



State of Connecticut  
Department of Economic and  
Community Development

July 5, 2011

Ms. Catherine Iino  
First Selectwoman  
Town of Killingworth  
323 Route 81  
Killingworth, CT 06417

TOWN OF  
KILLINGWORTH  
JUL 07 2011  
RECEIVED  
SELECTMAN'S OFFICE

Dear Ms. Iino:

Enclosed for your signature, you will find the Proposal for the STEAP Grant awarded to the **Town of Killingworth** for the **Parmelee Farm Renovations**. Please submit the original signed Proposal back to me, within **thirty (30) calendar days** of acceptance of this Financial Assistance Proposal. \*

Sheila Hummel  
Department of Economic and Community Development  
Office of Municipal Development, 2nd Floor  
505 Hudson Street  
Hartford, CT 06106

If you have any questions concerning the enclosed document, please contact me at (860) 270-8105.

Sincerely,

Sheila S. Hummel  
Community Development Manager



Catherine H. Smith  
Commissioner

State of Connecticut  
Department of Economic and  
Community Development

July 5, 2011

Ms. Catherine Iino  
First Selectwoman  
Town of Killingworth  
323 Route 81  
Killingworth, 06417

Re: Parmelee Farm Renovations

Dear First Selectwoman Iino:

The Department of Economic and Community Development is pleased to submit a proposal for assistance in support of the Town of Killingworth's plans to renovate and restore the farmhouse at the former Parmelee Farm for use as a Community Center. The following pages contain a project description and supporting details of a financial assistance package developed jointly between your staff and ours.

This proposal represents the Governor's continuing commitment to support Connecticut's municipalities and we are pleased to have an opportunity to work with you on this project. The success of your project and your community are important to us.

Our staff will continue to be available to you and your staff throughout the duration of the project. If you have any questions concerning this proposal please contact Ned Moore, your project manager, at (860) 270-8148.

Sincerely,

Ronald F. Angelo, Jr., Deputy Commissioner  
For Catherine H. Smith, Commissioner

Catherine H. Smith  
Commissioner

**Agreed and Accepted By:**

**The Town of Killingworth**

Catherine Iino

First Selectwoman  
Title

7/12/11  
Date

**Authorizing resolution of the  
Board of Selectmen—Town of Killingworth**

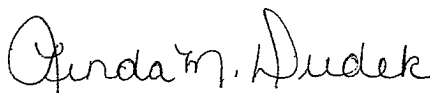
CERTIFICATION:

I, Linda M. Dudek, the Town Clerk of the Town of Killingworth, do hereby certify that the following is a true and correct copy of a resolution adopted by the Board of Selectmen at its duly called and held meeting on July 11, 2011, at which a quorum was present and acting throughout, and that the resolution has not been modified, rescinded, or revoked and is at present in full force and effect:

RESOLVED, that the First Selectman, is authorized and directed to execute and deliver to the Connecticut Department of Economic and Community Development any and all documents that she deems to be necessary or appropriate to the STEAP Grant for the Parmelee Farm Renovations, accepted by the Killingworth Town Meeting on March 2, 2011, and to do and perform all acts and things which ~~he~~ she deems to be necessary or appropriate to carry out the terms of such documents, including, but not limited to, executing and delivering all agreements and documents contemplated by such documents.

The undersigned further certifies that Catherine lino now holds the office of First Selectwoman and that she has held that office since November 17, 2009.

IN WITNESS WHEREOF: The undersigned has executed this certificate this 12<sup>th</sup> day of July 2011.

