



Town of New Fairfield

*Selectmen's Office
4 Brush Hill Road
New Fairfield, Connecticut*

**BOARD OF SELECTMEN
REGULAR MEETING
ZOOM MEETING**

Join Zoom Meeting

<https://zoom.us/j/93574851521>

Meeting ID: 935 7485 1521

Dial In: (929) 205-6099

Tuesday, November 23, 2021

7:30 P.M.

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Proclamation Honoring Kim Hanson
4. Public Comment & Participation
5. Correspondence & Announcements
6. Approve Minutes of Board of Selectmen Regular Meeting November 9, 2021
7. Budget Transfers
8. Personnel Report
9. Appointments

New Business

9. Authorizing Resolution EMPG Grant MOU
10. Discuss and Possibly Vote to Set Date for Town Meeting to Consider and Act Upon Amended Animal Control Ordinance

Old Business

11. COVID Update
12. Public Comment
13. Adjournment



Town of New Fairfield

Selectmen's Office

New Fairfield, Connecticut

Proclamation

Kim Hanson

WHEREAS, Kim was elected to the Board of Selectman and served from November 19, 2013 through November 16, 2021, also serving as a member of the Local Traffic Authority; and,

WHEREAS, Kim was elected to the Board of Education and served from November 2003 through November 2013. As Chairman of the Board of Education, Kim was instrumental in the renovation of the Meeting House Hill School and the High School Science Center and followed through to completion on time and under budget. As Chairman of the BOE, he reached across the aisle to include all voices in setting policies. Kim always sought to bring civility to the process; and,

WHEREAS, Kim was appointed to serve as an Alternate Member of the Conservation Commission from January 2000 through August 2001 and April 2002 through December 2014, and as a Full Member from August 2001 through March 2002. He was instrumental in protecting the Dunham Pond area wetlands during building construction and in particular insisting on a protective berm; and,

WHEREAS, in August 1996 Kim was appointed to the Housatonic Regional Resource Authority and served through June 1999 and then again from September 2017 and continues to serve today; and,

WHEREAS, throughout his service, Kim has been able to work closely with state legislators on school and town issues; and,

WHEREAS, Kim has always been the first to volunteer, lending his considerable expertise in sound production for town events, particularly for Veterans and 9/11 ceremonies; and,

WHEREAS, Kim continues to have the courage of his convictions, stands up for what he believes in and is not afraid to be a single voice; and,

NOW, THEREFORE, I, Patricia Del Monaco, First Selectman of the Town of New Fairfield, on behalf of the Board of Selectmen and the citizens of New Fairfield, do hereby express our appreciation and gratitude to Kim Hanson for his outstanding service and 25 years of dedication to the community. We extend our best wishes and wish him continued success in life's pursuits.



Patricia Del Monaco

Patricia Del Monaco, First Selectman
Dated this 23rd day of November, 2021

TOWN PROPERTIES CAPITAL BUDGET

	Building	STEAP	Conf.	PW	Ped.	Replace			Interior	Town	Replace	Replace	Repair	Replace	PD & FD	Comm Rm	Total
	Repair	Town Hall	Room	Overhead	Safety	Furnace	PD	Annex	Painting	Hall	Fountain	Carpet	Chimney	TH-Tank &	Cat 6 Wire	Tricaster &	
	Reserve	Annex	PD	Doors	Signage	Co. A	Cameras	Generator	Annex	Septic	Co. A	PW	Town Hall	Furnace	Upgrade	Addtl 48-port	
																switch at PD	
Carryover	60,532.65	215,728.20	1,600.00	6,480.10	5,000.00	45,000.00	4,900.00	58.81	11,000.00	1,800.00	2,500.00	6,902.00	10,000.00	-	-	-	371,501.76
Current Year	20,000.00													40,000.00			60,000.00
Transfers																	
Per Lloyd Decker 9/1/21	58.81							(58.81)									-
Per BOS 10/28	(21,420.00)														21,420.00		-
Per BOS 11/23/2021	(10,000.00)															10,000.00	-
																	-
																	-
																	-
																	-
Expenditures																	-
PO #22000481 - Tucker Mechanical	(2,949.00)																(2,949.00)
PO #21000713 - Tracy Floors												(2,678.00)					(2,678.00)
																	-
																	-
																	-
																	-
																	-
Encumbered																	-
PO #c0030449 - Safety Marking Inc.										(1,800.00)							(1,800.00)
PO #4 - Bob Conley & Son									(6,600.00)								(6,600.00)
PO # 21000580 - Loureiro Engineering		(187,000.00)															(187,000.00)
PO #22000536 - Waterboy Plumbing											(1,850.00)						(1,850.00)
PO #22000536 - Diebold Nixdorf	(1,684.00)																(1,684.00)
PO #22000536 - Shock Electric Co.														(21,420.00)			(21,420.00)
																	-
Balance	44,538.46	28,728.20	1,600.00	6,480.10	5,000.00	45,000.00	4,900.00	-	4,400.00	-	650.00	4,224.00	10,000.00	40,000.00	-	10,000.00	205,520.76
																	-

