ensure that all expenditures incurred by the subcontracting agency(ies) will be in accordance with the cost policies and procedures established by NCAAA, in keeping with the guidelines of the U.S. Administration on Aging. Copies of the proposed subcontracts are submitted with the application.
- d. Agrees to cooperate with NCAAA in its efforts toward developing a comprehensive and coordinated system of services for older persons, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
- e. Agrees that all project records and documents shall be open for public inspection, excluding personnel files and the names of clients.
- f. Agrees to keep records and make reports in such form, and content, and within the time frame required by NCAAA. Specifically included, but not restricted to, are monthly financial reports and data for the National Aging Program Information System (NAPIS). No funds will be released unless the required reports are submitted by their respective deadlines.
- g. Agrees that no personal information obtained from an individual in conjunction with the project shall be disclosed in a form that identifies that individual without the written and informed consent of the individual concerned.
- h. Agrees to maintain such accounts and documents so that the status of funds with the award can be determined expeditiously at any time. This includes the disposition of all funds received from NCAAA, and the nature and amount of all charges claimed against such funds.
- i. Agrees to actively seek qualified older persons for paid positions on the project, and to make provisions for volunteer opportunities for older persons.
- j. Agrees to cooperate and assist in efforts undertaken by NCAAA, the Connecticut Department of Social Services (State Unit on Aging), the U.S. Administration on Aging, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility, and costs of the project.
- k. Agrees to provide for, or participate in, such training as may be necessary to enable paid and volunteer project personnel to perform more effectively on the project.
- l. Certifies that the applicant agency has no commitments or obligations that are inconsistent with compliance of these and any other pertinent Federal regulations and policies, and that any other agency, organization or party, which participates in this project, shall have no such commitments or obligations.

- m. Assures that a minimum match as designated by NCAAA on the total approved project cost will be provided.
- n. Certifies that all other potential sources of funding have been exhausted (Community Development funds, etc.) and duplicate use of various Federal funds does not take place.
- o. Agrees that assessment will generally occur quarterly, whether in the form of review of accounting systems, program output evaluations, or other pertinent items.
- p. Agrees that verification of the "Non-Federal Share/Match" of the award/contract by means of "in-kind vouchers" and other cash and in-kind documentation will be reviewed during assessments or periodic reviews. Verification of the total amount for the project year must be available for audit purposes within thirty days after the close of the project year.
- q. Agrees that line item budget adjustments over \$500.00 or 25% of line items, whichever is less, shall not be made without a written request to NCAAA and approval from NCAAA. Any written requests for budget line item changes must be submitted prior to JUNE 1<sup>ST</sup> of the program year.

**CERTIFICATION**

THESE ASSURANCES are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient of Award by NCAAA, including installment payments after such date on account of applications for Federal financial assistance were approved before such date. The Recipient of Award recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that NCAAA or the United States or both shall have the right to seek judicial enforcement of this assurance.

These assurances, compliances, and conditions are binding on the Recipient of Award, its successors, transferees, and assignees, and the person(s) whose signatures appear below are authorized to sign this assurance on behalf of the Recipient of Award. Non-compliance of any one or more of the above conditions serves as justification for suspension of financial support of the project by NCAAA.

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

Applicant Agency: Town of Hebron  
Mailing Address: 15 Gilead Street  
Hebron, CT 06248  
Authorized Official: Andrew J Tierney  
Title: Town Manager  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX B3 – Accounting Systems Certification**

**ACCOUNTING SYSTEMS CERTIFICATION**

STATEMENT TO BE SUBMITTED BY APPROPRIATE PUBLIC FINANCIAL OFFICE WHEN THE APPLICANT IS A PUBLIC AGENCY OR WHEN THE ACCOUNTING SYSTEM OF A PRIVATE NON-PROFIT AGENCY WILL BE MAINTAINED BY A PUBLIC AGENCY.

North Central Area Agency on Aging, Inc.  
151 New Park Avenue, Box 75  
Hartford, CT 06106

Dear Funding Agency:

I am the chief financial officer of the Town of Hebron and, in this capacity, I will be responsible for providing financial services adequate to ensure the establishment and maintenance of an accounting system for the Town of Hebron (Name of Applicant) which is a public non-profit agency charged with carrying out a federally funded program in the Town of Hebron (Name of community). The accounting system and internal control procedures will be adequate to safeguard the assets of such agency(ies), check the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency(ies).

\_\_\_\_\_  
Signature of Financial Officer

Lori Granato

\_\_\_\_\_  
Name of Financial Officer

Finance Director

\_\_\_\_\_  
Title

Town of Hebron

\_\_\_\_\_  
Name of Public Agency

\_\_\_\_\_  
Date

APPENDIX B4 – Facilities and Program Accessibility Survey

FACILITIES AND PROGRAM ACCESSIBILITY SURVEY

Applicant Agency Town of Hebron  
Name of Facility Russell Mercier Senior Center  
Street Address 12 Stonecroft Drive  
City and Zip Code Hebron 06248  
Owner of Building Town of Hebron  
Management Firm Town of Hebron

- I. How many entrances for general use? 1  
II. How many floors for general use? 1  
III. Is there one or more elevators in the building?  yes  no  
IV. If yes, do elevators serve all essential areas  
(that should be accessible to the handicapped)?      yes      no

Note exceptions \_\_\_\_\_  
\_\_\_\_\_

V. Classify building by indicating appropriate number from list below: 1

- Governmental..... 1
- Office..... 2
- Industrial..... 3
- Merchandising and Service..... 4
- Restaurant..... 5
- Travel Facility..... 6
- Hotel, Motel, etc. .... 7
- Apartment..... 8
- Religious..... 9
- Health and Medical..... 10
- Educational..... 11
- Cultural, Recreational, Sports..... 12
- Other (specify) \_\_\_\_\_ 13

VI. Complete the following survey for the proposed project. Indicate yes or no for each statement by placing an "X" in the appropriate column.

		<b>STRUCTURAL ACCESS</b>
YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All corridors or hallway walls are at least 33 inches wide (will accommodate one handicapped person at a time (load bearing walls)).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The width of all intersecting corridors are at least 48 inches wide (walls are load bearing).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All corridors or hallway entrances and exits (that are load bearing) will allow a pivotal turn space of 60 x 60 inches from these areas through the openings.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rooms in which activities handicapped persons can be expected to take part in are of sufficient lengths and widths to permit easy maneuverability by at least two wheelchair persons (walls of rooms are load bearing).
<b>ALL OTHER ACCESS</b>		
YES	NO	FACILITY LOCATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The facility is so located that the grade of approach to the building does not exceed a slope greater than one foot rise in 12 feet (not a steep hill).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The approaches to the building are barrier free.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sidewalks area a continuing common surface not interrupted by steps or abrupt level changes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks crossing other walks, driveways or parking lots blend to a common level.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks at the facility entrance level have a level platform area which is at least 5 feet by 5 feet if the doorway swings and the platform extends at least one foot beyond each side of the doorway.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The entrance platform is 3 feet by 5 feet wide if the entrance door swings into the building and the platform extends at least one foot beyond each side of the doorway.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate off-street parking spaces are available for the handicapped.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking spaces reserved for handicapped persons are near facility.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking space 12 feet wide allows for persons in wheelchair or crutches to get out from one side of vehicle onto level, smooth and hard surfaces.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diagonal or head-on parking provides for space of not less than 12 feet wide between at least two conventional spaces reserved for physically disabled persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking is such that disabled person is not compelled to wheel or walk behind parked cars.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	An adequate number of handicapped reserved spaces are available in accord with the frequency of use of facility by handicapped individuals.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks connecting the parking lot are in conformity with "Walks" under Section E.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A passenger loading zone is available with necessary level, smooth and hard surface for alighting upon, and in conformity with "Walks" under Section E.

YES	NO	FACILITY
<input type="checkbox"/>	<input type="checkbox"/>	Adequate ramps with appropriate gradation are in place providing approaches to at least one facility entrance.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level or graded approaches to entrance exits.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps and/or graded approaches do not have a slope greater than one foot rise on 12 feet, or 8.33 percent, or 4 degrees 50 minutes.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have at least one handrail 32 inches high even with the ramp surface, smooth rail; that extends one foot beyond the top and bottom of the ramp approaches and conforms with the American Standards Safety Codes for Floor and Wall Openings, Railings & Toe Boards (A12-1932).
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have non-slip surfaces.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have level platforms that conform with Section E.
<input type="checkbox"/>	<input type="checkbox"/>	Each ramp has at least 6 feet of straight clearance at the bottom.
<input type="checkbox"/>	<input type="checkbox"/>	Lengthy ramps have level platforms at at least 30-foot intervals for safety and rest purposes and have level platforms whenever the ramps turn.
<input type="checkbox"/>	<input type="checkbox"/>	Entrance steps exist that are 7 inches or less in height.
<input type="checkbox"/>	<input type="checkbox"/>	Steps are the same height and less than 6 in number in each flight.
<input type="checkbox"/>	<input type="checkbox"/>	At least one sturdy handrail exists with each flight of steps to entrance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One primary entrance to the facility is usable by individuals in wheelchairs and on walkers and crutches.
<input type="checkbox"/>	<input type="checkbox"/>	The usable entrance is on a level making elevators or inside ramps accessible to physically handicapped persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doorways to the facility and to emergency exits are at least 32 inches wide (with door open).



YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The doorsill is one inch or less in height.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The depth of space on the other side of the doorway is 36 inches or more in depth.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The floor on either side of the doorway extends at least 12 inches beyond side of the door.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The door handle is such a device to easily allow a wheelchair person to open and the door's weight is such to allow easy movement by the person through the door unassisted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is at least one entrance door and space beyond meeting the requirements of the above.
<input type="checkbox"/>	<input type="checkbox"/>	Elevator doors open to 32 inches or more and the depth of the elevator is at least 56 inches.
<input type="checkbox"/>	<input type="checkbox"/>	All elevator buttons, switches are reachable by wheelchair persons and raised lettering makes identification of floor and safety switches and buttons easily readable by blind persons.

#### ESSENTIAL AREAS SURVEY

(describe the functions of each of the areas included in the survey)

- Area 1 Multi-Purpose Room-Meals; Fitness, Educational & Recreational Activities
- Area 2 Health Room-Health Screenings & Care; Small Group Gatherings
- Area 3 Library-Workshops; Discussion & Support Groups; Crafts
- Area 4 Game/Exercise Rooms-Recreational Activities/Fitness Equipment

AREA	YES	NO	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All essential areas, doorways are at least 32 inches wide (with door open) and the floor is level (no doorsill).
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are no steps or other unramped levels in the essential area.
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “

	YES	NO	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
1	<input type="checkbox"/>	<input type="checkbox"/>	The ramps incline in essential area to meet Section F.
2	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
4	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Male and female toilet entrances (outside) have clear doorway openings (no sill of at least 32 inches (with door open).
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The outside toilet doors meet Section F.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are <u>not</u> two doors in series at the entrance.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The floor inside is level, without interruptions.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The free space in the room is at least 60 x 60 inches to permit a wheelchair to turn.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At least one toilet stall door in each bathroom swings out and the width is at least 32 inches wide (with door open).
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The female and male stalls are at least 36 inches wide and 56 inches deep.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The stalls have handrails on each side 33 inches high and parallel to the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The stall seat is not more than 20 inches from the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both sexes' toilets have wash basins set at appropriate heights for wheelchair persons clear beneath of piping obstructions so chair persons can come close to the basin.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All tower, mirror, trash receptacles and other dispensers mounted no higher than 40 inches from the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water fountains and coolers have up-front spouts and controls for hand or food operation; not more than 36 inches on walls and 30 inches on coolers and are not within an alcove.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	An appropriate number of public telephones are available for physically disabled persons and at least a reasonable number are equipped for hearing impaired persons and all are so identified.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All control switches for lights, heat, ventilation, window draperies, fire alarms, and such or frequent or essential use are placed within reach of wheelchair persons.

YES	NO	IDENTIFICATION AND WARNING SIGNALS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Raised letters or numbers and other Braille devices for directions are used within the facility.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	These are placed at the right or left side of the entrance of each essential area identifying number of room at a height between 4 feet 6 inches and 5 feet 6 inches (average 5 feet) from floor.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doors not intended for normal use and that might prove dangerous to a blind person are identified for touch by knurling the door handle or knob (by use of an acceptable plastic, abrasive coating).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Braille directions in hallways are located so that entrances and emergency exits are easily determined by blind persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Audible warning signals (such as smoke alarms) are accompanied by simultaneous visual signals for the benefit of those with hearing impairments and those who are blind.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Every effort has been exercised to obviate hazards to physically disabled persons (such as manholes, floor openings and low handling door closures or doors that protrude into hallways) using appropriately placed barricades and hazard lights or audible warnings.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low hanging signs, ceiling lights and similar objects and those that protrude into regular traffic ways have been removed or relocated to at least 7 foot height from the floor.

YES	NO	PROGRAMS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All services for the elderly are equally provided to handicapped persons or at least one of each type of service is available for handicapped individuals in a location and facility that meets accessibility requirements (within a nutrition project or an area agency region). If answer is yes, do not answer the following.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Materials published for general circulation (newsletter, etc.) are reasonably available either in Braille or tape for older blind persons who wish to and should receive such.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special efforts are made to ensure disabled older person have the opportunity and are served meals in a manner not debilitating to their handicap and are not excluded from attending congregate functions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation is accessible for physically disabled persons (at least one vehicle providing rides to services regularly available to physically able persons).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All staff have been made aware of the requirements to serve handicapped older persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate efforts are made to take special services or assistance to handicapped older persons where provisions of such would be in inaccessible facilities. (Such as ENP and AAA central offices).

**Andrew J Tierney**

Printed Name of Reviewer

**Town Manager**

Title of Person

Signature of Reviewer

Date

**APPENDIX B5 – Certificate of Fire Safety**

**CERTIFICATE OF FIRE SAFETY**

I certify that I have visited the Town of Hebron/Russell Mercier Senior Center at  
(Name of Agency)  
12 Stonecroft Drive in Hebron  
(Address) (City)

and have found that the premises meet fire safety requirements and have sufficient exits.

Signed,

\_\_\_\_\_  
(Fire Marshal)

\_\_\_\_\_  
(Date)

**Appendix B6 – Agency Supervision and Maintenance of Quality Control**

\*[Key Job responsibilities and supervision processes for staff who work 10 + hours per week on project]

**Person #1**      Job Title All Fitness Instructors work less than 10hrs/wk

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

\_\_\_\_\_  
\_\_\_\_\_

**Person #2**      Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

\_\_\_\_\_  
\_\_\_\_\_

**Person #3**      Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

\_\_\_\_\_  
\_\_\_\_\_

**Person #4**      Job Title \_\_\_\_\_

**Key Job Responsibilities**

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)  

\_\_\_\_\_

\_\_\_\_\_

**Person #5**      Job Title \_\_\_\_\_

**Key Job Responsibilities**

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

\_\_\_\_\_

\_\_\_\_\_

**Person #6**      Job Title \_\_\_\_\_

**Key Job Responsibilities**

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

\_\_\_\_\_

\_\_\_\_\_

[Upload additional sheets as needed.]

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---



## Survey of Physical Activity Services

According to your experience with our Physical Activity services, please rate your satisfaction with each of the below aspects, where 1 represents very dissatisfied, 3 represents neutral, and 5 represents very satisfied

1. Would you assess your overall fitness level as improved since participating in our Physical Activity services?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you feel that your upper body conditioning has improved since participating in our Physical Activity services?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you feel that your lower body conditioning has improved since participating in our Physical Activity services?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Has your participation in our Physical Activity services resulted in you making other positive changes aimed toward improved health?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How satisfied are you with the knowledge, skill, and ability to make appropriate modifications of our Physical Activity Instructors?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Would you recommend our Physical Activity services to others?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance in helping us to evaluate our Dial-A-Ride Services

**Appendix B7 - Current Service - Describe your proposed client satisfaction data collection process:**

Year of data being presented 2024

Total number of clients seen that year 75 The number of clients you collected satisfaction data from in that year 50

Insert the two items with the **highest** scores (greatest satisfaction) on lines (1) and (2) below. Include the item numbers from the instrument, brief description of what the item measures, and the average score on the item.

(1)	<div style="display: flex; justify-content: space-between;"> <span style="font-size: 24pt; font-weight: bold;">4</span> <span style="font-size: 18pt; font-weight: bold;">Motivated Overall Positive Changes</span> <span style="font-size: 24pt; font-weight: bold;">5</span> </div>
Item #	<div style="display: flex; justify-content: space-between;"> <span>What the item measures?</span> <span>Ave.</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>(item description)</span> <span>Score</span> </div>

(2)	<div style="display: flex; justify-content: space-between;"> <span style="font-size: 24pt; font-weight: bold;">5</span> <span style="font-size: 18pt; font-weight: bold;">Satisfaction with Personnel</span> <span style="font-size: 24pt; font-weight: bold;">5</span> </div>
Item #	<div style="display: flex; justify-content: space-between;"> <span>What the item measures?</span> <span>Ave.</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>(item description)</span> <span>Score</span> </div>

Insert the two items with the **lowest** scores (least satisfaction) on lines (3) and (4) below. Include the item numbers from the instrument, brief description of what the item measures, and the average score on the item.

(3)	<div style="display: flex; justify-content: space-between;"> <span style="font-size: 24pt; font-weight: bold;">2</span> <span style="font-size: 18pt; font-weight: bold;">Upper Body Conditioning</span> <span style="font-size: 24pt; font-weight: bold;">4</span> </div>
Item #	<div style="display: flex; justify-content: space-between;"> <span>What the item measures?</span> <span>Ave.</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>(item description)</span> <span>Score</span> </div>

(4)	<div style="display: flex; justify-content: space-between;"> <span style="font-size: 24pt; font-weight: bold;">3</span> <span style="font-size: 18pt; font-weight: bold;">Lower Body Conditioning</span> <span style="font-size: 24pt; font-weight: bold;">4</span> </div>
Item #	<div style="display: flex; justify-content: space-between;"> <span>What the item measures?</span> <span>Ave.</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>(item description)</span> <span>Score</span> </div>

Briefly comment on what corrective actions were taken (if any) regarding the lowest scoring items?

