



STATE HISTORIC PRESERVATION OFFICE

*SURVEY & PLANNING
GRANT PROGRAM*

ONE CONSTITUTION PLAZA, SECOND FLOOR
HARTFORD, CONNECTICUT 06103

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SURVEY & PLANNING GRANTS

PROGRAM HIGHLIGHTS

The Survey and Planning Grants may be used by Connecticut non-profit organizations and municipalities for a wide range of historic preservation planning activities.

With state funds provided by the Community Investment Act, the State Historic Preservation Office awards Survey and Planning grants up to \$20,000 on a competitive basis. With the exception of the activities shown below under Historic Resource Inventories, grant awards must be matched (50/50%) by non-state funds. Applicants that want the matching share provision reduced must describe why in the narrative section of the application. A proposed program or project budget may exceed the total matching grant, however, additional sources of non-state funding must be identified in the application budget.

Survey and Planning Grants are reimbursement grants. The grant recipient will receive a small partial payment when the state grant contract is signed. The grant recipient must expend the total project cost. Upon approval and acceptance of final products and submission of a satisfactory project completion report (which includes fiscal documentation for the total project cost), the recipient will be reimbursed for 50% of eligible project costs up to the amount of grant allocation. A grant recipient must have sufficient funds available to cover the entire cost of the project prior to reimbursement. Matching-share funds must be in place at the time the application is submitted to the SHPO.

Note that no project-paid consultants can be pre-selected by the applicant.

Federal and state regulations require an open selection process. The applicant, if selected for funding, will receive further instructions on procurement procedures. Potential consultants must play no role in shaping applications.

WHO MAY APPLY

Eligible applicants:

- Connecticut municipalities
- non-profit organizations that have had tax-exempt status under Section 501(c)(3) for at least two years. Proof of non-profit status is required. All applicants shall provide their Federal Employer Identification Number provided by the Internal Revenue Service.
- “Friends” groups or other non-profit organizations applying for grant funds to survey archaeological resources on state land. Applicants must submit a letter from the state agency authorizing the application. (The same requirements for non-profit organizations shown above apply here too.)

Ineligible applicants:

- Federal agencies
- State agencies
- “Friends” groups of federal or state agencies except for projects involving archaeological survey projects on state land.
- For-profit businesses or organizations
- Individuals
- Service organizations or clubs

No agency or organization may act as a fiscal agent simply to receive or disburse S&P grant funds.

WHAT WE FUND

Eligible Projects:

The following are examples of initiatives, projects or programs that would qualify for funding. This is intended as guidance to assist in the development of an appropriate application. All work must be done by a qualified consultant in the appropriate discipline. Consultants must be chosen on the basis of a public selection process after the grant award is made and a state contract signed.

Historic Resource Inventories create detailed inventories of historic buildings, objects such as outdoor sculpture or Depression-era architectural murals, or archaeological sites within a defined geographical area based on archival research, fieldwork, and photography.

Eligible activities in this program area include:

- historic and architectural resource surveys on SHPO electronic inventory forms
- scanning or digitizing existing “legacy” or “hard copy” paper SHPO inventory forms to create an electronic record
- transferring data from paper survey forms to the current SHPO electronic form
- computer indexing of surveyed properties
- archaeological assessment surveys to define areas of archaeological sensitivity
- archaeological surveys at the reconnaissance or intensive level to identify and evaluate archaeological sites
- posting historic architectural resource inventory information on publically-accessible website
- using historic resource information to create GIS-mapping capability
- publishing historic resource surveys in a manner appropriate for the general public

Designation Reports

- Local Historic District or Historic Property Reports
- nominations to the National Historic Landmark program
- nominations to the State or National Registers of Historic Places
- archaeological preserve designation reports

Historic Preservation Planning Reports

- historic preservation plans or historic preservation components or chapters of municipal plans of conservation and development. Historic preservation plans take a comprehensive approach which integrates preservation of the community’s cultural resources with other factors such as land use, streetscapes, traffic, and signage. An analysis of the physical, social, and economic characteristics of the area serves as a basis for recommendations such as rehabilitation guidelines, overlay zoning or historic district designation.