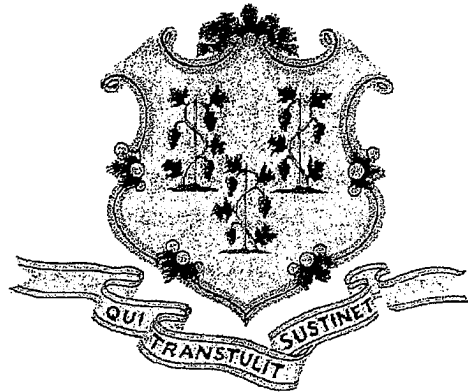
  
Linda M. Dudek, Town Clerk

# State of Connecticut

Governor Dannel P. Malloy

## Department of Economic and Community Development

Catherine H. Smith



### Financial Assistance Proposal

For

**Parmelee Farm  
Renovations**

**The Town of Killingworth**

**July 2011**

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**BACKGROUND**

**Applicant Description:** The Town of Killingworth is located in south central Connecticut, in Middlesex County. Killingworth is part of the Middlesex County Economic Development Region and is served by the CT River Estuary Regional Planning Area. The town is very rural in character and occupies approximately 36 square miles bounded on the north by Durham and Haddam, on the east by Deep River and Chester, by Clinton, on the south, and on the west by Madison. The Town is governed by the Town Meeting and a First Selectman serves as Killingworth's Chief Elected Official. The town has a population of approximately 6,750 residents.

**Project Description:**

This project consists of the restoration of a circa-1865 farmhouse that will be the new address of the Killingworth Historical Society. The building will contain historical documents and artifacts related to the early history of Killingworth and its former status as part of Clinton. Work will include structural repairs, the installation of HVAC, climate control, electrical upgrades and wiring, ADA compliance upgrades including new ramps, bathroom modifications, adjustments to the door-widths, and handrails.

**SOURCE AND USE OF FUNDS**

**Sources of Funds**

Department of Econ. and Comm. Develop. – STEAP	\$150,000
<b>Total</b>	<b>\$150,000</b>

**Use of Funds**

Construction	\$150,000
<b>Total</b>	<b>\$150,000</b>

*\* The figures above may be amended from time to time through requests for revisions to the Project Financing Plan and Budget, as approved by the Department of Economic and Community Development.*

**FINANCIAL ASSISTANCE PROPOSAL**

This financial assistance proposal is based upon the commitment of the Town of Killingworth (hereafter, the "Applicant"), to implement the project as described herein. The State of Connecticut, acting through the Department of Economic and Community Development (hereafter, "DECD") and under the provisions of the C.G.S. Sec. 4-66g proposes a financial assistance package consisting of a grant in the total amount of \$150,000. DECD financial assistance shall not exceed \$150,000 of the total project cost as described in this proposal, as set forth in the most recently approved Project Financing Plan and Budget. The components of this financial assistance are outlined below:

<b>Applicant:</b>	Town of Killingworth
<b>DECD Financing:</b>	\$150,000 Grant

**Amount and Use of DECD Funds:**

\$ 1,500	Administration
\$133,500	Construction
\$ 15,000	Contingency
<b>\$150,000</b>	<b>TOTAL</b>

**PROPERTY RESTRICTIONS**

**Use Restriction**

The Applicant covenants and agrees that the Applicant's property, located at 465 CT Route 81, Killingworth, CT, 06419 and known as the Parmelee Farm, shall be used as a community center and the Killingworth Historical Society for a period of ten years. The Applicant agrees that it shall execute a Declaration of Restrictive Covenant ("the Covenant") in a form acceptable to the Commissioner, which shall be filed on the land records of the Town of Killingworth. The Covenant shall be enforceable by the State and shall provide that any conveyance of Applicant's property shall be subject to the terms of the Covenant.

**CONSTRUCTION COMPLIANCE**

The DECD requires submission of project design documents, specifications, construction bid documents and cost estimates and other documents outlined in Schedule A. All submissions are subject to review, comment, and/or approval by the DECD's Office of Responsible Development and/or the DECD Commissioner. Unless notified by DECD, for projects with a total project cost of \$250,000 or less, the grantee will be required to certify that the project is in compliance with DECD design, bidding, contracting and construction monitoring requirements. In these cases, it will be the responsibility of the grantee to certify and submit the appropriate documentation during the pre-bid phase, construction phase and close-out phase of the project.

The Applicant shall submit for review and comment the following construction-related documents which need to comply with DECD design, bidding, contracting and construction monitoring Requirements: a) bid package(s) including procedures for bidding; b) bid selection process and results; c) bonding and insurance requirements; d) copies of contracts; e) schedule of values; f) payment requisitions and change orders.

DECD requirements for approval of the release of funds for construction include review of construction documents, latest updated budget, submittal of bidding process, project schedule and cash flow updates, monthly reports, and any appropriate back up materials as may be needed for review such as application and certificate of payment (AIA Document G702) approved by the architect and/or engineer, appropriate invoices, etc.

