



**CITY OF DANBURY**  
155 DEER HILL AVENUE  
DANBURY, CONNECTICUT 06810

**ENGINEERING DEPARTMENT**  
(203) 797-4641  
FAX (203) 796-1586

**FARID L. KHOURI, P.E.**  
CITY ENGINEER

November 8, 2007

Honorable Mark D. Boughton, Mayor  
Common Council  
City of Danbury  
155 Deer Hill Avenue  
Danbury, CT 06810

Dear Mayor Boughton and Common Council Members:

Aqua Vista Water Feasibility Study  
State of Connecticut DPH Contract  
DPH Log #2008-1515

The State of Connecticut Department of Public Health (DPH) has awarded the City of Danbury a contract in the amount of \$100,000.00 payable over the period of two years for the City to have a Water Feasibility Study prepared for the Aqua Vista area. Enclosed please find a copy of the October 29, 2007 letter with attachments sent to Mayor Mark D. Boughton by Lynne M. Tinszsin of the Department of Public Health Regulatory Services Branch Administration.

It is hereby requested that the Common Council authorize Mayor Mark D. Boughton to sign the contract and all other required forms/submittals necessary to and relating to this DPH contract.

If you have any questions, please feel free to contact me.

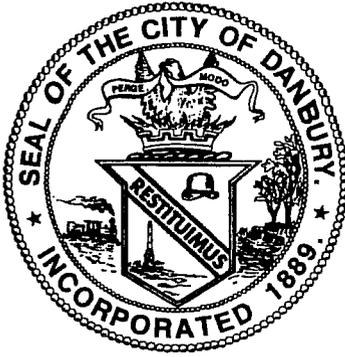
Very truly yours,

A handwritten signature in black ink, appearing to read "Farid L. Khouri".

Farid L. Khouri, P.E.  
City Engineer

Encl.

C: Antonio Iadarola, P.E.  
Laszlo L. Pinter, Esq.  
David St. Hilaire



# RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

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**RESOLVED** by the Common Council of the City of Danbury:

**WHEREAS**, the State of Connecticut Department of Public Health (CTDPH) has authorized grant funding in the total amount of \$100,000.00 to study the feasibility of extending public water service to the Aqua Vista area of the City of Danbury; and

**WHEREAS**, the funding will be provided in two allocations of \$50,000.00 each in 2007 and in 2008 respectively, with reporting periods extending through 6/30/08 and 6/30/09 respectively; and

**WHEREAS**, a final progress report will be due to the CTDPH by August 15, 2009; and

**WHEREAS**, there is no local match required.

**NOW, THEREFORE, BE IT RESOLVED THAT** Mayor Mark D. Boughton be and hereby is authorized to execute, on behalf of the City of Danbury, a Personal Services Agreement and all other documents or agreements necessary to effectuate the purposes hereof.

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Department of Public Health  
Regulatory Services Branch Administration  
PO Box 340308, 410 Capitol Ave., MS#12 RSV  
Hartford, CT 06134-0308  
Telephone: (860) 509-7710 FAX: (860) 509-7541

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ENGINEERING DEPT.

October 29, 2007

Mayor Mark D. Boughton  
City of Danbury  
155 Deer Hill Avenue  
Danbury, CT 06810

**Contract Log:** #2008-1515

**Contract Award:** \$100,000

Yr 1: 11/01/07-6/30/08: \$50,000

Yr 2: 7/1/08 – 6/30/09: \$50,000

**Program:** Water Feasibility Study    **Contract Period:** 11/01/07 Through 6/30/09

Dear Mayor Boughton:

Enclosed is the above referenced contract, DPH Log #2008-1515. Please use the DPH contract log number when sending in all correspondence relating to this contract.

Please review this contract and return the original contract following the procedure explained below. If contract corrections or changes are necessary, please contact me at (860) 509-7710. It is important that the signed/sealed contract and other required submittals be returned to the Department by November 29, 2007. You will receive a copy of the original contract signed by the Department when the contract is fully executed.

***NOTE: SIGNATURES AND NAMES OF AUTHORIZED OFFICIAL(S) MUST BE IDENTICAL THROUGHOUT THE CONTRACT PACKAGE.***

**Signature Certification:** All contractors need to have a resolution passed by their governing body giving the official who signed this contract the authority to do so. The signature certification indicates that the authorization to sign contracts was in place on the date the contract was signed. Therefore, the contract should be signed and dated **prior** to the certification being signed and dated. Instructions and a sample sheet are enclosed. One original signed and sealed certification should be returned with your contract. Your agency's seal must be embossed on the lower left side under the "title" of the certifying official. (White-out is not acceptable!)

**Acceptances and Approval Page:** The individual indicated on the secretarial certification as authorized to sign the contract must sign the original Personal Service Agreement Form on line 35. The authorized individual should sign his/her name exactly as it appears on the secretarial certification. His/her name, title and the date should be typed or clearly written on the appropriate lines in this area.

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In addition, your agency's legal seal must be embossed on the Acceptances and Approvals area of page one if it is not embossed on the secretarial certification.

**Nondiscrimination Certification:** All contractors need to have a resolution passed by their governing body adopting and supporting nondiscrimination agreements and warranties required under Conn. Gen. Stat. § 4a-60(a)(1) and § 4a-60a(a)(1). The signature certification indicates that the resolution has been adopted and is in full force and effect at the time of signing. Instructions and the required certification are enclosed.

**Contract Compliance forms:** Please read Commissioner Galvin's letter concerning the Department's commitment to affirmative action. Complete, sign and return the Workforce Analysis and the Notification to Bidders. Contractors with more than one (1) employee who do not have affirmative action plans must have an affirmative action policy statement. You may use the enclosed statement from Commissioner Galvin as a model. You must return a copy of your statement if you do not have an affirmative action plan and have more than one (1) employee. Contractors with more than twenty-five (25) employees must have an Affirmative Action Plan on file at their place of business. DO NOT SEND PLANS TO THE DEPARTMENT.

**Certificate of Insurance:** The Attorney General's Office requires that all contractors file a Certificate of Insurance with the department. Please submit a statement (policy declaration page) showing insurance coverage. ***\*\*\*If this is a two year contract, you will need to submit a copy of your insurance policy declaration page covering Year two of this contract when available. Please forward a copy of the declaration page as soon as your insurance policy is renewed. Failure to submit this information may result in a delay of payments to your agency.\*\*\****

**Agency Smoking Policy:** All agencies with twenty (20) or more employees in one building must submit a copy of their smoking policy as required by Section 31-40q of the Connecticut General Statutes.

**Invoices:** Please sign the enclosed invoices, but do not date them. Return the signed invoices with the original signed contract. This will help speed the payment process.

Thank you for your cooperation.

Sincerely,



Lynne M. Tinyszyn

Administrative Coordinator

Regulatory Services Branch Administration

CC: C. Walden  
F. Khouri