Pre-development Studies for municipally-owned historic properties or historic buildings owned by Connecticut non-profit organizations. This type of project generates specific technical information necessary to develop a capital improvement plan for a historic property, generally a historic building.

Eligible activities in this program area include:

- **Historic Structure Report**- normally prepared for buildings that will be interpreted as museums with an emphasis on restoration. A historic structure report substantiates the history of the physical development of a building, documents changes over time and places a structure in the context of its development within the community. Prepared by an architectural historian or an American historian.

**WHAT WE FUND
CONT'D**

- **Feasibility or Adaptive Reuse Study-** an analysis of the reuse potential of an existing building including possible new uses, financial strategies, and cost estimates. May include preliminary architectural plans. Prepared by a historical architect.
- **Structural Soundness Study-** conducted by a structural engineer to assess the structure's physical stability.
- **Condition Assessment Report-** conducted by a historical architect, the building's current condition is examined on a comprehensive basis including building materials, failure of materials, code violations, and ADA access. The report prioritizes the rehabilitation work that should be undertaken and provides cost estimates.
- **Architectural Plans and Specifications-** must be prepared by a historical architect licensed to practice in Connecticut. Architectural plans and specifications completed at the Design Drawing-level may be used for submission to the SHPO's Historic Restoration Fund grant program.
- **Outdoor Sculpture or Monument Condition Assessment Report (Conservation Report)-** conducted by an accredited outdoor sculpture conservator to assess the monument's existing condition, recommend professional conservation treatment options and provide cost estimates. This document may be used for submission to the SHPO's Historic Restoration Fund grant program.

Public Education

- State Archaeological Preserve booklets that present well-illustrated and informative text on a designated preserve for the general public to encourage participation in efforts to preserve the designated resource.
- historic preservation public education events or publications
- heritage tourism materials that emphasis historic preservation

Program must be compatible with the State Historic Preservation Plan (available at www.cultureandtourism.org)

Ineligible activities and costs include:

- acquisition of real estate,
- archeological salvage,
- archival research not connected to historic preservation, "pure" history,
- capital expenses,
- construction, restoration or rehabilitation,
- costs incurred prior to the date of a grant award and the execution of the state contract,
- court actions
- curation,
- equipment purchase,
- fines or penalties,
- fundraising efforts,
- general operating expenses,
- hospitality expenses including alcoholic beverages and food, meals, or entertainment,
- indirect costs,
- interest payments,
- interpretative expenses,

**WHAT WE FUND
CONT'D**

- lobbying activities,
- nonconformance with applicable Secretary of the Interior's Standards,
- projects already underway,
- political contributions,
- regranteeing,
- scholarships,
- software acquisition,
- travel

If you have any questions regarding your eligibility for the S&P grant program, contact Mary M. Donohue, Survey and Grants Director, State Historic Preservation Office, at telephone (860) 256-2755 or mary.donohue@ct.gov for more information.

**APPLICATION
INFORMATION**

Applications will be accepted on a rolling basis and will be considered for funding as long as state funds are available. The original application and one copy shall be submitted. Faxed or electronic applications will not be accepted. The application must include the cover sheet, narrative, budget, timeline and required state forms. Applications missing any of the listed materials will be considered incomplete and will not be reviewed.

Mary M. Donohue, Survey and Grants Director
State Historic Preservation Office
Department of Economic and Community Development
1 Constitution Plaza, Second Floor
Hartford, CT 06103

**ASSEMBLY
MATERIALS**

Applications must include one original copy (with original signatures) and one photocopy.

1. Application Cover Sheet

Complete one application cover sheet for your program. The form must be signed with an original signature and dated.

2. Application Narrative

Answer questions 1-3 in narrative form in no more than two (2) single-spaced typed pages (one side only). Margins should be no less than 3/4 inch on all four sides, with font size no smaller than 11 point. Your project budget is not included in the three-page total.

- A. Describe your organizations or municipalities current historic preservation activities.
- B. Describe the project for which you seek funding. Specify how requested funds will be used. Provide an estimated project timeline. All projects must be completed within a 12-month period.
- C. Describe the benefits of your proposed project

3. Budget

Outline the budget for the proposed program. State funds or services of any kind may not be used as matching share. Matching share may be composed of both cash and in-kind services.