The Applicant shall be required to submit to the DECD a project administration plan, acceptable to the DECD, that describes how they will document and monitor the financial and construction oversight of the State funds as required by the Assistance Agreement and as approved in the DECD's Project Financing Plan and Budget. The purpose of the plan is to assure the completion of the project within the approved Financing Plan and Budget and the appropriate use of State funds. The plan should address how State funds will be disbursed in conjunction and in accordance with all contractual agreements. The

plan should include the process that they will undertake to approve payment requisitions and project construction change orders.

## **REPORTING**

### **Project Audit**

Each Applicant subject to a federal and/or state single audit must have an audit of its accounts performed annually (see Schedule B). The audit shall be in accordance with the DECD Audit Guide (located at <http://www.ct.gov/ecd/cwp/view.asp?a=1096&q=249676>) and the requirements established by federal law and state statute. All Applicants not subject to a federal and/or state single audit shall be subject to a Project-specific audit of its accounts within ninety (90) days of the completion of the Project or at such times as required by the Commissioner. Such audit shall be in accordance with the DECD Audit Guide. An independent public accountant as defined by generally accepted government-auditing standards (GAGAS) shall conduct the audits. At the discretion and with the approval of the Commissioner, examiners from the Department of Economic and Community Development may conduct Project-specific audits.

The completion of the project will be determined by the end date of the most recently approved Project Financing Plan and Budget.

### **Semi-Annual Project Financial Statements**

The Applicant will also be required to provide unaudited Balance Sheet and cumulative Statement of Program Cost to the Commissioner in the approved DECD project statement format as outlined in the most current Accounting Manual located at <http://www.ct.gov/ecd/cwp/view.asp?a=1096&q=249670> (see accounting manual financial statements). This information shall be due within 30 days after June 30<sup>th</sup> and December 31<sup>st</sup> until the Project Financing Plan and Budget expires.

## **REQUIRED DOCUMENTS**

The Applicant must provide the following required documents prior to contract closing. No financial assistance agreements will be signed by DECD until all required documents have been received, which include the following:

- Municipal Resolution

## **PROJECT START/END DATE**

For purposes of this proposal this project will have a start date of June 1, 2011 and any eligible Applicant project expenditures after that date will be permitted as part of the project. The end date of the project will be determined by the most recently approved Project Financing Plan and Budget.

## **EXPIRATION**

The Applicant must accept this proposal no later than August 5, 2011, which is 30 calendar days after the date of proposal. In the event the DECD does not receive the acceptance of this proposal by the aforementioned date, the offer will be considered null and void and withdrawn.

## **INSTANCES OF DEFAULT**

If funding for the project is approved, the Assistance Agreement between DECD and the Applicant may be subject, but not limited to the following default provisions: breach of agreement, misrepresentation, receivership or bankruptcy, condemnation or seizure, lack of adequate security, violation of terms in other project documents. In addition to repayment in full of the funding, DECD's remedies may include, but not be limited to, the ability to collect an additional 5% in liquidated damages on the total amount of financial assistance, and to charge a 15% per annum rate of interest on financing provided.

## **CLOSING AND TRANSACTION COSTS**

The Applicant shall be responsible for the payment of all necessary and appropriate costs associated with this transaction, whether or not a closing takes place, including but not limited to the State's attorneys fees and other such costs incurred by the State or associated with securing the State Financial Assistance. Such costs may also include reasonable attorney fees, appraisal costs, and other possible fees and costs related to the closing.

## **LABOR COMPLIANCE**

### **Nondiscrimination**

The Applicant will comply with Connecticut General Statutes section 4a-60, as may be amended, which prohibits the Applicant from discriminating or permitting 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, mental disability, or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut.

The Applicant will comply with Connecticut General Statutes section 4a-60a, as may be amended, which prohibits the Applicant from discriminating or permitting discrimination against any person or group of persons on the grounds of sexual orientation.

### **Affirmative Action**

The Applicant will comply with Connecticut General Statutes Section 4a-60, which prohibits the Applicant from engaging in or permitting discrimination in the performance of the work involved as well as requires that the company take affirmative action to ensure that all job applicants with job related qualifications are employed and that employees are, when employed, treated in a nondiscriminatory manner.

