



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/93242039996>

Meeting ID: 932 4203 9996

Dial In: (929) 205-6099

Tuesday, November 24, 2020

7:30 P.M.

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Public Comment & Participation
4. Correspondence & Announcements
5. Approve Minutes of Board of Selectmen Regular Meeting November 12, 2020
6. Budget Transfers
7. Personnel Report
8. Appointments

Old Business

9. COVID-19 Update
10. STEAP Grant Update
11. Noise Ordinance
12. COVID Relief for Small Business

New Business

13. EMPG Grant- Discuss and possibly vote to approve
14. Public Comment
15. Adjournment

NOV 23 2020

Received for Record

at 11:59 a.m. and recorded by

Pamela J. Doherty
Pamela J. Doherty
Fairfield, CT

**TOWN OF NEW FAIRFIELD
FISCAL 2020-2021
Intra-Department Transfer**

<u>\$'S</u>		<u>TRANSFER FROM:</u>	<u>\$'S</u>	<u>TRANSFER TO:</u>
25,000.00		001-4310-0000-000 / 110.00	25,000.00	001-4310-0000-000 / 112.01
				Public Works - Town Engineer
3,000.00		001-4161-0000-001 / 332.01	25,000.00	001-4161-0000-004 / 332.01
2,500.00		001-4161-0000-002 / 332.02		Legal - General/Other
2,000.00		001-4161-0000-005 / 332.03		
3,000.00		001-4161-0000-006 / 332.04		
4,500.00		001-4161-0000-007 / 332.05		
7,000.00		001-4161-0000-008 / 332.06		
3,000.00		001-4161-0000-009 / 332.07		
2,431.65		001-4140-0000-000 / 610.00	2,431.65	001-4140-0000-000 / 110.00
				Registrar of Voters - Salaries
52,431.65			52,431.65	

To be submitted at the BOS meeting on 11/24/20



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

**FFY 2020 APPLICATION
Due: September 30,
2020**



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/-/media/DEMHS/docs/Grants/EMPG/2019-Manual-Sample.pdf?la=en>). 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 10/1/20-9/30/21 in the 2020 EMPG SLA Financial Tool. Please submit this budget electronically to your DEMHS Regional Office for review upon submittal of the application. Please consult the 2020 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.

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 Board of Selectmen at its duly called and held meeting on November 24, 2020 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 Town of New Fairfield 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 30th day of November, 2020.

Pamela J. Dohan
Town Clerk

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.

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 and is entered by the applicant from a table contained in the tool.

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.
- **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:	\$147,216.00
Federal Per Capita Share ¹ :	\$73,608.00
Local Match ² :	\$73,608.00
SUBGRANT ALLOCATION	
Total:	\$0.00
Federal Per Capita Share ¹ :	\$0.00
Local Match (Includes In-Kind) ² :	\$0.00
Personnel:	\$0.00
<i>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.</i>	
Organization:	\$0.00
<i>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.</i>	
Equipment:	\$0.00
<i>Allocate (Enter) the total estimated cost for your anticipated equipment needs including printers, computers, radios, phone systems, EOC furniture etc.</i>	
In-Kind:	\$0.00
<i>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</i>	
All Other:	\$0.00
<i>Allocate (Enter) the total estimated cost for all other items. Must receive pre-approval from DEMHS Regional Coordinator.</i>	
Unallocated:	\$73,608.00

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
Marie 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>

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 2020, 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: \$ 43,126.00
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



INSTRUCTIONS FOR COMPLETING THE EMRG FINANCIAL TOOL

IMPORTANT NOTE: TOWNS SHOULD SAVE THIS FILE AS YOUR TOWN NAME TO AVOID ACCIDENTAL OVER-WRITING OF THE FILE DURING THE DEMHS REVIEW



Application Budget Tab

1. Locate your town name in the table below.
2. Fill in your town name in the space to the right. ->
3. Your town name will autofill into the budget and the 4 quarters which you can use to claim reimbursement at a later date.
4. Locate your grant number to the left of your town name in the table below. Fill in your grant number in the space to the right. ->
5. Your grant number will autofill into the budget and the 4 quarters which you can use to claim reimbursement at a later date.
6. Locate your grant allocation amount in the table below to the right of your town name. Fill in your grant allocation amount in the space to the right. ->
7. Your subgrant amount will autofill into the budget and the 4 quarters which you can use to claim reimbursement at a later date.

