



STATE OF CONNECTICUT - COUNTY OF TOLLAND
INCORPORATED 1786

TOWN OF ELLINGTON

American Rescue Plan Task Force

BETSI FELDMAN
GARY MAGNUSON
DAVID OLENDER
TIFFANY PIGNATARO
KEN RADZIWON
LORI SPIELMAN
PETER WELTI

55 MAIN STREET -- PO BOX 187
ELLINGTON, CONNECTICUT 06029-0187

American Rescue Plan Task Force Meeting

January 23, 2023
Nicholas J. DiCorleto, Jr. Meeting Hall

MINUTES

Present: *Betsi Feldman, Gary Magnuson, David Olender, Tiffany Pignataro and Ken Radziwon

Members Absent: Lori Spielman, Peter Welti

Others Present: David Stavens, Deputy First Selectman; Sheila Grady, Senior Center Director; Walter Lee, Director of Emergency and Risk Management; Brian Greenleaf, Director of Finance and Operations, Ellington Public Schools

*attended via ZOOM

I. Call To Order

Ms. Pignataro called the American Rescue Plan (ARP) Task Force meeting to order at 4:00 PM.

II. Approval of Minutes

A. November 7, 2022

MOVED (MAGNUSON), SECONDED (OLENDER) AND PASSED UNANIMOUSLY TO APPROVE THE MINUTES OF THE NOVEMBER 7, 2022 AMERICAN RESCUE PLAN TASK FORCE MEETING.

III. Unfinished Business

A. Status Updates for Priority Two/Three Items approved at the December 12, 2022 Board of Selectmen Meeting

Mr. Radziwon provided an update on the Senior Center Fitness Room stating that the quotes they have obtained thus far are within the original \$60,000 request for equipment. The Department of Public Works (DPW) is ready to move forward with the bidding process.

Discussion was held regarding the Senior Center Pavilion appropriation for \$100,000, which was originally for a 30'x 60' foot structure. Mr. Radziwon shared that after reviewing the three quotes, this size structure is going to be too large. Mr. Radziwon and Ms. Grady agreed that a 20'x 40' foot pavilion could be purchased which will allow them to stay within budget, as well as complete the project

requirements of the concrete slab foundation, sidewalk to the building and lighting. Mr. Magnuson asked if the site plan for the structure was reviewed, Mr. Radziwon said yes, the location has been changed to the southeast side of the Senior Center, which will keep the structure away from the wetlands. Ms. Grady stated that these changes will work out much better than the original location and is very pleased with these decisions.

MOVED (OLENDER), SECONDED (MAGNUSON) AND PASSED UNANIMOUSLY TO PRESENT THE CATEGORY THREE SUBMISSIONS FOR THE SENIOR CENTER TOTALING \$160,000 TO THE BOARD OF SELECTMEN FOR THEIR APPROVAL.

Ms. Pignataro shared that the Finance Office has not cut any checks as of yet from the ARPA funds the Town has received. She also shared that the original ARPA grant amount of approximately \$4.7 million is invested in an interest bearing short term investment fund and has earned \$66,878.21 to date, making the ARPA fund total increase from approximately \$4.7 million to approximately \$4.9 million. Ms. Pignataro said that this provides an additional \$220,096 to be allocated to projects. Mr. Olender asked Ms. Pignataro if the Crystal Lake Fire Department could submit an application to the ARP Task Force for the tools they have requested under Capital Improvements. Ms. Pignataro said yes, they can if the Task Force decides to open to accept applications.

Ms. Pignataro reminded Task Force members that this will be an ongoing situation where additional funds from interest will become available. After thorough discussion regarding the current budget season, the Task Force decided to open ARP applications up to the public immediately for the available \$220,096 with a deadline of February 28, 2023.

Mr. Greenleaf asked Mr. Radziwon for an update on the allocation of \$2.5 million to the Vernon Pump Station. Mr. Radziwon stated that the project design is at ninety percent and they should have pricing by the end of the month. Discussion was held on prior meeting conversations where it was agreed that ARP funds would contribute \$2.5 million towards the total cost and the Water Pollution Control Authority would be responsible for the balance of the Pump Station project.

IV. New Business

No discussion was held.

V. Set Next Special Meeting Date

The next ARP Task Force meeting will be held on Monday, March 6, 2023 at 4:00 PM in the Nicholas J. DiCorleto, Jr. Meeting Hall.

VI. Other Business

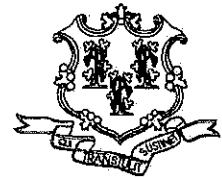
No discussion was held.

VII. Adjournment

MOVED (OLENDER), SECONDED (FELDMAN) AND PASSED UNANIMOUSLY TO ADJOURN THE MEETING OF THE AMERICAN RESCUE PLAN TASK FORCE AT 4:30 PM.