Participants emphasized improvement in their overall wellbeing, especially cardiovascular fitness. Pre and quarterly testing does demonstrate improvement in both upper and lower body conditioning. Testing provides demonstrable credence to progress

## **Appendix C – Needed Organizational Documents**

### **C1 – Agency Budget**



### **C2 – Most Recent Audit and/or Financial Statement**



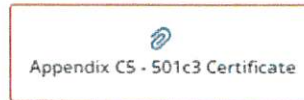
### **C3 – List of Board of Directors**



### **C4 – Bonding and Insurance Information**



### **C5 – Copy of 501c3 Certification (if applicable)**



### **C6 – Documentation of Federally Approved Indirect Cost Rate (if applicable)**



### **C7 – IRS W-9 Form**



### **C8 – Photo of Grievance Notice or Copy of Grievance Document**



### **Appendix D – Budget Sheets (D1-D4 required)**



**SENIOR CENTER - 3020  
2025 -2026 PROPOSED BUDGET**

<u>ACCOUNT NUMBER</u>	<u>DESCRIPTION</u>	<u>SUBTOTAL</u> (if applicable)	<u>TOTAL</u>
Part-Time Payroll 3020-100-1002	3 Fitness Instructors One instructor @ \$25/hr x 3hrs/wk x 52 wks = \$3,900 One instructor @ \$35/hr x 2hrs/wk x 52 wks = \$3,640 One instructor @ \$35/hr x 2hrs/wk x 52 wks = \$3,640 Reception/Clerical Support @ \$18.42/hr x 20hrs/wk x 52wks = \$19,156.80 Line Item Increased by \$437 to reflect 3% increase for Receptionist/Clerical Support		\$30,337
Office Supplies 3020-200-2001	Line Item Remains Unchanged		\$1,600
Program Development 3020-200-2006	Line Item Remains Unchanged		\$2,500
Meetings/Conferences 3020-20102010	Line Item Remains Unchanged		\$250
Dues 3020-201-2011	CT Association of Senior Center Personnel \$100; National Council on Aging/National Institute of Senior Centers \$145; CT Local Administrators of Social Services \$200 Line Item Remains Unchanged		\$450
Contractual Services 3020-202-2034	HVAC Preventive Maintenance Contract \$596 per Donna - Remains Unchanged Comcast Internet \$2,044.80 (\$170.40/month) - Increase of \$55.08 to reflect price increase Metered Water \$658.88 (\$49.49/month + \$65 annul testing fee) - Increase of \$44.04 to reflect price increase Data Management System Maintenance \$1,607.25 - Remains Unchanged Water Cooler Rental \$408 (\$34/month) - Remains Unchanged Line Item Increased by \$99 to reflect increased pricing for Comcast and Metered Water		\$5,315

Minor Equipment Maint. 3020-210-2061	Sharp Copiers (no longer have maintenance, leasing, taxes or service contract fees due to age of equipment) Fees are for ink cartridges only (no service calls or parts) - \$1,179.03 Note: See Below Quote for replacement machine Annual inspection and service 5 fire extinguishers - \$89 per quote from Shipman's Line Item Increase \$393	\$1,268
Mileage 3020-205-2046	Line Item Remains Unchanged	\$1,750
Office Furnishings & Equip 3020-211-2065	Line Item Remains Unchanged	\$200
Telephone 3020-212-2070	2 Frontier fire alarm lines \$1,187.88 (\$98.99 per month) Increase of \$263.88 to reflect price increase Genie Innovations phone lines \$1,710.72 (\$142.56 per month) Line Item Increased by \$264 to reflect Frontier price increase	\$2,899
Electricity 3020-212-2071	Based on history of actual usage from past 12 months Line Item Increased by \$1,492	\$5,218
Natural Gas 3020-212-2073	Based on history of actual usage from past 12 months Line Item Decreased by \$530	\$3,174
Fire/Security Alarm 3020-228-2187	Fees incorporated in Telephone line item	\$0
<b>TOTAL</b>	Increase of \$2,155	<b>\$54,961</b>

Replacement refrigerator, double wall ovens, and range - \$4,446

Replacement Copier Lease (60 months) @ \$132.23/month + maintenance contract @ \$43.99/month

Electrical work needed for portable emergency generator hook up - \$15,550

**TOWN OF HEBRON, CONNECTICUT**  
**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTARY INFORMATION**  
**YEAR ENDED JUNE 30, 2023**



CPAs | CONSULTANTS | WEALTH ADVISORS

[CLAcconnect.com](http://CLAcconnect.com)



Town of Hebron  
15 Gilead St  
Hebron CT 06248  
Board and Commission Members

Updated as of December 6, 2024

**BOARD OF SELECTMEN (5) ELECTED - FOUR YEAR TERM**

- (R) Peter D. Kasper, Chairman, 54 West Branch Drive, H., 11/21/2023-11/16/2027, 860-918-5701
- (R) Daniel E. Larson, Vice Chairman, 147 Hope Valley Road, A., 11/16/2021-11/18/2025, 860-604-1982
- (D) Tiffany V. Thiele, 626 Gilead Street, H., 11/16/2021-11/18/2025, 401-301-8154
- (D) Claudia T. Riley, 18 Jones Street, A, 11/21/2023-11/16/2027, 860-462-3014
- (R) Keith C. Petit, 92 Old Colchester Road, A., 11/21/2023-11/16/2027, 860-975-8060

**TOWN MANAGER APPOINTED**

Andrew Tierney 860-228-5971 x 122

**BOARD OF FINANCE (5) ELECTED - FOUR YEAR TERM**

- (R) Diane L. Del Rosso, Chairman, 9 Judd Brook Lane, A., 11/16/2021-11/18/2025, 860-965-1343
- (R) Michael T. McCormack, Vice Chair, 24 Hebron Landing, H., 11/16/2021-11/18/2025, 860-228-1955
- (D) Malcolm Leichter, Jr., 62 Wellswood Road, A., 11/16/2021-11/18/2025, 860-228-0601
- (R) James F. DeDonato, 14 Hills Lane, H., 11/21/2023-11/16/2027, 860-729-3777
- (D) Brian R. Thibeault, 27 Saw Mill Way, A., 11/21/2023-11/16/2027, 860-817-1319

**BOARD OF EDUCATION (7) ELECTED - FOUR YEAR TERM**

- (D) Heather R. Petit, Chairman, 92 Old Colchester Road, A., 11/16/2021-11/18/2025, 860-530-1189
- (R) Joe Margaitis, Vice Chair, 50 Bissell Ridge Rd, H., 11/21/2023-11/16/2027, 860-530-1111
- (R) Sera Coppolino, 44 Hillcrest Drive, A., 11/21/2023-11/16/2027, 304-598-9217
- (D) Nicole A. Matthews, 60 Old Daniels Lane, A., 11/16/2021-11/18/2025, 860-634-6631
- (R) Kimberly R. Hills, 312 Old Slocum Road, H., 11/21/2023-11/16/2027,
- (D) Eleisha LeMay, 20 Brighton Road, H., 11/21/2023-11/16/2027,
- (R) Allyson Schmeizl, 157 Cannon Drive, A., until 12/2025, 860-921-8390

**REGIONAL SCHOOL DISTRICT #8 BOARD OF EDUCATION (5) ELECTED - FOUR YEAR TERM**

- (D) Heather J. Summerer, Chairman, 46 Coates Farm Road, A, 11/21/2023-11/16/2027
- (R) Joseph A. Colletti, Vice Chairman, 49 Oak Drive, H, 11/16/2021-11/18/2025, 860-228-8893
- (R) Michael Charron, Secretary, 100 Jennifer Drive, H, 11/16/2021-11/18/2025, 860-334-1555
- (R) Gabriel J. Marques, 300 West Street, H, 11/16/2021-11/18/2025, 860-228-6600
- (R) Michael Beaulieu, 46 Cannon Drive, A., 11/21/2023-11/16/2027,

**PLANNING & ZONING COMMISSION (5) ELECTED - FOUR YEAR TERM**

- (D) Frank Zitkus, Chairman, 91 West St, H., 11/21/2023-11/16/2027, 860-228-9206, 860-870-3692 (w)
- (D) David V. Sousa, Vice Chair, 278 West Street, H, 11/16/2021-11/18/2025, 860-508-3298
- (D) Janet Fodaski, Secretary, 496 Old Colchester Road, A., 11/21/2023-11/16/2027, 860-490-9539
- (R) Devon S. Garner, 14 Attawanhood Trail, A., 11/16/2021-11/18/2025, 860-336-6330
- (R) Christopher Cyr, 49 Scarboro Road, H., until 11/18/2025, 860-841-8501

**PLANNING & ZONING ALTERNATES (2) ELECTED - FOUR YEAR TERM**

- (R) Bradley Franzese, 110 Joel Drive, H., 11/21/2023-11/16/2027, 860-228-5276



**ZONING BOARD OF APPEALS (6) ELECTED - FOUR YEAR TERM**

- (R) Martin J. Halloran, Chairman, 233 Old Colchester Rd, 11/16/2021-11/18/2025, 203-233-0919
- (R) Jim Petrozza, 62 Hope Valley Road, A, 11/16/2021-11/18/2025, 860-670-3918
- (D) Courtney Hays, 557 Hope Valley Road, A, until December 2025, 860-333-3724
- (D) Amy E. DeCesare, 650 Gilead Street, H., 11/21/2023-11/16/2027, 401-323-1114
- (D) Bryan D. Smith, 42 Smith Farm Rd, A., 11/21/2023-11/16/2027, 860-228-8889

**ZBA ALTERNATES (3) ELECTED - FOUR YEAR TERM**

- (R) June Danaher, 11 Reidy Hill Road, A, until 12/2025, 860-228-3100
- (R) Steve Weir, 888 Gilead Street, H., 11/21/2023-11/16/2027, 860-918-0721
- (D) William Alexander, 29 Forest View Lane, H., 11/21/2023-11/16/2027, 203-705-9419

**BOARD OF ASSESSMENT APPEALS (3) ELECTED - FOUR YEAR TERM**

- (D) David Rose, Chairman, 274 Wall Street, H., 11/21/2023-11/16/2027, 860-368-9959
- (R) Phil LoBianco, 440 Martin Road, H., 11/16/2021-11/18/2025, 860-918-3626
- (R) Thomas Tremont, 9 Chestnut Hill Road, H. thru 11/2025, 860-368-1949

**CONSERVATION COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (R) Thomas Loto, Chairman 85 Highland Dr. A., 12/2024-12/2028, 860-228-4453, 860-830-1418
- (D) Christopher Frey, V. Chairman, 60 Jones St., A, 11/18/21-12/2025, 860-228-1908
- (U) Daniel Seremet, 12 Cedar Ridge Dr, H, 12/2024-12/2028, 860-690-7467
- (U) Joanna Chester, 350 West Street, H, 12/2022 to 12/2026, 860-228-0740
- (R) Jasmin Okugic, 44 Highland Drive, H, 12/2023 to 12/2027, 857-207-1463

**CONSERVATION COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**WPCA (5) APPOINTED - FOUR YEAR TERM**

- (R) Chris Hemberger, Chairman, 64 North Pond Road, A., 12/2022-12/2026, 860-228-2349
- (U) Benjamin Gilmore, Vice Chairman, 25 Wall Street, H., 12/2022-12/2026, 860-428-8463
- (D) James R. Riley, 18 Bass Lake Road, A., 12/2024-12/2028, 860-530-1297
- (D) Kevin Grady, 199 Deepwood Drive, A., 12/2023-12/2027, 860-209-1313

**Municipal Agent for the Elderly - Appointed**

- Sharon Garrard-Hoffman, 53 Ridgeway Street, Newington, 860-667-1985, until 12/31/2027

**COMMISSION ON AGING (7) APPOINTED - FOUR YEAR TERM**

- (R) Catherine Litwin, 35 Buttonwood Rd, H. 12/2023-12/2027, 860-228-3940
- (D) Sandra Waldo, 33 Mill Landing Road, H., 12/2023-12/2027, 603-313-7618
- (R) Angela Corentin, 403 Jones Street, A, until 12/2025, 860-402-8316
- (D) Jo Souza, 47 Buttonwood Rd, H, until 12/2026, 860-918-1260
- (D) Rebecca Tamsin, 94 Stone House Rd, A., until 12/2026, 860-212-6771
- (D) Margaret Gibbs, 14 Stonecroft Dr #A1, H., until 12/2025, 860-384-4327

**COMMISSION ON AGING ALTERNATES (2)**

**HOUSING AUTHORITY (5) APPOINTED - FOUR YEAR TERM**

- (D) Florence O'Sullivan, Chairman 38 Barber's Way, H., 12/2024-12/2028, 860-228-3485
- (R) Anne-Lee Boynton, 230 Church Street, H., 12/2022-12/2026, 860-228-9755
- (D) Deborah Hart, 14 Stonecroft Drive, C-1, H, 12/2024-12/2028, 860-748-6565
- (D) John D'Atri, 116 Slocum Road, H, until 12/2025, 860-874-3496

**ECONOMIC DEVELOPMENT COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (D) Michelle Nicholson, Chairman, 20 Richardson Drive, H., until 12/2025, 603-986-8335
- (R) Scot Kauffman, Vice Chairman, 55 Griswold Lane, A., 12/2024-12/2028, 860-803-1765
- (D) Peter Casarella, Secretary, 810 East Street, H., 12/2022-12/2026, 860-643-9288
- (R) Jon Lesisko, 461 West Street, H., 12/2023-12/2027, 860-228-9676
- (D) Crandall R. Yopp, 136 Hope Valley Rd, A., until 12/2026, 860-558-8350

**ECONOMIC DEVELOPMENT COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**HISTORIC PROPERTIES COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (R) Mary Ann Foote, Chairman 1126 Gilead Street, H., 12/2021-12/2025, 860-944-3862
- (D) Susan Morin, 730 Church Street, A., 12/2021-12/2025, 860-228-1354
- (U) Jon Minard, 283 Hope Valley Road, A., 12/2021-12/2025, 860-228-9069
- (R) Patricia Larson, 147 Hope Valley Road, A., 12/2023-12/2027, 860-228-9170
- (R) June Danaher, 11 Reidy Hill Road, A., 12/2024-12/2028,

**HISTORIC PROPERTIES COMM. ALTERNATES (3) APPOINTED - FOUR YEAR TERM**

**PARKS & RECREATION COMMISSION (7) APPOINTED - FOUR YEAR TERM**

- (R) Ken Jardin, Chairman, 9 Gilead Landing, H., 12/2024-12/2028, 860-652-5651
- (R) Kate Wilcox, 383 Martin Road, H., 12/2023-12/2027, 860-428-1165
- (D) Eric May, 66 Slocum Road, H., until 12/2025, 860-695-1807
- (D) Ryan Price, 8 Charles Lane, H, 12/2023-12/2027, 860-713-8971
- (D) Maria Morelli-Wolfe, 14 Gilbert Lane, H. until 12/2026, 860-559-7571
- (D) Adam Thiele, 626 Gilead Street, H. until 12/2026,
- (U) Travis Carter, 46 Burrows Hill Rd, A., 12/2023-12/2027,

**PARKS & RECREATION COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**OPEN SPACE LAND ACQUISITION COMMITTEE (8) APPOINTED - NO TERM**

- (D) Brian O'Connell, Chairman, (Citizen at Large) 438 Old Colchester Rd, A, 860-228-2036, 860-305-5316
- (D) John Mullaney, Vice Chairman, (Citizen at Large), 243 Hope Valley Road, A., 860-228-1771
- (D) Frank Zitkus, Secretary, (P&Z), 91 West Street, H., 860-228-9206, 860-870-3692 work
- (R) James Cordier, (Citizen at Large), 48 Charles Lane, H., 860-228-4718
- (D) Christopher Frey, (Conservation), 60 Jones Street, A., 860-228-1908
- (R) Keith C. Petit, (BOS) 92 Old Colchester Road, A., 860-975-8060
- (R) James F. DeDonato, (BOF) 14 Hills Lane, H., 860-817-1319
- (R) Kate Wilcox, (P&R), 383 Martin Road, H, 860-428-1165

**CHARTER REVISION COMMISSION (7) APPOINTED - LENGTH OF PROJECT**

- (D) Heather Petit, Chairman, 92 Old Colchester Road, A.
- (R) Donna Lanza, Vice Chairman, One Murphy Road, H.
- (R) Jessica Stewart, 6 Smith Farm Road, A.
- (D) Adam Ockman, 500 Hope Valley Road, A.
- (U) Allegra Weir, 888 Gilead Street, H.
- (D) Machel Gauthier, 79 Slocum Road, H.