TOWN OF NEW FAIRFIELD
PERSONNEL REPORT
November 23, 2021

	LAST NAME	FIRST NAME	POSITION	LOCATION	PAY RATE	REASON	EFFECTIVE
NEW HIRES:							
1	BOYNTON	LORA	ANIMAL CONTROL OFFICER PER DIEM SUBSTITUTE	ANIMAL CONTROL	\$25/HR		11/23/2021
2	COLELLA	VICTORIA	PT DISPATCHER	COMMUNICATIONS	\$17.50/HR		11/23/2021
3	DIBIASE	MICHAEL	PT LABORER	PUBLIC WORKS	\$15.69/HR	REPLACING WILLIAM MIGONE	11/23/2021
CHANGE IN STATUS							
SEPARATION							
4	EAGLESTON	MATTHEW	POLICE OFFICER	POLICE		VOLUNTARY RESIGNATION	11/17/2021

AUTHORIZING RESOLUTION OF THE
Board of Selectmen-Town of New Fairfield

CERTIFICATION:

I, Pamela J. Dohan, the Town Clerk of Town of New Fairfield, 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 November 23, 2021 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 Town of New Fairfield may enter into with and deliver to the State of Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security, any and all documents which it deems to be necessary or appropriate; and

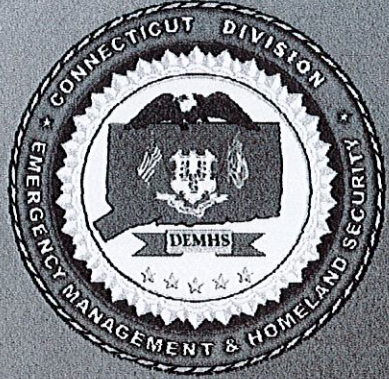
FURTHER RESOLVED, that Patricia Del Monaco, as First Selectman of the Town of New Fairfield, is authorized and directed to execute and deliver any and all documents on behalf of the Board of Selectmen and to do and perform all acts and things which she deems to be necessary or appropriate to carry out the terms of such documents.

The undersigned further certifies that Patricia Del Monaco now holds the office of First Selectman and that she has held that office since November 21, 2017.

IN WITNESS WHEREOF: The undersigned has executed this certificate this 24th day of November, 2021.

Pamela J. Dohan
Town Clerk

The Chief Executive Officer has not changed since the previous resolution was authorized on _____



E.MERGENCY M.ANAGEMENT P.PERFORMANCE G.RANT

**FFY 2021 APPLICATION
Due: December 1,
2021**



State of Connecticut

**Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security**

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COMPLETION CHECKLIST FOR SUB-GRANTEE

The following forms are necessary for the timely completion of this document. Please use this aid to ensure all documents are included in your submission. More detailed information is available in the EMPG Manual.

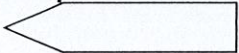
- Section B: Application Information and Data Sheet
- Section C: Municipal Resolution
- Section D: EMPG Financial Tool Budget Tab
- Section E: Master Staffing Pattern and Training History
- Section F: NEMA Survey attached (Optional)
- Job Descriptions have been attached if applicable (Available on website)

DEMHS REGIONAL CONTACT INFO

For assistance filling out this application please contact your DEMHS Regional Coordinator.

Region 1	Robert Kenny Regional Coordinator	149 Prospect Street, Bridgeport, CT 06604 Phone: 203.696.2640 Email: Robert.Kenny@ct.gov	Fax: 203.334.1560
Region 2	Jacob Manke Regional Coordinator	1111 Country Club Road, Middletown, CT 06457 Phone: 860.685.8105 Email: Jacob.Manke@ct.gov	Fax: 860.685.8366
Region 3	William Turley Regional Coordinator	DEMHS - 360 Broad Street Hartford CT 06105 Phone:860.529.6893 Email: William.Turley@ct.gov Mailing address: P.O. Box 1236 Glastonbury, CT 06033	Fax: 860.257.4621
Region 4	Michael Caplet Regional Coordinator	15-B Old Hartford Road Colchester, CT 06415 Phone:860.465.5460 Email: Mike.Caplet@ct.gov	Fax: 860.465.5464
Region 5	John Field Regional Coordinator	55 West Main Street, Suite 300 Box 4 Waterbury, CT 06702 Phone: 203.591.3509 Email: John.Field@ct.gov	Fax: 203.591.3529

SECTION A. APPLICATION INSTRUCTIONS

Below are brief instructions for filling out each application form. Please fill out these forms completely and accurately. **Please be reminded that all signatures are required to be original on this document. Copies will not be accepted.** Please sign or initial where you see the following tabs: 

1. **Manual:** Please print and review the EMPG Program Manual (<https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant/Guidance-and-Forms>). The Subgrantee is responsible for the information contained in this document. More complete instructions are available in this document.
2. **Section B: Applicant Information and Datasheet:** Please fill out boxes 1-16 with the necessary information.
3. **Section C: Municipal Resolution:** Please provide a municipal resolution to grant the Chief Executive Officer the authority to sign the EMPG application package on behalf of the municipality. For more information on resolution specifics please reference the EMPG Program Manual.
4. **Section D: EMPG FINANCIAL TOOL-Budget Preparation:** Fill in your budget request for the performance period of 10/1/21-9/30/22 in the 2021 EMPG SLA Financial Tool. Please submit this budget electronically to your DEMHS Regional Office for review upon submittal of the application. Please consult the 2021 EMPG Manual for any additional forms.
5. **Section E: Master Staffing Pattern:** The Master Staffing Form comes pre-populated with the training records of local personnel who have reported completion of the IS and/or PDS course requirements. Towns may use this form to report on any additional courses completed since their last EMPG application.
6. **Additional Forms:** Please review the remaining list of forms available on our website at <https://portal.ct.gov/DEMHS/Grants/Emergency-Management-Performance-Grant/Guidance-and-Forms> to determine if any of these forms will be needed for your application:
 - Emergency Management Director Job Description** – Use this form if you have hired a new Emergency Management Director.
 - Emergency Management Deputy Director Job Description** – Use this form if you have hired a new Emergency Management Deputy Director.
 - Emergency Management Support Staff Job Description** – Use this form if you have hired new Emergency Management Support Staff (e.g. Clerical).
 - Request for Transcripts from EMI** – Use this form to request a transcript of the courses you have completed through FEMA and/or the Emergency Management Institute (EMI).

