CITY OF NORWICH
CORONAVIRUS AID RELIEF & ECONOMIC SECURITY (CARES ACT) FUNDING
COMMUNITY DEVELOPMENT BLOCK GRANT – CDBG-CV
APPLICATION FOR FUNDING - PUBLIC SERVICE -
AMENDED PROGRAM YEAR 2019-2020 (PY 45)

DUE: MARCH 17, 2023 4:00 PM IN OFFICE OF COMMUNITY DEVELOPMENT

Office of Community Development
23 Union Street, 2nd floor ●Tel (860) 823-3770 ● Fax (860) 823-3715
E-mail addresses:
sphelps@cityofnorwich.org (Sydney Phelps, Community Development Director)
tcurtis@cityofnorwich.org (Tianne Curtis, Program Assistant)

PART I: GENERAL INFORMATION

AGENCY: Thames River Community Service, Inc.
LEGAL NAME
(If different from Agency) ______________________________

ADDRESS: One Thames River Place, Norwich, CT 06360

Norwich, CT 06360

E-MAIL: ___uduake@trfp.org_

EXECUTIVE DIRECTOR: Uduak Enyiema

CONTACT NAME & TITLE: Uduak Enyiema, Executive Director

TELEPHONE: 860-887-3288 EMAIL: uduake@trfp.org

AGENCY FISCAL YEAR: July 1 (Begin) June 30 (End)

PROJECT NAME: Increased housing stability for young parents post COVID

CDBG REQUEST & AWARD AMOUNTS:

	REQUEST	AWARD
THIS REQUEST CV FUNDING	**$22,275**	**$**________
PRIOR YEAR CV FUNDING	**$ 0**	**$**________

The information contained herein and attached as exhibits hereto is, to the best of our knowledge and belief, true, correct and complete and that the City of Norwich can rely upon these statements in determining whether to fund this project. We certify that the Agency Board of Directors has approved this application.

Uduak Enyiema
EXECUTIVE DIRECTOR/DEPT. HEAD (SIGN)

Uduak Enyiema
PRINT NAME
DATE: 3/07/2023

Eric McDermott
PRESIDENT, BOARD OF DIRECTORS (SIGN)

Eric McDermott
PRINT NAME
DATE: 3/14/2023

FROM: CITY OF NORWICH COMMUNITY DEVELOPMENT OFFICE

TO: CDBG-CV APPLICANTS

SUBJECT: SPECIAL INSTRUCTIONS FOR CDBG-CV FUNDING APPLICATIONS FOR BOTH PUBLIC AND NON-PUBLIC SERVICES APPLICANTS

SPECIAL INSTRUCTIONS FOR CDBG-CV FUNDING APPLICATIONS

In response to the Coronavirus Pandemic (COVID-19) the U.S. Department of Housing and Urban Development Community Development Block Grant program has notified the City of Norwich that they will receive a formula allocation from the first round of CDBG-CV funding to be used **specifically for the prevention of, preparation for, and response to the Coronavirus.**

The Community Development Office is accepting applications from qualifying candidates to help in the prevention of, preparation for, and response to the Coronavirus throughout the City of Norwich. All applications that meet a National Objective, Eligible Activity, AND prevent, prepare for, or respond to the Coronavirus will be reviewed.

PART II: PROJECT INFORMATION

Please create a new document answering the following questions. In this new document, please utilize the section headers. For example, when addressing section A1, please write: A1: Brief History, and then provide the response. You must answer all questions. If a question does not apply to your agency, please respond with "not applicable".

A. INTRODUCTION/AGENCY INFORMATION

A1. Brief History of Organization:

The mission of Thames River Community Service, Inc. is to provide safe housing with support services by creating an environment in which families and individuals who are experiencing homelessness pursue goals for self-sufficiency and control over their lives. This mission is accomplished by promoting family and individual wellness, by empowering people to develop an achievable plan for successful independent living, to pursue significant employment, to acquire life skills and to maintain stability.

Thames River Community Service, Inc. was established in 1992 with the creation of Thames River Family Program (TRFP), which was a response to the rising number of families headed by single women who were homeless and living in poverty. Located in Norwich, CT and serving Southeastern CT, TRFP is a transitional housing program with 24 apartments. Advocates and other supportive staff on all three shifts work closely with families coming from shelters to assist them in becoming employed and/or more employable, helping them to gain financial literacy by learning to budget and improve their credit, to acquire tenancy skills and to overcome criminal histories. Staff works together with families to establish achievable goals in these areas so that they can leave TRFP for permanent housing in less than a year.

When TRFP opened in 1992, we served single woman 18 years and up with their children. During our nearly 30-year history working with people experiencing homelessness, we have been keenly aware that it's these younger adults who had come through our programs who were among the most vulnerable and had the most barriers to obtaining and maintaining stability. In 2015, we joined the national and state-wide effort to determine resources needed so that when youth were experiencing homelessness. it would be a rare occurrence, a brief occurrence, and a onetime occurrence. To that end, in 2017, decided to repurpose our transitional housing program to one that serves only parents (young men and women) who are 18-24 who are parenting alone or as couples. Funding requirements, however, dictated that the program limit the lengths of stay from two years to one year.

Thames River Family Program is the only Youth Transitional Housing program for families in Connecticut. This Program receives funding from the U.S. Department of Housing and Urban Development, The CT Department of Housing, United Way of Southeastern CT and private grants and donations. In our nearly 30 years, over 975 families with more than 1,500 children have come to Thames River Family Program from shelters and other situations of homelessness.

In 2008, the agency's Supportive Housing Program began with a grant received from the Connecticut Department of Mental Health and Addiction Services (DMHAS). Families receive rental assistance and support from case managers who partner with nine families to provide comprehensive, individualized services in safe and affordable scattered site housing units. Heads of household in these families have mental illness and/or chemical dependency, histories of trauma/domestic violence, are homeless and have incomes at or below 50% of the median income of this area.

In December 2019, our agency was awarded funding through the CT Department of Housing to provide a Rapid Rehousing Program for young adults ages 18 to 24 years of age. The goal of this program is to rapidly move youth from homelessness into permanent housing in the community. Case Managers offer short- to medium-term financial assistance and provide developmentally appropriate case management and services.

In 2023 the agency's YHDP Short-Term Crisis Transitioning Housing began, funded under the Housing and Urban Development (HUD) Youth Homelessness Demonstration Program, which operates like crisis housing, providing low-barrier, temporary housing to young adults aged 18-24 at program entry who are experiencing HUD Category 1 or 4 homelessness. Young adults must be engaged in a diversion/problem-solving conversation upon initial contact and admitted only if they are without a safe place to stay that night. YHDP Short-Term Crisis Housing follow local CAN prioritization within funding guidelines. Our goal is to quickly bring youth sleeping outside or in their vehicles into a safe and warm environment. Residents are linked to a case management, life skills and access to public benefits while waiting for more stable housing options in our transitional or rapid rehousing program.

A2. Hours of Operation: 24 hours/day, seven days/week, 365 days/year

A3. What is the total number of persons employed by your agency? 20

A4. If there are 15 or more employees at your agency, please provide the name of the person responsible for compliance with Section 504 of Rehabilitation Act of 1973 - Nondiscrimination under Federal Programs.

Uduak Enyiema

A5. Do you receive more than $500,000 of Federal Funding through any means, including grants and loans? No

B. STATEMENT OF NEED

B1. Define the problem or need to be addressed through your program and provide evidence to support the need as well as citing resources for verification of any statistical information provided.

The Connecticut Coalition to End Homelessness (CCEH) reported, homelessness in Connecticut increased in 2022 for the first time in nearly a decade, according to an annual count of the unhoused population. The number rose by about 13% from 2,594 to 2,930, likely a result of economic fallout from the pandemic, inflation, and lack of affordable housing.

The 2022 count noted at least 558 unhoused minors in Connecticut.
The goal of Thames River Family Program has been to provide the young adults at this transitional housing program with the support and resources needed to help them to become employed and/or more employable with the goal of leaving our program and maintaining housing and employment stability. We have learned many lessons in the six years since we've transitioned our Program to working solely with families headed by young adults. We know, for example that because of their age (developmentally and chronologically), histories of homelessness and instability, the fact that they are part of a marginalized group, trauma, and the like, they are faced with overcoming many barriers on their journey toward establishing a better life for themselves and their children. We also know that without employment and becoming more financially secure, housing stability is not possible. The longer we work with these young parents, the more we realize that they are truly lacking in workforce readiness as well as soft skills. These also are significant barriers to their obtaining and then keeping the level of employment beneficial for the stability of their family.

As a two-year program, we were quite successful helping young adults gain access to employment through training, educating, mentoring, and assisting with resources. Funding guidelines now require that participants have a one-year maximum stay at Thames River. With that time limit, it is very difficult for our young families to become more self-sufficient. There is a lot of ground to cover during that time for our Staff.

Prior to COPVID-19, many residents were employed or about to start jobs. In March, they began losing those jobs, as most were employed in retail, fast food and the casinos. As a result, paying their rent was not an option. For those who still have not been able to obtain employment during this time paying rent continues to be something the young adults in our families have been unable to do.
The program does not receive rental assistance from any other government, state, or private source. Our annual fundraiser event which has taken place in May for 27 years, raises funds to support housing costs of our families. We were forced to cancel that event and while we are planning a Spring event, we know that as the virus still exists, we cannot expect that this event will bring in much revenue under the present circumstances. Our program is not fully funded by HUD, thus we are looking for funding with other sources to ensure that our much needed services

continue to meet the needs of our marginalized populations, our 24 Young parents and their children who have been directly impacted by COVID-19.

B2. Are the services you provide offered by other agencies serving Norwich? If yes, please explain uniqueness.

Thames River Family Program (TRFP) is the only Youth Transitional Housing Program of its kind in this region. Families live in one of 24, 2 and 3-bedroom furnished apartments. While there are other providers who offer housing assistance, education and employment readiness opportunities and the like, residents of TRFP can acquire individualized life skills training under one roof, where they have case management, 24-hour staff support in a safe and secure building.

B3. Describe how the program will address the needs of the community and help solve the need.

All families headed by young adults enter Thames River Family Program from shelters or other situations of homelessness in the Norwich/New London area. Most have extensive histories of homelessness as adults, and many have experienced homelessness with their families as children. On the other hand, more than 95% of those families who leave TRFP begin to build a foundation of stability and sustainability by moving to a permanent housing situation.

As a transitional housing program, Thames River Family Program (TRFP) provides housing and supports for families for one year. It is a time for families headed by parents (18-24 years old) who have experienced homelessness to gain stability to be able to acquire the skills to leave for permanent housing and maintain it. For most of these young adults, this is not the first time they are experiencing homelessness. Many have several instances of housing insecurity and instability. Many had been through the shelter system with their families as children and most do not have a high school diploma or General Equivalency Diploma (GED).

While at TRFP, employment and housing are the focus, with the goal being that families will move to permanent housing when they leave. Supporting them in being able to acquire skills to be competitive in the job market, to obtain jobs and maintain them is crucial for them to gain stability. While at Thames River, acquiring skills, such as financial literacy is a valuable part of the services and curriculum provided by our Advocates (Case Managers). Paying rent (calculated at 30% of their income) to the Program as well as utilities to Norwich Public Utilities, reinforces those skills and supports our ability to maintain the 24 apartments in the building that we own.

B4. Does your program have a waiting list? If yes, how many people are on the waiting list?

No, federal and state funding do not allow us to maintain a waiting list for our programs. When we have an opening, we receive referrals from our region's Coordinated Access Network's (CAN) listing of those young adults experiencing homelessness to fill that vacant apartment. When we do not have openings, other housing resources and assistance are sought for these families and individuals.

C. PROGRAM DESCRIPTION

C1. Provide a general description of the program for which you are requesting funding by identifying the specific activities and/or services provided.

This project specifically aligns with the 5-year Consolidated Plan as Thames River Family Program provides transitional housing for families experiencing homelessness and provides in-house support services so they can transform their lives. With 24 hour staff support, we create a supportive environment in which families pursue goals for self-sufficiency, and control over their lives.

Our programs support the pursuit of significant employment and development of life skills which enable the families to maintain permanent housing when they leave. We assist with employment readiness groups that create pathways to stable employment for youths. We empower our residents and mobilize our community to advocate for local and state policies that help people still on the streets or at risk of homelessness and create lasting change. As an agency, we are committed to continuing our investment in parenting youth who have begun to build a solid foundation while participating in this program. We are committed to their success and are seeking financial support to provide housing. TRFP has maintained a 90% or better success rate for majority of families leaving our transitional housing program for permanent housing. An overwhelming majority of these families have maintained their housing for more than a year after residing at Thames River.

With specific focus on stability, we would be able to support young adults understand parenting, tenancy, and home management skills, communication, and conflict resolution skills as well as financial literacy. These life skills services are provided by our advocates (case managers).

Please remember to:

C1a.Explain how this program aligns with the 5-year Consolidated Plan (see https://www.norwichct.org/482/Reports-and-Forms).