**ASSEMBLY
MATERIALS CONT'D**

4. Attachments

- IRS Tax Exempt Letter (Determination Letter) for non-profit organizations
- Affirmative Action Statement
- W-9 form
- For archaeological surveys on state owned land, non-profit applicants must submit a letter from the state agency authorizing the application

**ASSEMBLY
CHECKLIST**

Applications should be assembled in the following order:

- Application Cover sheet - signed at the bottom
- Application Narrative - no more than 2 pages

Required Attachments

- Project Budget Form - one page
- Authorizing Letter - on letterhead, original signature
- State of Connecticut Employer Report of Compliance Staffing form
- Affirmative Action and Americans with Disabilities Compliance form

Documents for Review

- DECD ADA Policy (p.18)
- DECD Ethics Statements (p.19)
- Historic Resource Inventory Form (p.14)

**SELECTION
PROCESS**

Applications will be reviewed by the staff of the State Historic Preservation Office and will be presented to the Historic Preservation Council. Final award will be made by the Advisory Committee on Culture and Tourism of DECD. The following criteria are the basis for the review of S&P applications:

1. QUALITY OF PROGRAM:

- Ability of program to have a clear and positive impact on local historic preservation efforts

2. PROGRAM IMPACT:

Evidence that the proposed program will do one or more of the following:

- Encourage new awareness of historic preservation at the local level
- Expand the scope of current public education outreach
- Produce written or website materials for property owners and/or town officials
- Inventory and survey historic, architectural, and archaeological resources
- Protect properties through nomination to the National Register of Historic Places or State Register of Historic Places
- Produce high-quality pre-development documents such as historic structures reports, feasibility studies, or architectural plans

3. ABILITY TO CARRY OUT THE PROGRAM:

- Thoroughness and appropriateness of program budgets
- Feasibility of the program's success, based on thorough planning reflected in narrative

**GRANT AWARDS
STATE CONTRACT**

- A grant award letter and contract will be sent to the grantee following award by the staff of the State Historic Preservation Office.

**REQUEST FOR
REIMBURSEMENT**

- Grant contracts must be signed and returned within 30 Days. DECD will not disburse funds without receipt of signed original contracts.
- Grant recipients are required to use funds for the purpose indicated on the contract and must seek and receive SHPO written approval for any changes or modifications to the contract.
- Grantees are required to credit the “Connecticut Department of Economic and Community Development” in all print, audio, video and internet materials, and all publicity materials.
- S&P grants are funded on a reimbursement basis. In order to receive a reimbursement check from the SHPO, grantees are required to submit payment and expense documents. Grantees will receive further information from the Survey and Grant Director.
- Funded organizations are required to submit a Final Report within 60 days of the completion of the program. Forms and instructions will be provided. Failure to submit a final report will void eligibility for future funding from SHPO.

**REQUEST FOR
REIMBURSEMENT**

DECD has the right to withhold, reduce or cancel grants if a municipality or a non-profit organization:

- Owes final reports from previously received DECD grants which are overdue
- Fails to comply with the terms of the grant contract
- Demonstrates inadequate financial management or oversight
- Does not properly credit DECD support
- Experiences significant changes in programs or services, or cancels or suspends a funded project

APPLICATION COVER SHEET

APPLICANT INFORMATION

Federal Employer ID Number _____
Applicant Organization _____
Municipality Name _____
Street Address _____
Mailing Address (if different) _____
City/State/Zip _____
Daytime Telephone _____ Fax Number _____
Web Address _____
Chief Elected Official/Executive Director _____
Name and Title of Application Contact Person _____
Phone or Extension _____ E-mail _____

PROJECT INFORMATION

Is this a new initiative? Yes No
Is this the expansion of a current project/program? Yes No

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK OR WWW.VOTESMART.ORG)

U.S. Representative's Name _____ District # _____
State Senator's Name _____ District # _____
State Representative's Name _____ District # _____

PROJECT SUMMARY

Use one sentence to describe your project/program in the space allotted here:

GRANT REQUEST

\$ _____ (Up to \$20,000) Start Date: _____ End Date (no later than) : _____

SIGNATURE

Signature of Authorized Official _____
Title _____ Date _____

FOR OFFICE USE ONLY:

App# _____

BUDGET FORM

Expense (Description)	S&P Grant Fund	In-Kind	Federal Funding	Private Funding	Expense Total
Personal Salary	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Consulting Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Printing	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Promotion	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Legal Notices	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Overall Total(s)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SAMPLE SIGNATORY AUTHORIZING RESOLUTION

I, _____, the duly qualified and acting Clerk of the
_____ of _____, Connecticut, do hereby certify that
(Town/city/organization)
the following resolution was adopted at a _____ meeting of the
(regular/special)
_____, held on _____, and is on file and of record,
(Town/City/Governing body) *(date)*
and that said resolution has not been altered, amended or revoked and is in full force and effect.

RESOLVED:

That the _____ is authorized and
(First Selectman, Mayor, City Manager, Town Manager, Executive Director)
directed to file an application on forms prescribed by the Department for Economic and Community Development
for financial assistance in accordance with the provisions of provisions of Public Act 03-06 of the Connecticut
General Assembly, in an amount not to exceed \$_____, and upon approval said request to enter into
and execute a funding agreement with the state for such financial assistance to this municipality
for _____.
(grant project)

(Signature of clerk or secretary)

(date)

**STATE OF CONNECTICUT
EMPLOYER OF COMPLIANCE STAFF
LABOR DEPARTMENT**

Department _____ Approved Pending Investigation
Compliance Officer _____ Disapproved Investigation Requested
Date _____

This form should reflect the number of permanent employees on your payroll on date of submission.

Name of Contracting Firm _____

Type of Report _____ Prime Contractor Subcontractor

EMPLOYEE INFORMATION

Does your firm have a collective bargaining agreement or other contract or understanding with a labor organization or employment agency for the recruitment of labor? Yes* No*

* If yes, list this name and address of the agency or organization.

Name _____

Address/City/State/Zip _____

* If no, indicate the usual methods of recruitment.

Connecticut State Employment Service Private Employment Agency Newspaper Advertisement
Walk-In Other (specify) _____

SIGNATURE

The signer certifies that its practice and policies, including but not limited to matters concerning personnel, training, apprenticeship, membership, grievance and representation, and upgrading, do not discriminate on grounds of race, color, religious creed, age, sex, or national origin, or ancestry of any individual, and that the signer agrees it will affirmatively cooperate in the implementation of the policy and provisions of Executive order Number Three, and consent and agreement is made that recruitment, employment and the terms and conditions of employment under the contract shall be in accordance with the purpose and provisions of Executive Order Number Three.

Is firm in minority ownership? (51% of assets in control of minorities) Yes No

I certify that the above is correct to the best of my knowledge.

Employer _____

Business Name _____ Date _____

Signature _____

Title _____

AFFIRMATIVE ACTION & AMERICANS WITH DISABILITIES COMPLIANCE FORM

The Commission has adopted a policy stating that no application for state funds through the Department of Economic and Community Development by any organization shall be complete nor will funds be voted without the submission of affirmative action and ADA information approved by the applicant/organization's governing body.

Your organization should not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities and should not discriminate on the basis of disability in its hiring or employment practices as provided by Title II of the Americans with Disabilities Act of 1990.

AFFIRMATIVE ACTION STATEMENT

I. Name of Organization _____

Address _____

II. Please list the date (or dates) when your organization's Board of Directors approved an Affirmative Action Plan or Statement of Policy and an American's for Disabilities Act (ADA) Compliance or plan. Statements of Compliance may be requested as needed by the Department of Economic and Community Development, the State Attorney General's Office or the State Commission on Human Rights and Opportunities Office.

Dates: Affirmative Action _____ ADA _____

III. Annual statistical report of employees and board as of last year of fiscal activity.

TOTAL MALE

Employees	White	Black	Hispanic	American Indian	Asian or Pacific Islander	General <i>If none of the others apply</i>	Disabled
Full Time							
Part Time							
Contracted							
TOTAL							
Board of Directors							

Indicate Year _____

TOTAL FEMALE

Employees	White	Black	Hispanic	American Indian	Asian or Pacific Islander	General <i>If none of the others apply</i>	Disabled
Full Time							
Part Time							
Contracted							
TOTAL							
Board of Directors							