Once all of the necessary forms are filled out and signed, complete the application by signing and dating the Applicant Information and Data Sheet. Attach the Budget and all other forms and submit the Application Package to your DEMHS Regional Office.

SECTION B. EMPG APPLICATION INFORMATION AND DATA SHEET

All Forms Must Be Original - Copies Will Not Be Accepted

Mail Completed Applications To:
DEMHS Regional Coordinator (See Page 2 of this application for contact information)

SPCP Unit Use Only

1. Name of Municipality or Agency Applying for Subgrant: New Fairfield		2. Period of Award for this Subgrant: 10/1/21 – 9/30/22	
3. Emergency Management Director Name & Address Name: Maria Evans Title: EMD Organization: Town of New Fairfield Address Line 1: 302 Ball Pond Rd Address Line 2: City/State/Zip: New Fairfield, CT 06812 Phone: 203-648-2431 Fax: 203-312-5715 E-mail: mevans@newfairfield.org		4. Official Authorized to Sign for the Applicant: Name: Patricia Del Monaco Title: First Selectman Organization: Town of New Fairfield Address Line 1: 4 Brush Hill Rd Address Line 2: City/State/Zip: New Fairfield, CT 06812 Phone: 203-312-5600 Fax: 203-312-5612 E-mail: pdelmonaco@newfairfield.org	
5. Municipal/Agency Financial Officer Name: Olga Melnikov Title: Finance Director Organization: Town of New Fairfield Address Line 1: 4 Brush Hill Rd Address Line 2: City/State/Zip: New Fairfield, CT 06812 Phone: 203-312-5656 Fax: E-mail: omelinkov@newfairfield.org		6. Fiscal Point of Contact: (If Different than Financial Officer) Name: Title: Organization: Address Line 1: Address Line 2: City/State/Zip: Phone: Fax: E-mail:	
7. Applicant FEIN: 06-6002044		8. Applicant DUNS #: 072126017	
9. Applicant Fiscal Year End: July 1- June 30		10. Date of Last Audit: 6/30/2020	
11. Dates Covered by Last Audit: 6/30/2019 to 6/30/2020		12. Date of Next Audit: 6/30/2021	
13. Dates to be Covered by Next Audit: 6/30/2020 to 6/30/2021			

Please note that the information required for boxes 9 through 13 refers to the sub-grantee's audit cycle.

FEDERAL AUDIT AND DEBARMENT REQUIREMENT CERTIFICATION

14. ACKNOWLEDGEMENT OF FEDERAL SINGLE AUDIT SELF REPORTING REQUIREMENTS

- Sub-grantees that are required to undergo a Federal Single Audit as mandated by OMB Circular A-133 must alert CT DEMHS, in writing, to any specific findings and/or deficiencies with regard to the use of federal grant funds within 45 days of receipt of their audit report. This notification must identify the finding(s) / deficiencies and a corrective action plan for each.
- All sub-grantees must submit to CT DEMHS a copy of the audit report section pertaining to use of federal grant funds regardless of any findings or deficiencies, within 45 days of the receipt of that report.

Initial to indicate that this requirement has been read and understood: _____

INITIAL

15. ACKNOWLEDGEMENT OF DEBARMENT REQUIREMENTS:

- The sub-grantee will confirm the eligibility status (via Sam.gov) of all vendors/contractors that the sub-grantee pays with EMPG SLA funds. The subgrantee will confirm that the vendors/contractors do not appear on the SAM's Exclusion List of federally debarred or suspended vendors.

Initial to indicate that this requirement has been read and understood: _____

INITIAL

16. I, the undersigned, for and on behalf of the named municipality, state agency, or regional planning organization, do herewith apply for this subgrant, attest that, to the best of my knowledge, the statements made herein are true, and agree to any general or special grant conditions attached to this grant application form.

SIGN & DATE

Authorized Signatory: X

Date: _____

SECTION D. EMPG SLA FINANCIAL TOOL-BUDGET

Please Note: Applications will not be reviewed without the submittal of the EMPG Financial Tool “Application Budget” tabs.

A new category for PPE has been added this year. Fill out the Application Budget portion of the tool by filling out the teal boxes for the following:

1. Award Amounts:

Per Capita Award: This amount is based on your town’s population as listed in the State Register and Manual.

Sub grant Allocation: This totals as you fill in the categories below.

2. Enter Categories:

- **Personnel-** Enter the total estimated cost for salaries or stipends for full or part-time EMDs, Deputy EMDs and support staff.
- **Organization-** Enter the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.
- **Equipment-** Enter the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.
- **In kind-** Enter the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match.
- **Personal Protective Equipment (PPE)** Enter the PPE allocation from the front page into this cell. **Note: The PPE allocation can only be spent on PPE.** PPE allocations are matched by state funding.
- **All other-** Enter the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.
- **Unallocated** – This is the remaining balance of funding that you have not yet allocated to a particular category.