Advocates will work individually with residents offering support, which will eliminate other huge barriers that our young parents have accessing other services such as transportation, childcare, and the time to travel to these various places. Advocates will be able to assist them in establishing individual goals they wish to pursue and then work one on one to help them become familiar with the area's resources.

C1b.Describe how this program collaborates with other programs and organizations.

As the saying goes, "it takes a village". We could not successfully provide the services we do without the support of many of the area providers who also deliver the various services that meet the needs of young adults. Through regularly scheduled housing placement team meetings, we collaborate with the Eastern Coordinated Access Network (CAN) and all of the organizations in the North and Southeast that provide services and housing resources to persons experiencing homelessness, including those in the Southeast: TVCCA, Reliance Health, Norwich Human Services, Mental Health Authority, Safe Futures, Noank Community Support Services, Covenant Shelter, New London Homeless Hospitality, but also those in the Northeast, including programs in the Windham Regional Community Council and the Access Community Council Agency. Activities during those meetings include exchanging resources, strategizing ideas and suggestions for individual situations that a client may have and offering peer support during trying times. On the State level, we collaborate with the State Department of Housing, the CT Coalition to End Homelessness, the Partnership for Strong Communities. Besides support for our individual contracts, these agencies provide our region with information on practices on the State level, national data as well as new policies and procedures required for program operations.

C1c.Elaborate on how this program links with local or regional plans.

Besides aligning with the 5-year Consolidate Plan, the project also is aligned with our regional CAN support of the State's Reaching Home Campaign which is made up of a dynamic community of stakeholders coming together around the singular mission of ending homelessness in Connecticut. Specifically for youth, the campaign is dedicated to "making youth homelessness rare, brief and one time".

C1d.Discuss any real or possible partnerships created as a result of this funding.

Partnerships may include Norwich Human Services, Norwich Adult Education, Bureau of Rehabilitation Services, Eastern CT Transportation Consortium (ECTC), The Young Adult Services (YAS) through Sound Community Services, Norwich Housing Authority, TVCCA, where applicable, AXS Center in New London, a Program of Sound Community Services, DCF, Family Based Recovery (FBR) program where applicable to prepare for employment, WIOA Program @ Three Rivers Community College. One very important partnership will be with area employers and Landlords.

C1e.Comment on if this request for CDBG funding is for a new program or service.

Service will expand support services for low and/or moderate-income residents to engage individuals who are homeless or at risk of homelessness and are in need of supportive services essential to achieving optimal quality of life. While still dealing with the outcomes of COVID-19, Advocates work to ensure that individuals are linked to services which meet the needs identified in their individual service plan/housing plan/employment plan and that are culturally competent.

C2. For each activity or service, please also provide:

C2a. Location of services.

Thames River Family Program, One Thames River Place, Norwich, CT 06360

C2b. Frequency of services (i.e. 3 times a week for 10 weeks, 9/1/1-12/15/19).

After the initial intake, services will take place 2 times a week for the first month; after that it will occur on an as needed basis. Appointments are made with individuals on a weekly basis until discharge.

C2c. Hours of operation (for the proposed program only).

Advocates work full time at 35-40 hours a week. Proposed program is to work with individuals to ensure the establishment of successful discharge to permanent housing.

C2d. The anticipated number of persons (or families) from Norwich to be served.

45

C2d. How beneficiaries of services will be verified for CDBG income eligibility and/or presumed benefit.

Thames River Family Program serves marginalized youths 18-24 years old, and their children. The mission and purpose of Thames River has been to provide the residents in our program with the skills and resources to become employed or more employable, to have the opportunity to attain higher levels of education, to become more independent and move to permanent housing. Outside of being homeless, residents living in our building are categorized as low and moderate income persons.

C2e. Hours of Operation of your program, if applicable.

24 hours; 7 days/week

C3. Please specify the percentage of requested grant funds that will be used for administration and salaries as well as the total number of employees hired and/or retained as a result

The total percent of CDBG funds toward salaries is 73%, which is 16% of the total budget, 20% of each line item. The total admin in the project is 6%.

C4. Using the definitions and example, please complete the chart and provide a narrative (under C4) describing your "theory of change" on specific outcomes. Please use multiple pages if you have multiple outcomes that you measure. Please note that the narrative should describe the inputs used to achieve specific outputs in order to produce measurable outcomes. Please designate if outcomes are short term, interim or long term. Add as many outcomes as necessary to prove your success hypothesis (what you believe will result if your program is successful). Remember to include important definitions, including how your industry or service measures success. Please remember to discuss highlights that occurred last year and that will occur this year as a result of your program.

The theory of change expresses the outcomes we are working toward to achieve our intended impact: that families experiencing homelessness will build skills to heal from trauma, restore hope, and end the cycle of homelessness through a trauma-informed and housing-first approach. Our program has developed consistently over the years because of our understanding of the benefits of outcomes. We use our outcomes to determine which changes might be needed based on past performances and results; we modify our program and plan for and develop future programming. For the purpose of this grant, we have utilized this "theory of change" to define our long term goals based on what we have learned from our work with young adults over the last five years. The housing first model has a robust theory of change. Access to housing and mental

health support services soon after program intake proves to pave a path of success for youths. Advocates create with the individual, a housing and care plan and facilitates access to health services and income benefits, all guided by the choices and preferences of participants and supported by strong working alliance with support workers (Advocates)
Housing and mental health stability are hypothetical to further enable clients to engage in personal interests including employment, education and social or community participation over time. Through the Homeless Management Information System (HMIS) in which all organizations receiving HUD funding are required to use for data collection, we will assess a family's income while they are residents in TRFP and enter that information into the HMIS system. This assessment will also determine whether or not adult(s) in the household are employed and when they gained or lost employment income. With this data resource, we will be able to determine what a family earns and work with them on money management skills as well as other stability tools.

Inputs:

- Family Advocate will provide coordination of case management services to young adults at TRFP.
- Family Advocate will conduct assessments with residents to determine goals, barriers, resources needed, and other factors related to establishing housing stability.
- Family Advocate will act as a liaison with other service providers.
- FA will act as mediation with landlords, utility companies, resident's family members, friends, and other community members.

Output:

TRFP will provide services to 120 residents.
All residents will be assessed to determine goals and establish a housing plan.

Activities:

120 program participants will receive individual case management support.
All program participants will be informed about the groups that are offered that are aimed at housing stability which include understand parenting, tenancy, and home management skills, communication, and conflict resolution skills as well as financial literacy.
We come to understand that case management is a collaborative and planned approach to establishing that a person who experiences homelessness gets the services and supports that they need to move forward with their lives. Where appropriate, the case manager arranges, coordinates and advocates for delivery and access to a range of programs and services designed to meet the individual/family's needs.

Outcomes:

Short term: 100% 64/64 young adults residing at TRFP will be assessed to determine housing and financial goals/plan.

Interim term: 92% (59/64) Program participants will receive individualized case management and continue to participate in groups offered and access additional services and programs as needed.
Long term: 100% (64/64) program participants will achieve stable housing.

D. FUNDING QUESTIONS

D1. If the CDBG funding that you are requesting will leverage funding from another source, please note the amount and source of leveraged funding. Have these additional funds been secured at the time of this application. If not, what actions are you taking to apply for them?

N/A

D2. If you do not receive the amount of funds requested from CDBG, how do you propose to administer and/or complete the project in the manner presented and how will this affect your service population?

We make every effort to provide continuous case management services to all residents that are residing at Thames River Family Program. Funding will help increase the amount of time given to each individual needing intensive case management services. Our outcomes indicate we are consistently successful in engaging residents and establishing goals. Our efforts is to produce 100% outcomes for residents meeting their established goals.

D3. What items would you reduce/eliminate from your budget if the City wanted to (only) partially fund your application?

None, as we will look for other funding for this essential position.

E. OTHER

E1. List other agencies that provide similar services and identify those with which you collaborate. If services are similar, please elaborate on what makes this service unique.

The two youth programs currently under the umbrella of Thames River Community Service, Inc. (the Thames River Youth Transitional Housing Program and the Youth Rapid Rehousing Program) work collaboratively with Noank Community Support Services which provides the only shelter for youth (18-24) in our region. We also work with the Eastern CAN's Youth Navigators, who provide intake assessments, case management and work with youth to help remove barriers to secure safe and viable housing opportunities.

Furthermore, our staff participate and will continue to participate in weekly Housing Placement team meetings with other Eastern region providers to discuss families and individuals with whom each are working to determine collaboratively the most beneficial resources needed by each to achieve housing stability. Agencies at the table include, Thames Valley Council for Community Action (TVCCA), Always Home, Safe Futures, Reliance Health, Norwich Human Services, the Access Agency, Holy Family Shelter, agencies within the Windham Regional Community Council (WRCC,) New London Homeless Hospitality Center and others. Our agency also plays a leading role in the Youth Engagement Team Initiative (YETI), the group in our region that brings together partners working in youth and housing services to end youth homelessness in Connecticut.

E2. Is your request for continuation of a previously-funded CDBG program?

E2a. If yes, indicate if you have pursued funding from other sources, who those sources are/were and what are/were the results.

E2b. If no, please state the reason(s) why. No. This is our first-time requesting funds from CV Recapture grant.

F. SECTION 3 REQUIREMENTS

The work to be performed under any contract utilizing CDBG funding may be subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD assistance projects covered by Section 3, are, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations directed to low- and very-low income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very-low income persons.

Please review page 15, "Section 3 Contractor Affidavit". Please note that if funding is approved, your contract may be required to review, implement and report on employment activities relating to Section 3 guidelines.

ADDRESSING THE NATIONAL OBJECTIVE

Does your program:

X Address the needs of low- and/or moderate-income residents (see income chart below)? AND/OR

X Serve seniors; severely disabled adults; homeless persons; battered spouses; abused/neglected children and youth; illiterate adults; migrant farm workers, and persons living with HIV/AIDS.

FY 2022 Income Limits Summary										
FY 2022 Income Limit Area	FY 2022 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Norwich-New London, CT HUD Metro FMR Area	Very Low (50%) Income Limits ($)	$39,450	$45,050	$50,700	$56,300	$60,850	$ 65,350	$ 69,850	$ 74,350
	Extremely Low Income Limits ($)*	$23,700	$27,050	$30,450	$33,800	$36,550	$ 39,250	$ 41,950	$ 46,630
Median Family Income $102,700	Low (80%) Income Limits ($)	$62,600	$71,550	$80,500	$89,400	$96,600	$103,750	$110,900	$118,050

PROGRAM BENEFICIARY OUTCOME STATISTICS:
Attach additional sheets for every outcome related to the funded program

STAFFING RESOURCES: Identify every person involved in the implementation and administration of the program. Use the chart below and additional sheets if necessary. Please refer to page 15 regarding Section 3 to determine if you are or will be a Section 3 concern. If you are/will meet Section 3 criteria, it will be mandatory for you to complete the attached Section 3 documentation.

Position/Title	Salary Range	CDBG Portion of Salary	Full-Time or Part-Time	Hired As a Result of Funding (Y/N)
Executive Director	$8,000-$95,000	0%	Full-Time	N
Program Manager	$50,000-$60,000	0%	Full-Time	N
Family Advocate	$48,000-$52,000	0%	Full-Time	N
Family Advocate	$20,000-$26,000	0%	Part-Time	N
Financial Manager	$28,000-$32,000	0%	Part-Time	N

PART III: BUDGET INFORMATION

A. AGENCY FINANCIAL DATA

SUPPORT & REVENUE	CURRENT	ANTICIPATED
	FY 22-23	FT 23-24
Program Fees (Resident Rent)	28,500	25,000
Other Grants including foundations	112,625	92,625
Donations	125,126	136,450
CDBG (Norwich)	20,000	22,275
General Fund		
State & Federal Grants	594,162	697,210
Other Revenue – United Way, Interest, Vending, and Restricted Funds	113,841	98,235
TOTAL REVENUE	994,254	1,071,795
EXPENSES	**Current**	**Anticipated**
	FY 22-23	FT 23-24
Salaries	539,000	565,465
Employee Benefits	68,017	78,220
Payroll Taxes	41,782	43,260
Professional Fees & Services	32,150	35,150
Operations/Phones/Postage	111,140	121,700
Insurance	107,235	120,100
Equipment Rental, Maintenance & Acquisition	39,655	40,650
Printing & Publication	4,000	4,000
Travel/Conferences/Conventions	5,125	7,500
Legal Fees	0	0
Vehicle-Lease/Repair	0	0
Other Expenses – Client Services including education and employment supports, transportation assistance and housing security and supplies	46,150	55,750
TOTAL EXPENSES	994,254	1,071,795
BALANCE (TOTAL REVENUE LESS EXPENSES)	0	0

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EXECUTIVE DIRECTOR/DEPT. HEAD (SIGN)

Uduak Enyiema
PRINT NAME
DATE: 3/7/2023

PRESIDENT, BOARD OF DIRECTORS (SIGN)

Eric McDermott
PRINT NAME
DATE: 3/14/2023

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TO: CDBG-CV APPLICANTS

SUBJECT: SPECIAL INSTRUCTIONS FOR CDBG-CV FUNDING APPLICATIONS FOR BOTH PUBLIC AND NON-PUBLIC SERVICES APPLICANTS

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A. INTRODUCTION/AGENCY INFORMATION

A1. Brief History of Organization:

The mission of Thames River Community Service, Inc. is to provide safe housing with support services by creating an environment in which families and individuals who are experiencing homelessness pursue goals for self-sufficiency and control over their lives. This mission is accomplished by promoting family and individual wellness, by empowering people to develop an achievable plan for successful independent living, to pursue significant employment, to acquire life skills and to maintain stability.