**PUBLIC BUILDING COMMITTEE - (5) APPOINTED - (2) ALTERNATE - FOUR YEAR TERM**

- (U) Wayne Warwick, Chairman 72 Northam Road, A., 12/2023-12/2027, 860-228-0364
- (D) Richard Steiner, 330 West Street, H., until December 2026, 860-228-1489 and 860-841-2216
- (D) Malcolm Leichter, Jr., 62 Wellswood Road, A., until December 2025, 860-228-0601

**PUBLIC BUILDING COMMITTEE ALTERNATES (2)**

**HES AND GILEAD HILL SCHOOL ROOF BUILDING COMMITTEE**

**(D) Eleisha LeMay, 20 Brighton Road, H.,**

- (R) Joseph Margaitis, 50 Bissell Ridge Rd, H., 860-530-1111
- Plus all Members of the Public Building Committee above

**HVAC PROJECT HES AND GHS BUILDING COMMITTEE**

**(D) Eleisha LeMay, 20 Brighton Road, H.,**

- (R) Joseph Margaitis, 50 Bissell Ridge Rd, H., 860-530-1111
- Plus all Members of the Public Building Committee above

**DPW ACTION COMMITTEE**

- (R) Peter D. Kasper, 54 West Branch Drive, H., 860-918-5701

**(U) Todd Habicht, 98 East Street, H.,**

**(R) Jody Leary, 94 Charles Lane, H.,**

- Plus all Member of the Public Building Committee above

**GREEN COMMITTEE - (7) APPOINTED - (2) Alternates - FOUR YEAR ALTERNATING TERMS**

- (U) Kaitlin Hershey, Chairman 85 Millstream Road, A., 12/2023-12/2027, 860-652-5210
- (D) Michael Harder, 61 Prentice Hill Road, H., 12/2023-12/2027, 860-228-9614
- (D) Lindsay Ockman, 500 Hope Valley Road, A., 11/18/21-11/2025, 201-341-0877
- (U) Brian Barlow, 422 Church St, A., 12/2023-12/2027,

**GREEN COMMITTEE ALTERNATES - (2)**

- (U) Joshua Esposito, 57 Fox Ridge Lane, H., 11/18/2021-12/2025, 203-417-2466

**LIBRARY BOARD OF TRUSTEES - (9) APPOINTED - FOUR YEAR OVERLAPPING TERM**

- (U) Patricia Ayars, Co-Chairman, 51 Elizabeth Dr, H, 12/2024-12/2028, 860-652-7070
- (R) Gail Richmond, Co-Chairman, 276 Hope Valley Road, Amston, 12/2022-12/2026, 860-228-3404
- (U) Emily Cyr, Secretary, 49 Scarboro Rd, H. 12/2024-12/2028, 860-805-0451
- (D) Peter Casarella, Vice-Chariman, 810 East Street, Hebron, 12/2022-12/2026, 860-643-9288
- (U) Susan Porter, 10 Martin Road, Hebron, 12/2022-12/2026, 860-228-1113
- (R) Mary Ann Foote, 1126 Gilead Street, Hebron, 12/2022-12/2026, 860-228-3471
- (D) Dale Bland, 124 Slocum Road, Hebron, 12/2024-12/2028, 860-228-3514
- (D) Margaret Clifton, 10 Cottage Lane, H. until 12/2026**
- (D) Kirk Smallidge, 282 Skinner Lane, H. unitl 12/2026**

**BROWNFIELD TASK FORCE**

- (R) Gerald Garfield, 5 Rivendell Road, Marlborough, 860-228-8374
  - (R) Jon Lesisko, 461 West Street, H., 860-228-9676
  - (D) Christopher Frey, 60 Jones Street, A, 860-228-1908
  - (R) Devon Garner, 14 Attawanhood Trail, A. 860-336-6330
- Ken Slater, Halloran & Sage LLP, 225 Asylum Street, Hartford, 860-297-4662

**COMMEMORATION COMMISSION - REGULAR 3 TO 13**

**HOUSING CHOICES ADVISORY COMMITTEE - 5 APPOINTED - FOUR YEAR TERM**

(D) Pamela Atwood, 8 Uncas Drive, A. until 12/2028

(U) Stephen Wells, 90 Yorkshire Drive, H. until 12/2025

(D) Lillian Rhodes, 106 Slocum Road, H., Until 12/2026

(U) James Celio, 13 Jeremy Way, H., until 12/2027, 860-463-2563

(R ) Scot Kauffman, 55 Griswold Lane, A., until 12/2027, 860-803-1765

**HOUSING CHOICES ADVISORY COMMITTEE ALTERNATE (1)**

(D) Florence O'Sullivan, 38 Barber's Way, H., until 12/2027, 860-228-3485

**ACTING TOWN CLERK (reminder of term to 1/2026)**

Francesca Villani, 110 Hoadly Road, A, 860-338-1913

**ASSISTANT TOWN CLERK**

Elisabeth Irish, 25 Cole Street, Manchester, CT 06042, 860-970-1748

**FINANCE DIRECTOR**

Lori Granato, 7A Charter Oak Square, Mansfield, CT 06250, 860-306-9315

**ASSESSOR**

Suzanne Topliff, 24 Ellwood Road, Berlin, CT 06037, 860-818-3536

**REVENUE COLLECTOR**

Adrian MacLean, 8 Christy Lane Ext., Unit 4d, Colchester, 06415, 860-213-0423

**ASSISTANT TO ASSESSOR - REVENUE COLLECTOR**

Brigit Tanganelli, 64 Trumbull Hwy, Lebanon 06249, 860-384-9831

**TOWN PLANNER**

Matthew Bordeaux, 44 Porter Road, Hebron, 860-808-7917

**PUBLIC WORKS DIRECTOR**

Paul Forrest, 28 Fieldstone Drive, Hebron, CT 860-573-4650

**BUILDING OFFICIAL & ZONING AGENT**

Scott R. Phelps, 197 Pleasant Valley, Mansfield Center, CT 860-380-0227

**SANITARIAN**

Emily Miller, Chatham Health Dept. 860-228-5971 x 140

**WETLANDS AGENT**

James Cordier, 48 Charles Lane, Hebron 860-228-4718

**WPCA ADMINISTRATOR**

Kevin Kelly, cell 860-608-2976

**REGISTRARS OF VOTERS**

Elizabeth Fitzgerald, 105 Scarboro Road, Hebron, 06248, 860-228-4710

John Richmond, 276 Hope Valley Road, Amston, 06231, 860-228-3404

**DEPUTY REGISTRARS OF VOTERS**

Thomas Golub, 749 Gilead Street, Hebron, 860-228-0359

Nancy Weisenburger, 29 Winthrop Road, Hebron, 860-559-2635

**JUDGE OF PROBATE Glastonbury, Hebron Probate Court**

Sean Peoples, 2155 Main Street, Glastonbury 06033, 860-652-7629

**LIBRARY DIRECTOR**

J. Drucilla Carter, 13 Falknor Drive, Manchester, 860-634-7519



**SENIOR SERVICES DIRECTOR**

Sharon Garrard-Hoffman, 53 Ridgeway Street, Newington 06111, 860-667-1985

**PARKS & RECREATION DIRECTOR**

Craig Bryant, 2 Meadowlark Lane, East Lyme 06333, 860-335-6260

**ANIMAL CONTROL OFFICER**

Jason Hunniford, 36 Abby Drive, H., 860-455-3440

**FIRE CHIEF**

Peter J. Starkel, P.O. Box 911, 40 Oakwood Lane, Columbia, CT 06237, 860-733-9808

**DEPUTY FIRE CHIEF**

Dan Huppe, 201 Jagger Lane, H., 860-228-9848

**ASSISTANT FIRE CHIEF**

Dan Phelps, Assistant Chief, 224 East Street, H., 860-228-4819

Cody Porter, 41 North Parker Road, Marlborough, CT 860-918-6968

Bill Schappert, 33 Coates Farm Rd, H., 860-977-7294

**FIRE MARSHAL**

Christopher Bray, 20 Palmer Road, Chaplin, CT 860-933-2297

**DEPUTY FIRE MARSHAL**

John Spaulding, 44 Lynn Lane, Colchester, CT 06415 860-234-7058

**BURNING OFFICIAL**

Tony Pitrone, 9 Mai Road, A., 860-202-3725 cell

**FISH & WILD LIFE CONSTABLE**

Dan Larson, 147 Hope Valley Road, A., 860-228-9170

**RESIDENT STATE TROOPERS**

Bryce Reed, 860-228-3710

**HEBRON POLICE OFFICERS**

Marc Rubera (KC58)

Ricardo Martinez

Thomas Regan

Thomas Topulos

Kevin Dowd

**EMERGENCY MANAGEMENT DIRECTOR**

Paul Bancroft, 65 Route 87, Andover, 860-748-2562

**DEPUTY EMERGENCY MANAGEMENT DIRECTOR**

Slawomir Chrostowski, 136 London Rd, Hebron, 413-426-4081

**MODERATORS**

(D) Joseph Krist, 138 West Main Street, H., 12/1/23-11/30/2025, 860-228-4876

(R) Scot Kauffman, 55 Griswold Lane, A., 12/1/23-11/30/2025, 860-803-1765

(D) Kevin Connors, 274 Skinner Lane, H., 12/1/23-11/30/2025, 860-228-0433

**DIRECTOR OF HEALTH**

Russell Melmed, Director, Chatham Health District, 240 Middletown Ave, E. Hampton, 860-365-0884

**RHAM SUPERINTENDENT OF SCHOOLS**

Colin McNamara, 85 Wall Street, Hebron, 860-228-2115

**HEBRON SUPERINTENDENT OF SCHOOLS**

Thomas J. Baird, Ed.D, 580 Gilead Street, Hebron, 860-228-2577

**BOARD CLERKS**

Catharine Brinkman, 36 North Main Street, Marlborough, 860-508-4179

Debbie Pearson, 50 Sentinel Woods Drive, Hebron, 860-368-1101

Hannah Walcott, 267 Clubhouse Road, Lebanon, 603-345-4050

Marion Spaulding, 36 Lynn Lane, Colchester 860-212-7972

(Backup) Matthew Thornberg, 154 Harrisville, Rd, Apt. 31, Woodstock, CT 207-616-6003

**TOWN ATTORNEY**

Ken Slater, Halloran & Sage LLP, 225 Asylum Street, Hartford, 11/21/23 to 11/18/25, 860-297-4662

**CENTRAL REGIONAL TOURISM DISTRICT**

vacant

**NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD**

vacant

**TREE WARDEN**

Paul Forrest, 28 Fieldstone Drive, Hebron, CT 860-573-4650

**AHM YOUTH SERVICES**

Tressa Giordano, 25 Pendleton Drive, H., 860-228-9488

**HEBRON PARKING VIOLATIONS HEARING OFFICER - APPOINTED - NO TERM**

G. William Cox, 73 West Street, H., 860-228-0234

**AMPLIFY CATCHMENT AREA COUNCIL 15**

vacant





## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Town of Hebron</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <i>Note.</i> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ <b>Municipality</b>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>15 Gilead Street</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Hebron, CT 06248</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

*Note.* If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	or								
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<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">06</td> <td style="width: 25%; text-align: center;">- 6002015</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>	06	- 6002015		
06	- 6002015								

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <b>2-6-24</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**RUSSELL MERCIER SENIOR CENTER  
GRIEVANCE PROCEDURE  
FOR CONSUMERS**

This Grievance Procedure may be used by anyone wishing to file a complaint due to dissatisfaction with or denial of services administered or sponsored by the Russell Mercier Senior Center/Hebron Senior Services

The complaint should be in writing and contain information about the dissatisfaction/ denial including date and description of the grieved service. In addition, include the name, address, and phone number of complainant. Alternative means of filing complaints, such as personal interviews or a voice recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his or her designee as soon as possible, but not later than 60 calendar days after the denial/dissatisfaction to:

Senior Services Director  
Russell Mercier Senior Center  
12 Stonecroft Drive  
Hebron, CT 06248

Within 15 calendar days after receipt of complaint, the Senior Services Director will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Senior Services Director will respond in writing and, where appropriate, in a format accessible to the complainant, such as large print, or audio tape. The response will explain the position of the Russell Mercier Senior Center/Hebron Senior Services and offer options for substantive resolution of the complaint.

If the response by the Senior Services Director does not satisfactorily resolve the issue, the complainant and/or his or her designee may further be heard by appealing the decision within 15 calendar days after receipt of the response to the Chairman of the Commission on Aging or his/her designee.

Within 15 calendar days after receipt of the appeal, the Chairman of the Commission on Aging or his/her designee will respond in writing with a final resolution of the complaint, and, where appropriate, in a format accessible to the complainant.

If the response by the Chairman of the Commission on Aging or his/her designee does not satisfactorily resolve this issue, and if the program/service at issue is funded under the Older Americans Act the complainant and/or his or her designee may further be heard by appealing the decision within 15 calendar days after receipt of the response to the North Central Area Agency on Aging.

Upon receipt of an unresolved complaint, the North Central Area Agency on Aging's Advisory Council, either in whole or in part, shall hold a hearing for the purpose of receiving testimony from the older person filing the complaint and contrary documentation from the Russell Mercier Senior Center/Hebron Senior Services against who the complaint is filed.

If the matter is not resolved by the Advisory Council to the satisfaction of the older person, he/she has 30 days to file further evidence to be heard by the North Central Area Agency on Aging's Board of Directors, either in whole or part. The decision of the Board of Directors will constitute the final disposition of the matter.

All written complaints received by the Senior Services Director, and any appeals to the Chairman of the Commission on Aging or his/her designee will be kept on file at the Russell Mercier Senior Center/Hebron Senior Services for a minimum of three years.

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APPENDIX D1 - FFY 2026 PROJECT BUDGET - SUMMARY PAGE

PROJECT NAME: Hebron Therapeutic Activity and Health Promotion

Line Item	Cost Category	T-III NCAAA Funds	Non-Federal Match		Total Project Cost
			Cash	In Kind	
1	Personnel	\$ 10,800	\$ -	\$ 47,058	\$ 57,858
2	Rent	\$ -	\$ -	\$ -	\$ -
3	Travel	\$ -	\$ -	\$ 583	\$ 583
4	Audit	\$ -	\$ -	\$ 6,000	\$ 6,000
5	Utilities	\$ -	\$ -	\$ 3,153	\$ 3,153
6	Telephone	\$ -	\$ -	\$ 966	\$ 966
7	Office Expense	\$ -	\$ -	\$ 67	\$ 67
8	Postage	\$ -	\$ -	\$ 1,600	\$ 1,600
9	Printing/Publication	\$ -	\$ -	\$ 393	\$ 393
10	Supplies	\$ -	\$ -	\$ 533	\$ 533
11	Insurance	\$ -	\$ -	\$ -	\$ -
12	Repairs/Maintenance	\$ -	\$ -	\$ -	\$ -
13	Equipment	\$ -	\$ -	\$ -	\$ -
14	Contractual	\$ -	\$ -	\$ 1,466	\$ 1,466
15	Other:	\$ -	\$ -	\$ 1,067	\$ 1,067
16	Other:	\$ -	\$ -	\$ -	\$ -
	<b>Total Cost</b>	\$ 10,800	\$ -	\$ 62,886	\$ 73,686

Projected Client Contributions\*\* \$ 1,800

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

APPENDIX D2 - FFY 2026 PROJECT BUDGET - PERSONNEL COST EXPLANATION

PROJECT NAME: Hebron Therapeutic Activity and Health Promotion

Position	T-III NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
		Cash	In-Kind		
Certified Instructor	5,400		1351	\$ 6,751	$\$34.62/\text{hr} \times 3\text{hrs}/\text{wk} \times 52\text{wks} = \$5,400 + 25\%\text{fringe} = \$6,750.90$
Certified Instructor	\$ 3,600		\$ 900	\$ 4,500	$\$34.62/\text{hr} \times 2\text{hrs}/\text{wk} \times 52\text{wks} = \$3,600.48 + 25%\text{fringe} = \$4,500.60$
Certified Instructor	1,800		\$ 450	\$ 2,250	$\$34.62/\text{hr} \times 1\text{hr}/\text{wk} \times 52\text{wks} = \$1,800.24 + 25%\text{fringe} = \$2,250.30$
Fiscal Manager			\$ 4,899	\$ 4,899	$\$75.37/\text{hr} \times 1\text{hr}/\text{wk} \times 52\text{wks} = \$3,919.24 + 25%\text{fringe} = \$4,899.05$
Data Collection/Director			\$ 13,267	\$ 13,267	$\$40.82/\text{hr} \times 5\text{hrs}/\text{wk} \times 52\text{wks} = \$10,613.20 + 25%\text{fringe} = \$13,266.50$
Program Coordinator			\$ 8,668	\$ 8,668	$\$26.67/\text{hr} \times 5\text{hrs}/\text{wk} \times 52\text{wks} = \$6,934.20 + 25%\text{fringe} = \$8,667.75$
Social Worker			\$ 11,538	\$ 11,538	$\$35.50/\text{hr} \times 5\text{hrs}/\text{wk} \times 52\text{wks} = \$9,230 + 25%\text{fringe} = \$11,537.50$
Receptionist			\$ 5,987	\$ 5,987	$\$18.42/\text{hr} \times 5\text{hrs}/\text{wk} \times 52\text{wks} = \$4,789.20 + 25%\text{fringe} = \$5,986.50$
				\$ -	
				\$ -	
				\$ -	
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				\$ -	
				\$ -	
				\$ -	
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				\$ -	
<b>Total Personnel Costs</b>	<b>\$ 10,800</b>	<b>\$ -</b>	<b>\$ 47,058</b>	<b>\$ 57,858</b>	

APPENDIX D3 - FFY 2026 PROJECT BUDGET - EXPLANATION OF ALL OTHER COSTS

PROJECT NAME: Hebron Therapeutic Activity and Health Promotion

Line Item	Cost Category	T-III NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
			Cash	In-Kind		
1	Personnel	\$ 10,800	\$ -	\$ 47,058	\$ 57,858	See attached Personnel Cost Explanation
2	Rent				\$ -	
3	Travel			\$ 583	\$ 583	1/3rd staff mileage
4	Audit			\$ 6,000	\$ 6,000	10% Annual Audit
5	Utilities			\$ 3,153	\$ 3,153	1/3rd electricity, natural gas, and water
6	Telephone			\$ 966	\$ 966	1/3 phones and fire alarm line
7	Office Expense			\$ 67	\$ 67	1/3rd office furnishings
8	Postage			\$ 1,600	\$ 1,600	10% postage
9	Printing/Publication			\$ 393	\$ 393	1/3rd copier fees
10	Supplies			\$ 533	\$ 533	1/3rd office supplies
11	Insurance				\$ -	
12	Repairs/Maintenance				\$ -	
13	Equipment				\$ -	
14	Contractual			\$ 1,466	\$ 1,466	1/3rd HVAC, Data System, Internet/Cable, Fire Extinguishers
15	Other:			\$ 1,067	\$ 1,067	1/3rd Meetings/Conferences, Dues, Program Development
16	Other:				\$ -	
<b>Total Costs</b>		<b>\$ 10,800</b>	<b>\$ -</b>	<b>\$ 62,886</b>	<b>\$ 73,686</b>	



**TOWN OF HEBRON  
BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 6, 2025**

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

**Proposed Motion:**

Move that the Hebron Board of Selectmen approve the grant application in the amount of \$72,000 with \$98,855 in-kind matching funds from the Hebron van budget, for the FFY 2025 North Central Area Agency on Aging, Inc. – Hebron Transportation Services Grant; and authorize Town Manager Andrew J. Tierney to apply for, accept and receive this grant and to sign any necessary documents.