EMPG Subgrant Budget (Fill In Green Cells Only)	
PER CAPITA AWARD	
Total:	\$22,840.65
Federal Per Capita Share:	\$11,420.33
Match:	\$11,420.33
SUBGRANT ALLOCATION	
Total:	\$22,840.65
Federal Per Capita Share:	\$11,420.33
Match (Includes In-Kind):	\$12,920.33
Personnel:	\$16,840.67
Allocate (Enter) the total estimated cost for salaries or stipends for full or part-time EMD's, Deputy EMD's and support staff. If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.	
Organization:	\$500.00
Allocate (Enter) the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement.	
Equipment:	\$2,412.34
Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.	
In-Kind - Requires Double Match:	\$1,500.00
Allocate (Enter) the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match. For a volunteer time form please visit the DEMHS website at http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692	
Personal Protection Equipment:	\$1,087.64
Allocate (Enter) the total amount of PPE shown for your town here. PPE funding may be used for face masks, sanitizer, gloves, no touch devices, shields etc. No match is required for PPE.	
All Other Costs	\$500.00
Allocate (Enter) the total amount of all other costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses etc..)	
Unallocated:	\$0.00
Certification: I hereby certify that the information contained herein is based	

Section E. EMPG Master Staffing Pattern and Training History

The purpose of this form is to collect information regarding employees who will be funded under the Emergency Management Performance Grant (EMPG). Shown on the form are the current training records (completed courses are marked with their dates of completion) by your EMPG funded staff according to our records. These courses are required for all staff funded partially or fully under the EMPG.

Instructions: If you have completed additional courses please fill in the dates of completion for any courses. Please provide a copy of the course certificate(s). The deadline for new staff to complete all of the required courses is September 30, 2020.

Name	Position	Required Training Courses (Completed Courses Shown with date of completion)										
		IS-100.c	IS- 120.c	IS 200.c	IS-230.d	IS-235.c	IS-240.b	IS-241.b	IS-242.b	IS-244.b	IS-700.b	IS-800.c
Maria Evans	EMD	4/27/2011	8/20/2019	2/7/2018	8/26/2019	1/27/2020	10/14/2019	8/27/2019	11/11/2019	11/11/2019	4/27/2011	2/19/2018

If an employee funded by EMPG has yet to complete the Required FEMA IS courses at <https://training.fema.gov/is/searchis.aspx?search=PDS> (Professional Development Series) please complete the missing courses and submit your training certificate to your Division of Emergency Management and Homeland Security (DEMHS) Regional Office. If you need to request training certificates from FEMA, please request your transcript using the Transcript Request Form – EMI. You can find this form on our website at <https://training.fema.gov/emiweb/downloads/tranrqst1.pdf>



FEMA

Emergency Management Institute – Independent Study Program

16825 South Seton Avenue, Emmitsburg, MD 21727 (301) 447-1200

STUDENT TRANSCRIPT

Last Name First Name MI Student ID
EVANS MARIA ***-**-2098

Issued: November 01, 2021

Table with 4 columns: Course Code and Title, Completed, IACET CEUs*. Rows list various emergency management courses and their completion dates and CEU values.

*****End of Transcript*****



Jeffrey D. Stern, Ph.D. Superintendent Emergency Management Institute Federal Emergency Management Agency

* One Continuing Education Unit (CEU) is equal to ten (10) student contact hours using the guidelines of the American National Standards Institute (ANSI) / International Association for Continuing Education and Training (IACET) I-2007 Standard.

SECTION F. NEMA QUESTIONNAIRE

Each year the Division of Emergency Management and Homeland Security (DEMHS) fills out a survey from the National Emergency Management Association (NEMA). The purpose of the survey is to justify the funding we receive under the Emergency Management Performance Grant (EMPG).

To help us in filling out the survey for FY 2021, DEMHS is asking our EMPG participating towns to answer a few brief questions. Your answers will assist NEMA in justifying continued funding of the EMPG program to Congress.

1. What is your total emergency management budget: \$ 57685.00
Please provide your total budget even if these costs exceed your EMPG allocation.

2. Is your Emergency Management Director?:
(Check One)
 - Full-Time
 - Part-Time
 - Volunteer

3. Which official (if any) has the authority to issue a mandatory evacuation order?:
(Check One)
 - Mayor
 - First Selectman
 - Town Manager
 - Other