Thames River Community Service, Inc. was established in 1992 with the creation of Thames River Family Program (TRFP), which was a response to the rising number of families headed by single women who were homeless and living in poverty. Located in Norwich, CT and serving Southeastern CT, TRFP is a transitional housing program with 24 apartments. Advocates and other supportive staff on all three shifts work closely with families coming from shelters to assist them in becoming employed and/or more employable, helping them to gain financial literacy by learning to budget and improve their credit, to acquire tenancy skills and to overcome criminal histories. Staff works together with families to establish achievable goals in these areas so that they can leave TRFP for permanent housing in less than a year.

When TRFP opened in 1992, we served single woman 18 years and up with their children. During our nearly 30-year history working with people experiencing homelessness, we have been keenly aware that it's these younger adults who had come through our programs who were among the most vulnerable and had the most barriers to obtaining and maintaining stability. In 2015, we joined the national and state-wide effort to determine resources needed so that when youth were experiencing homelessness. it would be a rare occurrence, a brief occurrence, and a onetime occurrence. To that end, in 2017, decided to repurpose our transitional housing program to one that serves only parents (young men and women) who are 18-24 who are parenting alone or as couples. Funding requirements, however, dictated that the program limit the lengths of stay from two years to one year.

Thames River Family Program is the only Youth Transitional Housing program for families in Connecticut. This Program receives funding from the U.S. Department of Housing and Urban Development, The CT Department of Housing, United Way of Southeastern CT and private grants and donations. In our nearly 30 years, over 975 families with more than 1,500 children have come to Thames River Family Program from shelters and other situations of homelessness.

In 2008, the agency's Supportive Housing Program began with a grant received from the Connecticut Department of Mental Health and Addiction Services (DMHAS). Families receive rental assistance and support from case managers who partner with nine families to provide comprehensive, individualized services in safe and affordable scattered site housing units. Heads of household in these families have mental illness and/or chemical dependency, histories of trauma/domestic violence, are homeless and have incomes at or below 50% of the median income of this area.

In December 2019, our agency was awarded funding through the CT Department of Housing to provide a Rapid Rehousing Program for young adults ages 18 to 24 years of age. The goal of this program is to rapidly move youth from homelessness into permanent housing in the community. Case Managers offer short- to medium-term financial assistance and provide developmentally appropriate case management and services.

In 2023 the agency's YHDP Short-Term Crisis Transitioning Housing began, funded under the Housing and Urban Development (HUD) Youth Homelessness Demonstration Program, which operates like crisis

housing, providing low-barrier, temporary housing to young adults aged 18-24 at program entry who are experiencing HUD Category 1 or 4 homelessness. Young adults must be engaged in a diversion/problem-solving conversation upon initial contact and admitted only if they are without a safe place to stay that night. YHDP Short-Term Crisis Housing follow local CAN prioritization within funding guidelines.
Our goal is to quickly bring youth sleeping outside or in their vehicles into a safe and warm environment. Residents are linked to a case management, life skills and access to public benefits while waiting for more stable housing options in our transitional or rapid rehousing program.

A2. Hours of Operation: 24 hours/day, seven days/week, 365 days/year

A3. What is the total number of persons employed by your agency? 20

A4. If there are 15 or more employees at your agency, please provide the name of the person responsible for compliance with Section 504 of Rehabilitation Act of 1973 - Nondiscrimination under Federal Programs.

Uduak Enyiema

A5. Do you receive more than $500,000 of Federal Funding through any means, including grants and loans? No

B. STATEMENT OF NEED

B1. Define the problem or need to be addressed through your program and provide evidence to support the need as well as citing resources for verification of any statistical information provided.

The Connecticut Coalition to End Homelessness (CCEH) reported, homelessness in Connecticut increased in 2022 for the first time in nearly a decade, according to an annual count of the unhoused population. The number rose by about 13% from 2,594 to 2,930, likely a result of economic fallout from the pandemic, inflation, and lack of affordable housing.

The 2022 count noted at least 558 unhoused minors in Connecticut.
The goal of Thames River Family Program has been to provide the young adults at this transitional housing program with the support and resources needed to help them to become employed and/or more employable with the goal of leaving our program and maintaining housing and employment stability. We have learned many lessons in the six years since we've transitioned our Program to working solely with families headed by young adults. We know, for example that because of their age (developmentally and chronologically), histories of homelessness and instability, the fact that they are part of a marginalized group, trauma, and the like, they are faced with overcoming many barriers on their journey toward establishing a better life for themselves and their children. We also know that without employment and becoming more financially secure, housing stability is not possible. The longer we work with these young parents, the more we realize that they are truly lacking in workforce readiness as well as soft skills. These also are significant barriers to their obtaining and then keeping the level of employment beneficial for the stability of their family.

As a two-year program, we were quite successful helping young adults gain access to employment through training, educating, mentoring, and assisting with resources. Funding guidelines now require that participants have a one-year maximum stay at Thames River. With that time limit, it is very difficult for our young families to become more self-sufficient. There is a lot of ground to cover during that time for our Staff.

Prior to COPVID-19, many residents were employed or about to start jobs. In March, they began losing those jobs, as most were employed in retail, fast food and the casinos. As a result, paying their rent was not an option. For those who still have not been able to obtain employment during this time paying rent continues to be something the young adults in our families have been unable to do.
The program does not receive rental assistance from any other government, state, or private source. Our annual fundraiser event which has taken place in May for 27 years, raises funds to support housing costs of our families. We were forced to cancel that event and while we are planning a Spring event, we know that as the virus still exists, we cannot expect that this event will bring in much revenue under the present circumstances. Our program is not fully funded by HUD, thus we are looking for funding with other sources to ensure that our much needed services

continue to meet the needs of our marginalized populations, our 24 Young parents and their children who have been directly impacted by COVID-19.

B2. Are the services you provide offered by other agencies serving Norwich? If yes, please explain uniqueness.

Thames River Family Program (TRFP) is the only Youth Transitional Housing Program of its kind in this region. Families live in one of 24, 2 and 3-bedroom furnished apartments. While there are other providers who offer housing assistance, education and employment readiness opportunities and the like, residents of TRFP can acquire individualized life skills training under one roof, where they have case management, 24-hour staff support in a safe and secure building.

B3. Describe how the program will address the needs of the community and help solve the need.

All families headed by young adults enter Thames River Family Program from shelters or other situations of homelessness in the Norwich/New London area. Most have extensive histories of homelessness as adults, and many have experienced homelessness with their families as children. On the other hand, more than 95% of those families who leave TRFP begin to build a foundation of stability and sustainability by moving to a permanent housing situation.

As a transitional housing program, Thames River Family Program (TRFP) provides housing and supports for families for one year. It is a time for families headed by parents (18-24 years old) who have experienced homelessness to gain stability to be able to acquire the skills to leave for permanent housing and maintain it. For most of these young adults, this is not the first time they are experiencing homelessness. Many have several instances of housing insecurity and instability. Many had been through the shelter system with their families as children and most do not have a high school diploma or General Equivalency Diploma (GED).

While at TRFP, employment and housing are the focus, with the goal being that families will move to permanent housing when they leave. Supporting them in being able to acquire skills to be competitive in the job market, to obtain jobs and maintain them is crucial for them to gain stability. While at Thames River, acquiring skills, such as financial literacy is a valuable part of the services and curriculum provided by our Advocates (Case Managers). Paying rent (calculated at 30% of their income) to the Program as well as utilities to Norwich Public Utilities, reinforces those skills and supports our ability to maintain the 24 apartments in the building that we own.

B4. Does your program have a waiting list? If yes, how many people are on the waiting list?

No, federal and state funding do not allow us to maintain a waiting list for our programs. When we have an opening, we receive referrals from our region's Coordinated Access Network's (CAN) listing of those young adults experiencing homelessness to fill that vacant apartment. When we do not have openings, other housing resources and assistance are sought for these families and individuals.

C. PROGRAM DESCRIPTION

C1. Provide a general description of the program for which you are requesting funding by identifying the specific activities and/or services provided.

This project specifically aligns with the 5-year Consolidated Plan as Thames River Family Program provides transitional housing for families experiencing homelessness and provides in-house support services so they can transform their lives. With 24 hour staff support, we create a supportive environment in which families pursue goals for self-sufficiency, and control over their lives.

Our programs support the pursuit of significant employment and development of life skills which enable the families to maintain permanent housing when they leave. We assist with employment readiness groups that create pathways to stable employment for youths. We empower our residents and mobilize our community to advocate for local and state policies that help people still on the streets or at risk of homelessness and create lasting change. As an agency, we are committed to continuing our investment in

parenting youth who have begun to build a solid foundation while participating in this program. We are committed to their success and are seeking financial support to provide housing. TRFP has maintained a 90% or better success rate for majority of families leaving our transitional housing program for permanent housing. An overwhelming majority of these families have maintained their housing for more than a year after residing at Thames River.
With specific focus on stability, we would be able to support young adults understand parenting, tenancy, and home management skills, communication, and conflict resolution skills as well as financial literacy. These life skills services are provided by our advocates (case managers).

Please remember to:

C1a.Explain how this program aligns with the 5-year Consolidated Plan (see https://www.norwichct.org/482/Reports-and-Forms).

Advocates will work individually with residents offering support, which will eliminate other huge barriers that our young parents have accessing other services such as transportation, childcare, and the time to travel to these various places. Advocates will be able to assist them in establishing individual goals they wish to pursue and then work one on one to help them become familiar with the area's resources.

C1b.Describe how this program collaborates with other programs and organizations.

As the saying goes, "it takes a village". We could not successfully provide the services we do without the support of many of the area providers who also deliver the various services that meet the needs of young adults. Through regularly scheduled housing placement team meetings, we collaborate with the Eastern Coordinated Access Network (CAN) and all of the organizations in the North and Southeast that provide services and housing resources to persons experiencing homelessness, including those in the Southeast: TVCCA, Reliance Health, Norwich Human Services, Mental Health Authority, Safe Futures, Noank Community Support Services, Covenant Shelter, New London Homeless Hospitality, but also those in the Northeast, including programs in the Windham Regional Community Council and the Access Community Council Agency. Activities during those meetings include exchanging resources, strategizing ideas and suggestions for individual situations that a client may have and offering peer support during trying times. On the State level, we collaborate with the State Department of Housing, the CT Coalition to End Homelessness, the Partnership for Strong Communities. Besides support for our individual contracts, these agencies provide our region with information on practices on the State level, national data as well as new policies and procedures required for program operations.

C1c.Elaborate on how this program links with local or regional plans.

Besides aligning with the 5-year Consolidate Plan, the project also is aligned with our regional CAN support of the State's Reaching Home Campaign which is made up of a dynamic community of stakeholders coming together around the singular mission of ending homelessness in Connecticut. Specifically for youth, the campaign is dedicated to "making youth homelessness rare, brief and one time".

C1d.Discuss any real or possible partnerships created as a result of this funding.

Partnerships may include Norwich Human Services, Norwich Adult Education, Bureau of Rehabilitation Services, Eastern CT Transportation Consortium (ECTC), The Young Adult Services (YAS) through Sound Community Services, Norwich Housing Authority, TVCCA, where applicable, AXS Center in New London, a Program of Sound Community Services, DCF, Family Based Recovery (FBR) program where applicable to prepare for employment, WIOA Program @ Three Rivers Community College. One very important partnership will be with area employers and Landlords.

C1e.Comment on if this request for CDBG funding is for a new program or service.

Service will expand support services for low and/or moderate-income residents to engage individuals who are homeless or at risk of homelessness and are in need of supportive services essential to achieving optimal quality of life. While still dealing with the outcomes of COVID-19, Advocates work to ensure that individuals are linked to services which meet the needs identified in their individual service plan/housing plan/employment plan and that are culturally competent.

C2. For each activity or service, please also provide:

C2a. Location of services.

Thames River Family Program, One Thames River Place, Norwich, CT 06360

C2b. Frequency of services (i.e. 3 times a week for 10 weeks, 9/1/1-12/15/19).

After the initial intake, services will take place 2 times a week for the first month; after that it will occur on an as needed basis. Appointments are made with individuals on a weekly basis until discharge.

C2c. Hours of operation (for the proposed program only).