**NCAAA Grant Application Fiscal Year 2026**  
**Application Due Date: March 14, 2025**  
**Cover Sheet**

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

(1a) Federal EIN (Tax ID):  (1b) DUNS Number:

(2) Title of Project:

(3) Name of Organization:

(4) Address:  City:  State:  Zip code:

(5) Authorized Official:  Title:

Phone:  Ext.  Email:

(6) Project Contact Person:  Title:

Phone:  Ext.  Email:

(7) Type of Agency:

(8) Year Agency established:

(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

(11) Total amount of funding requested for funding period (10/1/2025 – 9/30/2026)

(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:





**Appendices Check List**

Below is a list of the appendices and what each should contain.  
Please indicate (x) which items you are including. (See NCAAA Grant Application Instructions).

**Appendix A – Organization Information**

- A1 – Grant Application  Included
- A2 – Organization Chart  Included

**Appendix B – Organizational Certifications**

- B1\* – Certification of Non-Federal Match for Title III Project  Included
- B2\* – Standard Assurances, Compliances, and Conditions  Included
- B3\* – Accounting Systems Certification  Included
- B4\*\* – Facilities and Program Accessibility Survey  Included
- B5\*\* – Certificate of Fire Safety  Included
- B6 – Staffing and Supervision  Included
- B7 – Description of your Proposed Data Collection Process  Included

\*These documents must contain original signatures (not copies).  
\*\*These documents may be turned in after the due date of the grant application.

**Appendix C – Needed Organizational Documents**

- C1 – Agency Budget  Included
- C2 – Most Recent Audit and/or Financial Statement  Included
- C3 – List of Board of Directors  Included
- C4 – Bonding and Insurance Information  Included
- C5 – Copy of 501c3 Certification (if applicable)  Included
- C6 – Documentation of Federally Approved Indirect Cost Rate (if applicable)  Included
- C7 – IRS W-9 Form  Included
- C8 – Photo of Grievance Notice or Copy of Grievance Document  Included

**Appendix D – Budget Sheets (D1-D4)**

- D1 – FFY 2026 Project Budget – Summary Page  Included
- D2 – FFY 2026 Project Budget – Personnel Cost Explanation  Included
- D3 – FFY 2026 Project Budget – Explanation of all Other Costs  Included
- D4 – FFY 2026 Project Budget – Title III Resource Summary  Included

Forms for Appendix A1, B1-B7, D1-D4 can be found on the North Central Area Agency on Aging website at <http://www.ncaact.org/grants-funding>. Appendices A2 and C1 to C8 should be uploaded from existing Agency documents (see NCAAA Grant Application Instructions for information). Upload Appendices A1, A2 and B1 to B7 to their designated locations on the next page.

Please complete what applies to your organization and upload to the "2026 Grant Application - Part 2 – Appendices C-D" application at <http://www.ncaact.org/grants-funding>. Instructions for completing these forms can be found in the NCAAA Grant Application Instructions

**Appendix A1 – Grant Application**



**Appendix A2 – Organization Chart**



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



**Appendix B2 – Standard Assurances, Compliances, and Conditions**



**Appendix B3 – Accounting Systems Certification**



**Appendix B4 – Facilities and Program Accessibility Survey**



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**Appendix B5 – Certificate of Fire Safety**



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**Appendix B6 – Staffing and Supervision**



**Appendix B7- Description of your proposed data collection process**







## 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 transportation, utilizing three multi-passenger handicapped accessible buses and one hybrid car, within a 35 town radius addressing both older adults' mobility needs and consideration of their transportation desires. Our objective is to fully acknowledge that the goal of transportation alternatives to driving is not simply to move individuals from origin to destination, but to provide a flexible, desirable, transport system that is reliable, affordable, safe, efficient, convenient, comfortable, and enjoyable, fully accommodating older adults' travel characteristics and concerns and providing peace of mind to both older adults and their caregivers

(b) Services will be provided to Hebron residents age 60+

(c) Transportation needs of older individuals are not homogeneous. Their needs are varied and can be affected by a considerable number of influencing factors. Those in rural areas such as Hebron are particularly adversely affected by a lack of transportation options. Hebron is not serviced by public transportation such as CT Transit or ADA Paratransit. It is well accepted that mobility is closely linked to a person's independence, wellbeing, and quality of life. Not only is the Town's aging population growing, but people now have a longer life expectancy, translating into a growing population coping with the effects of age-associated disabilities that restrict mobility as they age in place. Many studies show that restriction or loss of the ability to drive, cause an increase in physical and mental health risks if appropriate transportation alternatives are not available. While the health impact of reduced access to needed medical services is obvious, social isolation due to lack of transportation can have equally negative effects on mental wellbeing. According to the CDC, in addition to depression and anxiety, social isolation can increase the risk of cognitive decline or dementia, heart disease, stroke, and premature death from all causes. Hebron's transportation service also provides support to caregivers. This reliable service can provide both respite and peace of mind to caregivers

(d) Through our transportation program, we will provide on-demand door-to-door rides that are crucial for older adults to maintain their autonomy and independence. Our service allows access to both essential and various discretionary transportation, participation in social activities, along with combating social isolation, ultimately contributing significantly to improved overall wellbeing and quality of life, and the ability to age in place. This directly parallels the mission of the NCAAA to provide aging resources to enhance the quality of life for older adults and their caregivers

(e) It is estimated that 50 clients will be served in the first 12 months of this project

(f) It is estimated that 1,800 units of service will be provided in the first 12 months of this project

(g) Hebron's transportation service will be evaluated on our ability to effectively and efficiently accommodate the transportation requests of residents and to minimize any denial of trips. When we cannot accommodate a particular requested ride due to scheduling, we assist in facilitating an alternative that we can accommodate. In addition, 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 B7 on the NCAAA website. 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 C8. 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	1,800	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 with the use of our three multi-passenger handicapped accessible buses and one hybrid car. All reservations and dispatch is conducted through Hebron's Senior Center

IIIId. 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 Town's elderly population is growing more rapidly than the population as a whole. The age group 65+ increased by 14.9%; and the 85+ population increased by 76.4%. The vast majority of older adults choose to age in place. Accessible, reliable, affordable, and flexible 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.

Older adult residents and their caregivers will be made aware of our services through networking with healthcare providers and local businesses, community hubs, attending community events, partnering with other town departments and faith-based and lay organizations. Additionally we will utilize social media, the senior center's monthly newsletter, and community publications to ensure cognizance of the full array of our transportation services

- 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 within the community.

Hebron continues to be a town with minimal ethnic diversity. 91% of the population is White with less than 1% Black; 4% Latino; 1% Asian; and 4% other race (American Indian, Alaskan Native, Native Hawaiian, Pacific Islander, 2 or more races). Since their inception, we have worked with Hebron's Coalition on Diversity & Equity (CoDE) and Housing Choices Advisory Committee and continue to do so. With the total population having 362 foreign-born residents with 56 speaking English less than "very well", we maintain a relationship with Interpreters and Translators, Inc. for as needed services. We also are part of the LGBTQ+ Movable Senior Center initiative

- III h. Using 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).





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

With the rapid growth of the elderly population, in particular those 85+, there has been a proportionate increase in the demand of services. And while the 85+ population continues to age, so do their family caregivers who often are older adults themselves with other obligations and their own potential health challenges. Our reliable transportation service has provided much needed peace of mind and decreased stress to both the ride recipient and their caregivers

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

All publicity regarding transportation states 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/donations not being made

#### **IV. Description of Staff Providing Services**

- IVa. Using 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 for further discussion of items in this section.)

**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		N/A		
Driver	Staff	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes		Yes		
Driver	Staff	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes		Yes		
Driver	Staff	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes		Yes		
Driver	Staff	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No		Yes		
Social Worker	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		N/A		
Receptionist	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	5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes		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 staffs this project and supervises the individuals providing the services to be delivered.

*For each individual who works on this project (from chart on page 9) see Appendix B6 to complete form which asks for: (1) job title, (2) primary job responsibilities, (3) the job title of their supervisor, and (4) the frequency of supervision.*

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

*If your program brings all clients into a central location to receive services, include a photo of your posted notice of the grievance process in a conspicuous location at your workplace, in Appendix C8 (as required by state regulations). If your program does NOT bring all clients into a central location, e.g. transportation program, in-home services, in Appendix C8, include a copy of the document detailing your grievance process which is distributed to all clients.*

**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.

Community-based support services such as transportation, are designed to help community-dwelling older adults remain in their homes and delay or prevent institutionalization, respecting their desire for independence, autonomy, and the ability to age in place. Research has indicated that the availability, accessibility and affordability of transportation play an essential role in the status of an individual's quality of life

- Vb. Describe your client satisfaction data collection process.

*If your proposal is a NEW service for your agency, complete Appendix B7 - New Service to describe your proposed client satisfaction data collection process. Your description should include: (a) several example questions that you would include in your collection instrument, (b) when data will be collected from clients, e.g. end of service provision, quarterly, semi-annually, etc. (c) from whom data will be collected, e.g. all clients, a sample of clients, (d) how data will be collected, e.g. online or in-person, interview, etc. and (e) how the information collected will be used to make improvements in the service.*

*If your organization has conducted this service before, complete Appendix B7 - Current Service, using your client satisfaction data from the most recent year available. Also include a copy of your client satisfaction tool/survey instrument.*

**VI. Sustainability**

*The intent of Title III funding is to provide "start-up" funding for new services that address unmet needs of seniors in the community. Title III funds were never intended to provide the sole, long-term funding of programs. Consequently, we wish to learn how your organization is working to secure other resources to maintain this program.*

- Via. How many years has your Agency received NCAAA financial support for this service? 22
- 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. No, None

<b>Formal Agreements (Memorandums of Understanding (MOU's) or Agreement (MOA's)</b>		
Name of agency	Location: city/town	Content areas
<b>Informal Agreements (unwritten "understandings")</b>		
Name of agency	City/Town	Content areas

**Restrictions on negotiations of formal and informal agreements.** If your agency is part of a larger unit, e.g. a single department in a town government, and you are not permitted to negotiate such exchanges without the approval of others (e.g. mayor, town council), please describe in the space provided below.

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."

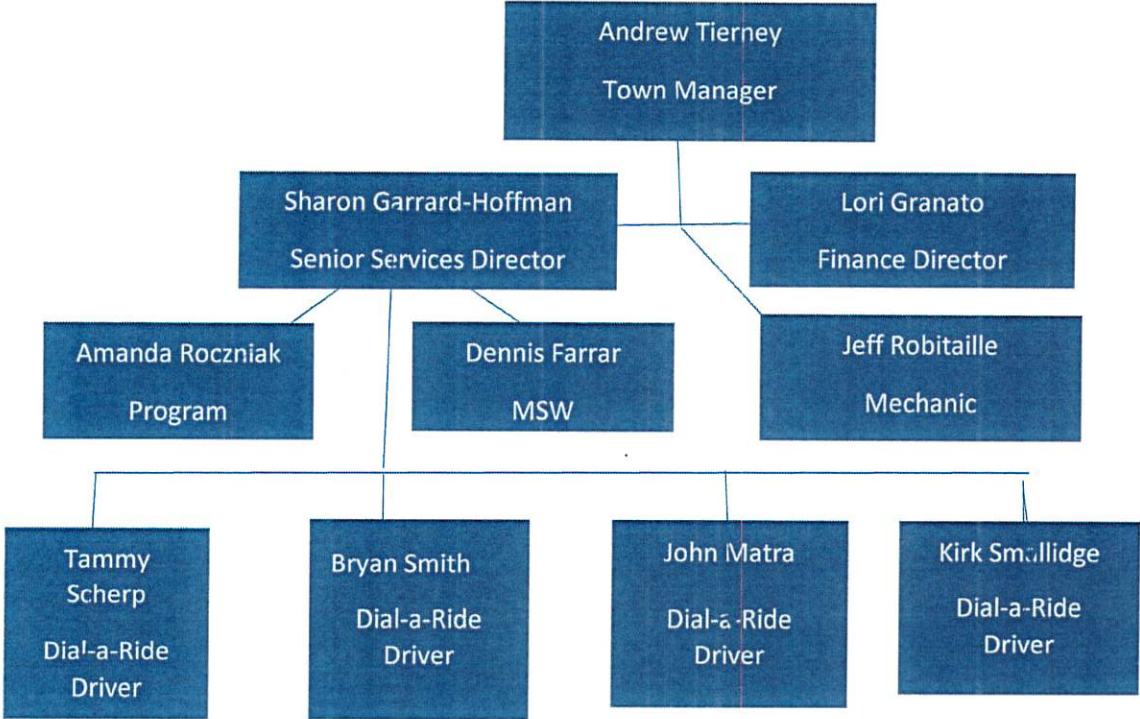
None

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

Municipal funding is provided for operation of our transportation services. Additionally, through DOT/CRCOG, we apply for and receive the maximum allowable amount annually from the State Matching Grant for Elderly and Demand Responsive Transportation (aka, Matching Grant Program). All three multi-passenger handicapped accessible buses have been procured through the Federal Transit Administration's Enhanced Mobility of Seniors and Individuals with Disabilities Section 5310 Grant.



# Hebron Expanded Transportation 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 October 1, 2025 and ending September 30, 2026.

<b>Cost Category</b>	<b>Cash Amount</b>	<b>In Kind Value</b>	<b>Source</b>
<b>Personnel</b>		<b>74,295</b>	<b>Town of Hebron</b>
Travel/Insurance/Audit		<b>8,083</b>	<b>Town of Hebron</b>
Utilities & Contractual		<b>4,599</b>	<b>Town of Hebron</b>
Phone/Associated Fees		<b>2,689</b>	<b>Town of Hebron</b>
Office Expense/Postage/Printing/Supplies		<b>2,593</b>	<b>Town of Hebron</b>
Repairs/Maint/Equipment (Gas)		<b>5,529</b>	<b>Town of Hebron</b>
Meetings/Conf/Dues/Prog Dev		<b>1,067</b>	<b>Town of Hebron</b>
<b>TOTAL</b>		<b>98,855</b>	

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: \_\_\_\_\_  
 Name: Andrew J Tierney  
 Title: Town Manager  
 Agency: Town of Hebron

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

## APPENDIX B2 – Standard Assurances, Compliances, and Conditions

### STANDARD ASSURANCES, COMPLIANCES, AND CONDITIONS

The **Town of Hebron** \_\_\_\_\_ (Applicant Agency) understands and agrees that the following assurances, compliances, and conditions are part of the application, and as such become binding subsequent to the award of any funds by the North Central Area Agency on Aging, Inc.

#### I. OLDER AMERICANS ACT

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

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

- a. Provide NCAAAA, in a timely manner, with statistical and other information which NCAAAA requires in order to meet its planning, coordination, evaluation and reporting requirements established;
- b. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- c. Protect the privacy of each older person with respect to his or her contributions;
- d. Establish appropriate procedures to safeguard and account for all contributions;
- e. May not deny any older person a service because the older person will not or cannot contribute to the cost of the service;
- f. With the consent of the older person or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger;
- g. Where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies;
- h. Assist participants in taking advantage of benefits under other programs;
- i. Assure that all services are coordinated with other appropriate services in the community and that these services do not constitute an unnecessary duplication of services provided by other sources;
- j. Assure that the proposed project intends to satisfy the service needs of older persons with disabilities and severe disabilities.

- k. Assure that persons age 60 or over who are low income, minority, frail, homebound by reason of illness or incapacitating disability, residing in rural areas or otherwise isolated, shall be given priority in the delivery of services; and
- l. Assure that the proposed project intends to place special emphasis on serving older persons with the greatest economic and social need.

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

The undersigned also AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no persons in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient of Award receives Federal financial assistance from the North Central Connecticut Area Agency on Aging, a recipient of Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient of Award by NCAAA, this assurance shall obligate the Recipient of Award or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Recipient of Award for the period during which the Federal financial assistance is extended to it by NCAAA.

## **III. REHABILITATION ACT OF 1973**

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

## **IV. CERTIFICATION REGARDING LOBBYING**

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

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

undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

#### **V. CERTIFICATION OF DRUG FREE WORKPLACE**

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

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations of such prohibition;
- b. Establish a Drug-Free Awareness Program to inform employees about all of the following:
  1. The dangers of drug abuse in the work place,
  2. The person's or organization's policy of maintaining a drug-free work place,
  3. Any available counseling, rehabilitation and employee assistance programs, and
  4. Penalties that may be imposed upon employees for drug abuse violations.
- c. Provide that every employee who works on the proposed project:
  1. Will receive a copy of the company's drug-free policy statement, and
  2. Will agree to abide by the terms of the company's statement as a condition of employment for the project.

#### **VI. NON-DISCRIMINATION REGARDING SEXUAL ORIENTATION**

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

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

#### **VII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION**

The undersigned Provider AGREES it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status,

national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown that such a disability prevents the performance of the work involved. The Provider also agrees to the following:

- a. In all solicitations or advertisements for employees to state "affirmative action-equal opportunity employer."
- b. A notice stating the above to be posted in conspicuous places available to employees and applicants.
- c. To comply with Connecticut General Statutes 46a-56, 46a-68e, and 46a-68f.

#### **VIII. AMERICANS WITH DISABILITIES ACT OF 1990**

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

#### **IX. UTILIZATION OF MINORITY BUSINESS ENTERPRISES**

The undersigned Provider AGREES to use best efforts consistent with 45 C.F.R. 74.160 et seq. (1992) and paragraph 9 of Appendix G; Connecticut General Statutes 13a-95a, 4a-60, 4a-62, 4b-95(b), and 32-9e.

#### **X. CONFIDENTIALITY AND DISCLOSURE OF INFORMATION**

Provider is required to safeguard the use, publication, and disclosure of information on all applicants for, and all applicants who receive, services under the contract in accordance with all applicable federal and state laws regarding confidentiality, including the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the associated regulations, 45 C.F.R. parts 160-164, as may be amended (the "Privacy Rule") and 45 C.F.R. Section 142.308(a)(2), as may be finalized and amended (the "Chain of Trust" requirement). The Privacy Rule requires written assurances that Provider will appropriately safeguard Protected Health Information ("PHI"). The Chain of Trust provision requires that a contract involving exchange of PHI protect the integrity and confidentiality of the PHI.

