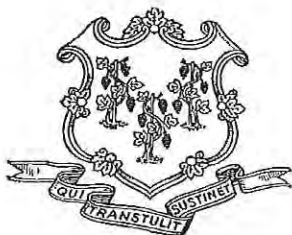


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES



CONTRACT AMENDMENT

Contractor: Town of Bethany
Contractor Address: 40 Peck Road, Bethany, CT .06524
Contract Number: 09DSS6002SL / 008-NF-01
Amendment Number: A3
Amount as Amended: \$1,200,000.00
Contract Term as Amended: 9/25/2009 to 6/30/2018

The contract between Town of Bethany . (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 6/08/2015 , is hereby further amended as follows:

1. The term of the contract is extended one (1) year and the end date of the contract is changed from 6/30/17 to 6/30/18. This extension is to allow contractor to complete the project as originally contracted.

All terms and conditions of the original Contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

SIGNATURES AND APPROVALS

09DSS6002SL/008-NF-01 A3

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.


CONTRACTOR

Town of Bethany


Derrilyn Gorski, First Selectwoman


4, 4, 17
Date

DEPARTMENT OF SOCIAL SERVICES


RODERICK L. BREMBY, *Commissioner*

4, 6, 17
Date

OFFICE OF THE ATTORNEY GENERAL


ASST. ASSOC. ATTORNEY GENERAL (*Approved as to form*)
Joseph Rubin

4, 17, 17
Date

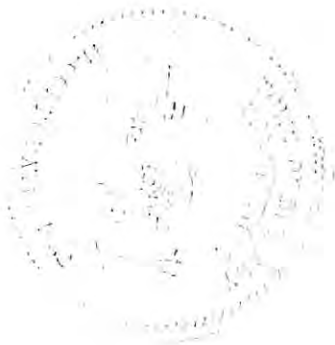
RESOLUTION

Contract #:«CoreNumber» / «ContractNumber»

I, *Nancy A. McCarthy*, *Town Clerk* of the **Town of Bethany**, a Connecticut corporation (the "Contractor"), do hereby certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the **Board of Selectmen** of the Contractor duly held and convened on **March 25, 2013** at which meeting a duly constituted quorum of the Board of Selectmen was present and acting throughout and that such resolution has not been modified, rescinded, or revoked, and is at present in full force and effect:

RESOLVED that the First Selectman, Derrylyn Gorski is empowered to enter into and amend contractual instruments in the name and on behalf of this Contractor with the Department of Social Services of the State of Connecticut for a Neighborhood Facilities program, and to affix the corporate seal.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature and the corporate seal of the Contractor this 4th day of April, 2017.



L. S.

Nancy A. McCarthy
(Signature of Secretary or Clerk)
Town Clerk

Attendance: First Selectwoman Derrylyn Gorski, Donald Shea, Steven Thornquist

Visitors: Mike Carviello, William Brinton, Pua Ford, Clark Hurlburt

First Selectwoman Gorski called the meeting of the Board of Selectmen to order at 7:35 pm. The meeting was held in the Conference Room of the Bethany Town Hall. Check signing was the first order of business. All present stood for the Pledge of Allegiance.

APPROVAL OF MINUTES

The approval of the minutes of the meeting of March 11, 2013 was tabled until the next meeting.

USE OF AIRPORT

Two members of the Beacon Falls Lions Club were present to discuss use of the Bethany Airport for an antique car and bike show. The officers of the Beacon Falls Lions Club had previously discussed this show with the Bethany Lions Club. Last year the Beacon Falls Lions held a car and bike show at Woodland High School, however the location was not suitable. There was no interest shown by Bethany Lion's Club to either partner with Beacon Falls or to run one themselves. Beacon Falls Lions Club are requesting the use the Airport property on July 28, 2013 with rain dates of August 11 or 18. Following discussion the Selectmen agreed that Beacon Falls Lions Club could use the Airport property to hold a bike and antique car show. They would be charged the full rate of \$200 for the use of the airport for that show.

TOWN HALL SCULPTURE

Raymond Sweet had loaned to the Town Hall a sculpture he had made with a friend in the mid 1980's. This sculpture has been on display in the front of Town Hall since that time. At this time Raymond is asking the Board of Selectmen's permission to remove it as he would like it back. The Selectmen agreed he should be allowed to take it back at this time.