### **Executive Order Number Three**

The Applicant will comply with Executive Order Number Three, which gives the State Labor Commissioner continuing jurisdiction over Agreement performance in regard to nondiscrimination. It empowers the State Labor Commissioner to cancel, terminate or suspend the Assistance Agreement for violation of or noncompliance with the order or any state or federal law concerning nondiscrimination.

<http://www.cslib.org/exeorder3.htm>

**Executive Order Number Sixteen**

The Applicant will comply with Executive Order Number Sixteen, of Governor John G. Rowland promulgated August 4, 1999, regarding Violence in the Workplace Prevention. The Assistance Agreement may be cancelled, terminated or suspended by the State for violation or noncompliance with said Executive Order No. Sixteen.  
<http://www.ct.gov/governorowland/cwp/view.asp?A=1328&Q=255942&pp=12&n=1>

**Executive Order Number Seventeen**

The Applicant will comply with Executive Order Number Seventeen, which gives the State Labor Commissioner and DECD joint and several jurisdiction in respect to Agreement performance in regard to listing all employment openings with the Connecticut Employment Service. <http://www.cslib.org/exeorder17.htm>

**WITHDRAWAL OF FINANCIAL ASSISTANCE PROPOSAL**

Notwithstanding any other provisions of this proposal, the State, in its discretion, may elect to withdraw this proposal and withhold payment of funds if:

- The Applicant shall have made to the State any material misrepresentation in the project data supporting the funding request, in the application or any supplement thereto or amendment thereof, or thereafter in the agreement, or with respect to any document furnished in connection with the project; or
- The Applicant shall have abandoned or terminated the project, or made or sustained any material adverse change in its financial stability and structure, or shall have otherwise breached any condition or covenant, material or not, in this proposal and/or thereafter in the agreement.

**ADDITIONAL TERMS AND CONDITIONS**

The Applicant acknowledges that the obligation of DECD to provide the financial assistance set forth herein is subject to the normal State approval process, including but not limited to approval by the State Bond Commission, and may be subject to review and approval of any documentation by the Attorney General as to form and substance.

The State financial assistance will be subject to the standard terms and conditions established by DECD for financial assistance under Sec. 4-66g of the Connecticut General Statutes. The Applicant will enter into an Assistance Agreement with the State of Connecticut, acting through DECD, which will contain but not be limited to provisions of this proposal, and set forth the terms and conditions of the state financial assistance, and will execute and/or deliver such other documents, agreements, and instruments as DECD may require in connection with the State financial assistance or any required security.

This proposal is not a contract by the State of Connecticut or the Applicant. The State shall not be bound until a contract has all approvals required by law, and is executed in accordance with all applicable State procedures.

## **DECD CONTACTS**

**Development Manager:** Your Development manager is responsible for coordinating all aspects of your project as it moves forward. Please consider the development manager as your main point of contact throughout the life of your project.

**Contact: Ned Moore**

**Phone #: 860 270-8148**

**Community Development Director:** Your Director is also available to you at any time for issues pertaining to all aspects of your project.

**Contact: Sheila Hummel**

**Phone #: 860 270-8105**

**Office of Responsible Development Contact:** The Engineer assigned to your project is available to you at any time for issues concerning construction and environmental questions.

**Contact: Nelson Tereso**

**Phone #: 860 270-8213**

**CLIENT OBLIGATION CHECKLIST**

The following is a brief outline of the documents that will be required to be provided by the municipality over the life of the agreement. This is not an attempt to define all of the terms and conditions as outlined in this proposal, but to provide a snapshot of the requirements.

General Requirement	Comment	Y E A R S										Status	
		1	2	3	4	5	6	7	8	9	10		
State Single Audit (if applicable for non-profits/municipalities) – See Schedule B	Due within 180 days of FYE until all project funds are expended	X	X	X									
Unaudited balance sheet and Cumulative Statement of Program costs	Due every six months until project is complete	X	X	X									