#### **XI. AUDIT REQUIREMENTS**

All recipients receiving a combined Agency wide total of federal and/or state funds of \$300,000 or more are required to have a State Single Audit performed by an outside auditor. A copy must be submitted to NCAAA by MARCH 15<sup>TH</sup> following the end of the program period.

Pursuant to the requirements of the Single Audit Act to which NCAAA must adhere, all audits of awards received from NCAAA must be performed in accordance with the Single Audit Act.

#### **XII. PROJECT PERFORMANCE**

The Provider:

- a. Agrees that the project will be carried out in accordance with Title III of the Older Americans Act of 1965, As Amended; the program regulations issued thereto; the policies and procedures established by NCAAA; and the terms and conditions of this application as approved by NCAAA in making an award of funds.
- b. Agrees to identify the source of funding for this project in all publicity materials published

about the project. The following sentence is suggested: "Program is funded in part by the Older Americans Act of 1965, As Amended, through the North Central Area Agency on Aging, Inc."

- c. Agrees that where subcontracts are proposed for the operation of one or more components of the proposal, and are approved as part of any award of funds under Title III, the applicant agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by NCAAA for the project. The applicant agency will be held accountable by NCAAA for all project expenditures, and will ensure that all expenditures incurred by the subcontracting agency(ies) will be in accordance with the cost policies and procedures established by NCAAA, in keeping with the guidelines of the U.S. Administration on Aging. Copies of the proposed subcontracts are submitted with the application.
- d. Agrees to cooperate with NCAAA in its efforts toward developing a comprehensive and coordinated system of services for older persons, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
- e. Agrees that all project records and documents shall be open for public inspection, excluding personnel files and the names of clients.
- f. Agrees to keep records and make reports in such form, and content, and within the time frame required by NCAAA. Specifically included, but not restricted to, are monthly financial reports and data for the National Aging Program Information System (NAPIS). No funds will be released unless the required reports are submitted by their respective deadlines.
- g. Agrees that no personal information obtained from an individual in conjunction with the project shall be disclosed in a form that identifies that individual without the written and informed consent of the individual concerned.
- h. Agrees to maintain such accounts and documents so that the status of funds with the award can be determined expeditiously at any time. This includes the disposition of all funds received from NCAAA, and the nature and amount of all charges claimed against such funds.
- i. Agrees to actively seek qualified older persons for paid positions on the project, and to make provisions for volunteer opportunities for older persons.
- j. Agrees to cooperate and assist in efforts undertaken by NCAAA, the Connecticut Department of Social Services (State Unit on Aging), the U.S. Administration on Aging, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility, and costs of the project.
- k. Agrees to provide for, or participate in, such training as may be necessary to enable paid and volunteer project personnel to perform more effectively on the project.
- l. Certifies that the applicant agency has no commitments or obligations that are inconsistent with compliance of these and any other pertinent Federal regulations and policies, and that any other agency, organization or party, which participates in this project, shall have no such commitments or obligations.

- m. Assures that a minimum match as designated by NCAAA on the total approved project cost will be provided.
- n. Certifies that all other potential sources of funding have been exhausted (Community Development funds, etc.) and duplicate use of various Federal funds does not take place.
- o. Agrees that assessment will generally occur quarterly, whether in the form of review of accounting systems, program output evaluations, or other pertinent items.
- p. Agrees that verification of the "Non-Federal Share/Match" of the award/contract by means of "in-kind vouchers" and other cash and in-kind documentation will be reviewed during assessments or periodic reviews. Verification of the total amount for the project year must be available for audit purposes within thirty days after the close of the project year.
- q. Agrees that line item budget adjustments over \$500.00 or 25% of line items, whichever is less, shall not be made without a written request to NCAAA and approval from NCAAA. Any written requests for budget line item changes must be submitted prior to JUNE 1<sup>ST</sup> of the program year.

**CERTIFICATION**

THESE ASSURANCES are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient of Award by NCAAA, including installment payments after such date on account of applications for Federal financial assistance were approved before such date. The Recipient of Award recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that NCAAA or the United States or both shall have the right to seek judicial enforcement of this assurance.

These assurances, compliances, and conditions are binding on the Recipient of Award, its successors, transferees, and assignees, and the person(s) whose signatures appear below are authorized to sign this assurance on behalf of the Recipient of Award. Non-compliance of any one or more of the above conditions serves as justification for suspension of financial support of the project by NCAAA.

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

Applicant Agency: Town of Hebron  
 Mailing Address: 15 Gilead Street  
Hebron, CT 06248  
 Authorized Official: Andrew J Tierney  
 Title: Town Manager  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX B3 – Accounting Systems Certification**

**ACCOUNTING SYSTEMS CERTIFICATION**

STATEMENT TO BE SUBMITTED BY APPROPRIATE PUBLIC FINANCIAL OFFICE WHEN THE APPLICANT IS A PUBLIC AGENCY OR WHEN THE ACCOUNTING SYSTEM OF A PRIVATE NON-PROFIT AGENCY WILL BE MAINTAINED BY A PUBLIC AGENCY.

North Central Area Agency on Aging, Inc.  
151 New Park Avenue, Box 75  
Hartford, CT 06106

Dear Funding Agency:

I am the chief financial officer of the Town of Hebron and, in this capacity, I will be responsible for providing financial services adequate to ensure the establishment and maintenance of an accounting system for the Town of Hebron (Name of Applicant) which is a public non-profit agency charged with carrying out a federally funded program in the Town of Hebron (Name of community). The accounting system and internal control procedures will be adequate to safeguard the assets of such agency(ies), check the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency(ies).

\_\_\_\_\_  
Signature of Financial Officer

Lori Granato

\_\_\_\_\_  
Name of Financial Officer

Finance Director

\_\_\_\_\_  
Title

Town of Hebron

\_\_\_\_\_  
Name of Public Agency

\_\_\_\_\_  
Date



**APPENDIX B4 – Facilities and Program Accessibility Survey**

**FACILITIES AND PROGRAM ACCESSIBILITY SURVEY**

Applicant Agency Town of Hebron  
Name of Facility Russell Mercier Senior Center  
Street Address 12 Stonecroft Drive  
City and Zip Code Hebron 06248  
Owner of Building Town of Hebron  
Management Firm Town of Hebron

- I. How many entrances for general use? 1  
II. How many floors for general use? 1  
III. Is there one or more elevators in the building?  yes  no  
IV. If yes, do elevators serve all essential areas (that should be accessible to the handicapped)?      yes      no

Note exceptions \_\_\_\_\_  
\_\_\_\_\_

V. Classify building by indicating appropriate number from list below: 1

- Governmental..... 1
- Office..... 2
- Industrial..... 3
- Merchandising and Service..... 4
- Restaurant..... 5
- Travel Facility..... 6
- Hotel, Motel, etc. .... 7
- Apartment..... 8
- Religious..... 9
- Health and Medical..... 10
- Educational..... 11
- Cultural, Recreational, Sports..... 12
- Other (specify)..... 13

VI. Complete the following survey for the proposed project. Indicate yes or no for each statement by placing an "X" in the appropriate column.

		<b>STRUCTURAL ACCESS</b>
YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All corridors or hallway walls are at least 33 inches wide (will accommodate one handicapped person at a time (load bearing walls)).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The width of all intersecting corridors are at least 48 inches wide (walls are load bearing).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All corridors or hallway entrances and exits (that are load bearing) will allow a pivotal turn space of 60 x 60 inches from these areas through the openings.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rooms in which activities handicapped persons can be expected to take part in are of sufficient lengths and widths to permit easy maneuverability by at least two wheelchair persons (walls of rooms are load bearing).
<b>ALL OTHER ACCESS</b>		
YES	NO	FACILITY LOCATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The facility is so located that the grade of approach to the building does not exceed a slope greater than one foot rise in 12 feet (not a steep hill).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The approaches to the building are barrier free.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sidewalks area a continuing common surface not interrupted by steps or abrupt level changes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks crossing other walks, driveways or parking lots blend to a common level.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks at the facility entrance level have a level platform area which is at least 5 feet by 5 feet if the doorway swings and the platform extends at least one foot beyond each side of the doorway.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The entrance platform is 3 feet by 5 feet wide if the entrance door swings into the building and the platform extends at least one foot beyond each side of the doorway.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate off-street parking spaces are available for the handicapped.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking spaces reserved for handicapped persons are near facility.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking space 12 feet wide allows for persons in wheelchair or crutches to get out from one side of vehicle onto level, smooth and hard surfaces.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diagonal or head-on parking provides for space of not less than 12 feet wide between at least two conventional spaces reserved for physically disabled persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking is such that disabled person is not compelled to wheel or walk behind parked cars.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	An adequate number of handicapped reserved spaces are available in accord with the frequency of use of facility by handicapped individuals.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walks connecting the parking lot are in conformity with "Walks" under Section E.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A passenger loading zone is available with necessary level, smooth and hard surface for alighting upon, and in conformity with "Walks" under Section E.

YES	NO	FACILITY
<input type="checkbox"/>	<input type="checkbox"/>	Adequate ramps with appropriate gradation are in place providing approaches to at least one facility entrance.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level or graded approaches to entrance exits.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps and/or graded approaches do not have a slope greater than one foot rise on 12 feet, or 8.33 percent, or 4 degrees 50 minutes.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have at least one handrail 32 inches high even with the ramp surface, smooth rail; that extends one foot beyond the top and bottom of the ramp approaches and conforms with the American Standards Safety Codes for Floor and Wall Openings, Railings & Toe Boards (A12-1932).
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have non-slip surfaces.
<input type="checkbox"/>	<input type="checkbox"/>	Ramps have level platforms that conform with Section E.
<input type="checkbox"/>	<input type="checkbox"/>	Each ramp has at least 6 feet of straight clearance at the bottom.
<input type="checkbox"/>	<input type="checkbox"/>	Lengthy ramps have level platforms at at least 30-foot intervals for safety and rest purposes and have level platforms whenever the ramps turn.
<input type="checkbox"/>	<input type="checkbox"/>	Entrance steps exist that are 7 inches or less in height.
<input type="checkbox"/>	<input type="checkbox"/>	Steps are the same height and less than 6 in number in each flight.
<input type="checkbox"/>	<input type="checkbox"/>	At least one sturdy handrail exists with each flight of steps to entrance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One primary entrance to the facility is usable by individuals in wheelchairs and on walkers and crutches.
<input type="checkbox"/>	<input type="checkbox"/>	The usable entrance is on a level making elevators or inside ramps accessible to physically handicapped persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doorways to the facility and to emergency exits are at least 32 inches wide (with door open).

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The doorsill is one inch or less in height.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The depth of space on the other side of the doorway is 36 inches or more in depth.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The floor on either side of the doorway extends at least 12 inches beyond side of the door.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The door handle is such a device to easily allow a wheelchair person to open and the door's weight is such to allow easy movement by the person through the door unassisted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is at least one entrance door and space beyond meeting the requirements of the above.
<input type="checkbox"/>	<input type="checkbox"/>	Elevator doors open to 32 inches or more and the depth of the elevator is at least 56 inches.
<input type="checkbox"/>	<input type="checkbox"/>	All elevator buttons, switches are reachable by wheelchair persons and raised lettering makes identification of floor and safety switches and buttons easily readable by blind persons.

#### ESSENTIAL AREAS SURVEY

(describe the functions of each of the areas included in the survey)

- Area 1 Multi-Purpose Room-Meals; Fitness, Educational & Recreational Activities
- Area 2 Health Room-Health Screenings & Care; Small Group Gatherings
- Area 3 Library-Workshops; Discussion & Support Groups; Crafts
- Area 4 Game/Exercise Rooms-Recreational Activities/Fitness Equipment

AREA	YES	NO	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All essential areas, doorways are at least 32 inches wide (with door open) and the floor is level (no doorsill).
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are no steps or other unramped levels in the essential area.
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “

	YES	NO	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“ “ “
1	<input type="checkbox"/>	<input type="checkbox"/>	The ramps incline in essential area to meet Section F.
2	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
3	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
4	<input type="checkbox"/>	<input type="checkbox"/>	“ “ “
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Male and female toilet entrances (outside) have clear doorway openings (no sill of at least 32 inches (with door open).
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The outside toilet doors meet Section F.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are <u>not</u> two doors in series at the entrance.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The floor inside is level, without interruptions.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The free space in the room is at least 60 x 60 inches to permit a wheelchair to turn.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At least one toilet stall door in each bathroom swings out and the width is at least 32 inches wide (with door open).
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The female and male stalls are at least 36 inches wide and 56 inches deep.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The stalls have handrails on each side 33 inches high and parallel to the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The stall seat is not more than 20 inches from the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both sexes' toilets have wash basins set at appropriate heights for wheelchair persons clear beneath of piping obstructions so chair persons can come close to the basin.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All tower, mirror, trash receptacles and other dispensers mounted no higher than 40 inches from the floor.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water fountains and coolers have up-front spouts and controls for hand or foot operation; not more than 36 inches on walls and 30 inches on coolers and are not within an alcove.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	An appropriate number of public telephones are available for physically disabled persons and at least a reasonable number are equipped for hearing impaired persons and all are so identified.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All control switches for lights, heat, ventilation, window draperies, fire alarms, and such or frequent or essential use are placed within reach of wheelchair persons.

YES	NO	IDENTIFICATION AND WARNING SIGNALS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Raised letters or numbers and other Braille devices for directions are used within the facility.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	These are placed at the right or left side of the entrance of each essential area identifying number of room at a height between 4 feet 6 inches and 5 feet 6 inches (average 5 feet) from floor.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doors not intended for normal use and that might prove dangerous to a blind person are identified for touch by knurling the door handle or knob (by use of an acceptable plastic, abrasive coating).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Braille directions in hallways are located so that entrances and emergency exits are easily determined by blind persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Audible warning signals (such as smoke alarms) are accompanied by simultaneous visual signals for the benefit of those with hearing impairments and those who are blind.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Every effort has been exercised to obviate hazards to physically disabled persons (such as manholes, floor openings and low handling door closures or doors that protrude into hallways) using appropriately placed barricades and hazard lights or audible warnings.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low hanging signs, ceiling lights and similar objects and those that protrude into regular traffic ways have been removed or relocated to at least 7 foot height from the floor.

YES	NO	PROGRAMS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All services for the elderly are equally provided to handicapped persons or at least one of each type of service is available for handicapped individuals in a location and facility that meets accessibility requirements (within a nutrition project or an area agency region). If answer is yes, do not answer the following.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Materials published for general circulation (newsletter, etc.) are reasonably available either in Braille or tape for older blind persons who wish to and should receive such.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special efforts are made to ensure disabled older person have the opportunity and are served meals in a manner not debilitating to their handicap and are not excluded from attending congregate functions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation is accessible for physically disabled persons (at least one vehicle providing rides to services regularly available to physically able persons).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All staff have been made aware of the requirements to serve handicapped older persons.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate efforts are made to take special services or assistance to handicapped older persons where provisions of such would be in inaccessible facilities. (Such as ENP and AAA central offices).

**Andrew J Tierney**

Printed Name of Reviewer

**Town Manager**

Title of Person

Signature of Reviewer

Date

**APPENDIX B5 – Certificate of Fire Safety**

**CERTIFICATE OF FIRE SAFETY**

I certify that I have visited the Town of Hebron/Russell Mercier Senior Center at  
(Name of Agency)  
12 Stonecroft Drive in Hebron  
(Address) (City)

and have found that the premises meet fire safety requirements and have sufficient exits.

Signed,

\_\_\_\_\_  
(Fire Marshall)

\_\_\_\_\_  
(Date)



Appendix B6 – Agency Supervision and Maintenance of Quality Control

\*[Key Job responsibilities and supervision processes for staff who work 10 + hours per week on project]

Person #1 Job Title Dial-A-Ride Driver

Key Job Responsibilities

1. Transport Seniors to and from specified destinations
2. Provide Scheduling and Dispatch Services
3. Produce Reporting Statistics

Job Title of supervisor Sharon Garrard-Hoffman

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

Person #2 Job Title Dial-A-Ride Driver

Key Job Responsibilities

1. Transport Seniors to and from specified destinations
2.
3.

Job Title of supervisor Sharon Garrard-Hoffman

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

Person #3 Job Title Dial-A-Ride Driver

Key Job Responsibilities

1. Transport Seniors to and from specified destination
2.
3.

Job Title of supervisor Sharon Garrard-Hoffman

Frequency of supervision (review of work outputs such as services provided, documents created or filled out, etc.)

Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

Person #4      Job Title Dial-A-Ride Driver

Key Job Responsibilities

1. Transport Seniors to and from specified destinations
2.
3.

Job Title of supervisor Sharon Garrard-Hoffman

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

- Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

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Person #5      Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

- Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

---

---

Person #6      Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

- Daily    Weekly    Bi-weekly    Monthly    Other (Explain/clarify below)

---

---

[Upload additional sheets as needed.]

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

- Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

- Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

Person # \_\_\_\_\_ Job Title \_\_\_\_\_

Key Job Responsibilities

1.
2.
3.

Job Title of supervisor \_\_\_\_\_

Frequency of supervision (review of work outputs, such as services provided, documents created or filled out, etc.)

- Daily  Weekly  Bi-weekly  Monthly  Other (Explain/clarify below)

---

---

## Survey of Dial-A-Ride Services

According to your travel experience with our Dial-A-Ride service, please rate your satisfaction with each of the below aspects, where 1 represents very dissatisfied, 3 represents neutral, and 5 represents very satisfied

1. How satisfied are you with the timeliness and reliability of Dial-A-Ride Services in transporting you to and from your destination?