CARRINGTON MONUMENT

The Carrington Monument was damaged this winter by the snow plow. First Selectwoman Gorski called the Carrington Family to see if they would be agreeable when the monument is fixed to relocating it closer to the Town Hall where snow plows cannot hit it. The family was undecided at this time whether it should be relocated. Final decision was tabled at this time until the family approves of the location.

STEAP GRANT

The documents necessary to execute the contract for the \$200,000 STEAP Grant for the Airport Hangar project have been received from the State of Connecticut. Included was the following resolution which was moved by Selectman Shea and seconded by Selectman Thornquist:

RESOLVED that the First Selectwoman, Derrylyn Gorski, is empowered to enter into and amend contractual instruments in the name and on behalf of this Contractor with the department of Social Services of the State of Connecticut for a Neighborhood Facilities program, and to affix the corporate seal for the STEAP Grant.

The vote taken was two (2) yes votes and one (1) no vote that of Selectman Shea.

BOARD OF SELECTMEN
MARCH 25, 2013
Page 2 of 2

TAX REFUNDS

Selectman Thornquist moved to refund to Build It Better, LLC the sum of \$39.33, to Richard R. Sweet the sum of \$896.20 and to Ruth O. Russell the sum of \$5.40 all for overpayment of taxes. Selectman Shea seconded the motion. Unanimous vote of approval was taken.

ADDITION TO THE AGENDA OF THIS MEETING

Selectman Shea moved to add approval of Registrar's Emergency Plan to the agenda of this meeting. Selectman Thornquist seconded the motion. The vote taken was unanimous.

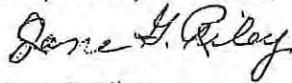
APPROVAL OF REGISTRAR OF VOTERS EMERGENCY PLAN

The Registrar of Voters Emergency Plan approval was tabled from a previous meeting. The Selectmen discussed relocation of the polling place should an emergency occur on a voting day. They determined that the number one place is still Town Hall followed by the Bethany Elementary School if school was not in session and the third choice would be the Fire House. A motion was moved by Selectman Thornquist and seconded by Selectman Shea to approve the plan using these locations as discussed. The vote taken was unanimous.

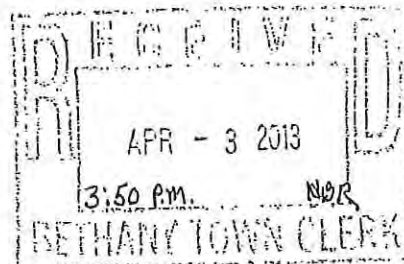
ADJOURNMENT

Adjournment was called at 8:20 after a motion was moved by Selectman Thornquist and seconded by Selectman Shea. The motion passed unanimously.

Respectfully submitted,



June G. Riley
Secretary, Board of Selectmen



**STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
REQUEST FOR PAYMENT
DSS ACCOUNTS PAYABLE**

Voucher #: _____ VR Date: _____ Voucher Approved by: _____ Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____
 Vendor/Contractor Name: Town of Bethany
 Business Address: 40 Peck Road, Bethany, CT .06524
 Remittance Address: (where the check is to be mailed - YOU MUST FILL THIS IN)
 Town of Bethany
 40 Peck Road, Bethany, CT .06524

Purchase/Contract Type: PO POS MOA/VI BOND
 Check One: Competitive Non-Competitive
 Spending Plan Code: NF
 CORE-CT Contract #: 09DSS6002SL
 DSS Contract #: 008-NF-01
 PO #: _____
 FEIN #: 066001960 Vendor #: _____
 Contract Period: From: 9/25/2009 To: 6/30/2018
 Payment Period: From: _____ To: _____
 Total Contract: \$1,200,000.00
 Previous Payments: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: Derrylyn Gorski
 Contractor Name (print) _____ Contractor Signature _____ Date 4-2-17

DON'T FILL IN BELOW - THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION - If multi funding source, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$ 20			DSS					168	
\$ 20			DSS					168	
\$ 20			DSS					168	
\$ 20			DSS					168	

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: LoriBeth Williams
 DSS PROGRAM STAFF REP Signature
 Date _____ (860) 424-5349 Phone # _____

Co-sign (if required) Signature _____ Phone # _____
 DSS FISCAL STAFF APPROVAL - Name (sign & date) _____

*Financial Report Required Yes No
 *Financial Report within last 3 mos. Yes No
 *Attach Explanation If Report Is More Than 3 Months Old