  C1    
Applicant Initials

  7/12/11    
Date

**NEXT STEPS**

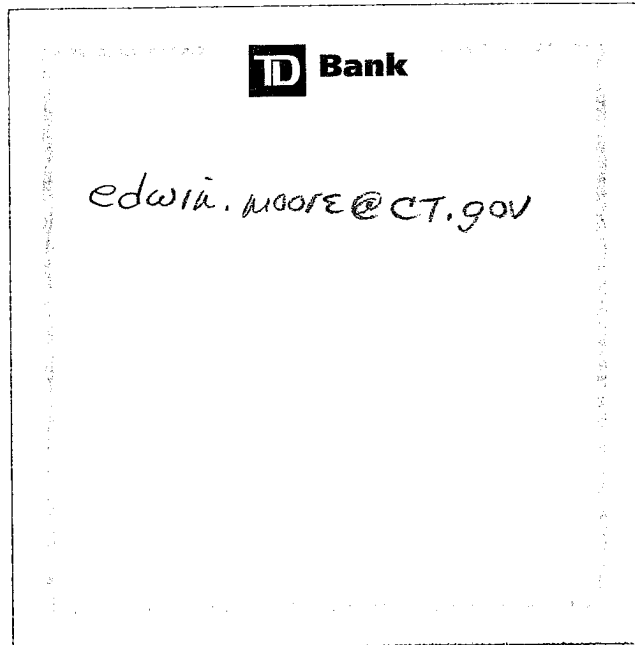
The enclosed documents, accompanying this financial assistance proposal, must be completed and returned to DECD within thirty (30) calendar days of acceptance of this assistance proposal.

- \* Application
- \* Municipal Resolution

Please return the signed acceptance letter and initialed Client Obligation Checklist to:

Department of Economic and Community Development  
Office of Responsible Development  
505 Hudson Street  
Hartford, CT 06106

Attn: Ned Moore, 2<sup>nd</sup> Floor



## **SCHEDULE A**

### **Schedule of Submissions and Approvals required for State Assistance**

The DECD will require the Applicant to provide certain documents prior to the start of construction and through the completion of the project. In addition, DECD will require certain reviews and opportunities for comment during design and construction, through the completion of the project. The following outlines some of these documents and some of the anticipated DECD approvals:

#### **Submissions to DECD – Start of Project to Construction Completion:**

- Schematic Design Plans
- Consultant Contracts
- Consultant Engineering Reports (including civil/site, environmental, geotechnical, and structural).
- CGS 25-68(d) Floodplain Certification Submission (if applicable)
- Appraisal Reports
- Historic and Archeological Surveys, Reports, and Mitigation Deliverables (if applicable)
- Affirmative Action Compliance Reports
- Applicant Bylaws
- Applicant Conflict of Interest Policy
- Cumulative Statement of Program Cost and Project Balance Sheet
- Applicant Single Audit Act Reports
- Third Party Special Inspection Reports
- Monthly Progress Reports by Applicant (format to be approved by DECD)
- Meeting Minutes and Correspondence (between owner, architect, and/or contractor)

**DECD Site Development Involvement:** DECD requires on and off-site project access on regular basis for review of design and construction developments.

#### **Submissions to DECD Upon Completion of Construction:**

- Annual Audit & Management Reports
- Cumulative Statement of Project Cost and Project Balance Sheet
- Certificate of Occupancy (where applicable)
- Record documents (As Built)
- Certificate of Substantial Completion (AIA form G704)
- Contractor's Affidavit of Payment of Debts and Claims (AIA form G706)
- Contractor's Affidavit of Release of Liens (AIA form G706A)
- Subcontractors and Suppliers Release or Waiver of Liens
- Consent of Surety Company to Final Payment (AIA G707)
- Consent of Surety to a Reduction in or Partial Release of Retainage at 50% project completion, if applicable: (AIA form G707A) Requires DECD concurrence.
- Final Application and Certificate for Payment (AIA form G702, and continuation sheet G703)

If the contractor has provided Contractor's Affidavit of Release of Liens (AIA form G706A) and lien waivers from major subcontractors and suppliers, a contractor may request the

## SCHEDULE B

**TO:** Municipal or Nonprofit Agency Grantee – DECD Program

**FROM:** Michael J. Lettieri, Community Development Director  
Office of Financial Review

**SUBJECT:** DECD and State Single Audit Submission Requirements

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Pursuant to Sections 4-230 through 4-236, as amended, of the Connecticut General Statutes, each municipality, audited agency, tourism district and not-for-profit organization that expends state financial assistance equal to or in excess of three hundred thousand dollars in any fiscal year of such nonstate entity beginning on or after July 1, 2009, shall have a single audit made for such fiscal year in accordance with the provisions of the above-referenced General Statutes. If total state financial assistance expended for the fiscal year is for a single state program, a program-specific audit may be conducted in lieu of a single audit.