EMPG Subgrant Budget (Fill In Green Cells Only)		Fiscal Year	2021	Sub-grantee Name:	New Fairfield	Sub-Grant Number:	021E091A	QUARTERLY FINANCIAL REPORT /CLOSEOUT REPORT					
PER CAPITA AWARD		Line Item Descriptions (Required) <i>Please Provide a 1-line Description of the Item Being Requested for Reimbursement</i>				COST AND PAYMENT INFORMATION				All cells in this report will automatically total your figures based on the entries provided in Sections I and II.			
Total:	\$14,570.85					DATE	PERIOD COVERED		FEDERAL				
Federal Per Capita Share:	\$7,285.43					PREPARED	FROM	THROUGH	FISCAL QUARTER				
Match:	\$7,285.43					ALL DIRECT COSTS	FEDERAL SHARE	ATTACH COPY OF	DATE	THIS QUARTERS	COMBINED	ALLOCATION	FISCAL USE ONLY
SUBGRANT ALLOCATION						PERSONNEL	Direct Costs @ 50%	CHECK OR	OF	OUTLAYS	OUTLAYS	BALANCE	BUDGET DELTA%
Total:	\$14,570.85					EQUIPMENT ETC.	In-Kind Costs @ 33 1/3%	PAID RECEIPT	PAYMENT				
Federal Per Capita Share:	\$7,285.43												
Match (Includes In-Kind):	\$7,285.43												
Personnel:	\$13,877.00	Personnel Costs & Benefits (Includes Planning, Training and Exercises)				100.00%	50.00%						
Allocate (Enter) the total estimated cost for salaries or stipends for full or part-time EMD's, Deputy EMD's and support staff. If claiming fringe, please provide a fringe benefits letter from the Municipal Finance Director.		Emergency Management Director (EMD) Salary Percentage of Salary Fringe Benefits: Emergency Management Director (EMD) Stipend Percentage of Stipend Fringe Benefits: Deputy EMD or Support Staff Salary Percentage of Salary Fringe Benefits: Deputy EMD or Support Staff Stipend Percentage of Stipend Fringe Benefits:											
		Total:				Total:							
Organization:	\$0.00	Organizational Costs (Phone, Fax, Internet, Cable TV etc.)				100.00%	50.00%						
Allocate (Enter) the total estimated cost for your phone bills, fax, internet bills, cable TV, WIFI etc. Please note that all services must be concluded and paid before seeking reimbursement		Total:				Total:							
Equipment:	\$0.00	Equipment Costs (IT, Radios, Computers Printers Etc.)				100.00%	50.00%						
Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.		Total:				Total:							
In-Kind - Requires Double Match:	\$0.00	All In-Kind Costs (Volunteers, Donated New Equipment)				100.00%	33 - 1/3%						
Allocate (Enter) the total estimated cost for any in-kind costs including Volunteer EMDs, Deputy EMDs or Support Staff time and any donated new equipment. Note: In-Kind Allocations require 2X the match. For a volunteer time form please visit the DEMHS website at http://www.ct.gov/demhs/cwp/view.asp?a=1910&q=411692		Volunteer EMD Enter Total Hours Here: Deputy/Support Staff Enter Total Hours Here: Donated New Equipment Donated New Equipment											
		Total:				Total:							
Personal Protection Equipment:	\$693.85	PPE Costs (Face Masks, Sanitizer, Gloves, No Touch Devices, Shields etc.) in EOC				100.00%	100.00%						
Allocate (Enter) the total amount of PPE shown for your town here. PPE funding may be used for face masks, sanitizer, gloves, no touch devices, shields etc. No match is required for PPE.		Total:				Total:							
All Other Costs	\$0.00	All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)				100.00%	50.00%						
Allocate (Enter) the total amount of all other costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses etc..		Total:				Total:							
Unallocated:	\$0.00	TOTAL QUARTERLY AMOUNT EXPENDED (100%):											
		FOR GRANTS/FISCAL USE ONLY:								GRANT FUNDING GRAND TOTAL:			
										MATCH FUNDING GRAND TOTAL:			

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: *Marisa Evans* Date: 11/2/2021 Signature: _____ Date: _____
Emergency Management Director
 Check here if this is the final request for the current subgrant. Chief Elected Official

Signature: *[Signature]* Date: 11/2/21 Signature: _____ Date: _____
Financial Officer of Record in charge of Sub-Grant Regional Coordinator

By signing above the Financial Officer has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

State of Connecticut Department of Emergency Services and Public Protection
STATE AND LOCAL ASSISTANCE PROGRAM (SLA) FINANCIAL REPORTING AND REIMBURSEMENT FORM

Subgrant Information: Fiscal Year 2021 Sub-grantee Name: New Fairfield Sub-Grant Number: 021E091A Performance Period: 10/1/21-9/30/22																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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All Other Costs	\$0.00	All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)	100.00%	50.00%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		Total Number of Miles - Taken from Mileage Report Worksheet		\$0.00		\$0.00	\$0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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Unallocated:	\$0.00	TOTAL QUARTERLY AMOUNT EXPENDED (100%)	\$0.00	\$0.00	Total reimbursement Request	\$0.00	\$0.00	\$7,285.43																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
		FOR GRANTS/FISCAL USE ONLY:			MATCH FUNDING NEEDED:	\$0.00	\$0.00	\$7,285.43																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: Marisa Evans Date: 11-2-2021 Signature: _____ Date: _____
 Emergency Management Director Chief Elected Official
 Signature: Ed Shih Date: 11/2/21 Signature: _____ Date: _____
 Financial Officer of Record in charge of Sub-Grant Regional Coordinator
 By signing above, the Financial Officer of Record has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

¹ Please do not exceed the total Federal Share of your award. ² In-Kind Service Require Double the Match.