1                      2                      3                      4                      5  
                                                                                       

2. How satisfied are you with the comfort of the Dial-A-Ride vehicles?

1                      2                      3                      4                      5  
                                                                                       

3. How satisfied are you with the process of boarding and alighting the Dial-A-Ride vehicles?

1                      2                      3                      4                      5  
                                                                                       

4. How satisfied are you with the Dial-A-Ride reservation process?

1                      2                      3                      4                      5  
                                                                                       

5. How satisfied are you with the performance of the Dial-A-Ride personnel?

1                      2                      3                      4                      5  
                                                                                       

6. How likely are you to use our Dial-A-Ride services again and/or recommend them to others?

1                      2                      3                      4                      5  
                                                                                       

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance in helping us to evaluate our Dial-A-Ride Services

**Appendix B7 - Current Service - Describe your proposed client satisfaction data collection process:**

Year of data being presented 2024  
 Total number of clients seen that year 60 The number of clients you collected satisfaction data from in that year 40

Insert the two items with the **highest** scores (greatest satisfaction) on lines (1) and (2) below. Include the item numbers from the instrument, brief description of what the item measures, and the average score on the item.

(1)	<b>1</b>	<b>Punctuality</b>	<b>5</b>
	Item #	What the item measures? (item description)	Ave. Score
(2)	<b>5</b>	<b>Satisfaction with Personnel</b>	<b>5</b>
	Item #	What the item measures? (item description)	Ave. Score

Insert the two items with the **lowest** scores (least satisfaction) on lines (3) and (4) below. Include the item numbers from the instrument, brief description of what the item measures, and the average score on the item.

(3)	<b>2</b>	<b>Comfort of Vehicle</b>	<b>3</b>
	Item #	What the item measures? (item description)	Ave. Score
(4)		<b>Form Requirements</b>	<b>3</b>
	Item #	What the item measures? (item description)	Ave. Score

Briefly comment on what corrective actions were taken (if any) regarding the lowest scoring items?

Unfortunately the buses have a suspension that does result in riders feeling some of the bumps in the road with cannot be avoided

Not all riders are extremely receptive to completing a Form 5 despite explanations that are provided and assistance in completion offered. With Form 5s being required, we cannot avoid their necessity

## Appendix C – Needed Organizational Documents

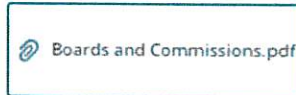
### **C1 – Agency Budget**



### **C2 – Most Recent Audit and/or Financial Statement**



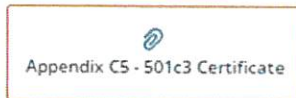
### **C3 – List of Board of Directors**



### **C4 – Bonding and Insurance Information**



### **C5 – Copy of 501c3 Certification (if applicable)**



### **C6 – Documentation of Federally Approved Indirect Cost Rate (if applicable)**



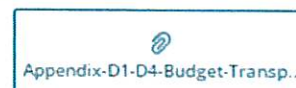
### **C7 – IRS W-9 Form**



### **C8 – Photo of Grievance Notice or Copy of Grievance Document**



### **Appendix D – Budget Sheets (D1-D4 required)**



**ELDERLY/DISABLED TRANSPORTATION - 3013  
2025-2026 PROPOSED BUDGET**

<u>ACCOUNT NUMBER</u>	<u>DESCRIPTION</u>	<u>SUBTOTAL</u> (if applicable)	<u>TOTAL</u>
Part-Time Payroll 3013-100-1002	<p>4 Dial-a-Ride Drivers with 3% Increase - Note: All Position Part-Time</p> <p>One driver @ \$19.10/hr x 24hrs/wk x 52wks = \$23,836.80</p> <p>One driver @ \$18.54/hr x 24hrs/wk x 52wks = \$23,137.92</p> <p>One driver @ \$18.54/hr x 24hrs/wk x 52wks = \$23,137.92</p> <p>One driver @ \$18.54/hr x 24hrs/wk x 52wks = \$23,137.92</p> <p>Line Item Increased by \$15,571 due to pay rate adjustment and adjustment in part-time hours to reflect increased demand for services</p>		\$93,251
Vehicle Maintenance 3013-210-2059	<p>Annual Maintenance, Hadicapped Lift Inspections and Public Service Inspection for 2 old buses plus 1 new bus</p> <p>Line Item Increased by \$500 to reflect addition of 1 new bus</p>		\$3,000
Gasoline 3013-210-2062	<p>2,000 gallons (based on 1/24 through 12/24 usage) x 2025-2026 lock in rate of \$2.628/gallon</p> <p>Line Item Decreased by \$541 to reflect decreased lock in rate of \$0.162/gallon</p>		\$5,256
Diesel 3013-210-2063	<p>All 4 Dial-a-Ride vehicles run on gasoline</p>		\$0
Telephone 3013-212-2070	<p>4 cellphones (\$181.02/month) for urgent/emergency communications (1 per vehicle)</p> <p>Line Item Increased by \$972 to reflect pricing with 3 replacement phone for old unsupported phones plus 1 new phone for additional new vehicle</p>		\$2,172
Vehicle Insurance 3013-410-4006	<p>Estimated annual premiums from CIRMA Underwriting for 4 vehicles</p> <p>Line Item Increased by \$390 per quote from CIRMA</p>		\$2,250

Misc. Fees  
3013-228-2214

Parking fees, DMV licensing fees, Annual Physical Exams, fire extinguisher  
inspection (\$38 per quote from Shipman's)

\$450

Line Item Remains Unchanged

**TOTAL**

Increase of \$16,892

**\$106,379**



**SENIOR CENTER - 3020  
2025 -2026 PROPOSED BUDGET**

<u>ACCOUNT NUMBER</u>	<u>DESCRIPTION</u>	<u>SUBTOTAL</u> (if applicable)	<u>TOTAL</u>
Part-Time Payroll 3020-100-1002	3 Fitness Instructors One instructor @ \$25hr x 3hrs/wk x 52 wks = \$3,900 One instructor @ \$35/hr x 2hrs/wk x 52 wks = \$3,640 One instructor @ \$35/hr x 2hrs/wk x 52 wks = \$3,640 Reception/Clerical Support @ \$18.42/hr x 20hrs/wk x 52wks = \$19,156.80 Line Item Increased by \$437 to reflect 3% increase for Receptionist/Clerical Support		\$30,337
Office Supplies 3020-200-2001	Line Item Remains Unchanged		\$1,600
Program Development 3020-200-2006	Line Item Remains Unchanged		\$2,500
Meetings/Conferences 3020-20102010	Line Item Remains Unchanged		\$250
Dues 3020-201-2011	CT Association of Senior Center Personnel \$100; National Council on Aging/National Institute of Senior Centers \$145; CT Local Administrators of Social Services \$200 Line Item Remains Unchanged		\$450
Contractual Services 3020-202-2034	HVAC Preventive Maintenance Contract \$596 per Donna - Remains Unchanged Comcast Internet \$2,044.80 (\$170.40/month) - Increase of \$55.08 to reflect price increase Metered Water \$658.88 (\$49.49/month + \$65 annual testing fee) - Increase of \$44.04 to reflect price increase Data Management System Maintenance \$1,607.25 - Remains Unchanged Water Cooler Rental \$408 (\$34/month) - Remains Unchanged Line Item Increased by \$99 to reflect increased pricing for Comcast and Metered Water		\$5,315

Minor Equipment Maint. 3020-210-2061	Sharp Copiers (no longer have maintenance, leasing, taxes or service contract fees due to age of equipment) Fees are for ink cartridges only (no service calls or parts) - \$1,179.03 Note: See Below Quote for replacement machine Annual inspection and service 5 fire extinguishers - \$89 per quote from Shipman's Line Item Increase \$393	\$1,268
Mileage 3020-205-2046	Line Item Remains Unchanged	\$1,750
Office Furnishings & Equip 3020-211-2065	Line Item Remains Unchanged	\$200
Telephone 3020-212-2070	2 Frontier fire alarm lines \$1,187.88 (\$98.99 per month) Increase of \$263.88 to reflect price increase Genie Innovations phone lines \$1,710.72 (\$142.56 per month) Line Item Increased by \$264 to reflect Frontier price increase	\$2,899
Electricity 3020-212-2071	Based on history of actual usage from past 12 months Line Item Increased by \$1,492	\$5,218
Natural Gas 3020-212-2073	Based on history of actual usage from past 12 months Line Item Decreased by \$530	\$3,174
Fire/Security Alarm 3020-228-2187	Fees incorporated in Telephone line item	\$0
<b>TOTAL</b>	Increase of \$2,155	<b>\$54,961</b>

Replacement refrigerator, double wall ovens, and range - \$4,446

Replacement Copier Lease (60 months) @ \$132.23/month + maintenance contract @ \$43.99/month

Electrical work needed for portable emergency generator hook up - \$15,550

**TOWN OF HEBRON, CONNECTICUT**  
**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTARY INFORMATION**  
**YEAR ENDED JUNE 30, 2023**



CPAs | CONSULTANTS | WEALTH ADVISORS

[CLAconnect.com](http://CLAconnect.com)

Town of Hebron  
15 Gilead St  
Hebron CT 06248  
Board and Commission Members

Updated as of December 6, 2024

**BOARD OF SELECTMEN (5) ELECTED - FOUR YEAR TERM**

- (R) Peter D. Kasper, Chairman, 54 West Branch Drive, H., 11/21/2023-11/16/2027, 860-918-5701
- (R) Daniel E. Larson, Vice Chairman, 147 Hope Valley Road, A., 11/16/2021-11/18/2025, 860-604-1982
- (D) Tiffany V. Thiele, 626 Gilead Street, H., 11/16/2021-11/18/2025, 401-301-8154
- (D) Claudia T. Riley, 18 Jones Street, A, 11/21/2023-11/16/2027, 860-462-3014
- (R) Keith C. Petit, 92 Old Colchester Road, A., 11/21/2023-11/16/2027, 860-975-8060

**TOWN MANAGER APPOINTED**

Andrew Tierney 860-228-5971 x 122

**BOARD OF FINANCE (5) ELECTED - FOUR YEAR TERM**

- (R) Diane L. Del Rosso, Chairman, 9 Judd Brook Lane, A., 11/16/2021-11/18/2025, 860-965-1343
- (R) Michael T. McCormack, Vice Chair, 24 Hebron Landing, H., 11/16/2021-11/18/2025, 860-228-1955
- (D) Malcolm Leichter, Jr., 62 Wellswood Road, A., 11/16/2021-11/18/2025, 860-228-0601
- (R) James F. DeDonato, 14 Hills Lane, H., 11/21/2023-11/16/2027, 860-729-3777
- (D) Brian R. Thibeault, 27 Saw Mill Way, A., 11/21/2023-11/16/2027, 860-817-1319

**BOARD OF EDUCATION (7) ELECTED - FOUR YEAR TERM**

- (D) Heather R. Petit, Chairman, 92 Old Colchester Road, A., 11/16/2021-11/18/2025, 860-530-1189
- (R) Joe Margaitis, Vice Chair, 50 Bissell Ridge Rd, H., 11/21/2023-11/16/2027, 860-530-1111
- (R) Sera Coppolino, 44 Hillcrest Drive, A., 11/21/2023-11/16/2027, 304-598-9217
- (D) Nicole A. Matthews, 60 Old Daniels Lane, A., 11/16/2021-11/18/2025, 860-634-6631
- (R) Kimberly R. Hills, 312 Old Slocum Road, H., 11/21/2023-11/16/2027,
- (D) Eleisha LeMay, 20 Brighton Road, H., 11/21/2023-11/16/2027,
- (R) Allyson Schmeizl, 157 Cannon Drive, A., until 12/2025, 860-921-8390

**REGIONAL SCHOOL DISTRICT #8 BOARD OF EDUCATION (5) ELECTED - FOUR YEAR TERM**

- (D) Heather J. Summerer, Chairman, 46 Coates Farm Road, A, 11/21/2023-11/16/2027
- (R) Joseph A. Colletti, Vice Chairman, 49 Oak Drive, H, 11/16/2021-11/18/2025, 860-228-8893
- (R) Michael Charron, Secretary, 100 Jennifer Drive, H, 11/16/2021-11/18/2025, 860-334-1555
- (R) Gabriel J. Marques, 300 West Street, H, 11/16/2021-11/18/2025, 860-228-6600
- (R) Michael Beaulieu, 46 Cannon Drive, A., 11/21/2023-11/16/2027,

**PLANNING & ZONING COMMISSION (5) ELECTED - FOUR YEAR TERM**

- (D) Frank Zitkus, Chairman, 91 West St, H., 11/21/2023-11/16/2027, 860-228-9206, 860-870-3692 (w)
- (D) David V. Sousa, Vice Chair, 278 West Street, H, 11/16/2021-11/18/2025, 860-508-3298
- (D) Janet Fodaski, Secretary, 496 Old Colchester Road, A., 11/21/2023-11/16/2027, 860-490-9539
- (R) Devon S. Garner, 14 Attawanhood Trail, A., 11/16/2021-11/18/2025, 860-336-6330
- (R) Christopher Cyr, 49 Scarboro Road, H., until 11/18/2025, 860-841-8501

**PLANNING & ZONING ALTERNATES (2) ELECTED - FOUR YEAR TERM**

- (R) Bradley Franzese, 110 Joel Drive, H., 11/21/2023-11/16/2027, 860-228-5276

**ZONING BOARD OF APPEALS (5) ELECTED - FOUR YEAR TERM**

- (R) Martin J. Halloran, Chairman, 233 Old Colchester Rd, 11/16/2021-11/18/2025, 203-233-0919
- (R) Jim Petrozza, 62 Hope Valley Road, A, 11/16/2021-11/18/2025, 860-670-3918
- (D) Courtney Hays, 557 Hope Valley Road, A, until December 2025, 860-333-3724
- (D) Amy E. DeCesare, 650 Gilead Street, H., 11/21/2023-11/16/2027, 401-323-1114
- (D) Bryan D. Smith, 42 Smith Farm Rd, A., 11/21/2023-11/16/2027, 860-228-8889

**ZBA ALTERNATES (3) ELECTED - FOUR YEAR TERM**

- (R) June Danaher, 11 Reidy Hill Road, A, until 12/2025, 860-228-3100
- (R) Steve Weir, 888 Gilead Street, H., 11/21/2023-11/16/2027, 860-918-0721
- (D) William Alexander, 29 Forest View Lane, H., 11/21/2023-11/16/2027, 203-705-9419

**BOARD OF ASSESSMENT APPEALS (3) ELECTED - FOUR YEAR TERM**

- (D) David Rose, Chairman, 274 Wall Street, H., 11/21/2023-11/16/2027, 860-368-9959
- (R) Phil LoBianco, 440 Martin Road, H., 11/16/2021-11/18/2025, 860-918-3626
- (R) Thomas Tremont, 9 Chestnut Hill Road, H. thru 11/2025, 860-368-1949

**CONSERVATION COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (R) Thomas Loto, Chairman 85 Highland Dr. A., 12/2024-12/2028, 860-228-4453, 860-830-1418
- (D) Christopher Frey, V. Chairman, 60 Jones St., A, 11/18/21-12/2025, 860-228-1908
- (U) Daniel Seremet, 12 Cedar Rldge Dr, H, 12/2024-12/2028, 860-690-7467
- (U) Joanna Chester, 350 West Street, H, 12/2022 to 12/2026, 860-228-0740
- (R) Jasmin Okugic, 44 Highland Drive, H, 12/2023 to 12/2027, 857-207-1463

**CONSERVATION COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**WPCA (5) APPOINTED - FOUR YEAR TERM**

- (R) Chris Hemberger, Chairman, 64 North Pond Road, A., 12/2022-12/2026, 860-228-2349
- (U) Benjamin Gilmore, Vice Chairman, 25 Wall Street, H., 12/2022-12/2026, 860-428-8463
- (D) James R. Riley, 18 Bass Lake Road, A., 12/2024-12/2028, 860-530-1297
- (D) Kevin Grady, 199 Deepwood Drive, A., 12/2023-12/2027, 860-209-1313

**Municipal Agent for the Elderly - Appointed**

- Sharon Garrard-Hoffman, 53 Rldgeway Street, Newington, 860-667-1985, until 12/31/2027

**COMMISSION ON AGING (7) APPOINTED - FOUR YEAR TERM**

- (R) Catherine Litwin, 35 Buttonwood Rd, H, 12/2023-12/2027, 860-228-3940
- (D) Sandra Waldo, 33 Mill Landing Road, H., 12/2023-12/2027, 603-313-7618
- (R) Angela Corentin, 403 Jones Street, A, until 12/2025, 860-402-8316
- (D) Jo Souza, 47 Buttonwood Rd, H, until 12/2026, 860-918-1260
- (D) Rebecca Tamsin, 94 Stone House Rd, A., until 12/2026, 860-212-6771
- (D) Margaret Gibbs, 14 Stonecroft Dr #A1, H., until 12/2025, 860-384-4327

**COMMISSION ON AGING ALTERNATES (2)**

**HOUSING AUTHORITY (5) APPOINTED - FOUR YEAR TERM**

- (D) Florence O'Sullivan, Chairman 38 Barber's Way, H., 12/2024-12/2028, 860-228-3485
- (R) Anne-Lee Boynton, 230 Church Street, H., 12/2022-12/2026, 860-228-9755
- (D) Deborah Hart, 14 Stonecroft Drive, C-1, H, 12/2024-12/2028, 860-748-6565
- (D) John D'Atri, 116 Slocum Road, H, until 12/2025, 860-874-3496



**ECONOMIC DEVELOPMENT COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (D) Michelle Nicholson, Chairman, 20 Richardson Drive, H., until 12/2025, 603-986-8335
- (R) Scot Kauffman, Vice Chairman, 55 Griswold Lane, A., 12/2024-12/2028, 860-803-1765
- (D) Peter Casarella, Secretary, 810 East Street, H., 12/2022-12/2026, 860-643-9288
- (R) Jon Lesisko, 461 West Street, H., 12/2023-12/2027, 860-228-9676
- (D) Crandall R. Yopp, 136 Hope Valley Rd, A., until 12/2026, 860-558-8350

**ECONOMIC DEVELOPMENT COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**HISTORIC PROPERTIES COMMISSION (5) APPOINTED - FOUR YEAR TERM**