Submitted by: Rebecca Einsiedel

Rebecca Einsiedel
Recording Secretary



Municipality: Town of Ellington, CT

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

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

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Town of Ellington - Ellington Volunteer Fire Department

Address: 29 Main Street, P.O. Box 911, Ellington, CT 06029

Federal Employer Identification Number: 06-6001996

Program title: EVFD 29 Main Street HVAC Replacement

Name of contact person: Jack Rich II, Chief

Telephone number: (860) 870-3790

Email address: jay.rich@ellingtonfire.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 140,485.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____
Replacement of two (2) 35-year old oil fired boilers with two (2) energy efficient natural gas units. In addition, to replace a unserviceable air conditioning unit for the offices and meeting room areas of the main fire station.

Need for program: _____
Current air conditioning does not work at the main fire station, the two (2) boilers are 35-years old and will be replaced with two (2) energy efficient natural gas boilers.

Neighborhood area to be served: _____
Town of Ellington, Ellington Volunteer Fire Station located at 29 Main Street, Ellington, CT.

Plan to implement the program: _____
The replacement of the heat and air conditioning will take an estimated month to install, providing that there are no major supply chain issues.

Timetable:

Program start date: 08/01/2023
MM - DD - YYYY

Program completion date: 12/01/2023
MM - DD - YYYY

Post-project audit due date: 01/01/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested \$140,485.00

Other funding sources - itemized sources:

a) Any funding not received will be funded through Town's _____

b) capital outlay budget _____

c) _____

d) _____

Total Funding: \$140,485.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) HVAC Replacement \$140,485.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$140,485.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ Town of Ellington - Ellington Volunteer Fire Department
Mailing address: _____ P.O. Box 911, Ellington, CT 06029
Name of municipal liaison: Jack Rich II, Cheif
Telephone number: 8608703190
Fax number: .
Email address: jay.rich@ellingtonfire.org

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



October 4, 2022

Ellington Fire Dept
29 Main Street
Ellington, Ct. 06029
Attn: Cole Prato

Re: Install Hitachi Ductless split heat pump system in upstairs kitchen, 3 offices and lounge area.

The following scope of work is included:

- Furnish and install 3.5 ton's R410A refrigerant heat pump condensing unit on ground outside mounted on stand.
- Furnish & install 3 wall mount indoor units in 3 offices.
- Furnish & install (2) cassette style indoor units 1 in kitchen and 1 in lounge rooms.
- Includes condensate removal.
- Includes insulated refrigerant lines.
- Includes wired remote controllers for each indoor unit (wired by your electrician).
- Includes all labor during regular business hours M-F.
- Includes misc. materials for complete installation.
- Includes start and test
- 12 month's parts & labor warranty.

Not included: tax, all electrical, temporary conditions, painting.

Cost= \$35,497.00

Respectfully,

Lee Scheinfeld

Accepted by _____ Date _____

131 Adams Street, Manchester, Ct. 06042 Tel (860) 645-8838 Fax (860) 645-0226
CT Lic. # 303447



October 4, 2022

Ellington Fire Dept
29 Main Street
Ellington, Ct. 06029
Attn: Cole Prato

Re: Remove 2 oil fired boilers and install 2 natural gas fired boilers with gas piping.
We will assume close proximity of new gas meter at back of building.
The following scope of work is included:

- Isolate, drain down remove with proper disposal 2 existing oil fired boilers (1) Trianco and (1) Peerless. Peerless has domestic hot water heat exchanger.
- Each boiler has 2 zone circulators now.
- Furnish & install Viessman (2) boiler rack system, includes low loss header, control and all pumps. Boilers will be tied into domestic hot water needs as priority control.
- Furnish & install (1) 42 gallons indirect hot water storage tank.
- All equipment to be located in basement same location.
- Includes air inlet venting and exhaust venting to boilers.
- Cut, cap and make safe existing oil lines in boiler room.
- Includes pipe, fittings, hangers and controls for complete operating system.
- Includes new natural gas piping from meter (supplied by gas company)
- Includes rigging equipment.
- Includes electrical.
- Includes replacement operating room thermostats.
- Includes misc. materials
- Includes all labor during regular business hours M-F.
- Includes start, test.
- 12 month's parts & labor warranty (equipment per manufacturer)

Not included: tax, permit fees, painting, core boring, temporary conditions, stamped drawings, overtime labor, prevailing wages, upgrade to any new building codes, removal of oil lines or tank.