State of Connecticut Department of Emergency Services and Public Protection
STATE AND LOCAL ASSISTANCE PROGRAM (SLA) FINANCIAL REPORTING AND REIMBURSEMENT FORM

Subgrant Information:		Fiscal Year: 2021	Sub-grantee Name: New Fairfield	Sub-Grant Number: 021E091A	Performance Period: 10/1/21-9/30/22	
SUBGRANT BUDGET		Section I - REIMBURSEMENT REQUEST FORM			Section II - FINANCIAL REPORT	
PER CAPITA AWARD		COST AND PAYMENT INFORMATION			QUARTERLY FINANCIAL REPORT /CLOSETUP REPORT	
Total:	\$14,570.85	DATE PREPARED	PERIOD COVERED	FEDERAL FISCAL QUARTER	All cells in this report will automatically total your figures based on the entries provided in Sections I and II.	
Federal Share ¹ :	\$7,285.43	4/15/2022	1/1/2022 - 3/31/2022	SECOND		
Local Match ² :	\$7,285.43	ALL DIRECT COSTS	FEDERAL SHARE	ATTACH COPY OF		
SUBGRANT ALLOCATION		PERSONNEL	Direct Costs @ 50%	CHECK OR		
Total:	\$14,570.85	EQUIPMENT ETC.	In-Kind Costs @ 33 1/3%	PAID RECEIPT	DATE OF PAYMENT	
Federal Share ¹ :	\$7,285.43	Line Item Descriptions (Required) <i>Please Provide a 1-line Description of the Item Being Requested for Reimbursement</i>			THIS QUARTERS OUTLAYS	
(Includes In-Kind) ² :	\$7,285.43				COMBINED OUTLAYS	
					ALLOCATION BALANCE	
					FISCAL USE ONLY BUDGET DELTA	
Personnel:	\$13,877.00	Personnel Costs & Benefits (Includes Planning, Training and Exercises)	100.00%	50.00%		
		Emergency Management Director (EMD) Salary		\$0.00	\$0.00	\$0.00
		Emergency Management Director (EMD) Stipend		\$0.00	\$0.00	\$0.00
		Fringe Benefits Enter Percentage Here: 0.00%		\$0.00	\$0.00	\$0.00
		Deputy EMD or Support Staff Salary		\$0.00	\$0.00	\$0.00
		Deputy EMD or Support Staff Stipend		\$0.00	\$0.00	\$0.00
		Fringe Benefits Enter Percentage Here: 20.00%		\$0.00	\$0.00	\$0.00
		Total:	\$0.00	\$0.00	\$0.00	\$0.00
Organization:	\$0.00	Organizational Costs (Phone, Fax, Internet, Cable TV etc.)	100.00%	50.00%		
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
		Total:	\$0.00	\$0.00	\$0.00	\$0.00
Equipment:	\$0.00	Equipment Costs (IT, Radios, Computers Printers Etc.)	100.00%	50.00%		
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
		Total:	\$0.00	\$0.00	\$0.00	\$0.00
In-Kind:	\$0.00	All In-Kind Costs (Volunteers, Donated New Equipment)	100.00%	33 - 1/3%		
		Volunteer Time as Reported from the Volunteer Time Report Worksheet		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
		Total:	\$0.00	\$0.00	\$0.00	\$0.00
PPE:	\$693.85	The PPE allocation must be spent on PPE or Social Distancing in the EOC.)	100.00%	100.00%		
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
		Total:	\$0.00	\$0.00	\$0.00	\$0.00
All Other Costs	\$0.00	All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)	100.00%	50.00%		
		Total Number of Miles - Taken from Mileage Report Worksheet		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
		Total:	\$0.00	\$0.00	\$0.00	\$0.00
Unallocated:	\$0.00	TOTAL QUARTERLY AMOUNT EXPENDED (100%):	\$0.00	\$0.00	Total reimbursement Request (Sum	\$0.00
		FOR GRANTS/FISCAL USE ONLY:			MATCH FUNDING NEEDED:	\$0.00
						\$0.00
						\$7,285.43

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: Maria Evans Date: 11-2-2021 Signature: _____ Date: _____
 Emergency Management Director Chief Elected Official

Signature: E. J. Shibe Date: 11/2/21 Signature: _____ Date: _____
 Financial Officer of Record in charge of Sub-Grant Regional Coordinator

By signing above, the Financial Officer of Record has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

¹ Please do not exceed the total Federal Share of your award. ² In-Kind Service Require Double the Match.

State of Connecticut Department of Emergency Services and Public Protection
STATE AND LOCAL ASSISTANCE PROGRAM (SLA) FINANCIAL REPORTING AND REIMBURSEMENT FORM