Indicate Year _____

AFFIRMATIVE ACTION & AMERICANS WITH DISABILITIES COMPLIANCE FORM (CON'TD)

IV. Please list new employees hired during the past 12 months. Title Minority, Disabled or Non-Minority (specify)
Date of Employment V. Please list new appointments that have been made to the Board during the past 12 months:
Position Minority, Disabled or Non-Minority (specify) Date of Appointment

V. COMPLIANCE AGREEMENT The applicant/organization agrees to comply with all governmental regulations concerning Affirmative Action compliance and Title II of the Americans with Disabilities Act of 1990. The Connecticut Department of Economic and Community Development is available to assist any organization with information on compliance and requirements as mandated by Congress.

Authorized Organization Official Title _____

Name of Organization _____ Date _____

HISTORIC RESOURCES INVENTORY - BUILDING AND STRUCTURES

State Historic Preservation Office, DECD, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

* Note: Please attach any additional or expanded information on a separate sheet.

GENERAL INFORMATION

Building Name (Common) _____

Building Name (Historic) _____

Street Address or Location _____

Town/City _____ Village _____ County _____

Owner(s) _____ Public _____ Private _____

PROPERTY INFORMATION

Present Use: _____

Historic Use: _____

Accessibility to public: Exterior visible from public road? Yes No

Interior accessible? Yes No If yes, explain _____

Style of building _____ Date of Construction _____

Material(s) (Indicate use or location when appropriate):

Clapboard	Asbestos Siding	Brick	Wood Shingle	Asphalt Siding
Fieldstone	Board & Batten	Stucco	Cobblestone	Aluminum Siding
Concrete (Type _____)		Cut Stone (Type _____)		Other _____

Structural System

Wood Frame	Post & Beam	Balloon	Load bearing masonry	Structural iron or steel
Other _____				

Roof (Type)

Gable	Flat	Mansard	Monitor	Sawtooth
Gambrel	Shed	Hip	Round	Other _____

(Material)

Wood Shingle	Roll Asphalt	Tin	Slate	Asphalt Shingle
Built up	Tile	Other _____		

Number of Stories: _____ Approximate Dimensions: _____

Structural Condition: Excellent Good Fair Deteriorated

Exterior Condition: Excellent Good Fair Deteriorated

Location Integrity: On original site Moved When? _____

Alterations? Yes No If yes, explain: _____

FOR OFFICE USE: Town # _____ Site # _____ UTM _____

District:	S	NR	If NR, Specify:	Actual	Potential
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PROPERTY INFORMATION (CONT'D)

Related outbuildings or landscape features:

Barn Shed Garage Carriage House Shop Garden
Other landscape features or buildings: _____

Surrounding Environment:

Open land Woodland Residential Commercial Industrial Rural
High building density Scattered buildings visible from site

- Interrelationship of building and surroundings:

- Other notable features of building or site (Interior and/or Exterior)

Architect _____ Builder _____

- Historical or Architectural importance:

- Sources:

Photographer _____ Date _____
View _____ Negative on File _____
Name _____ Date _____
Organization _____
Address _____

- Subsequent field evaluations:

Threats to the building or site:

None known Highways Vandalism Developers Renewal Private
Deterioration Zoning Other _____ Explanation _____

How to use SHPO Historic Resource Inventory Form Adobe Reader Enabled Forms

Even if you have digitally completed a PDF form for a prior SHPO project, PLEASE READ OVER THESE INSTRUCTIONS AS NEW FEATURES HAVE BEEN ADDED.

For the first time, new Adobe Reader Enabled forms will allow the end user to save typed information. This will allow our applicants to work on long applications or forms over several sessions, and have an electronic copy of the final application or form for their records.