Cost= \$82,222.00 plus tax, if applicable*pricing valid thru 10/31/22

Respectfully
Lee Scheinfeld

131 Adams Street, Manchester, Ct. 06042 Tel (860) 645-8838 Fax (860) 645-0226
CT Lic. # 303447



October 4, 2022

Ellington Fire Dept.
29 Main Street
Ellington, Ct. 06029
Attn: Cole Prato

Re: replace 5 ton's split cooling system

The following scope of work is included:

- Recover refrigerant, disconnect, remove with proper disposal existing split system.
- Furnish & install replacement 5 ton's split cooling only system in same location, Consists of outdoor condensing unit and indoor air handler.
- Refrigerant is R410A
- Includes new refrigerant line set
- Includes condenser pad
- Includes air handler duct transitions.
- Includes reconnect existing electrical circuits.
- Includes all labor during regular business hours M-F.
- Start, test and charge with R410A refrigerant
- 12 month's parts & labor warranty (equipment per manufacturer)

Not included: tax (if applicable), upgrade to any new building code requirements, smoke detectors, upsize electrical circuits or wiring, tying into any BMS automation system.

Cost= \$11,961.00 Trane unit _____ please check
Cost= \$10,805.00 Runtru brand made by Trane no bells and whistles _____ please check.

Accepted by _____ date _____

Respectfully,

Lee Scheinfeld

131 Adams Street, Manchester, Ct. 06042 Tel (860) 645-8838 Fax (860) 645-0226
CT Lic. # 303447



Municipality: Town of Ellington

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

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

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Town of Ellington

Address: 55 Main Street Ellington, Ct 06029

Federal Employer Identification Number: 06-6001996

Program title: Hall Memorial Library HVAC Upgrade

Name of contact person: Thomas Modzelewski

Telephone number: (860) 870-3140

Email address: thmodzelewski@ellington-ct.gov

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 20,000.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Phase three of air handler replacement for the Hall Memorial Library. Using the Town's contracted HVAC contractor, two basement fan coil units and associated plumbing/hardware will be replaced. This project has been phased due to the large budgetary impact. We have solicited and have been approved for \$100,000 of funding from the Library Endowment Fund (donations for the maintenance of the facility), however due to inflation we need an additional \$20,000 to fund the project.

Need for program: _____

The air handlers at the Hall Memorial Library are 25+ years old and in poor condition. This facility is a designated cooling center for the Town of Ellington, in order to maintain that service, this equipment needs to be replaced. Upgrading the air handlers will also increase the energy efficiency of the building.

Neighborhood area to be served: _____

Town of Ellington

Plan to implement the program: _____

Phase 1 & 2 have been completed. The contractor has provided submittals and estimates for phases 3 & 4. Upon funding, phase 3 components will be ordered and installed when received. Phase 4 to follow in fiscal year 2024/2025.

Timetable:

Program start date: 06/01/2023
MM - DD - YYYY
Program completion date: 06/01/2025
MM - DD - YYYY
Post-project audit due date: _____
MM - DD - YYYY

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$20,000.00</u>
Other funding sources - itemized sources:	
a) <u>Donations to the Library Endowment Fund</u>	<u>\$100,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$120,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Fan Coil units removal & installation</u>	<u>\$90,202.52</u>
b) <u>Electrical</u>	<u>\$10,000.00</u>
c) <u>Sprinkler relocation</u>	<u>\$15,000.00</u>
d) <u>Allowance for inflation</u>	<u>\$4,797.48</u>

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

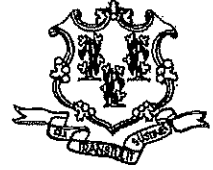
Total Proposed Expenditures: _____

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ Town of Ellington
Mailing address: _____ 55 Main Street, PO Box 187, Ellington, CT 06029
Name of municipal liaison: Thomas Modzelewski
Telephone number: 860-870-3140
Fax number: 860-870-3147
Email address: thmodzelewski@ellington-ct.gov

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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Municipality: Town of Ellington

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

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

Part I — General Information

Name of tax exempt organization/municipal agency: _____

Town of Ellington

Address: 55 Main Street Ellington, Ct 06029

Federal Employer Identification Number: 06-6001996

Program title: Senior Center Energy Project

Name of contact person: Thomas Modzelewski

Telephone number: (860) 870-3140

Email address: thmodzelewski@ellington-ct.gov

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 31,402.93

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

Yes

No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Energy efficiency project which includes high performance lighting, sensors, pipe insulation and aerator installation.

Need for program: _____

The Senior Center is 10 years old and is in need o upgrades to make the facility more energy efficient.

Neighborhood area to be served: _____

Town of Ellington

Plan to implement the program: _____

Timetable:

Program start date: _____
MM - DD - YYYY

Program completion date: _____
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested \$31,402.93

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$31,402.93

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: _____

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ Town of Ellington
Mailing address: _____ 55 Main Street, PO Box 187, Ellington, CT 06029
Name of municipal liaison: Thomas Modzelewski
Telephone number: 860-870-3140
Fax number: 860-870-3147
Email address: thmodzelewski@ellington-ct.gov

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