



Town of Colchester, Connecticut

95 Norwich Avenue, Colchester, Connecticut 06415

Patricia A. Watts, Director of Senior Services/Municipal Agent

MEMORANDUM

To: Board of Selectmen

From: Patricia A. Watts, Director of Senior Services

Date: 1/20/2021

Re: CT Senior Center Project: CARES Act Funding Opportunity

The Department of Aging and Disability Services and the State Unit on Aging have a funding opportunity for senior centers to purchase and/or reimburse for purchases made as a result of the COVID-19 pandemic, up to \$2,500.00. The purpose of the project is to support senior centers in their goal to serve older adults safely during the pandemic to prevent the spread of COVID-19, prepare for reopening and respond to COVID-19 related issues. This grant is non-competitive.

Attached, please find the application, invoice and W-9, as required by the Department of Aging and Disability Services and the State Unit on Aging. The grant deadline is January 29, 2021 at 3:00 p.m.

Recommended Motion

Motion to approve grant submission and authorize the First Selectman to sign all necessary documents.

Respectfully Submitted,

Patricia A. Watts

Application Form

**Department of Aging and Disability Services - State Unit on Aging
Connecticut Senior Center Project: CARES Act Funding Opportunity**

To be considered for funding, please complete the following information and follow submission requirements at the end of this application. All items must be answered completely in order to process this application. Certain response boxes have an arrow to the right of the box; simply click the arrow and select your response.

1. Facility Type

Senior Center

2. Name of applicant organization

Colchester Senior Center

3. Address

95 Norwich Avenue

4. Town

Colchester

5. Zip

06415

6. Phone Number

860.537.3911

7. FEIN (Federal Employee Identification Number) Link to Website: **Click cell A35 (the box in column A, row 35)**
<https://irs-taxid-numbers.com/learn/what-is-an-fein-federal-ein-fein-number-guide/>

06-6001974

8. Contact person for this application

Patricia Watts

9. Title of contact person

Director of Senior Services

10. Contact person phone

860.537.3911

11. Contact person e-mail address

pwatts@colchesterct.gov

12. Name of Senior Center director, if different from contact person

13. Email of Senior Center director, if different from the contact person email

14. This Senior Center is:

Municipal government (y/n)

Yes

501c3 agency (y/n)

Yes

15. In which Area Agency on Aging region are you located
Link to AAAs: **Click cell A71 (the box in column A, row 71)**

<https://portal.ct.gov/AgingandDisability/Content-Pages/Topics-A-Z/Area-Agencies-on-Aging>

Information about Senior Center

16. Status of current operations:

17. If open to the public, check all programs/services that apply:

Arts, crafts

Benefits application assistance, including Medicare

Entertainment

Exercise/fitness

Games (bingo, billiards etc.)

Lectures, classes, lifelong learning

Meals to go

Medical services such as foot care

Social Work services/counseling

Support groups

Transportation to medical appointments

Transportation for other errands

18. *How many members/participants does the center typically serve?*

19. *Number of full-time staff*

3

20. Number of part-time staff

Yes

21. Do you serve Title III congregate meals (pre-COVID)? (y/n)

No

22. Do you serve lunch meals for purchase (pre-COVID) (y/n)

Yes

23. Are you or your town providing telephone reassurance for seniors? (y/n)

24. Total requested amount of funds

\$2,500.00

No

25. Will the cost of the purchase(s) be covered in full by this reimbursement?

26. If no, what other source of funding is used to complete this purchase?

Operational funds

27. Select which equipment or tangible good(s) that will be reimbursed with these funds.

Check all that apply:

a. PPE for staff or participants or both:

X

1. contactless thermometers

X

2. masks

X

3. hand sanitizers

4. touchless dispensers

5. face shields

6. Other PPE (Please Specify Below)

b. software to be utilized for participant registration to visit the Center and potential COVID-19 contact tracing and occupancy tracking

c. computer equipment and other technology for staff or participants to utilize for virtual interactions

d. sanitizing equipment or supplies for cleaning of loaned electronic devices

e. video conferencing platform subscription (such as Zoom)

f. personal hygiene kits (including supplies such as soap, shampoo, toothpaste, other oral health items, sanitary wipes, incontinent supplies, toilet paper

g. social isolation prevention kit (such as crafts, puzzles, note cards)

h. surveillance cameras to monitor social distancing and to increase the safety of participants

i. devices necessary to increase the safety of participants such as automatic

door openers or automatic door openers or touchless auto-faucets

- j. cleaning/disinfecting products and equipment
- k. signage to communicate public health guidance
- l. tables and chairs to increase social distancing
- m. room dividers to increase social distancing
- n. tents/canopies for outside use to assure social distancing
- o. heaters for outside patio events
- p. safety shields for desks or buses
- q. Other (Please Specify)

28. Describe how the equipment or tangible good(s) will support the Senior Center during the pandemic, in no more than 100 words.