** If you do not have Adobe Reader, or if you have a version older than Adobe Reader 8.0, please visit Adobe's website for the free software download, otherwise you WILL NOT be able to use the Reader Enabled forms **

1. If you have an updated version of Adobe Reader, when you click on a form link from SHPO website, the chosen form will launch Reader automatically and appear on your screen. From the top toolbar menu, choose File. Scroll down and select Save As. This will open a dialogue box asking you choose a place on your computer to save this file. Choose a place that you will remember later. Once you have selected the desired location, click the Save button.
- 1A. If you DO NOT have an updated version of Adobe Reader, you may be asked to Save or Open the file when you click on the form link from SHPO's website. Save the file in a location you will remember later, and visit Adobe's website to download an updated version of the software before continuing.
2. Launch Adobe Reader from either your desktop (if you have an icon) or the Start Menu (for PC's). Select File from the top toolbar and then choose Open. A dialogue box will appear in which you can browse your computer to find where you saved the SHPO form.
3. Carefully read over any guidelines or instructions which may be included with the SHPO form.
4. In the upper right corner of the Adobe form window, note the button labeled Highlight Fields. This button will shade all fields in the form which you will need to complete. All applicable fields are required to be filled in accurately for your application to be considered complete.
5. While you cannot bold, italic, bullet, or otherwise apply Rich Text Formatting to information you type into digital PDF forms, you have the ability to Copy/Paste previously written narrative that may include Rich Text. You can only Copy/Paste Rich Text into the form's narrative sections, as applicable. Any formatting from Microsoft Word or other word processing software will be kept intact.

6. Reader Enabled Forms allow you to save a digital copy of the document with your digitally typed information in tact. When you have completed the form, choose **File** from the top toolbar, and select **Save a Copy**. You can now revisit the document later to complete or revise your submission, print more copies, or simply archive the forms.
7. When you are ready to submit the form to SHPO, print out a copy. You can now mail or hand deliver your form to the SHPO.

Troubleshooting and FAQ's:

- The most common problems with fill-in forms occur because of inadequate user software. Visit Adobe's website to download the most recent version of the Adobe Reader software before contacting SHPO staff or Adobe Help Desk. If the problem persists, contact the appropriate person for assistance.
- Program managers are available to answer questions concerning program applications and forms. Please be sure you have read all instructions and guidelines associated with the application or form before you call. If you still need assistance, program manager's contact information can be found on the Program Guidelines or on the SHPO website.
- If you have a problem downloading software, launching Adobe Reader, opening, filling out, or saving forms, it is likely a software problem. Contact Adobe for assistance with the software.



State of Connecticut
Department of Economic and
Community Development

ADA POLICY STATEMENT

The Department of Economic and Community Development is committed to the mandates of the Americans with Disabilities Act (ADA) of 1990, which makes it unlawful to discriminate against a qualified person with a disability in all aspects of the employment process and in the provision of services and benefits. The ADA enables society to benefit from the skills and talents of individuals with disabilities. It provides protection to people with disabilities, similar to those provided by Title VII of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, sex, national origin, age, and religious creed.

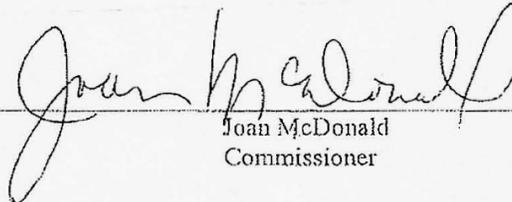
This policy statement will be given annually to all Department employees and will be posted throughout the agency. I also expect each supplier, union, consultant, developer or other state agency with which we do business to comply with the Americans with Disabilities Act. Mitch Drabik, Human Resources Director and AA Designee, has been assigned as the Department's ADA-504 Coordinator. Phone number is (860) 270-8022.

Questions, concerns, complaints or request for additional information regarding the ADA may be forwarded to him.

This Department is committed to providing reasonable accommodations to qualified persons with disabilities, to ensure their full and fair participation in all aspects of its programs and services, including employment opportunities.

THIS STATEMENT IS AVAILABLE IN LARGE PRINT OR ON AUDIO TAPE FROM THE ADA-504 COORDINATOR BY CALLING (860) 270-8022.

11-21-07
DATE


Joan McDonald
Commissioner

Revised 10/22/2007 to include reference to "religious creed"

DECD Ethics Statement

The mission of the Department of Economic and Community Development (DECD) is to provide leadership and service to enhance the state's economy and to expand opportunities for individuals, business and community prosperity, promote equity and improve the quality of life for Connecticut citizens. As Department of Economic and Community Development employees, we share responsibility to administer millions of tax dollars, we work with confidential information that is extremely sensitive and we have financial relationships with the private and public sectors. Given this responsibility, it is important to reiterate a strong code of ethics for all department employees.