Advocates work full time at 35-40 hours a week. Proposed program is to work with individuals to ensure the establishment of successful discharge to permanent housing.

C2d. The anticipated number of persons (or families) from Norwich to be served.

45

C2d. How beneficiaries of services will be verified for CDBG income eligibility and/or presumed benefit.

Thames River Family Program serves marginalized youths 18-24 years old, and their children. The mission and purpose of Thames River has been to provide the residents in our program with the skills and resources to become employed or more employable, to have the opportunity to attain higher levels of education, to become more independent and move to permanent housing. Outside of being homeless, residents living in our building are categorized as low and moderate income persons.

C2e. Hours of Operation of your program, if applicable.

24 hours; 7 days/week

C3. Please specify the percentage of requested grant funds that will be used for administration and salaries as well as the total number of employees hired and/or retained as a result

The total percent of CDBG funds toward salaries is 73%, which is 16% of the total budget, 20% of each line item. The total admin in the project is 6%.

C4. Using the definitions and example, please complete the chart and provide a narrative (under C4) describing your "theory of change" on specific outcomes. Please use multiple pages if you have multiple outcomes that you measure. Please note that the narrative should describe the inputs used to achieve specific outputs in order to produce measurable outcomes. Please designate if outcomes are short term, interim or long term. Add as many outcomes as necessary to prove your success hypothesis (what you believe will result if your program is successful). Remember to include important definitions, including how your industry or service measures success. Please remember to discuss highlights that occurred last year and that will occur this year as a result of your program.

The theory of change expresses the outcomes we are working toward to achieve our intended impact: that families experiencing homelessness will build skills to heal from trauma, restore hope, and end the cycle of homelessness through a trauma-informed and housing-first approach. Our program has developed consistently over the years because of our understanding of the benefits of outcomes. We use our outcomes to determine which changes might be needed based on past performances and results; we modify our program and plan for and develop future programming. For the purpose of this grant, we have utilized this "theory of change" to define our long term goals based on what we have learned from our work with young adults over the last five years. The housing first model has a robust theory of change. Access to housing and mental

health support services soon after program intake proves to pave a path of success for youths. Advocates create with the individual, a housing and care plan and facilitates access to health services and income benefits, all guided by the choices and preferences of participants and supported by strong working alliance with support workers (Advocates)
Housing and mental health stability are hypothetical to further enable clients to engage in personal interests including employment, education and social or community participation over time. Through the Homeless Management Information System (HMIS) in which all organizations receiving HUD funding are required to use for data collection, we will assess a family's income while they are residents in TRFP and enter that information into the HMIS system. This assessment will also determine whether or not adult(s) in the household are employed and when they gained or lost employment income. With this data resource, we will be able to determine what a family earns and work with them on money management skills as well as other stability tools.

Inputs:
- Family Advocate will provide coordination of case management services to young adults at TRFP.
- Family Advocate will conduct assessments with residents to determine goals, barriers, resources needed, and other factors related to establishing housing stability.
- Family Advocate will act as a liaison with other service providers.
- FA will act as mediation with landlords, utility companies, resident's family members, friends, and other community members.

Output:
TRFP will provide services to 120 residents.
All residents will be assessed to determine goals and establish a housing plan.

Activities:
120 program participants will receive individual case management support.
All program participants will be informed about the groups that are offered that are aimed at housing stability which include understand parenting, tenancy, and home management skills, communication, and conflict resolution skills as well as financial literacy.
We come to understand that case management is a collaborative and planned approach to establishing that a person who experiences homelessness gets the services and supports that they need to move forward with their lives. Where appropriate, the case manager arranges, coordinates and advocates for delivery and access to a range of programs and services designed to meet the individual/family's needs.

Outcomes:
Short term: 100% 64/64 young adults residing at TRFP will be assessed to determine housing and financial goals/plan.

Interim term: 92% (59/64) Program participants will receive individualized case management and continue to participate in groups offered and access additional services and programs as needed.
Long term: 100% (64/64) program participants will achieve stable housing.

D. FUNDING QUESTIONS

D1. If the CDBG funding that you are requesting will leverage funding from another source, please note the amount and source of leveraged funding. Have these additional funds been secured at the time of this application. If not, what actions are you taking to apply for them?
N/A

D2. If you do not receive the amount of funds requested from CDBG, how do you propose to administer and/or complete the project in the manner presented and how will this affect your service population?

We make every effort to provide continuous case management services to all residents that are residing at Thames River Family Program. Funding will help increase the amount of time given to each individual needing intensive case management services. Our outcomes indicate we are consistently successful in engaging residents and establishing goals. Our efforts is to produce 100% outcomes for residents meeting their established goals.

D3. What items would you reduce/eliminate from your budget if the City wanted to (only) partially fund your application?

None, as we will look for other funding for this essential position.

E. OTHER

E1. List other agencies that provide similar services and identify those with which you collaborate. If services are similar, please elaborate on what makes this service unique.

The two youth programs currently under the umbrella of Thames River Community Service, Inc. (the Thames River Youth Transitional Housing Program and the Youth Rapid Rehousing Program) work collaboratively with Noank Community Support Services which provides the only shelter for youth (18-24) in our region. We also work with the Eastern CAN's Youth Navigators, who provide intake assessments, case management and work with youth to help remove barriers to secure safe and viable housing opportunities.

Furthermore, our staff participate and will continue to participate in weekly Housing Placement team meetings with other Eastern region providers to discuss families and individuals with whom each are working to determine collaboratively the most beneficial resources needed by each to achieve housing stability. Agencies at the table include, Thames Valley Council for Community Action (TVCCA), Always Home, Safe Futures, Reliance Health, Norwich Human Services, the Access Agency, Holy Family Shelter, agencies within the Windham Regional Community Council (WRCC,) New London Homeless Hospitality Center and others. Our agency also plays a leading role in the Youth Engagement Team Initiative (YETI), the group in our region that brings together partners working in youth and housing services to end youth homelessness in Connecticut.

E2. Is your request for continuation of a previously-funded CDBG program?

E2a. If yes, indicate if you have pursued funding from other sources, who those sources are/were and what are/were the results.

E2b. If no, please state the reason(s) why. No. This is our first-time requesting funds from CV Recapture grant.

F. SECTION 3 REQUIREMENTS

The work to be performed under any contract utilizing CDBG funding may be subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD assistance projects covered by Section 3, are, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations directed to low- and very-low income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very-low income persons.

Please review page 15, "Section 3 Contractor Affidavit". Please note that if funding is approved, your contract may be required to review, implement and report on employment activities relating to Section 3 guidelines.

ADDRESSING THE NATIONAL OBJECTIVE

Does your program:

X Address the needs of low- and/or moderate-income residents (see income chart below)?
AND/OR

X Serve seniors; severely disabled adults; homeless persons; battered spouses; abused/neglected children and youth; illiterate adults; migrant farm workers, and persons living with HIV/AIDS.

FY 2022 Income Limits Summary									
FY 2022 Income Limit Area	FY 2022 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Norwich-New London, CT HUD Metro FMR Area	Very Low (50%) Income Limits ($)	$39,450	$45,050	$50,700	$56,300	$60,850	$ 65,350	$ 69,850	$ 74,350
	Extremely Low Income Limits ($)*	$23,700	$27,050	$30,450	$33,800	$36,550	$ 39,250	$ 41,950	$ 46,630
Median Family Income $102,700	Low (80%) Income Limits ($)	$62,600	$71,550	$80,500	$89,400	$96,600	$103,750	$110,900	$118,050

PROGRAM BENEFICIARY OUTCOME STATISTICS:

Attach additional sheets for every outcome related to the funded program

STAFFING RESOURCES: Identify every person involved in the implementation and administration of the program. Use the chart below and additional sheets if necessary. Please refer to page 15 regarding Section 3 to determine if you are or will be a Section 3 concern. If you are/will meet Section 3 criteria, it will be mandatory for you to complete the attached Section 3 documentation.

Position/Title	Salary Range	CDBG Portion of Salary	Full-Time or Part-Time	Hired As a Result of Funding (Y/N)
Executive Director	$8,000-$95,000	0%	Full-Time	N
Program Manager	$50,000-$60,000	0%	Full-Time	N
Family Advocate	$48,000-$52,000	0%	Full-Time	N
Family Advocate	$20,000-$26,000	0%	Part-Time	N
Financial Manager	$28,000-$32,000	0%	Part-Time	N

PART III: BUDGET INFORMATION

A. Agency Financial Data

SUPPORT & REVENUE	CURRENT	ANTICIPATED
	FY 22-23	FT 23-24
Program Fees (Resident Rent)	28,500	25,000
Other Grants including foundations	112,625	92,625
Donations	125,126	136,450
CDBG (Norwich)	20,000	22,275
General Fund		
State & Federal Grants	594,162	697,210
Other Revenue – United Way, Interest, Vending, and Restricted Funds	113,841	98,235
TOTAL REVENUE	994,254	1,071,795
EXPENSES	**Current**	**Anticipated**
	FY 22-23	FT 23-24
Salaries	539,000	565,465
Employee Benefits	68,017	78,220
Payroll Taxes	41,782	43,260
Professional Fees & Services	32,150	35,150
Operations/Phones/Postage	111,140	121,700
Insurance	107,235	120,100
Equipment Rental, Maintenance & Acquisition	39,655	40,650
Printing & Publication	4,000	4,000
Travel/Conferences/Conventions	5,125	7,500
Legal Fees	0	0
Vehicle-Lease/Repair	0	0
Other Expenses – Client Services including education and employment supports, transportation assistance and housing security and supplies	46,150	55,750
TOTAL EXPENSES	994,254	1,071,795
BALANCE (TOTAL REVENUE LESS EXPENSES)	0	0

PART IV: SUPPLEMENTAL INFORMATION:

All agencies (except City of Norwich Agencies) must submit all of the following documentation with their application whether or not you have previously received CDBG funds through the City of Norwich.

EXHIBIT 1 Financial Statement and Audit
Describe the agency's fiscal management including disbursement methods, financial reporting, record keeping, accounting principles/procedures and audit requirements. Include a copy of the agency's last completed audit.

EXHIBIT 2 Insurance/Bond/Worker's Compensation
State whether or not the agency has liability insurance coverage, in what amount and with what insuring agency.
Berkley Regional Insurance and Workers Compensation Trust
State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and State Law.
State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount and with what insuring agency.

Provide a copy of your current insurance certificate, NOT YOUR POLICY

EXHIBIT 3 Non-profit Determination
Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service.

EXHIBIT 4 List of Board of Directors
A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member; and must identify the principal officers of the governing body.

EXHIBIT 5 Organizational Chart
An organizational chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure and which identifies any staff positions of shared responsibility.

EXHIBIT 6 Resumes of Chief Program Administrator and Chief Fiscal Officer

EXHIBIT 7 Conflict of Interest Disclosure (form attached)

CDBG-CV-19 CITY OF NORWICH, CONNECTICUT APPLICANT CONFLICT OF INTEREST QUESTIONNAIRE
2019-2020 AMENDED PROGRAM YEAR

Federal, State, and City law prohibits employees and public officials of the City of Norwich from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, or (b) a City Council member, or (c) a member of the Community Development Advisory Committee (CDAC) member? **X** Yes ☐ No

If yes; list the name(s) and information requested below:

Name of person	Job Title of person	Indicate City employee, consultant, City Council person or CDAC member
Eric McDermott	Electric Operations Integrity Manager	Norwich Public Utilities

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, City Council person or Community Development Advisory Committee member?

☐Yes **X** No

If yes, please list the name(s) and information requested below:

Name of person	Job Title of person	Indicate City employee, consultant, City Council person or CDAC member

CDBG-CV-19 CITY OF NORWICH, CONNECTICUT APPLICANT CONFLICT OF INTEREST QUESTIONNAIRE (cont.)

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, City Council person, Community Development Advisory Committee member?

☐Yes X No

If yes, please identify below the City employee, consultant, or Council member with whom each individual has family or business ties.

Name of member	Name of City employee, Consultant, City Council member, CDAC member	Indicate type of tie (Family or Business)	If family, indicate relationship
Sarah McDermott	Eric McDermott	Family	Spouse

Have you read and understood the HUD regulation regarding conflict of interest, 24 CFR 570.611 (attached)?

Uduak Enyiema
NAME OF APPLICANT REPRESENTATIVE

Uduak [signature]
SIGNATURE OF ABOVE REPRESENTATIVE

3/07/2023
DATE

HUD REGULATION REGARDING CONFLICT OF INTEREST
(NOT REQUIRED TO BE SUBMITTED WITH APPLICATION – RETAIN FOR YOUR RECORDS)

24 CFR §570.611 Conflict of interest.

(a) Applicability

(1) In the procurement of supplies, equipment, construction, and services by recipients and by sub recipients, the conflict of interest provisions in 2 CFR 200.317 and 200.318 shall apply.