Copies of the state single audit report package must be filed with the state grantor agencies, the cognizant agency and pass-through agencies (if applicable). Submission of the report package must be made within 30 days of completion of the audit report, if possible, but no later than six months after the end of the audit period. For recipients with a June 30, 2005 fiscal year end, the filing deadline is December 31, 2005. Cognizant agencies must be notified of the Independent Auditor appointed to conduct the audit. Such notification must be made not later than thirty days before the end of the fiscal year of the entity to be audited.

The Office of Policy and Management is the cognizant agency for municipalities, tourism districts, other quasi-governmental entities and nonprofit organizations under the State Single Audit Act. The Dept. of Economic & Community Development is the cognizant agency for Housing Authorities. Your Cognizant Agency has the authority under C.G.S. Section 7-393 and State Single Audit Regulations to grant an extension for filing an audit report past the statutory deadline. In order for such an extension to be considered, an Audit Submission Extension Request Form must be submitted to the cognizant agency no later than 30 days prior to the required filing date. Both the independent auditor and the Chief executive officer of the audited entity must sign the request. If the reason for the extension relates to deficiencies in the entity's accounting system, a corrective action plan must accompany the request. The request may be faxed to the cognizant agency as indicated on the request form.

The following is a list of the required components of a complete audited financial report package that must be filed by the deadline with your cognizant agency, each State agency that provides funding to you, such as the Dept. of Economic & Community Development, and pass-through agencies (if applicable):

1. The Audit Report on the Financial Statements of the auditee
  2. State Single Audit Report or program-specific audit report (if applicable)
  3. Federal Single Audit Report (if applicable)
  4. Municipal Audit Questionnaire (Municipalities & Audited Agencies)
-

5. Management Letter (if applicable)
6. Corrective Action Plan (if applicable)
7. Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The DECD requires that the DECD Audit Guide must be used in conjunction with a State Single Audit of DECD programs. The only additional requirements are that the DECD programs be tested for compliance with laws and regulations using the compliance supplements contained in Appendix A of this guide and that the financial statement format outlined in Exhibit 4-2 of the guide be followed. The DECD *Consolidated Audit Guide for DECD Programs* is available at the following Website: <http://www.ct.gov/ecd> under Miscellaneous Publications.

State Single Audit Regulation Sec. 4-236-28, states, "In cases of continued inability or unwillingness to have a proper audit conducted of a program in accordance with these regulations, **state agencies** shall consider appropriate sanctions concerning the program including but not limited to:

- (a) withholding a percentage of awards until the audit is completed satisfactorily;
- (b) withholding or disallowing overhead costs; or
- (c) suspending state awards until the audit is completed".

Any nonstate entity, which fails to have the audit report filed on its behalf within six months after the end of its fiscal year or within the time granted by the cognizant agency, may be assessed a civil penalty of not less than \$1,000 but not more than \$10,000.

While these are strong measures and in most instances not needed, they define the measures that state agencies and OPM may take to ensure that those grantees receiving state financial assistance submit timely and appropriate audit reports.

In summary, as a grantee of a DECD program, please file the following documents as applicable with DECD and OPM by the dates indicated:

**File the following with the state grantor agency – [DECD, Office of Financial Review, 505 Hudson Street, Hartford, CT 06106]:**

- *Complete Audit Reporting Package* if your entity is subject to filing a *State Single Audit* (must be submitted within 30 days of completion but no later than the filing period deadline),

OR

- *State Single Audit Exemption Notification Form* if your entity is exempt from filing a *State Single Audit* (submit as soon as possible after fiscal year end but no later than six months after your fiscal year end)

**File the following with your cognizant agency – [OPM, Intergovernmental Policy Division, Municipal Finance Services, 450 Capitol Avenue - MS-54MFS, Hartford, CT 06106]:**

- *Auditor Notification Form* (submit no later than thirty days before the end of the fiscal year of the entity to be audited)

- *Extension Request For Filing Financial and State Single Audits* if the audit cannot be filed by the due date (*submit at least 30 days prior to the end of the six-month filing period*)
- *Complete Audit Reporting Package* if subject to filing State Single Audit (*submit within 30 days of completion but no later than the filing period deadline*),
- *State Single Audit Exemption Notification Form* (submit as soon as possible after fiscal year end if you determine that your organization was not subject to the State Single Audit Act but no later than six months after your fiscal year end)

If you have any questions please contact Steve Pons at (860) 270-8209.