The "Code of Ethics for Public Officials" is set forth in Connecticut General Statutes, Chapter 10, Part 1, Sections 1-79 through 1-89 as may be amended from time to time. These sections prescribe proper conduct for state employees and officials in the discharge of their employment. This ethics statement, in accordance with Conn. Gen. Stat. sec. 1-83(b)(2), is to draw your attention to the Code of Ethics statutes and to clearly define the policies of the department concerning outside employment or business involvement, the solicitation or acceptance of gifts and gratuities and the proper handling of confidential and sensitive information.

In order that we may all avoid possible violations of the Code of Ethics, it is necessary for the department to be aware of any situations in which there is a real, potential, or apparent conflict of interest involving its employees.

No employee shall accept employment with any consultant, contractor, appraiser, or any other organization or individual nor shall any DECD employee have, directly or indirectly, a financial interest in any business, firm, or enterprise doing business with this agency that would cause, or create the appearance of, a conflict with or influence the performance of the employee's duties with DECD. Any situations that an employee believes may represent a potential conflict of interest shall be immediately reported to their Executive Director in writing. Within the Office of the Commissioner any potential conflict of interest shall be immediately reported to the appropriate unit manager. This notification will provide an opportunity for a further review by departmental officials of the degree of potential conflict of interest, if any, and permit appropriate actions, if necessary.

Outside employment is generally barred if the private non-state employer can benefit from the state employee's official actions. For example, such outside employment would be barred if the individual in his or her state capacity has regulatory or contractual authority over the private entity, a non-profit or another governmental entity. An agency employee is not prohibited, however, from using his or her expertise for private gain, as long as no provision of the Code of Ethics is violated in the process.

No employee of the Department of Economic and Community Development shall allow any private obligation of employment or enterprise to take precedence over his/her responsibility to the department.

If there is deemed to be a violation of the Code of Ethics, the employee may be required to give up either his or her outside employment or state position or take other appropriate steps in order to resolve the Code of Ethics violation.

No employee of the Connecticut Department of Economic and Community Development (DECD) shall directly or indirectly solicit or accept any gift or gratuity from any person or organization with whom the Department has, has had, or may expect to have, a business relationship which could cause, or create the appearance of, a conflict with or influence the performance of the employee's duties with DECD. Any gift or gratuity that a person or organization attempts to give an employee of DECD shall be immediately returned. If such gift or gratuity is received by other than personal delivery from the subject person or organization, it shall be taken to Human Resources along with the name and address of the person or firm who gave the item. Human Resources along with the recipient of the gift or gratuity will arrange for the donation of the item to a local charity (e.g., Foodshare, local soup kitchens, etc.). Human Resources will then send a letter to the gift giver advising them of this donation. A copy of the letter will be kept on file with the Internal Audit Section.

No employee of the Department of Economic and Community Development shall use or distribute state information or confidential information obtained from a client of the agency. No employee of DECD shall use state equipment or materials for other than state business purposes. Much of the information used by the agency is confidential. Employees may not use any information available from computer printouts, computer terminals, records, verbal communications with clients or co-workers or from any other source except in the appropriate administration of our programs. Any misuse of information may result in disciplinary action.

The foregoing policies apply to all employees of the Department of Economic and Community Development, and it shall be the responsibility of each employee to be familiar with them and to comply with them. To that end, each employee will be given a copy of the policy and will be asked to sign a form indicating its receipt and review. Employees who do not comply with the above policies or who are found to have violated the Code of Ethics for Public Officials, C.G.S. Sections 1-79 to 1-89, as may be amended, may be subject to disciplinary action up to and including dismissal from state service.

This is an excellent department with a dedicated and competent staff and these measures simply reiterate what is the norm for responsible and professional conduct. It is important for us to maintain the highest professional standards in the discharge of our duties.

If you have any questions or would like to read the full text of the Ethics Code, please visit the State Ethics Commission website at www.ethics.state.ct.us.



DECED

*State of Connecticut
Department of Economic and
Community Development*

Connecticut Department of Economic and Community Development

One Constitution Plaza

2nd Floor

Hartford, CT 06103

Telephone: 860-256-2800

www.cultureandtourism.org/history