(2) In all cases not governed by 2 CFR 200.317 and 200.318, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to §570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to §570.203, 570.204, 570.455, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested

exception after the recipient has satisfactorily met the requirements of paragraph (d) (1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable:

(i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(ii) Whether an opportunity was provided for open competitive bidding or negotiation;

(iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

(iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision-making process with respect to the specific assisted activity in question;

(v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section;

(vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and

(vii) Any other relevant considerations.

[60 FR 56916, Nov. 9, 1995, as amended at 80 FR 75938, Dec. 7, 2015]

OUTCOME RELATED DEFINITIONS

Inputs

Inputs are resources dedicated to or consumed by the program. They are "what we invest"– Time, Money, Partners, Equipment, Facilities, etc.
Ex: 1 Full-time equivalent (FTE) will be required to counsel X clients.

Outputs

Outputs are direct products of program activities and usually are measured in terms of the volume of work accomplished. "What we do or Who We Reach" Workshops, Publications, Field days, Equipment; Customers, Participants, etc.
Ex: We trained X participants (activity) and Y (output) graduated.

Activities

Activities are what the program does with the inputs to fulfill its mission. Activities include the strategies, techniques and types of treatment that comprise the program's service methodology.
Ex: Recruit X participants, Train X employees, Open X Bank Accounts, X people are screened for public benefits, X% of clients are screened, X% of participants are trained, etc.

Outcomes

Outcomes are the benefits for participants during and after program activities.
Ideal outcomes include changes in:

Short Term: Knowledge, Skills, Attitude, Motivation, Awareness
Interim Term: Behaviors, Practices, Policies, Procedures
Long Term: Environment, Social Conditions, Economic Conditions, Political Conditions,
Ex: We trained X participants (activity), Y (output) graduated and Z increased income through employment (outcome)

Please note that short, interim and long term outcomes may be subjective to your program. A short term for one program could be a long term for a different program. Be sure to explain in narrative C4 how your program measurement is classified using industry standards or better.

OUTCOME: Increased Housing Stability				
Long Term Outcome: Achieve Stable Housing	2021-Actual	Estimated 2022	2023 Anticipated	Finish
Total Number of Participants:	65	64	64	
Total Number of Participants Achieving Outcome:	65	64	64	
Percent Who Achieved Outcome:	100%	100%	100%	
Interim Outcome: Continued participation in groups				
Total Number of Participants:	65	64	64	
Total Number of Participants Achieving Outcome:	40	59	59	
Percent Who Achieved Outcome:	62%	92%	92%	
Short Term Outcome: Assessment to determine housing and financial goals/plan				
Total Number of Participants:	65	64	64	
Total Number of Participants Achieving Outcome:	65	64	64	
Percent Who Achieved Outcome:	100%	100%	100%	
Output: People Screened for Program				
Total Number of Participants:	65	64	64	
Total Participants that are Norwich Residents:	40	59	59	
Total Number of Participants Achieving Outcome:	40	59	59	Start
Percent Who Achieved Outcome:	62%	92%	92%	

Section 3 Contractor Affidavit (*2021 Final Rule)*

Section 3 Business Concerns are:

- At least 51 percent of the business is owned and controlled by low or very low-income persons; or
- At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing; or
- Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers

This is to certify that Thames River Community Service, Inc. (*print Business name)*

______Is a Section 3 Business Concern (Please read, review and implement necessary items in document entitled "Section 3 Requirements")

X Is **NOT** a Section 3 Business Concern but the contract for work will require my business or sub-contractor to hire, train, or educate a new employee. (Please read, review and implement necessary items in document entitled "Section 3 Requirements")

______Is **NOT** a Section 3 Business Concern and the contract for work will **NOT** require my business or sub-contractor to hire, train or educate a new employee. (No further action is necessary unless an employee is hired during the contract period)

Authorized Signer

3/07/2023
Date

Uduak Enyiema, Executive Director
Print Name

Section 3 Requirements (SAMPLE)

CONTRACTOR'S SECTION 3 PLAN CERTIFICATION

Project: ____

Contractor's Name: ______________________________

The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD assistance projects covered by Section 3, are, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations directed to low- and very-low income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very-low income persons.

As representative of the Contractor, I hereby agree:

- To list on Table A all projected workforce needs for all phases of this project by occupation, trade, skill level and number of positions.
- To comply to the greatest extent feasible with the objectives and percentage goals established in the Section 3 Plan for Housing and Community Development Assistance of the City of Norwich.
- That to the greatest extent feasible vacant positions in relation to this project will be filled with Section 3 residents.
- To conduct recruitment activities in a manner consistent with the Section 3 requirements as shown on Table B.
- To include in all contracts with subcontractors in excess of $100,000 the Section 3 Clause and to require the subcontractor to comply with similar certification requirements.
- To maintain proper records to demonstrate compliance with the Section 3 plan.
- To award to the greatest extent possible, all subcontracts in excess of $100,000 to eligible Section 3 firms.

______________________________ ______________________
Contractor Signature Date

____
Title

PUBLIC SERVICE CDBG-CV RECAPTURE

TABLE A

Contractor/Subcontractor: ______________________________

Project Name: ______________________________

(a) The number of persons currently employed by contractor that will be performing work under this contract:

Job Title	Total Employees

(b) The number of employees you intend to hire for contract:

Job Title	# Needed

Job Title	# Needed

TOTAL: _______

If additional employees are needed, the Contractor will be required to report: his efforts to hire Section 3 Residents, the actual number of residents hired' and the hours the residents worked (see HUD Form No. Hud-60002).

(c) Which of the above positions will be a training position: N/A

Job Title	Estimated Length of Training

(d) List type and amount of work to be subcontracted out. (If subcontract equals or exceeds $ 100,000.00, the subcontractor will be required to fill out this TABLE A.)
N/A

Subcontractor	Amount of Subcontract

TABLE B

Recruitment Efforts

At a minimum the following tasks must be completed to demonstrate a good faith effort with the requirements of Section 3. The contracting party and each contractor or subcontractor seeking to establish a good faith effort as required should be filling au training positions with persons residing in the target area.

1. Send notices of job availability subcontracting opportunities subject to these requirements to recruitment sources, trade organizations and other community Groups capable of referring eligible Section 3 applicants, including the Department of Labor.

2. Include in all solicitations and advertisements a statement to encourage eligible Section 3 residents to apply.

3. When using a newspaper of major circulation to request bids, quotes or to advertise employment opportunities to also advertise in minority owned newspapers.

4. Maintain a list of all residents from the target area(s) who have applied either on their own or by referral from any service, and employ such persons, if otherwise eligible and if a trainee exists. (If the contractor has no vacancies, the applicant, if otherwise eligible, shall be listed for the first available vacancy). A list of eligible applicants will be maintained for future vacancies.

5. The contractor must certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 75 require employment opportunities to be directed were not filled to circumvent the contractor's obligation under 24 CFR Part 75.

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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INSURER B : Workers Compensation Trust	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Connecticut Housing Finance Authority
999 West Street
Rocky Hill, CT 06067

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christopher M. Komanitsky

THAMRIV-02 AGAGNON

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2022

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Berkley Regional Insurance	29580
INSURED Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360	INSURER B : Workers Compensation Trust	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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							PROPERTY DAMAGE (Per accident)	$
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							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A				HHS 8525846-16	12/31/2022	12/31/2023	Building	9,927,292

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

De Lage Landen Financial Services, Inc. is included as an Additional Insured with respects to General Liability as required by signed and written contract per policy forms and Loss Payee with respects to the leased Computers and Laptops, Contract No. 25569841 - EDP Value of $15,000 - Valuation: Replacement Cost - Ded.: $250 - Form: Special.

CERTIFICATE HOLDER	CANCELLATION
De Lage Laden Financial Services, Inc. P.O. Box 41602 Philadelphia, PA 19101-1602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Komenitzky

THAMRIV-02 AGAGNON

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

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INSURED

Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES

CERTIFICATE NUMBER: REVISION NUMBER:

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A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Komanitzky

THAMRIV-02 AGAGNON

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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One Thames River Place
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							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
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							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	
A				HHS 8525846-16	12/31/2022	12/31/2023	Building	9,927,292

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Great America Financial Services is listed as a loss payees with repsects to the leased copiers/printers agreement number #0031730520000, valued at $6,663 as required by signed and written contract per policy forms.

CERTIFICATE HOLDER	CANCELLATION
Great America Financial Services, Insurance Verification Center c/o ABIC - Commercial Tracking Services, 5th Floor P.O. Box 979280 Miami, FL 33197-9280	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Komanitsky

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Amanda Gagnon	
Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	PHONE (A/C, No, Ext): (860) 430-3371	FAX (A/C, No):
	E-MAIL ADDRESS: agagnon@smithbrothersusa.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Berkley Regional Insurance	29580
INSURED	INSURER B : Workers Compensation Trust	
Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 2,500,000 $ 2,500,000 $ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

State of Connecticut c/o Konover, Office & Commercial Operation is included as an Additional Insured with respects to General Liability as required by signed and written contract per the policy forms regarding lease of 4.05 acres of land.

CERTIFICATE HOLDER	CANCELLATION
State of Connecticut c/o Konover, Office & Commercial Operation 342 North Main Street, Suite 200 West Hartford, CT 06117	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Konanitz

THAMRIV-02 AGAGNON

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2022

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PRODUCER	CONTACT NAME: Amanda Gagnon	
Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	PHONE (A/C, No, Ext): (860) 430-3371	FAX (A/C, No):
	E-MAIL ADDRESS: agagnon@smithbrothersusa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Berkley Regional Insurance	29580
INSURED	INSURER B : Workers Compensation Trust	
Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR	X		HHS 8525846-16	12/31/2022	12/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO			HHS 8525846-16	12/31/2022	12/31/2023	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB [X] OCCUR						EACH OCCURRENCE	$ 5,000,000
	[X] EXCESS LIAB [ ] CLAIMS-MADE			HHS 8525846-16	12/31/2022	12/31/2023	AGGREGATE	$ 5,000,000
	DED [X] RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[X] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N / A		01192-10	3/3/2022	3/3/2023	E.L. EACH ACCIDENT	$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	
A				HHS 8525846-16	12/31/2022	12/31/2023	Building	9,927,292

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage: Directors & Officers Liability/Employment Practices Liability - Carrier: Federal Insurance Company - NAIC: 002084 - Policy Number: 81893637 - Policy Period: 12/31/2022 to 12/31/2023 - Limit: $1,000,000 Aggregate

Coverage: Crime Employee Theft (Includes ERISA) - Carrier: Travelers Casualty & Surety Co. of America - NAIC: 003609 - Policy Number: 106435315 - Policy Period: 12/31/2022 to 12/31/2023 - Limit: $250,000 Aggregate - Other Crime Coverages Shown Below:
Forgery or Alteration Limit: $250,000 - Money/Securities/Theft/Robbery/Safe Burglary/Disappearance/Destruction On Premises Limit $250,000/In Transit Limit: $250,000.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
State of Connecticut, Department of Administrative Services 450 Columbus Boulevard Hartford, CT 06103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: THAMRIV-02 AGAGNON

LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Smith Brothers Insurance, LLC.		Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
State of Connecticut, Department of Housing its officials and employees, as their interest may appear is included as an Additional Insured with respects to General Liability as required by signed and written contract per policy forms.

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

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PRODUCER Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	CONTACT NAME: Amanda Gagnon PHONE (A/C, No, Ext): (860) 430-3371 FAX (A/C, No): E-MAIL ADDRESS: agagnon@smithbrothersusa.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Berkley Regional Insurance — 29580
INSURED Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360	INSURER B : Workers Compensation Trust
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			HHS 8525846-16	12/31/2022	12/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			HHS 8525846-16	12/31/2022	12/31/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE			HHS 8525846-16	12/31/2022	12/31/2023	AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N / A		01192-10	3/3/2022	3/3/2023	E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
State of Connecticut, Department of Children & Families, Attn.: Maria Femia 2 Court House Square Norwich, CT 06360	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Komanitsky

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

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PRODUCER
Smith Brothers Insurance, LLC.
68 National Drive
Glastonbury, CT 06033

CONTACT NAME: Amanda Gagnon
PHONE (A/C, No, Ext): (860) 430-3371
FAX (A/C, No):
E-MAIL ADDRESS: agagnon@smithbrothersusa.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley Regional Insurance	29580
INSURER B : Workers Compensation Trust	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE; X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY; PRO-JECT; LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY; SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB; X OCCUR			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB; CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED; X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01192-10	3/3/2022	3/3/2023	X PER STATUTE; OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N / A					E.L. EACH ACCIDENT	$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of Connecticut, Department of Economic & Community Development (DECD)
450 Columbus Bouleveard, Suite #4
Hartford, CT 06103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christopher M. Komaniecky

THAMRIV-02 AGAGNON

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

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PRODUCER	
Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	CONTACT NAME: Amanda Gagnon PHONE (A/C, No, Ext): (860) 430-3371 FAX (A/C, No): E-MAIL ADDRESS: agagnon@smithbrothersusa.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley Regional Insurance	29580
INSURER B : Workers Compensation Trust	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage: Directors & Officers Liability/Employment Practices Liability - Carrier: Federal Insurance Company - NAIC: 002084 - Policy Number: 81893637 - Policy Period: 12/31/2021 to 12/31/2022 - Limit: $1,000,000 Aggregate

Coverage: Crime Employee Theft (Includes ERISA) - Carrier: Travelers Casualty & Surety Co. of America - NAIC: 003609 - Policy Number: 106435315 - Policy Period: 12/31/2021 to 12/31/2022 - Limit: $250,000 Aggregate - Other Crime Coverages Shown Below:
Forgery or Alteration Limit: $250,000 - Money/Securities/Theft/Robbery/Safe Burglary/Disappearance/Destruction On Premises Limit $250,000/In Transit Limit: $250,000.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
State of Connecticut, Department of Housing 505 Hudson Street Hartford, CT 06106	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Kornacki

AGENCY CUSTOMER ID: THAMRIV-02 AGAGNON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Smith Brothers Insurance, LLC.		Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
State of Connecticut, Department of Housing its officials and employees, as their interest may appear is included as an Additional Insured with respects to General Liability as required by signed and written contract per policy forms.