Section I & II Quarterly Reimbursement Request and Financial Reporting Tabs

1. Complete the Reimbursement Request form and Financial Tool similar to past years.
2. As in past years the form will automatically calculate your reimbursement amount based on the figures you have entered.
3. Once the form is complete you can print the form with all required backup documentation and mail the package to your DEMHS Regional Coordinator.
4. During the reimbursement review process, if any concerns are needed, we will email your town a request for additional backup documentation or explanation of costs.
5. Once the reimbursement package is fully complete payment will be processed back to the municipality. Payment will be limited to the amount of the subgrant.

MAXIMUM ALLOCATION AMOUNTS FOR EACH MUNICIPALITY WITHIN EACH DEMHS REGION

DEMHS REGION I	DEMHS REGION II	DEMHS REGION III	DEMHS REGION IV	DEMHS REGION V
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State of Connecticut Department of Emergency Services and Public Protection
 STATE AND LOCAL ASSISTANCE PROGRAM (SAL) FINANCIAL REPORTING AND REIMBURSEMENT FORM

Subgrant Information: Fiscal Year: **2020** Sub-grantee Name: **New Fairfield** Sub-Grant Number: **0206091A** Performance Period: **10/1/2019-30/21**

Section I - REIMBURSEMENT REQUEST FORM

FEDERAL BUDGET	FEDERAL AWARD	DATE	COST AND PAYMENT INFORMATION		TOTAL	FISCAL QUARTER	DATE	TOTAL	SECTION II - FINANCIAL REPORT
			REIMBURSEMENT REQUESTED	REIMBURSEMENT RECEIVED					
Federal Share	\$7,000.50	1/15/2021	100.00%	\$7,000.50	\$7,000.50	FIRST			
Subgrant Allocation	\$7,000.50								
Total	\$14,001.00								

Personnel: \$14,001.00 (Personnel Costs & Benefits (Includes Fringe, Training and Benefits))
 Emergency Management Director (EMD) Salary
 Emergency Management Director (EMD) Stipend
 Fringe Benefits Enter Percentage Here: 0.00%
 Deputy EMD or Support Staff Salary
 Fringe Benefits Enter Percentage Here: 0.00%

ORGANIZATION	PERSONNEL COSTS (FRINGE, BENEFITS, COMPASSIONATE PAYMENTS, ETC.)	REIMBURSEMENT REQUESTED	REIMBURSEMENT RECEIVED	REMAINING BUDGET	PERCENTAGE OF BUDGET USED
Organization	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

ORGANIZATION	PERSONNEL COSTS (FRINGE, BENEFITS, COMPASSIONATE PAYMENTS, ETC.)	REIMBURSEMENT REQUESTED	REIMBURSEMENT RECEIVED	REMAINING BUDGET	PERCENTAGE OF BUDGET USED
Organization	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

ORGANIZATION	PERSONNEL COSTS (FRINGE, BENEFITS, COMPASSIONATE PAYMENTS, ETC.)	REIMBURSEMENT REQUESTED	REIMBURSEMENT RECEIVED	REMAINING BUDGET	PERCENTAGE OF BUDGET USED
Organization	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

ORGANIZATION	PERSONNEL COSTS (FRINGE, BENEFITS, COMPASSIONATE PAYMENTS, ETC.)	REIMBURSEMENT REQUESTED	REIMBURSEMENT RECEIVED	REMAINING BUDGET	PERCENTAGE OF BUDGET USED
Organization	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

ORGANIZATION	PERSONNEL COSTS (FRINGE, BENEFITS, COMPASSIONATE PAYMENTS, ETC.)	REIMBURSEMENT REQUESTED	REIMBURSEMENT RECEIVED	REMAINING BUDGET	PERCENTAGE OF BUDGET USED
Organization	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____

Please do not exceed the total Federal Share of your award. * In-kind Service Require Double the Match.

**TOWN OF NEW FAIRFIELD
FISCAL 2020-2021
Inter-Department Transfer**

<u>\$'S</u>	<u>TRANSFER FROM:</u>		<u>\$'S</u>	<u>TRANSFER TO:</u>	
50,000.00	E25301	Municipal Water System Fund 215 Balance	50,000.00	E25321	General Fund - Unreserved
This Transfer will be Effective upon the Completed Sale of the Municipal Water System					
50,000.00			50,000.00		

*Approved at the BOF meeting on 11/19/2020
To be submitted at the BOS meeting on 11/24/2020*