- (R) Mary Ann Foote, Chairman 1126 Gilead Street, H., 12/2021-12/2025, 860-944-3862
- (D) Susan Morin, 730 Church Street, A., 12/2021-12/2025, 860-228-1354
- (U) Jon Minard, 283 Hope Valley Road, A., 12/2021-12/2025, 860-228-9069
- (R) Patricia Larson, 147 Hope Valley Road, A., 12/2023-12/2027, 860-228-9170
- (R) June Danaher, 11 Reidy Hill Road, A., 12/2024-12/2028,

**HISTORIC PROPERTIES COMM. ALTERNATES (3) APPOINTED - FOUR YEAR TERM**

**PARKS & RECREATION COMMISSION (7) APPOINTED - FOUR YEAR TERM**

- (R) Ken Jardin, Chairman, 9 Gilead Landing, H., 12/2024-12/2028, 860-652-5651
- (R) Kate Wilcox, 383 Martin Road, H., 12/2023-12/2027, 860-428-1165
- (D) Eric May, 66 Slocum Road, H., until 12/2025, 860-695-1807
- (D) Ryan Price, 8 Charles Lane, H, 12/2023-12/2027, 860-713-8971
- (D) Maria Morelli-Wolfe, 14 Gilbert Lane, H. until 12/2026, 860-559-7571
- (D) Adam Thiele, 626 Gilead Street, H. until 12/2026,
- (U) Travis Carter, 46 Burrows Hill Rd, A., 12/2023-12/2027,

**PARKS & RECREATION COMMISSION ALTERNATES (2) APPOINTED - FOUR YEAR TERM**

**OPEN SPACE LAND ACQUISITION COMMITTEE (8) APPOINTED - NO TERM**

- (D) Brian O'Connell, Chairman, (Citizen at Large) 438 Old Colchester Rd, A, 860-228-2036, 860-305-5316
- (D) John Mullaney, Vice Chairman, (Citizen at Large), 243 Hope Valley Road, A., 860-228-1771
- (D) Frank Zitkus, Secretary, (P&Z), 91 West Street, H., 860-228-9206, 860-870-3692 work
- (R) James Cordier, (Citizen at Large), 48 Charles Lane, H., 860-228-4718
- (D) Christopher Frey, (Conservation), 60 Jones Street, A., 860-228-1908
- (R) Keith C. Petit, (BOS) 92 Old Colchester Road, A., 860-975-8060
- (R) James F. DeDonato, (BOF) 14 Hills Lane, H., 860-817-1319
- (R) Kate Wilcox, (P&R), 383 Martin Road, H, 860-428-1165

**CHARTER REVISION COMMISSION (7) APPOINTED - LENGTH OF PROJECT**

- (D) Heather Petit, Chairman, 92 Old Colchester Road, A.
- (R) Donna Lanza, Vice Chairman, One Murphy Road, H.
- (R) Jessica Stewart, 6 Smith Farm Road, A.
- (D) Adam Ockman, 500 Hope Valley Road, A.
- (U) Allegra Weir, 888 Gilead Street, H.
- (D) Machel Gauthier, 79 Slocum Road, H.

**PUBLIC BUILDING COMMITTEE - (5) APPOINTED - (2) ALTERNATE - FOUR YEAR TERM**

- (U) Wayne Warwick, Chairman 72 Northam Road, A., 12/2023-12/2027, 860-228-0364
- (D) Richard Steiner, 330 West Street, H., until December 2026, 860-228-1489 and 860-841-2216
- (D) Malcolm Leichter, Jr., 62 Wellswood Road, A., until December 2025, 860-228-0601

**PUBLIC BUILDING COMMITTEE ALTERNATES (2)**

**HES AND GILEAD HILL SCHOOL ROOF BUILDING COMMITTEE**

- (D) Eleisha LeMay, 20 Brighton Road, H.,
- (R) Joseph Margaitis, 50 Bissell Ridge Rd, H., 860-530-1111
- Plus all Members of the Public Building Committee above

**HVAC PROJECT HES AND GHS BUILDING COMMITTEE**

- (D) Eleisha LeMay, 20 Brighton Road, H.,
- (R) Joseph Margaitis, 50 Bissell Ridge Rd, H., 860-530-1111
- Plus all Members of the Public Building Committee above

**DPW ACTION COMMITTEE**

- (R) Peter D. Kasper, 54 West Branch Drive, H., 860-918-5701
- (U) Todd Habicht, 98 East Street, H.,
- (R) Jody Leary, 94 Charles Lane, H.,
- Plus all Member of the Public Building Committee above

**GREEN COMMITTEE - (7) APPOINTED - (2) Alternates - FOUR YEAR ALTERNATING TERMS**

- (U) Kaitlin Hershey, Chairman 85 Millstream Road, A., 12/2023-12/2027, 860-652-5210
- (D) Michael Harder, 61 Prentice Hill Road, H., 12/2023-12/2027, 860-228-9614
- (D) Lindsay Ockman, 500 Hope Valley Road, A., 11/18/21-11/2025, 201-341-0877
- (U) Brian Barlow, 422 Church St, A., 12/2023-12/2027,

**GREEN COMMITTEE ALTERNATES - (2)**

- (U) Joshua Esposito, 57 Fox Ridge Lane, H., 11/18/2021-12/2025, 203-417-2466

**LIBRARY BOARD OF TRUSTEES - (9) APPOINTED - FOUR YEAR OVERLAPPING TERM**

- (U) Patricia Ayars, Co-Chairman, 51 Elizabeth Dr, H, 12/2024-12/2028, 860-652-7070
- (R) Gail Richmond, Co-Chairman, 276 Hope Valley Road, Amston, 12/2022-12/2026, 860-228-3404
- (U) Emily Cyr, Secretary, 49 Scarboro Rd, H, 12/2024-12/2028, 860-805-0451
- (D) Peter Casarella, Vice-Chariman, 810 East Street, Hebron, 12/2022-12/2026, 860-643-9288
- (U) Susan Porter, 10 Martin Road, Hebron, 12/2022-12/2026, 860-228-1113
- (R) Mary Ann Foote, 1126 Gilead Street, Hebron, 12/2022-12/2026, 860-228-3471
- (D) Dale Bland, 124 Slocum Road, Hebron, 12/2024-12/2028, 860-228-3514
- (D) Margaret Clifton, 10 Cottage Lane, H. until 12/2026
- (D) Kirk Smallidge, 282 Skinner Lane, H. until 12/2026

**BROWNFIELD TASK FORCE**

- (R) Gerald Garfield, 5 Rivendell Road, Marlborough, 860-228-8374
- (R) Jon Lesisko, 461 West Street, H., 860-228-9676
- (D) Christopher Frey, 60 Jones Street, A, 860-228-1908
- (R) Devon Garner, 14 Attawanhood Trail, A. 860-336-6330
- Ken Slater, Halloran & Sage LLP, 225 Asylum Street, Hartford, 860-297-4662



**COMMEMORATION COMMISSION - REGULAR 3 TO 13**

**HOUSING CHOICES ADVISORY COMMITTEE - 5 APPOINTED - FOUR YEAR TERM**

- (D) Pamela Atwood, 8 Uncas Drive, A. until 12/2028
- (U) Stephen Wells, 90 Yorkshire Drive, H. until 12/2025
- (D) Lillian Rhodes, 106 Slocum Road, H., Until 12/2026
- (U) James Celio, 13 Jeremy Way, H., until 12/2027, 860-463-2563
- (R ) Scot Kauffman, 55 Griswold Lane, A., until 12/2027, 860-803-1765

**HOUSING CHOICES ADVISORY COMMITTEE ALTERNATE (1)**

- (D) Florence O'Sullivan, 38 Barber's Way, H., until 12/2027, 860-228-3485

**ACTING TOWN CLERK (reminder of term to 1/2026)**

Francesca Villani, 110 Hoadly Road, A, 860-338-1913

**ASSISTANT TOWN CLERK**

Elisabeth Irish, 25 Cole Street, Manchester, CT 06042, 860-970-1748

**FINANCE DIRECTOR**

Lori Granato, 7A Charter Oak Square, Mansfield, CT 06250, 860-306-9315

**ASSESSOR**

Suzanne Topliff, 24 Ellwood Road, Berlin, CT 06037, 860-818-3536

**REVENUE COLLECTOR**

Adrian MacLean, 8 Christy Lane Ext., Unit 4d, Colchester, 06415, 860-213-0423

**ASSISTANT TO ASSESSOR - REVENUE COLLECTOR**

Brigit Tanganelli, 64 Trumbull Hwy, Lebanon 06249, 860-384-9831

**TOWN PLANNER**

Matthew Bordeaux, 44 Porter Road, Hebron, 860-808-7917

**PUBLIC WORKS DIRECTOR**

Paul Forrest, 28 Fieldstone Drive, Hebron, CT 860-573-4650

**BUILDING OFFICIAL & ZONING AGENT**

Scott R. Phelps, 197 Pleasant Valley, Mansfield Center, CT 860-380-0227

**SANITARIAN**

Emily Miller, Chatham Health Dept. 860-228-5971 x 140

**WETLANDS AGENT**

James Cordier, 48 Charles Lane, Hebron 860-228-4718

**WPCA ADMINISTRATOR**

Kevin Kelly, cell 860-608-2976

**REGISTRARS OF VOTERS**

Elizabeth Fitzgerald, 105 Scarboro Road, Hebron, 06248, 860-228-4710

John Richmond, 276 Hope Valley Road, Amston, 06231, 860-228-3404

**DEPUTY REGISTRARS OF VOTERS**

Thomas Golub, 749 Gilead Street, Hebron, 860-228-0359

Nancy Weisenburger, 29 Winthrop Road, Hebron, 860-559-2635

**JUDGE OF PROBATE Glastonbury, Hebron Probate Court**

Sean Peoples, 2155 Main Street, Glastonbury 06033, 860-652-7629

**LIBRARY DIRECTOR**

J. Drucilla Carter, 13 Falknor Drive, Manchester, 860-634-7519

**SENIOR SERVICES DIRECTOR**

Sharon Garrard-Hoffman, 53 Ridgeway Street, Newington 06111, 860-667-1985

**PARKS & RECREATION DIRECTOR**

Craig Bryant, 2 Meadowlark Lane, East Lyme 06333, 860-335-6260

**ANIMAL CONTROL OFFICER**

Jason Hunniford, 36 Abby Drive, H., 860-455-3440

**FIRE CHIEF**

Peter J. Starkel, P.O. Box 911, 40 Oakwood Lane, Columbia, CT 06237, 860-733-9808

**DEPUTY FIRE CHIEF**

Dan Huppe, 201 Jagger Lane, H., 860-228-9848

**ASSISTANT FIRE CHIEF**

Dan Phelps, Assistant Chief, 224 East Street, H., 860-228-4819

Cody Porter, 41 North Parker Road, Marlborough, CT 860-918-6968

Bill Schappert, 33 Coates Farm Rd, H., 860-977-7294

**FIRE MARSHAL**

Christopher Bray, 20 Palmer Road, Chaplin, CT 860-933-2297

**DEPUTY FIRE MARSHAL**

John Spaulding, 44 Lynn Lane, Colchester, CT 06415 860-234-7058

**BURNING OFFICIAL**

Tony Pitrone, 9 Mai Road, A., 860-202-3725 cell

**FISH & WILD LIFE CONSTABLE**

Dan Larson, 147 Hope Valley Road, A., 860-228-9170

**RESIDENT STATE TROOPERS**

Bryce Reed, 860-228-3710

**HEBRON POLICE OFFICERS**

Marc Rubera (KC58)

Ricardo Martinez

Thomas Regan

Thomas Topulos

Kevin Dowd

**EMERGENCY MANAGEMENT DIRECTOR**

Paul Bancroft, 65 Route 87, Andover, 860-748-2562

**DEPUTY EMERGENCY MANAGEMENT DIRECTOR**

Slawomir Chrostowski, 136 London Rd, Hebron, 413-426-4081

**MODERATORS**

(D) Joseph Krist, 138 West Main Street, H., 12/1/23-11/30/2025, 860-228-4876  
(R) Scot Kauffman, 55 Griswold Lane, A., 12/1/23-11/30/2025, 860-803-1765  
(D) Kevin Connors, 274 Skinner Lane, H., 12/1/23-11/30/2025, 860-228-0433

**DIRECTOR OF HEALTH**

Russell Melmed, Director, Chatham Health District, 240 Middletown Ave, E. Hampton, 860-365-0884

**RHAM SUPERINTENDENT OF SCHOOLS**

Colin McNamara, 85 Wall Street, Hebron, 860-228-2115

**HEBRON SUPERINTENDENT OF SCHOOLS**

Thomas J. Baird, Ed.D, 580 Gilead Street, Hebron, 860-228-2577

**BOARD CLERKS**

Catharine Brinkman, 36 North Main Street, Marlborough, 860-508-4179  
Debbie Pearson, 50 Sentinel Woods Drive, Hebron, 860-368-1101  
Hannah Walcott, 267 Clubhouse Road, Lebanon, 603-345-4050  
Marion Spaulding, 36 Lynn Lane, Colchester 860-212-7972  
(Backup) Matthew Thornberg, 154 Harrisville, Rd, Apt. 31, Woodstock, CT 207-616-6003

**TOWN ATTORNEY**

Ken Slater, Halloran & Sage LLP, 225 Asylum Street, Hartford, 11/21/23 to 11/18/25, 860-297-4662

**CENTRAL REGIONAL TOURISM DISTRICT**

vacant

**NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD**

vacant

**TREE WARDEN**

Paul Forrest, 28 Fieldstone Drive, Hebron, CT 860-573-4650

**AHM YOUTH SERVICES**

Tressa Giordano, 25 Pendleton Drive, H., 860-228-9488

**HEBRON PARKING VIOLATIONS HEARING OFFICER - APPOINTED - NO TERM**

G. William Cox, 73 West Street, H., 860-228-0234

**AMPLIFY CATCHMENT AREA COUNCIL 15**

vacant



## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Town of Hebron

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ Municipality

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
15 Gilead Street

**6** City, state, and ZIP code  
Hebron, CT 06248

**7** List account number(s) here (optional)

Print or type  
See Specific Instructions on page 2.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
or	
<b>Employer identification number</b>	
06 - 6002015	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶ [Signature]      Date ▶ 2-6-24

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**RUSSELL MERCIER SENIOR CENTER  
GRIEVANCE PROCEDURE  
FOR CONSUMERS**

This Grievance Procedure may be used by anyone wishing to file a complaint due to dissatisfaction with or denial of services administered or sponsored by the Russell Mercier Senior Center/Hebron Senior Services

The complaint should be in writing and contain information about the dissatisfaction/ denial including date and description of the grieved service. In addition, include the name, address, and phone number of complainant. Alternative means of filing complaints, such as personal interviews or a voice recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his or her designee as soon as possible, but not later than 60 calendar days, after the denial/dissatisfaction to:

Senior Services Director  
Russell Mercier Senior Center  
12 Stonecroft Drive  
Hebron, CT 06248

Within 15 calendar days after receipt of complaint, the Senior Services Director will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Senior Services Director will respond in writing and, where appropriate, in a format accessible to the complainant, such as large print, or audio tape. The response will explain the position of the Russell Mercier Senior Center/Hebron Senior Services and offer options for substantive resolution of the complaint.

If the response by the Senior Services Director does not satisfactorily resolve the issue, the complainant and/or his or her designee may further be heard by appealing the decision within 15 calendar days after receipt of the response to the Chairman of the Commission on Aging or his/her designee.

Within 15 calendar days after receipt of the appeal, the Chairman of the Commission on Aging or his/her designee will respond in writing with a final resolution of the complaint, and, where appropriate, in a format accessible to the complainant.

If the response by the Chairman of the Commission on Aging or his/her designee does not satisfactorily resolve this issue, and if the program/service at issue is funded under the Older Americans Act the complainant and/or his or her designee may further be heard by appealing the decision within 15 calendar days after receipt of the response to the North Central Area Agency on Aging.

Upon receipt of an unresolved complaint, the North Central Area Agency on Aging's Advisory Council, either in whole or in part, shall hold a hearing for the purpose of receiving testimony from the older person filing the complaint and contrary documentation from the Russell Mercier Senior Center/Hebron Senior Services against who the complaint is filed.

If the matter is not resolved by the Advisory Council to the satisfaction of the older person, he/she has 30 days to file further evidence to be heard by the North Central Area Agency on Aging's Board of Directors, either in whole or part. The decision of the Board of Directors will constitute the final disposition of the matter.

All written complaints received by the Senior Services Director, and any appeals to the Chairman of the Commission on Aging or his/her designee will be kept on file at the Russell Mercier Senior Center/Hebron Senior Services for a minimum of three years.