THAMRIV-02 AGAGNON

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	CONTACT NAME: Amanda Gagnon PHONE (A/C, No, Ext): (860) 430-3371 FAX (A/C, No): E-MAIL ADDRESS: agagnon@smithbrothersusa.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley Regional Insurance	29580
INSURER B : Workers Compensation Trust	
INSURER C : Acadia Insurance Company	31325
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 2,500,000 $ 2,500,000 $ 2,500,000
C A	Builders Risk			CIM 5523600 HHS 8525846-16	7/5/2022 12/31/2022	7/5/2023 12/31/2023	Catastrophe Limit Building	300,000 9,927,292

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Thames River Shelter Capital Needs Project - Window renovation at One Thames River Place, Norwich, CT 06360

CERTIFICATE HOLDER

State of Connecticut, Department of Housing
505 Hudson Street
Hartford, CT 06106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christopher M. Komaritsky

THAMRIV-02 AGAGNON

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

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PRODUCER
Smith Brothers Insurance, LLC.
68 National Drive
Glastonbury, CT 06033

CONTACT NAME: Amanda Gagnon
PHONE (A/C, No, Ext): (860) 430-3371
FAX (A/C, No):
E-MAIL ADDRESS: agagnon@smithbrothersusa.com

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INSURER A : Berkley Regional Insurance	29580
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INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		HHS 8525846-16	12/31/2022	12/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			HHS 8525846-16	12/31/2022	12/31/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY; SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE			HHS 8525846-16	12/31/2022	12/31/2023	AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N / A		01192-10	3/3/2022	3/3/2023	E.L. EACH ACCIDENT	$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Connecticut, Department of Mental Health & Addiction Services is included as an Additiional Insured with respecst to General Liability as required by signed and written contract per the policy forms.

CERTIFICATE HOLDER

State of Connecticut, Department of Mental Health & Addiction Services
410 Capitol Avenue, MS #14, P.O. Box 341431
Hartford, CT 06134

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Christopher M. Komanitsky

THAMRIV-02 AGAGNON

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2022

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INSURER A : Berkley Regional Insurance	29580
INSURER B : Workers Compensation Trust	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

State of Connecticut, Department of Public Works is included as an Additional Insured with respects to General Liability as required by signed and written contract per the policy forms.

CERTIFICATE HOLDER	CANCELLATION
State of Connecticut, Department of Public Works, Attn.: Eugenie Williams 165 Capital Avenue Hartford, CT 06106	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Kornacki

THAMRIV-02 AGAGNON

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley Regional Insurance	29580
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INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE; X OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY; PRO-JECT; LOC; OTHER:	X		HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY; ANY AUTO; OWNED AUTOS ONLY; SCHEDULED AUTOS; X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB; X OCCUR; X EXCESS LIAB; CLAIMS-MADE; DED; X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N; If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE; OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

State of Connecticut, Department of Social Services, Community Energy & Refugee Services is included as an Additional Insured with respects to General Liability as required by signed and written contract per the policy forms.

CERTIFICATE HOLDER

State of Connecticut, Department of Social Services,
Community Energy & Refugee Services
25 Sigourney Street
Hartford, CT 06106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christopher M. Komaritzky

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

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INSURED

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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
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							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
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A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Grant funding for the addition of generators to the following location of the Named Insured: One Thames River Place, Norwich, CT 06360.

CERTIFICATE HOLDER	CANCELLATION
State of Connecticut, Office of Policy & Management, Office of Finance 450 Capitol Avenue, MS #54FIN Hartford, CT 06106	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Komaristy

THAMRIV-02 AGAGNON

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Norwich, CT 06360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			HHS 8525846-16	12/31/2022	12/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			HHS 8525846-16	12/31/2022	12/31/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE			HHS 8525846-16	12/31/2022	12/31/2023	AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N / A		01192-10	3/3/2022	3/3/2023	E.L. EACH ACCIDENT	$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Statewide Leasing and Property Transfer
Department of Administrative Services
450 Columbus Boulevard, Suite 1402
Hartford, CT 06103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christopher M. Komaniecky

THAMRIV-02 AGAGNON

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Smith Brothers Insurance, LLC.
68 National Drive
Glastonbury, CT 06033

CONTACT NAME: Amanda Gagnon
PHONE (A/C, No, Ext): (860) 430-3371 FAX (A/C, No):
E-MAIL ADDRESS: agagnon@smithbrothersusa.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley Regional Insurance	29580
INSURER B : Workers Compensation Trust	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			HHS 8525846-16	12/31/2022	12/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			HHS 8525846-16	12/31/2022	12/31/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE			HHS 8525846-16	12/31/2022	12/31/2023	AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N / A		01192-10	3/3/2022	3/3/2023	E.L. EACH ACCIDENT	$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Community Development Block Grant Application

CERTIFICATE HOLDER

The City of Norwich, City Hall
Union Square
Norwich, CT 06360

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THAMRIV-02 AGAGNON

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

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PRODUCER	CONTACT NAME: Amanda Gagnon	
Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	PHONE (A/C, No, Ext): (860) 430-3371	FAX (A/C, No):
	E-MAIL ADDRESS: agagnon@smithbrothersusa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Berkley Regional Insurance	29580
INSURED	INSURER B : Workers Compensation Trust	
Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	
A				HHS 8525846-16	12/31/2022	12/31/2023	Building	9,927,292

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Fundraiser at The Spa at Norwich Inn, June 26,2022

CERTIFICATE HOLDER	CANCELLATION
The Spa at Norwich Inn 607 West Thames Street Norwich, CT 06360	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Kornacki

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2022

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PRODUCER Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	CONTACT NAME: Amanda Gagnon PHONE (A/C, No, Ext): (860) 430-3371 FAX (A/C, No): E-MAIL ADDRESS: agagnon@smithbrothersusa.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Berkley Regional Insurance	29580
INSURED Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360	INSURER B : Workers Compensation Trust	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Thysennkrupp Elevator Corp. 100 Clark Drive East Berlin, CT 06023	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.** AUTHORIZED REPRESENTATIVE Christopher M. Komanitsky

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

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PRODUCER
Smith Brothers Insurance, LLC.
68 National Drive
Glastonbury, CT 06033

CONTACT NAME: Amanda Gagnon
PHONE (A/C, No, Ext): (860) 430-3371 FAX (A/C, No):
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley Regional Insurance	29580
INSURER B : Workers Compensation Trust	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE; X OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY; PRO-JECT; LOC; OTHER:			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY; ANY AUTO; OWNED AUTOS ONLY; SCHEDULED AUTOS; X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB; X OCCUR; X EXCESS LIAB; CLAIMS-MADE; DED; X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N; If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE; OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Town of Stonington, Department of Human Services
152 Elm Street
Stonington, CT 06378

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

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Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	CONTACT NAME: Amanda Gagnon PHONE (A/C, No, Ext): (860) 430-3371 FAX (A/C, No): E-MAIL ADDRESS: agagnon@smithbrothersusa.com

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INSURER A : Berkley Regional Insurance	29580
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INSURED

Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			HHS 8525846-16	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR X EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 0			HHS 8525846-16	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		01192-10	3/3/2022	3/3/2023	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
TVCCA One Sylvandale Road Jewett City, CT 06351	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Komanitsky

THAMRIV-02 AGAGNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Amanda Gagnon	
Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	PHONE (A/C, No, Ext): (860) 430-3371	FAX (A/C, No):
	E-MAIL ADDRESS: agagnon@smithbrothersusa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Berkley Regional Insurance	29580
INSURED	INSURER B : Workers Compensation Trust	
Thames River Community Service, Inc. One Thames River Place Norwich, CT 06360	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR	X		HHS 8525846-16	12/31/2022	12/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			HHS 8525846-16	12/31/2022	12/31/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB / CLAIMS-MADE			HHS 8525846-16	12/31/2022	12/31/2023	AGGREGATE	$ 5,000,000
	DED / X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N / A		01192-10	3/3/2022	3/3/2023	E.L. EACH ACCIDENT	$ 2,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 2,500,000
							E.L. DISEASE - POLICY LIMIT	$ 2,500,000
A	Prof: $1MM/$3MM			HHS 8525846-16	12/31/2022	12/31/2023	Abuse: $1MM/$3MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

United Way of Southeastern Connecticut is included as an Additional Insured with respects to General Liability as required by signed and written contract per the policy forms.

CERTIFICATE HOLDER	CANCELLATION
United Way of Southeastern Connecticut 283 Stoddards Wharf Road, P.O. Box 375 Gales Ferry, CT 06335	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Christopher M. Kornacki

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
G.P.O. BOX 1680
BROOKLYN, NY 11202

Date: FEB 05 1992

THAMES RIVER COMMUNITY SERVICE INC
C/O JAMES J DUTTON JR
BROWN JACOBSON ET AL
22 COURTHOUSE SQUARE
NORWICH, CT 06360

Employer Identification Number:
22-3096914
Contact Person:
CESAR A SABANDO
Contact Telephone Number:
(718) 780-4533
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
February 21,1991
Advance Ruling Period Ends:
December 31,1995
Addendum Applies:
Yes

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social securities taxes under the Federal Insurance Contributions Act on amounts of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

Contributions to you are deductible by donors beginning February 21,1991.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally $25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of $10 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty we charge cannot exceed $5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

In accordance with section 508(a) of the Code, the effective date of this determination letter is February 21,1991.

Section 508(a)(2) of the Internal Revenue Code states we will not treat an organization organized after October 9, 1969, as an organization described in section 501(c)(3) for any period before it gives notice that it is applying for recognition of exempt status, if it gives such notice after the time prescribed in the regulations.

Section 1.508-1(a)(2)(i) of the Income Tax Regulations states that an organization seeking exemption under section 501(c)(3) must file the notice described in section 508(a) within 15 months from the end of the month in which it was organized. The notice is filed by submitting a properly completed Form 1023, exemption application, with the key district director.

Our records show that your notice was postmarked February 21,1991, which is more than 15 months from the end of the month in which you were organized. Since the provisions of section 508(a)(2) apply to you, the effective date of your exemption is February 21,1991. Contributions made to you on or after this date are tax deductible.

Revenue Ruling 77-208, published in Cumulative Bulletin 1977-1, on page 153, states that if an organization does not apply within 15 months of its formation, we will not consider financial information for the period prior to the application date in determining an organization's private foundation status. Accordingly, your advance ruling covers the period beginning and ending on the advance ruling period dates shown in the heading of this letter. Contributions by donors would be deductible beginning February 21,1991.

You have agreed on your application for exemption under section 501(c)(3)

THAMES RIVER COMMUNITY SERVICE INC

of the Code that your exemption is effective February 21,1991, the date your completed application was filed.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Eugene D. Alexander

Eugene D. Alexander
District Director

Enclosure(s):
Addendum
Form 872-C

THAMES RIVER COMMUNITY SERVICE INC

However, you have been determined to be exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code from the date of your inception to Feb. 20,1991, after which your exempt status under section 501(c)(3) of the Code takes effect.

THAMES RIVER
COMMUNITY SERVICE, INC.

FINANCIAL STATEMENTS

JUNE 30, 2022

DOHERTY BEALS & BANKS, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

THAMES RIVER COMMUNITY SERVICE, INC.

FINANCIAL STATEMENTS

JUNE 30, 2022

CONTENTS

INDEPENDENT AUDITOR'S REPORT

The Board of Directors of
Thames River Community Service, Inc.
One Thames River Place
Norwich, CT 06360

Opinion

We have audited the accompanying financial statements of Thames River Community Service, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Thames River Community Service, Inc. as of June 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Thames River Community Service, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Thames River Community Service, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Stacey L. Gualtieri, CPA
Audrey A. Leone, CPA

187 Williams St. | New London, CT 06320 | (v) 860.443.2033 | (f) 860.444.7086 | dbbcpa.com
60 Willow St. Unit 102A | Mystic, CT 06355 | (v) 860.572.7373

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Thames River Community Service, Inc.'s internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Thames River Community Service, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited Thames River Community Service, Inc.'s 2021 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated August 25, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2021 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Doherty, Beals & Banks, P.C.