Subgrant Information:		Fiscal Year: 2021	Sub-grantee Name: New Fairfield	Sub-Grant Number: 021E091A	Performance Period: 10/1/21-9/30/22
SUBGRANT BUDGET		Section I - REIMBURSEMENT REQUEST FORM			Section II - FINANCIAL REPORT
PER CAPITA AWARD		COST AND PAYMENT INFORMATION			QUARTERLY FINANCIAL REPORT /CLOSEOUT REPORT
Total:	\$14,570.85	DATE	PERIOD COVERED	FEDERAL	
Federal Share ¹ :	\$7,285.43	PREPARED	FROM	THROUGH	FISCAL QUARTER
Local Match ² :	\$7,285.43	7/15/2022	4/1/2022	6/30/2022	THIRD
SUBGRANT ALLOCATION		ALL DIRECT COSTS	FEDERAL SHARE	ATTACH COPY OF	DATE
Total:	\$14,570.85	PERSONNEL	Direct Costs @ 50%	CHECK OR	OF
Federal Share ¹ :	\$7,285.43	EQUIPMENT ETC.	In-Kind Costs @ 33 1/3%	PAID RECEIPT	PAYMENT
(Includes In-Kind) ² :	\$7,285.43	Line Item Descriptions (Required)			
Please Provide a 1-line Description of the Item Being Requested for Reimbursement					
Personnel:	\$13,877.00	Personnel Costs & Benefits (Includes Planning, Training and Exercises)	100.00%	50.00%	
		Emergency Management Director (EMD) Salary		\$0.00	
		Emergency Management Director (EMD) Stipend		\$0.00	
		Fringe Benefits Enter Percentage Here: 0.00%		\$0.00	
		Deputy EMD or Support Staff Salary		\$0.00	
		Deputy EMD or Support Staff Stipend		\$0.00	
		Fringe Benefits Enter Percentage Here: 0.00%		\$0.00	
		Total:	\$0.00	\$0.00	
Organization:	\$0.00	Organizational Costs (Phone, Fax, Internet, Cable TV etc.)	100.00%	50.00%	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
		Total:	\$0.00	\$0.00	
Equipment:	\$0.00	Equipment Costs (IT, Radios, Computers Printers Etc.)	100.00%	50.00%	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
		Total:	\$0.00	\$0.00	
In-Kind:	\$0.00	All In-Kind Costs (Volunteers, Donated New Equipment)	100.00%	33 - 1/3%	
		Volunteer Time as Reported from the Volunteer Time Report Worksheet		\$0.00	
				\$0.00	
				\$0.00	
		Total:	\$0.00	\$0.00	
PPE:	\$693.85	The PPE allocation must be spent on PPE or Social Distancing in the EOC.)	100.00%	100.00%	
				\$0.00	
				\$0.00	
				\$0.00	
		Total:	\$0.00	\$0.00	
All Other Costs	\$0.00	All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)	100.00%	50.00%	
		Total Number of Miles - Taken from Mileage Report Worksheet		\$0.00	
				\$0.00	
				\$0.00	
		Total:	\$0.00	\$0.00	
Unallocated:	\$0.00	TOTAL QUARTERLY AMOUNT EXPENDED (100%):	\$0.00	\$0.00	Total reimbursement Request (Sum
		FOR GRANTS/FISCAL USE ONLY:			MATCH FUNDING NEEDED:
					\$0.00
					\$0.00
					\$7,285.43
					\$7,285.43

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: Maria Evans Date: 11-2-2021 Signature: _____ Date: _____
 Emergency Management Director Chief Elected Official

Signature: [Signature] Date: 11/2/21 Signature: _____ Date: _____
 Financial Officer of Record in charge of Sub-Grant Regional Coordinator

By signing above, the Financial Officer of Record has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

¹ Please do not exceed the total Federal Share of your award. ² In-Kind Service Require Double the Match.

State of Connecticut Department of Emergency Services and Public Protection
STATE AND LOCAL ASSISTANCE PROGRAM (SLA) FINANCIAL REPORTING AND REIMBURSEMENT FORM

Subgrant Information:		Fiscal Year: 2021	Sub-grantee Name: New Fairfield	Sub-Grant Number: 021E091A	Performance Period: 10/1/21-9/30/22	
SUBGRANT BUDGET		Section I - REIMBURSEMENT REQUEST FORM			Section II - FINANCIAL REPORT	
PER CAPITA AWARD		COST AND PAYMENT INFORMATION			QUARTERLY FINANCIAL REPORT / CLOSEOUT REPORT	
Total:	\$14,570.85	DATE	PERIOD COVERED	FEDERAL	All cells in this report will automatically total your figures based on the entries provided in Sections I and II.	
Federal Share ¹ :	\$7,285.43	PREPARED	FROM	THROUGH		
Local Match ² :	\$7,285.43	10/15/2022	7/1/2022	9/30/2022		
SUBGRANT ALLOCATION		ALL DIRECT COSTS	FEDERAL SHARE	ATTACH COPY OF		FISCAL QUARTER
Total:	\$14,570.85	PERSONNEL	Direct Costs @ 50%	CHECK OR	DATE	
Federal Share ¹ :	\$7,285.43	EQUIPMENT ETC.	In-Kind Costs @ 33 1/3%	PAID RECEIPT	OF	
(Includes In-Kind) ³ :	\$7,285.43	Line Item Descriptions (Required)			PAYMENT	THIS QUARTERS
Please Provide a 1-line Description of the Item Being Requested for Reimbursement						COMBINED
						ALLOCATION
						FISCAL USE ONLY
						BUDGET DELTA%
Personnel:	\$13,877.00	Personnel Costs & Benefits (Includes Planning, Training and Exercises)	100.00%	50.00%		
		Emergency Management Director (EMD) Salary		\$0.00		\$0.00
		Emergency Management Director (EMD) Stipend		\$0.00		\$0.00
		Fringe Benefits Enter Percentage Here: 0.00%		\$0.00		\$0.00
		Deputy EMD or Support Staff Salary		\$0.00		\$0.00
		Deputy EMD or Support Staff Stipend		\$0.00		\$0.00
		Fringe Benefits Enter Percentage Here: 0.00%		\$0.00		\$0.00
		Total:	\$0.00	\$0.00	Total:	\$0.00
Organization:	\$0.00	Organizational Costs (Phone, Fax, Internet, Cable TV etc.)	100.00%	50.00%		\$13,877.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
		Total:	\$0.00	\$0.00	Total:	\$0.00
Equipment:	\$0.00	Equipment Costs (IT, Radios, Computers Printers Etc.)	100.00%	50.00%		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
		Total:	\$0.00	\$0.00	Total:	\$0.00
In-Kind:	\$0.00	All In-Kind Costs (Volunteers, Donated New Equipment)	100.00%	33 - 1/3%		\$0.00
		Volunteer Time as Reported from the Volunteer Time Report Worksheet		\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
		Total:	\$0.00	\$0.00	Total:	\$0.00
PPE:	\$693.85	The PPE allocation must be spent on PPE or Social Distancing in the EOC.)	100.00%	100.00%		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
		Total:	\$0.00	\$0.00	Total:	\$0.00
All Other Costs	\$0.00	All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)	100.00%	50.00%		\$346.93
		Total Number of Miles - Taken from Mileage Report Worksheet		\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
		Total:	\$0.00	\$0.00	Total:	\$0.00
Unallocated:	\$0.00	TOTAL QUARTERLY AMOUNT EXPENDED (100%):	\$0.00	\$0.00	Total reimbursement Request (Sum	\$0.00
		FOR GRANTS/FISCAL USE ONLY:			MATCH FUNDING NEEDED:	\$0.00
						\$7,285.43