APPENDIX D1 - FFY 2026 PROJECT BUDGET - SUMMARY PAGE

PROJECT NAME: Hebron Transportation

Line Item	Cost Category	T-III NCAAA Funds	Non-Federal Match		Total Project Cost
			Cash	In Kind	
1	Personnel	\$ 72,000	\$ -	\$ 74,295	\$ 146,295
2	Rent	\$ -	\$ -	\$ -	\$ -
3	Travel	\$ -	\$ -	\$ 583	\$ 583
4	Audit	\$ -	\$ -	\$ 6,000	\$ 6,000
5	Utilities	\$ -	\$ -	\$ 3,153	\$ 3,153
6	Telephone	\$ -	\$ -	\$ 2,414	\$ 2,414
7	Office Expense	\$ -	\$ -	\$ 67	\$ 67
8	Postage	\$ -	\$ -	\$ 1,600	\$ 1,600
9	Printing/Publication	\$ -	\$ -	\$ 393	\$ 393
10	Supplies	\$ -	\$ -	\$ 533	\$ 533
11	Insurance	\$ -	\$ -	\$ 1,500	\$ 1,500
12	Repairs/Maintenance	\$ -	\$ -	\$ 2,025	\$ 2,025
13	Equipment	\$ -	\$ -	\$ 3,504	\$ 3,504
14	Contractual	\$ -	\$ -	\$ 1,446	\$ 1,446
15	Other:	\$ -	\$ -	\$ 275	\$ 275
16	Other:	\$ -	\$ -	\$ 1,067	\$ 1,067
<b>Total Cost</b>		<b>\$ 72,000</b>	<b>\$ -</b>	<b>\$ 97,788</b>	<b>\$ 169,788</b>

Projected Client Contributions\*\* \$ 1,800

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



APPENDIX D2 - FFY 2026 PROJECT BUDGET - PERSONNEL COST EXPLANATION

PROJECT NAME: Hebron Transportation

Position	T-III NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
		Cash	In-Kind		
Driver	18000		4,500	\$ 21,645	\$19.23/hr x 18hrs/wk x 52wks = \$18,000 + 25%fringe = \$21,645
Driver	\$ 18,000		\$ 4,500	\$ 22,500	\$18.50/hr x 18hrs/wk x 52wks = \$17,316 + 25%fringe = \$21,645
Driver	18000		\$ 4,500	\$ 22,500	\$18.50/hr x 18hrs/wk x 52wks = \$17,316 + 25%fringe = \$21,645
Driver	\$ 18,000		\$ 4,500	\$ 22,500	\$18.50/hr x 18hrs/wk x 52wks = \$17,316 + 25%fringe = \$21,645
Fiscal Manager			\$ 4,899	\$ 4,899	\$75.37/hr x 1hr/wk x 52wks = \$3,919.24 + 25% fringe = \$4,899.05
Data Collection/Director			\$ 13,267	\$ 13,267	\$40.82/hr x 5hrs/wk x 52wks = \$10,0613.20 + 25%fringe = \$13,266.50
Social Worker			\$ 11,538	\$ 11,538	\$35.50/hr x 5hrs/wk x 52wks = \$9,320 + 25% fringe = \$11,537.50
Program Coordinator			\$ 8,668	\$ 8,668	\$26.67/hr x 5hrs/wk x 52wks = \$6,934.20 + 25%fringe = \$8,667.75
Receptionist			\$ 5,987	\$ 5,987	\$18.42/hr x 5hrs/wk x 52wks = \$4,789.20 + 25%fringe = \$5,986.50
Mechanic			\$ 11,937	\$ 11,937	\$36.73/hr x 5hrs/wk x 52wks = \$9,549.80 + 25%fringe = \$11,937.25
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
<b>Total Personnel Costs</b>	\$ 72,000	\$ -	\$ 74,295	\$ 145,440	

APPENDIX D3 - FFY 2026 PROJECT BUDGET - EXPLANATION OF ALL OTHER COSTS

PROJECT NAME: Hebron Transportation

Line Item	Cost Category	T-III NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
			Cash	In-Kind		
1	Personnel	\$ 72,000	\$ -	\$ 74,295	\$ 146,295	See attached Personnel Cost Explanation
2	Rent				\$ -	
3	Travel			\$ 583	\$ 583	1/3rd staff mileage
4	Audit			\$ 6,000	\$ 6,000	10% Annual Audit
5	Utilities			\$ 3,153	\$ 3,153	1/3rd electricity, natural gas, and water
6	Telephone			\$ 2,414	\$ 2,414	1/3rd senior center phones & fire alarm line + 2/3rd vehicle phones
7	Office Expense			\$ 67	\$ 67	1/3rd offic furnishings
8	Postage			\$ 1,600	\$ 1,600	10% postage
9	Printing/Publication			\$ 393	\$ 393	1/3rd copier fees
10	Supplies			\$ 533	\$ 533	1/3rd office supplies
11	Insurance			\$ 1,500	\$ 1,500	2/3rd vehicle insurance
12	Repairs/Maintenance			\$ 2,025	\$ 2,025	2/3rd vehicle maintenance + fire extinuisher inspections
13	Equipment			\$ 3,504	\$ 3,504	2/3rd gasoline
14	Contractual			\$ 1,446	\$ 1,446	1/3rd HVAC, Data System, Internet/Cable, Fire Extinguishers
15	Other:			\$ 275	\$ 275	2/3rd parking fees, DMV liscensing fees, physical exams
16	Other:			\$ 1,067	\$ 1,067	1/3rd Meetings/Conferences, Dues, Program Development
<b>Total Costs</b>		\$ 72,000	\$ -	\$ 98,855	\$ 170,855	

APPENDIX D4 - FFY 2026 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	Specify source(s):
Municipalities	\$ 98,855	_____
Fundraising	_____	_____
Other	_____	_____
Total Cash Match	<u>\$ 98,855</u>	

NON-FEDERAL IN-KIND MATCH SOURCES

	Amount	List Source(s)
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Total In Kind Match	<u>\$ -</u>	

OTHER FEDERAL RESOURCES

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

	Amount	Specify source(s):
	_____	Title V
	_____	_____
Total Other Federal Resources	<u>\$ -</u>	

PROJECTED CLIENT CONTRIBUTIONS

	Amount	Specify amount of suggestion donation per unit of service (if applicable)
Estimated amount of client contributions	<u>\$ 1,800</u>	<u>Suggested donation varies from \$0.50 to \$5 each way depending on distance traveled</u>

\*\*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 6, 2025**

**RENEW MEMBERSHIP AGREEMENT WITH THE  
CONNECTICUT RIVER VALLEY CHAMBER OF COMMERCE**

Attached is a memo from Matthew Bordeaux, Town Planner, recommending the renewal of the membership agreement between the Town of Hebron and the Connecticut River Valley Chamber of Commerce. The annual dues are \$2,050.

**Proposed Motion:**

Move that the Board of Selectmen authorize Andrew J. Tierney, Town Manager, to renew the perennial membership agreement with the Connecticut River Valley Chamber of Commerce until such time that Town staff, the Hebron Economic Development Commission or Hebron Board of Selectmen wish to revisit the terms of the agreement.

**TOWN OF HEBRON  
PLANNING AND DEVELOPMENT DEPARTMENT**

**TO:** Andrew J. Tierney, Town Manager  
Hebron Board of Selectmen

**FROM:** Matthew R. Bordeaux, Town Planner

**DATE:** February 26, 2025

**RE:** Extension of CT River Valley Chamber of Commerce Membership

The Hebron Economic Development Commission (EDC) is recommending the Board of Selectmen authorize the Town Manager to renew the membership agreement with the Connecticut River Valley Chamber of Commerce (CRVCC). The Hebron Economic Development Commission will continue to work with CRVCC to build and maintain a business inventory, provide routine communications with Hebron-based businesses and build a strategy to better promote their goods and services.

The CRVCC annual fee of \$2,050, a \$25 increase from last year, comes from the Part-Time Economic Development Coordinator budget. As it is the intent of the Hebron EDC to maintain this relationship into the foreseeable future, I am requesting that following motion serve to renew the membership until the Hebron EDC recommend to the Board of Selectmen its termination.

**Draft Motion:**

*Move to authorize the Town Manager to renew the perennial membership agreement with the Connecticut River Valley Chamber of Commerce until such time that Town staff, the Hebron Economic Development Commission or Hebron Board of Selectmen wish to revisit the terms of the agreement.*

**MRB**

H:\Planning Department\Boards & Commissions\EDC\CT River Valley Chamber\Memo to Board - Membership Extension.docx

**Attach.**



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**RE: Invoice from CT River Valley Chamber of Commerce**

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**From** Jessica Olander <Jessica@crvchamber.org>  
**Date** Mon 1/6/2025 11:54 AM  
**To** Matthew Bordeaux <mbordeaux@hebronct.com>

2 attachments (2 MB)

Membership Benefits.pdf; 2024 Triple R Membership.png;

Hi Matthew! Happy New Year!

Dues will be \$2050 and are scheduled for June.

I have also sent you an email to set up an account on our system and from there you can post press releases, jobs, events, etc.

I am working with TCI for Maplefest 2025 and with Michelle on the business directory and business visits with Steve Weir as well.

Please let me know if you have any other updates that I can share with our Board for Hebron!

Jessica Olander  
President

[CT River Valley Chamber of Commerce](#)

860-526-7054

Love the Chamber???? [Leave us a REVIEW!](#)

**[NOMINATE THE BUSINESS PERSON OF THE YEAR 2024!](#)**

**[Open Networking – Glastonbury – Jan. 8 - Noon](#)**

**[Open Networking – East Hartford – Jan. 22 - Noon](#)**

**[2025 ANNUAL MEETING – JANUARY 28 – PRATT & WHITNEY HANGAR](#)**

**[Serving the businesses & communities of East Hartford, Glastonbury, Hebron & Marlborough!!](#)**

**[CHECK OUT OUR MEMBERS' EVENTS!](#)**

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**From:** Matthew Bordeaux <mbordeaux@hebronct.com>  
**Sent:** Monday, January 6, 2025 10:13 AM  
**To:** Jessica Olander <Jessica@crvchamber.org>  
**Subject:** Re: Invoice from CT River Valley Chamber of Commerce

Jessica,

How are you? Happy New Year. I'm preparing my FY 25-26 Budget and would like to include CRVCC. Will membership fees remain the same? When can I expect an invoice?

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 6, 2025**

**SCHEDULE SPECIAL TOWN MEETING  
DEPARTMENT OF PUBLIC WORKS PROJECT DESIGN FUNDING**

The Department of Public Works Action Committee will soon be conducting interviews with four (4) architectural firms for the DPW Project design and then making a recommendation on the selected firm and the amount of funding needed.

A Special Town Meeting will be required to consider approval of a supplemental appropriation.

The Selectmen and DPWAC should discuss the timing of the approval process.

**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 (HYBRID)  
TOWN OFFICE BUILDING – 15 GILEAD STREET**

**Board of Selectmen Regular Meeting**  
 March 20, 2025, 7:00 PM (America/New York)  
**Please join my meeting from your computer, tablet or  
 smartphone.**  
<https://meet.goto.com/227893469>  
**You can also dial in using your phone.**  
 Access Code: 227-893-469  
 United States: [+1 \(571\) 317-3122](tel:+15713173122)  
**Get the app now and be ready when your first meeting starts:**  
<https://meet.goto.com/install>

**Thursday, March 20, 2025**

**7:00 p.m.**

**AGENDA**

Time Guideline	
7:00 p.m.	1. <b>CALL TO ORDER</b>
7:00 p.m.	2. <b>PLEDGE OF ALLEGIANCE</b>
7:02 p.m.	3. <b>ADDITIONS AND CHANGES TO THE AGENDA</b>
7:05 p.m.	4. <b>PUBLIC COMMENT</b> This section of the agenda is reserved for persons in attendance who wish to briefly address the Board of Selectmen. The Board requests that a person's comments be limited to a single period lasting three minutes or less. While the Board respects the right of the public to provide comment, this time is not intended for open discussion or a Board response. Residents who wish to request a dialogue should make arrangements to do so through the Town Manager's Office or the Board Chair. (Persons wishing to comment should type "comment" and your name in the chat box and you will be recognized.)
7:10 p.m.	5. <b>GOOD TO KNOW/SPECIAL RECOGNITION</b> a)
7:15 p.m.	6. <b>APPOINTMENTS AND RESIGNATIONS</b> a) Board of Assessment Appeals Alternate(s)



- 7:25 p.m. 7. TOWN MANAGER'S REPORT**
- a) Recent Activities
  - b) Correspondence
  - c) Town Manager Updates
- 7:35 p.m. 8. OLD BUSINESS**
- a) American Rescue Plan State and Local Recovery Funds Update
  - b) Department of Public Works Action Committee Update
  - c) Town Manager's Annual Evaluation
  - d) Any Other Old Business
- 7:50 p.m. 9. NEW BUSINESS**
- a) Approve Fire Department Grant Application
  - b) Local Option for Use of Alternate MV Depreciation Schedule – Suzanne Topliff, Assessor
  - c) Draft Agenda for April 3, 2025 Meeting
  - d) Any Other New Business
- 8:25 p.m. 10. 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**
    - 10.a.1 March 4, 2025 – Regular Meeting/Budget Workshop
    - 10.a.2 March 6, 2025 – Regular Meeting
  - b) **TAX REFUNDS**
- 8:30 p.m. 11. LIAISON REPORTS**
- a) AHM Youth Services – Peter Kasper
  - b) Hebron BOE – Tiffany Thiele
  - c) Board of Finance – Dan Larson
  - d) Land Acquisition – Keith Petit
  - e) RHAM BOE – Claudia Riley
- 8:40 p.m. 12. PUBLIC COMMENT**
- 8:45 p.m. 13. ADJOURNMENT**

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
REGULAR MEETING  
MARCH 6, 2025**

**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**

10.a.1 February 20, 2025 – Regular Meeting

**b) APPROVAL OF TAX REFUNDS**

10.b.1 Gary Nadeau \$ 10.00

**TOWN OF HEBRON**  
**BOARD OF SELECTMEN**  
**Regular Meeting (Hybrid)**  
**Town Office Building – 15 Gilead Street**  
**Thursday, February 20, 2025 - 7:00 PM**

RECEIVED  
2025 FEB 24 A 8:17  
E.K. (B.S.)  
HEBRON TOWN CLERK

**MINUTES**

**ATTENDANCE:**

**Board of Selectmen (Present):** Peter Kasper (Chair), Daniel Larson (Vice-Chair), Keith Petit, Tiffany Thiele, Claudia Riley

**Staff:** Andrew Tierney, Dori Wolf

**Guests:** Chris Cyr, Community Voice Channel, Holly Habicht, John Matra, Kathy Williams

**1. Call to Order**

**2. Pledge of Allegiance**

Chair P. Kasper called the meeting to order at 7 p.m. and led the Pledge of Allegiance.

**3. Additions and Changes to Agenda**

A. Tierney noted a typo in the agenda, where materials pertaining to Old Business (Section 7) were marked as part of Section 8. The BoS agreed to his request to make a brief ARPA update.

**4. Public Comment**

None.

**5. Good to Know/Special Recognition**

None.

**6. Town Manager's Report**

Work on the budget continues. Following a visit from OSHA, the Town has been fined \$6,230. A. Tierney anticipates that number to decrease following a meeting next week. An initial meeting with the bond council was held recently. The BoS and BoF will discuss long-term finances, including potential bonding, at next week's BoF meeting. A FOIA hearing on a request regarding documents related to the Friends of the Douglas Library will be attended by A. Tierney and the Town Attorney.

**7. Old Business**

**A. ARPA Update**

A. Tierney shared C. Bryant's update on ARPA-funded Parks and Rec projects. A site visit to determine an appropriate well location is scheduled with the Town engineer and Chatham Health District. Fencing installation will be scheduled once weather

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
Regular Meeting (Hybrid)  
Town Office Building – 15 Gilead Street  
Thursday, February 20, 2025 - 7:00 PM**

improves. Most amenities have arrived and are in storage. Material and equipment for field lighting at Veteran's Park is slated to arrive the week of March 17<sup>th</sup>, with an estimated completion date of mid-May. Regarding the skate park, fabrication of all steel elements has been completed, and completion is also estimated for mid-May. Pickleball courts have been staked out, and construction will hopefully begin in early spring, weather permitting. Security upgrades of Town facilities is ongoing. There was brief discussion on retaining interest generated from ARPA funds for a long-term maintenance fund.

**B. DPWAC Update**

Interviews with four shortlisted firms will be conducted the week of March 17<sup>th</sup>, following which the DPWAC will make a recommendation to the BoS.

**C. Town Manager's Annual Evaluation**

Selectmen will submit their evaluations to T. Thiele in the next few days.

**D. Finalize FY 2025 – 2026 CIP Budget and Five-Year Plan**

Following further adjustments, the Town Manager's recommended CIP budget is now \$817,534.

**Motion by D. Larson that in accordance with the Town of Hebron Capital Improvement Plan Policy the Hebron Board of Selectmen approve a list of recommended projects for the FY 2025 – 2026 CIP Budget of \$817,534 and the Five-Year Plan as presented (or amended) for inclusion in the Town Manager's FY 2025 – 2026 Budget Recommendation.**

Discussion: Projects removed from the CIP budget were discussed. The BoS reviewed potential alternate funding sources, particularly bonding. A. Tierney summarized the bonding process. Following a question from C. Riley, A. Tierney stated estimates for a new DPW facility were between \$15 million and \$18 million in 2010. The BoS agreed to return funding in the amount of \$75,000 for the Parks and Rec Master Plan to the CIP budget, for a total of \$892,534.

**Amended motion by D. Larson that in accordance with the Town of Hebron Capital Improvement Plan Policy the Hebron Board of Selectmen approve a list of recommended projects for the FY 2025 – 2026 CIP Budget of \$892,534 and the Five-Year Plan as presented (or amended) for inclusion in the Town Manager's FY 2025 – 2026 Budget Recommendation. The motion passed unanimously (5-0).**

**E. Other Old Business**

None.

**8. New Business**

**TOWN OF HEBRON  
BOARD OF SELECTMEN  
Regular Meeting (Hybrid)  
Town Office Building – 15 Gilead Street  
Thursday, February 20, 2025 - 7:00 PM**

**A. BOS/BOF Financial Planning – Schedule Workshop**

The BoS will meet with the BoF during their regular meeting next week to discuss long-term financial planning.

**B. Draft Agenda for March 6, 2025 Meeting**

**C. Other New Business**

None.

**9. Consent Agenda**

**Motion by P. Kasper that the Board of Selectmen approve the following Consent Agenda items and motions contained therein as if individually adopted. The motion passed unanimously (5-0).**

**A. Approval of Minutes**

**1. February 6, 2025 – Regular Meeting**

**B. Tax Refunds**

<b>1. Kris &amp; Shelly Caltagirone</b>	<b>\$ 461.28</b>
<b>2. Tyler Hoar</b>	<b>\$ 2,644.43</b>
<b>3. Peter Austin and Lena Holleran-Austin</b>	<b>\$ 1,181.00</b>

**10. Liaison Reports**

**A. AHM – No report.**

**B. Hebron BoE – T. Thiele** reported a preliminary budget of \$14 million was voted upon, which includes the addition of a second SRO. She also noted a large increase in Pre-K applications.

**C. BoF – No report.**

**D. OSLAC – No report.**

**E. RHAM BoE – No report.**

**11. Public Comment**

**A. Peter Kasper –** Thanked the DPW for their work before, during, and after a storm.

**12. Adjournment**

**Motion by T. Thiele to adjourn at 8:00 p.m.**

Respectfully submitted,  
Hannah Walcott (Board Clerk)