Thank you for your attention to these matters.

Attachments:

- Extension Request for Filing Financial and State Single Audit Form
- Appointment of Auditor Notification Form
- State Single Audit Filing Exemption Notification Form

**EXTENSION REQUEST FOR FILING  
FINANCIAL AND STATE SINGLE AUDITS**

Pursuant to C.G.S. 7-393 and/or S.S.A. Regulation 4-236-25, a \_\_\_\_\_ day extension  
(Number of days)\*  
for filing the \_\_\_\_/\_\_\_\_/\_\_\_\_ Audited Financial Statements \_\_\_\_ State Single Audit \_\_\_\_ is  
(Fiscal Year Ended) (Check applicable reports)  
requested until \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_\_  
(New filing date) (Name of entity)

Entity Federal Employer Identification Number (FEIN): \_\_\_\_\_

Entity Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person & Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Special Reasons For the Request:**

List State Agency(s) providing funds  
(To be completed by entity receiving funds) \_\_\_\_\_

Requested by:  
*Independent Accountant or Accounting Firm* \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Independent Auditor's Signature Date Auditee CEO's Signature Date

Mail or Fax (860) 418-6493 To OPM at least 30 days prior to the end of the 6-month filing period.

<p><b>FOR OPM ACTION ONLY</b></p> <p>Extension Approved _____ Denied _____ Date ____/____/____ For OPM _____</p> <p>Date Auditor Notified: ____/____/____ Date State Agencies Notified: ____/____/____</p> <p>Comments _____</p>
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\* Requests for extensions should not exceed 30 days per request.  
<http://www.opm.state.ct.us/igp/services/Audits.htm>

APPOINTMENT OF AUDITOR NOTIFICATION

To: Office of Policy and Management
Intergovernmental Policy Division
Municipal Finance Services
450 Capitol Avenue - MS-54MFS
Hartford, Connecticut 06106-1308
Tel.(860) 418-6400 Fax (860) 418-6493 E-Mail lori.stevenson@po.state.ct.us

From: Entity Name
Entity Address
Zip
Federal Employer Identification Number (FEIN)
Chief Fiscal Officer (Municipal)
Executive Director (Nonprofit)
Telephone (with area code) Facsimile
Internet E-Mail Address
Chair, Board of Directors (Nonprofit)
Telephone Number of Bd. Chairman

The following information is furnished in compliance with Connecticut General Statutes 7-396 and/or 4-232:

1. Independent Accountant or Accounting Firm Performing the Audit:

Name
Address
Zip
State of CT Board of Accountancy CPA Firm Permit to Practice Number
Contact Person & Title
Telephone (with area code) Facsimile
Internet E-mail Address

- 2. Fiscal Period(s) of Audit From To, From To
3. Appointment Date of Auditor
4. Name/Title of Appointing Authority

http://www.opm.state.ct.us/igp/services/Audits.htm

[ORGANIZATION'S LETTERHEAD]

STATE SINGLE AUDIT  
FILING EXEMPTION NOTIFICATION

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

Lori Stevenson, Executive Secretary  
Municipal Finance Services  
Office of Policy and Management  
450 Capitol Avenue MS#54MFS  
Hartford, CT 06106-1308

Dear Ms. Stevenson,

This letter is to inform the Office of Policy and Management that for our fiscal year, which ended \_\_\_\_\_, the total expenditures of State financial assistance was less than \$300,000 for any fiscal year beginning on or after July 1, 2009. Total expenditures of State Financial Assistance for all programs was \$\_\_\_\_\_.

Based on the guidelines of C.G.S. 4-231(b), we are exempt from filing a State Single Audit for this fiscal period. If you have any questions please contact:

Contact Person: \_\_\_\_\_

Name of Nonprofit: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Very truly yours,

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Chief Financial Officer

cc: Michael J. Lettieri, Community Development Director  
Office of Financial Review  
Department of Economic and Community Development  
505 Hudson Street  
Hartford, CT 06106

**This form may be returned to OPM by facsimile (860) 418-6493 and DECD by facsimile (860) 270-8200.**  
<http://www.opm.state.ct.us/igp/services/Audits.htm>