Our center was closed to the public on March 16, 2020 and since that time has remained closed, except by appointment. We have had to change many of the ways in which we deliver services to our members. Since the beginning, we have kept our senior buses running; each has been equipped with sneeze guards. All staff have been given the required PPE to do their jobs safely, including masks, gloves, and disinfectant and cleaning supplies. We transitioned all programs to Zoom or Free Conference Call platforms. Low-tech games, puzzles, coloring sheets are used by members without access to technology. MySenior Center is used as a means to stay in touch with our members weekly through email blasts and recorded robo-calls.

Signature (type in name) of Authorized Representative for Center

Patricia A. Watts

Title

Director of Senior Services

Date Signed

1/21/2021

Submission Requirements

Submit this completed application, the signed Vendor Profile Form and signed W-9 (See Funding Opportunity for details) to:

stateunitonaging@ct.gov

no later than January 29, 2021, 3:00 PM.

Refer to the Connecticut Senior Center Project: CARES Act Funding Opportunity for information about signatures needed for these documents.

STATE OF CONNECTICUT - AGENCY VENDOR FORM
IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

READ & COMPLETE CAREFULLY

SP-26NB-IPDF Rev. 4/10

COMPLETE VENDOR LEGAL BUSINESS NAME Town of Colchester		Taxpayer ID # (TIN): <input type="checkbox"/> SSN <input checked="" type="checkbox"/> FEIN 06-6001974 <small>WRITE/TYPE SSN/FEIN NUMBER ABOVE</small>	
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE) Colchester Senior Center			
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> LLC SINGLE MEMBER ENTITY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input checked="" type="checkbox"/> GOVERNMENT			
NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.			
BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY <small>(REAL ESTATE & EQUIPMENT)</small> E. OTHER (DESCRIBE IN DETAIL) Municipal Government			
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			E
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			E
NOTE: IF YOUR BUSINESS IS A PARTNERSHIP, YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.			
NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?			
VENDOR ADDRESS STREET		CITY STATE ZIP CODE	
127 Norwich Ave.		Colchester CT 06415	
<small>Add Additional Business Address & Contact information on back of this form.</small>			
VENDOR E-MAIL ADDRESS selectman@colchesterct.gov		VENDOR WEB SITE www.colchesterct.gov	
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. <input type="checkbox"/> SAME AS VENDOR ADDRESS ABOVE.			
REMIT ADDRESS STREET		CITY STATE ZIP CODE	
95 Norwich Ave		Colchester CT 06415	
CONTACT INFORMATION: NAME (TYPE OR PRINT) Patty Watts			
1 ST BUSINESS PHONE: (860) 537-3911		Ext. # 303	HOME PHONE:
2 ND BUSINESS PHONE:		Ext. #	1 ST PAGER:
CELLULAR:		2 ND PAGER:	
1 ST FAX NUMBER: (860) 537-7754		TOLL FREE PHONE:	
2 ND FAX NUMBER:		TELEX:	
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED VENDOR <div style="text-align: center; font-size: 2em; opacity: 0.5;">SIGN HERE</div>			DATE EXECUTED
TYPE OR PRINT NAME OF AUTHORIZED PERSON Mary Bylone		TITLE OF AUTHORIZED PERSON First Selectman	
IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? <input type="checkbox"/> YES (ATTACH COPY OF CERTIFICATE) <input checked="" type="checkbox"/> NO			
IS YOUR BUSINESS CURRENTLY A CT DOT CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE (DBE)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF YOU ARE A STATE EMPLOYEE, INDICATE YOUR POSITION, AGENCY & AGENCY ADDRESS			
PURCHASE ORDER DISTRIBUTION: (E-MAIL ADDRESS)			
NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.			

ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Town of Colchester	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	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.) See instructions. 127 Norwich Avenue	Requester's name and address (optional)
	6 City, state, and ZIP code Colchester, CT 06415	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	Social security number																																									
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> <tr> <td></td><td></td><td></td><td style="text-align: center;">-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								-																	
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	or <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">6</td><td style="text-align: center;">-</td><td style="text-align: center;">6</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">9</td><td style="text-align: center;">7</td><td style="text-align: center;">4</td> </tr> </table>	Employer identification number										0	6	-	6	0	0	1	9	7	4																					
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Part II Certification	
Under penalties of perjury, I certify that:	
1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. 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 for Part II, later.	
Sign Here	Signature of U.S. person ▶
	Date ▶ 9/27/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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)

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 - 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, later.