DOHERTY, BEALS & BANKS, P.C.
New London, Connecticut

October 6, 2022

THAMES RIVER COMMUNITY SERVICE, INC.
STATEMENT OF FINANCIAL POSITION
AS OF JUNE 30, 2022
WITH COMPARATIVE TOTALS FOR 2021

ASSETS

	2022	2021
CURRENT ASSETS		
Cash	$ 202,683	$ 221,194
Contributions receivable	73,963	76,024
Grants receivable	2,960	54,928
Account receivable	15,403	3,258
Prepaid expenses	25,590	23,890
TOTAL CURRENT ASSETS	320,599	379,294
PROPERTY AND EQUIPMENT		
Building and improvements	3,120,050	3,120,050
Equipment and furniture	226,819	226,819
	3,346,869	3,346,869
Less: accumulated depreciation	(2,681,215)	(2,593,164)
NET PROPERTY AND EQUIPMENT	665,654	753,705
INVESTMENTS		
Fixed income	130,865	130,795
TOTAL INVESTMENTS	130,865	130,795
TOTAL ASSETS	$ 1,117,118	$ 1,263,794

LIABILITIES AND NET ASSETS

	2022	2021
CURRENT LIABILITIES		
Accounts payable	$ 6,572	$ 82,967
Grant payable	2,174	2,174
Accrued wages	9,095	4,615
Estimated liability for compensated absences	30,302	27,354
Deferred revenue	34,970	93,593
Due to residents	4,841	3,350
TOTAL CURRENT LIABILITIES	87,954	214,053
TOTAL LIABILITIES	87,954	214,053
NET ASSETS		
Without donor restrictions		
Available for general activities	205,978	160,261
Invested in property and equipment	665,654	753,705
Total without donor restrictions	871,632	913,966
With donor restrictions *(note 3)*	157,532	135,775
TOTAL NET ASSETS	1,029,164	1,049,741
TOTAL LIABILITIES AND NET ASSETS	$ 1,117,118	$ 1,263,794

See notes to financial statements.

THAMES RIVER COMMUNITY SERVICE, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2022
WITH COMPARATIVE TOTALS FOR 2021

	Without Donor Restrictions	With Donor Restrictions	2022	2021
REVENUE AND SUPPORT				
Grants:				
Government	$ 627,086	$ -	$ 627,086	$ 592,256
Other	50,203	53,422	103,625	98,015
United Way funding	6,951	73,963	80,914	93,216
Contributions	110,594	-	110,594	77,491
Program fees	28,139	-	28,139	37,560
Rent	7,370	-	7,370	7,370
Interest	230	-	230	491
Net investment income	69	-	69	470
Other	39,905	-	39,905	1,558
Special events	31,283	-	31,283	14,277
Net assets released from restrictions:				
Satisfaction of program costs	29,604	(29,604)	-	-
Satisfaction of time restriction	76,024	(76,024)	-	-
TOTAL REVENUE AND SUPPORT	1,007,458	21,757	1,029,215	922,704
FUNCTIONAL EXPENSES				
Family program	618,510	-	618,510	606,523
Supportive housing	117,832	-	117,832	124,641
Youth Homeless Demonstration Program	193,526	-	193,526	138,081
Management and general	77,059	-	77,059	69,789
Fund-raising	42,864	-	42,864	22,388
TOTAL FUNCTIONAL EXPENSES	1,049,792	-	1,049,792	961,422
CHANGE IN NET ASSETS	(42,334)	21,757	(20,577)	(38,718)
NET ASSETS- BEGINNING	913,966	135,775	1,049,741	1,088,459
NET ASSETS- ENDING	$ 871,632	$ 157,532	$ 1,029,164	$ 1,049,741

See notes to financial statements.

THAMES RIVER COMMUNITY SERVICE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2022
WITH COMPARATIVE TOTALS FOR 2021

FUNCTIONAL EXPENSES	Family Program	Supportive Housing	Youth Homeless Demonstration Program	Management & General	Fund-Raising	2022	2021
Salaries	$ 276,632	$ 69,222	$ 133,195	$ 41,708	$ 21,693	$ 542,451	$ 484,888
Employee benefits	28,858	12,887	9,396	6,709	1,087	58,937	52,722
Payroll taxes	16,316	2,950	14,382	2,742	1,557	37,945	39,662
Total Salaries and Benefits	321,806	85,059	156,973	51,159	24,336	639,333	577,272
Professional fees	10,202	6,266	4,546	14,210	670	35,893	23,530
Supplies	6,333	910	1,671	607	191	9,712	8,905
Postage	211	40	25	494	668	1,439	1,159
Printing & advertising	1,351	-	-	-	2,516	3,867	3,721
Occupancy	110,469	12,886	6,387	6,310	705	136,757	148,906
Insurance	59,511	9,777	7,499	4,172	2,276	83,234	71,302
Transportation	469	955	3,831	45	-	5,300	2,892
Education and training	-	-	-	62.00	-	62	336
Membership dues	129	18	18	-	411	577	447
Direct assistance-residents	18,448	-	-	-	-	18,448	14,525
Direct assistance-offsite	1,530	1,920	12,576	-	-	16,027	19,177
Fund-raising- special events		-	-	-	11,092	11,092	1,025
	530,459	117,832	193,526	77,059	42,864	961,741	873,196
Depreciation	88,051	-	-	-	-	88,051	88,226
TOTAL FUNCTIONAL EXPENSES	$ 618,510	$ 117,832	$ 193,526	$ 77,059	$ 42,864	$ 1,049,792	$ 961,422

The organization maintains multiple allocation schedules based on a number of formulas including square footage, percentage of revenue, and estimates of time and effort. In most cases, expenses are allocated directly.

See notes to financial statements.

THAMES RIVER COMMUNITY SERVICE, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2022
WITH COMPARATIVE TOTALS FOR 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ (20,577)	(38,718)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	88,051	88,226
(Increase) decrease in:		
Contributions receivable	2,061	160
Grants receivable	51,968	(35,784)
Account receivable	(12,145)	1,083
Prepaid expenses	(1,700)	(2,526)
Increase (decrease) in:		
Accounts payable	(76,395)	77,091
Accrued wages	4,480	(16,066)
Estimated liability for compensated absences	2,948	948
Deferred revenue	(58,623)	9,421
Due to residents	(7,821)	(586)
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	(27,753)	83,249
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(757)	(470)
Sale of investments	10,000	-
Purchase of fixed assets	-	(28,292)
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	9,243	(28,762)
NET CHANGE IN CASH	(18,510)	54,487
CASH - BEGINNING	221,194	166,707
CASH - ENDING	$ 202,683	$ 221,194

See notes to financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Purpose

The mission of Thames River Community Service, Inc. is to provide safe housing with support services by creating an environment in which families and individuals who experience homelessness pursue goals for self-sufficiency and control over their lives. This mission is accomplished by promoting family and individual wellness, by empowering people to develop an achievable plan for successful independent living, to pursue significant employment, to acquire life skills and to maintain stability.

Basis of Accounting

Thames River Community Service, Inc. prepared the accompanying financial statements in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”). The financial statements include the operations, assets and liabilities of the Organization. In the opinion of the Organization’ s management, the accompanying financial statements contain all adjustments, consisting of normal recurring accruals, necessary to fairly present the accompanying financial statements.

Financial Statement Presentation

The Organization follows the reporting requirements of GAAP, which requires that resources be classified for reporting purposes based on the existence or absence of donor-imposed restrictions. This is accomplished by classification of fund balances into two classes of net assets: without donor restrictions and with donor restrictions. Descriptions of the two net asset categories and the types of transactions affecting each category follow:

- Without Donor Restrictions – Net assets that are not subject to donor-imposed restrictions. Items that affect this net asset category principally consist of fees for service and related expenses associated with the core activities of the Organization.

- With Donor Restrictions – Net assets subject to donor-imposed restrictions that will be met either by actions of the Organization or the passage of time. Items that affect this net asset category are for contributions for which donor-imposed restrictions have not been met in the year of receipt. Also included in the category are net assets subject to donor-imposed restrictions to be maintained permanently by the Organization.

Income Tax Status

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, and therefore, has no provision for federal or state income taxes. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation.

The Organization recognized the tax benefits from uncertain tax positions when it is more-likely-than-not the position would be sustained upon examination by taxing authorities. As of June 30, 2021, the Organization had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. In the normal course of business, the Organization’s tax filings are subject to examination by federal and state taxing authorities. The Organization’s tax returns for the last three years remain open for examination.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the date of the financial statements, and support, revenue and expenses during the reporting period. Actual results could differ from those estimates.

Prior Year Comparative Totals

The financial information shown for June 30, 2021, in the accompanying financial statements is included to provide a basis for comparison with June 30, 2022, and presents summarized totals only. Such total amounts do not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such amounts should be read in conjunction with the Organization's financial statements for the year ended June 30, 2021, from which the comparative total amounts were derived.

Fair Values of Financial Instruments

The fair values of financial instruments have been determined through quoted market prices or present value techniques to approximate the amounts recorded in the Statement of Financial Position.

Investments

The Organization carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the Statement of Financial Position. Fair value is generally determined based on quoted prices in active markets. Unrealized gains and losses are included in the change in net assets in the accompanying Statement of Activities.

Generally accepted accounting principles establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure the fair value. The three levels of the fair value hierarchy are described as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities where the organization has the ability to access at the measurement date;

Level 2 – Significant other observable inputs other than quoted prices included in level 1, which are observable for the asset or liability, either directly or indirectly (*i.e.*, quoted prices in inactive markets, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency);

Level 3 – Unobservable inputs are used to the extent that observable inputs are unavailable due to little, if any, market activity for the asset or liability. Unobservable inputs are developed based on the best information available, which might include the organization's own data that reflects assumptions that market participants would use in pricing the asset or liability.

All investments held by Thames River are Level 1 investments.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The investment policy establishes an achievable return objective through professional management and sufficient portfolio diversification to minimize volatility and to help assure a reasonable consistency of return. The current long-term return objective is to achieve a total rate of return that is above the median performance of similarly managed funds on a risk-adjusted basis. To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation by setting a minimum aggregate exposure of 20% in fixed income and a maximum aggregate exposure of 80% in equity-based securities to achieve its long-term return objectives within prudent risk parameters.

Property and Equipment

Property and equipment are recorded at cost. Depreciation of property and equipment is charged to income over their estimated lives by using the straight-line method.

Recognition of Support and Revenue

In 2021 the Board adopted the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and additional ASUs issued to clarify the guidance in ASU 2014-09 (collectively, the new revenue standard), which amends the existing accounting standards for revenue recognition.

The adoption of the new revenue standard did not have a material impact on previously reported amounts or amounts recognized for the year ended June 30, 2021, as the Board receives substantially all of its support from contributions and grants, which are not within the scope of the new revenue standard.

Grants and Contracts – Grants and contracts are generally considered to be exchange transactions in which the grantor or contractor requires the performance of specified activities.

Entitlement to cost reimbursement grants and contracts is conditioned on the expenditure of funds in accordance with grant restrictions and, therefore, support is recognized to the extent of grant expenditures. Entitlement to performance-based grants and contracts are conditioned to the attainment of specific performance goals and, therefore, support is recognized to the extent of performance achieved. Grant and contract receipts in excess of support recognized are presented as deferred revenue.

Contributions – Contributions are defined as voluntary, non-reciprocal transfers.

Contributions that are unconditional and without restrictions are recognized as support when received or pledged, if applicable. Contributions and grants that are restricted by the contributor or grantor are reported as increases in net assets with donor restrictions. Expirations of net assets with donor restrictions (i.e., the donor- stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets. Conditional promises to give are not recognized as support until the conditions have been substantially met.

Contributed Assets – Donated assets (including the usage of assets such as rent) are recognized at their estimated fair market value.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Thames River Community Service, Inc. reports gifts of land, buildings, and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long-lived assets must be maintained, Thames River Community Service, Inc. reports expirations of donor restrictions in full when the donated or acquired long-lived assets are placed in service.

Contributed Services – Thames River Community Service, Inc. recognizes donated services if they create or enhance non-financial assets or require specialized skills and would typically be purchased if not provided by donation. General volunteer services do not meet these criteria for recognition in the financial statements.

Expense Allocation

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Subsequent Events

Management has evaluated subsequent events through October 6, 2022, the date, which the financial statements were available for issue.

2. BUILDING

The building is located on land owned by the State of Connecticut. The State of Connecticut has agreed to let Thames River Community Service, Inc. lease the land for a forty-year period effective August 1990, at one dollar per year. The period may be extended. At termination of this lease, all improvements to the land shall become the property of the lessor. The fair value of the lease cannot be easily estimated therefore, there is no amount recorded for the contributed rent.

3. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purpose or periods.

Employment	$ 35,347
Camp	15,671
United Way future funding	76,024
Housing/Child Development	31,000
Internet	1,551
	$ 157,532

4. RETIREMENT PLAN

A retirement plan has been established under the requirements of IRC 403(b). Employees must work two years and at least 1,000 hours during each year to be eligible for employer contributions. The employer plan contributions are computed up to a 3% match of eligible employees' wages. Employee contributions are optional. The retirement expense charged to operations in 2022 was $10,461.

5. NOTES PAYABLE

The Organization has available for its use a $50,000 line of credit. Bank advances on the credit line are payable on demand and carry an interest rate at the Bank's prime rate – which was 5.50% as of June 30, 2022. Interest is payable monthly. The credit line is secured by substantially all business assets of the Organization. There was no outstanding balance as of June 30, 2022.

6. AVAILABILITY OF FINANCIAL ASSETS

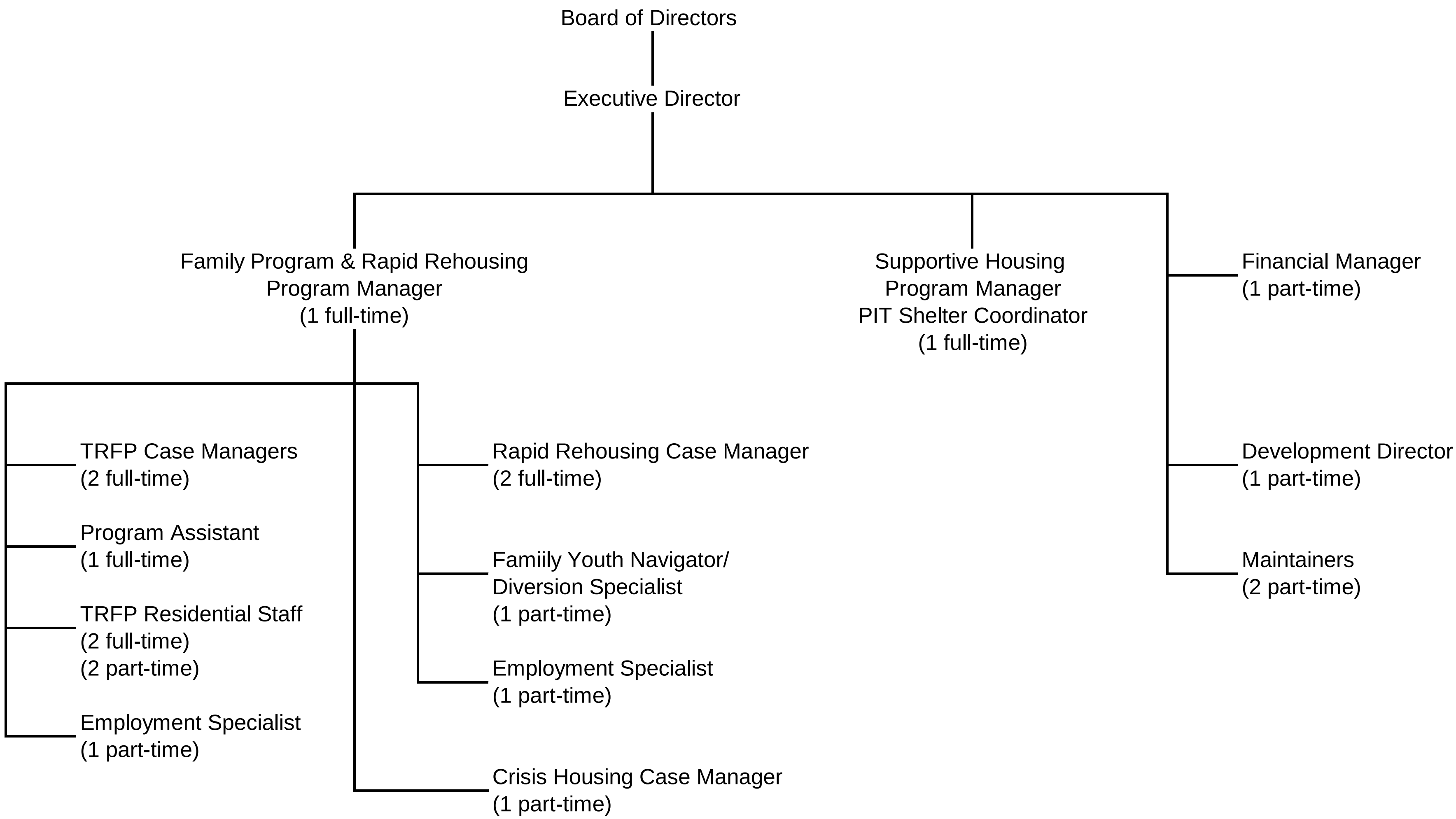
The following reflects Thames River Community Service, Inc.'s financial assets as of the balance sheet date, reduced by the amount not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date:

Cash and cash equivalents	$ 202,683
Contributions receivable	73,963
Government grant receivables	2,960
Prepaid expenses	25,590
Accounts receivable	15,403
	$ 320,599

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Although the Organization does not intend to spend from any other than amounts appropriated for general expenditure as part of its annual budget approval and appropriation process amounts from other sources could be made available if necessary. The Organization treats its investments as a quasi-endowment fund with a balance of $130,865. Disbursements from this fund are only done with authorization from the Board of Directors.

THAMES RIVER COMMUNITY SERVICE, INC.

ORGANIZATIONAL CHART



03/01/23

Board of Directors
Thames River Community Service, Inc.

	OFFICERS TITLE/NAME	YEARS	BUSINESS ADDRESS	RESIDENCE ADDRESS
Pres.	Eric McDermott	2	Norwich Public Utilities 16 Golden Street Norwich, CT 06360	4 York Court Ledyard, CT 06339
V. Pres.	Sheila D. Coleman	1	Aware Recovery Care 556 Washington Avenue, #201 North Haven, CT 06516	111 Hollywood Avenue West Hartford, CT 06110
Sec.	Debbie Eskra	5	Retired	12 Cottage Place Groton, CT 06340
Treas.	Gayle O'Neill	5	Three Rivers Community College 574 New London Turnpike Norwich, CT 06360	150 Butlertown Road Waterford, CT 06385
Past Pres.	Mathew Lisee	4	Capital Property Group, LLC 70 Main Street Jewett City, CT 06351	106 Main Street Sprague, CT 06330

DIRECTORS	YEARS	BUSINESS ADDRESS	RESIDENCE ADDRESS
Elle Crichton	3	Aware Recovery Care 556 Washington Avenue North Haven, CT 06516	80 Gill Street Colchester, CT 06415
Keith Lee	6	188 Clintonville Road Northford, CT 06472	188 Clintonville Road Northford, CT 06472
Courtney MacNeill	1	Aware Recovery Care 556 Washington Avenue, #201 North Haven, CT	107 Trolley Crossing Lane Middletown, CT 06475
Marilynn St. Onge	8	ECSU Foundation, Inc. 83 Windham Street Willimantic, CT 06226	159 South Bedlam Road Mansfield, CT 06250

07/01/22

UDUAK ENYIEMA

CONTACT

413-478-6818

unguessan@hotmail.com

PROFILE

Non-Profit Executive Director and Operations management professional with 10+ years of experience developing strategies to promote the mission of the organization and build strong teams of leaders. Proven ability to capture opportunities for growth and establish lucrative relationships with key vendors and business partners. Lead by example, fostering an environment of open communications, motivation and engagement among management team and employees that deliver exceptional results- even with limited resources. My experience and dedication to others is evidenced through education, service, and interaction that fosters acceptance, understanding, and respect for diversity. Highly motivated person that inspire trust and credibility across diverse organizations and cultures

SKILLS & ABILITIES

- Negotiation skills
- Agency management
- Mediation & Problem Solving
- Leadership & team building
- New Policy Development
- Employee Training & Development
- Budget Management & Forecasting
- Strategic Oversight
- Public Relations

EXPERIENCE

Executive Director, Thames River Community Service, Inc.

2022-Present

Share mission of organization with public through successful community outreach and marketing strategies, cultivated positive corporate image by developing partnerships with media, business, and community groups, oversaw strategic business decision-making to develop, enhance and enforce business mission, provided organizational leadership, and collaborated with executive partners to establish long-term goals, strategies, and company policies.

Program Director II, Community Solutions Inc.

2015-2022

Adult Female Department of Corrections work release program. Review and approve all staff duties and resident paperwork including program plans and counseling forms. Conduct recruitment of all program positions, monitor staff performance, and facilitate staff orientations and trainings. Formulate program goals and objectives. Assist in the development of agency policy and procedures. Develop programs and services in accordance with agency objectives, priorities with available resources to meet resident needs. Assist in developing annual budget and establish fiscal priorities. Develop contracts with outside collateral agencies to foster program growth.

Program Director I, Community Solutions Inc.

2009-2015

ACTIVITIES

Pastoral Board member of Pentecostal Tabernacle of God, Inc. Bronx, NY

Choir member, Bethany Assembly of God, Agawam, MA

Chair, Diversity & Inclusion Council, Community Solutions, Inc.

EDUCATION

Liberty University

August 2013

MA Pastoral Counseling

Tiffin University

May 2009

MS Criminal Justice

Massachusetts College of Liberal Arts

January 2004

BA Sociology

Monroe College

April 1997

AOS Computer Science

Adult Female Department of Corrections and Federal Bureau of Prisons work release program. 2011-2015

Adult Male Department of Corrections work release program. 2009-2011

Associate Program Director, Community Solutions Inc.

2008-2009

Adult Male Department of Corrections and Federal Bureau of Prisons work release program.

Successfully performed the functions of human service worker and case management when needed. Supervised staff working and shift activities relating both to security and case management. In the absence of the program director, I successfully performed all duties of program director as applicable.

Counselor Supervisor, Community Solutions Inc.

2006-2008

Successfully provided general supervision and training or shift coverage to direct care staff. Ensure implementation of all agency policies and procedures pertaining to the safety and security of clients, the program, and the community. Provided specialized training and support to direct care staff.

Executive Director, ValleyHead School

Lenox, MA

2002-2005

Managed budgets, forecasts revenue and expenses for the campus. Cultivated and connected members and donors to the mission and purpose of Valleyhead School culminating in their commitment to volunteerism and financial support (fundraising), managed supplies, payroll, cost of goods, and expenses for each department on a monthly/quarterly/annual basis, mentor and motivated department supervisors to ensure continuous growth through training, developing direction, assessing performance and providing feedback, oversaw compliance with state and local regulatory agencies through proper maintenance of records, reports and scheduled visits and maintain ongoing communication with all, fostered and promoted Valleyheads' inclusive environment throughout all aspects of the school, worked closely with the Board of Directors; attending regular meetings and provided detailed and accurate updates with regard to the operation of the school.

House manager/Shift Supervisor, Valley Head School

Lenox, MA

1998-2002

Residential program for sexually abused adolescent girls.

Successfully maintained safety of the residents and the staff, scheduled shift hours for the staff assigned to the houses, report and document all incidents, prepared and facilitated mandatory meetings for childcare counselors, supervised staff job performance, participated in setting new protocols and procedures for the campus and completed all required paperwork for residents and staff members.

Astrid Aalund
114 Baltic Hanover Road, Unit 1
Baltic, CT 06330
860 961 6837 wdwmom@sbcglobal.net

EXPERIENCE

Martin House, Inc. /
Thames River Community Service, Inc., Norwich, Connecticut 1998-Present
Financial Manager for two non-profit organizations in a shared, full-time position.
Primary duties include accounts payable and receivable, revenue and expense allocations and classifications and producing organization and program budgets and reports for agency funders, management and boards of directors. Other responsibilities include maintaining donor records and assisting in monitoring both private and government grants.

Manpower Temporary Services, New London, Connecticut 1993-1996
Tiffany Award Winner
Provided office services in word processing, bookkeeping, data entry and data base design for area employers which included Pfizer, Fleet Bank and Millstone.

Colony Auction Gallery, New London, Connecticut. 1992-1993
Office manager of small retail business. Responsible for sales, customer service, and bookkeeping.

Trade Winds Gallery, Mystic, Connecticut 1987-1993
Managed and provided office services for retail establishment. Responsible for sales, bookkeeping, inventory, data base design, and word processing.

Mystic Color Lab, Mystic. Connecticut. 1985-1986
Data entry clerk. Performed entry of customer orders and initial film sort.

Programs:
Proficient in Word, Excel and Access. Adept in QuickBooks, MYOB, Works and WordStar. Type 60 w.p.m.

Equipment:
Computer, Dictaphone, 10-key adding machine, cash register, point of sale retail computer, credit card processing terminal.

EDUCATION:
Stonington High School, Pawcatuck, Connecticut.
New London School of Business, New London, Connecticut.