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: Maria Evans Date: 11-2-2021 Signature: _____ Date: _____
 Emergency Management Director Chief Elected Official

Signature: [Signature] Date: 11/2/21 Signature: _____ Date: _____
 Financial Officer of Record in charge of Sub-Grant Regional Coordinator

By signing above, the Financial Officer of Record has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

¹ Please do not exceed the total Federal Share of your award. ² In-Kind Service Require Double the Match.

Chapter 2.5 - ANIMALS⁽¹⁾

Footnotes:

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Cross reference— Administration, Ch. 2; health and sanitation, Ch. 6; parks and recreation, Ch. 11; streets and sidewalks, Ch. 15; zoning, App. A.

ARTICLE I. - IN GENERAL

Secs. 2.5-1—2.5-15. - Reserved.

ARTICLE II. - DOGS

Sec. 2.5-16. - Definitions.

For purposes of this article, the word "street" shall mean any public or private street, road or highway, whether or not paved.

(Ord. of 3-31-92, § 1)

Sec. 2.5-17. - Prohibited conduct.

No person owning, keeping or having custody of any dog shall permit such dog on any property of a person other than the owner, keeper or custodian of such animal or on any street or sidewalk, unless such animal is accompanied by such owner, keeper or custodian and is firmly under the control of such owner, keeper or custodian, either by:

- (1) Being on a leash held by such owner, keeper or custodian; or
- (2) Being inside an enclosure.

(Ord. of 3-31-92, § 2)

Sec. 2.5-18. - Impoundment.

- (a) The animal control officer may take into custody any animal found not accompanied by its owner, keeper or custodian in violation of this article and shall impound such dog at the animal control shelter. Such animal control officer shall immediately notify the owner, keeper or custodian of any dog so taken, if known, of its impoundment. If the owner, keeper or custodian of any such dog is unknown, such animal control officer shall immediately tag or employ such other suitable means of identification of such dog as may be approved by the chief canine control officer of the state and shall promptly cause a description of such dog to be published once in the lost and found column of a newspaper having a circulation in the town.
- (b) If such dog is not claimed by and released to the owner, keeper or custodian within seven (7) days after the date of publication, the animal control officer, upon finding such dog to be in satisfactory health, may sell such dog to any person who satisfies the animal control officer that he is purchasing it as a pet and that he can give it a good home and proper care. The animal control officer may retain possession of such dog for such additional period of time as he may deem advisable in order to place such dog as a pet or surrender such dog to an animal shelter.
- (c) Any dog taken into custody or impounded pursuant to this article shall be redeemed by the owner, keeper or custodian thereof, or the agent of such owner, keeper or custodian, upon proper

identification and payment by such owner, keeper or custodian or his agent of the sum of (1) fifteen dollars (\$15.00) and (2) the cost of advertising incurred under the provisions of subsection (b) above. When the owner, keeper or custodian of any such impounded dog fails to redeem such dog within twenty-four (24) hours after receiving notification so to do, or where the owner, keeper or custodian was unknown within twenty-four (24) hours after notification was effected by means of publication in a newspaper, such owner, keeper or custodian shall pay, in addition to such redemption fee and the cost of advertising, the full cost of detention and care of such impounded dog. All of the above redemption fees are in addition to any fines that may have been levied pursuant to section 2.5-19 of this article. In addition, any owner, keeper or custodian of any such impounded dog who fails to redeem such dog within one hundred twenty (120) hours after receiving notification so to do shall have committed a violation of this article.

(Ord. of 3-31-92, § 3)

Sec. 2.5-19. - Penalties.

Any person who violates this article shall, for the first offense, be issued a written warning, for the second offense be fined not more than twenty-five dollars (\$25.00), and for the third and each subsequent offense be fined not more than one hundred dollars (\$100.00).

(Ord. of 3-31-92, § 4)

Sec. 2.5-20. - Enforcement.

Enforcement of this article rests with the animal control officer.

(Ord. of 3-31-92, § 5)

Sec. 2.5-21. - Appeal.

Any person who is cited for a violation of this article may appeal to the Board of Selectmen within thirty (30) days after the issuance of a notice of violation by the animal control officer, by giving written notice thereof to the Board of Selectmen. The Board of Selectmen shall, within thirty (30) days of their receipt of a written notice of appeal, consider and act on the appeal. The Board of Selectmen shall give the accused violator written notice of the date, place and time in which the Board of Selectmen will hear his or her appeal, and the accused violator shall have the right to be present at such time and to present and cross-examine witnesses. The Board of Selectmen shall issue its decision on the appeal within fifteen (15) days of the time it considers the appeal and shall give written notice of its decision to the accused violator.

(Ord. of 3-31-92, § 6)