



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Morna A. Murray, J.D.
Commissioner

REQUEST FOR CAPITAL IMPROVEMENT TO EXISTING
COMMUNITY LIVING ARRANGEMENTS

DATE _____ (A)

APPROVAL IS REQUESTED FOR THE CAPITAL IMPROVEMENT DETAILED BELOW AT:

Property Address (B)

Improvement Requested (C):

Description of Need (D):

Scope of Work (E):

Estimated Total Project Cost (F): \$ _____

Expense Incurred by: (check one) [] Provider [] CIL

Explanation of Cost Estimate (G):

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BID SUMMARY FORM

Provider:

Date:

Address: _____

Project Location: _____

Number:

Description of Work:

Type of Contractor (General, Trade)

Contractors Requests to Submit Bids

	Date Received	Bid Amount

Contract Award To:

If exception to bidding process is requested, check reason:

Unable to solicit three bids

Urgency to complete work

Other: _____

If lowest bid is not selected, write justification for choice:

Remarks:

Prepared by:

Provider

Approved By:

Region

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Property Address: _____

(H)

The undersigned acknowledge that this document does not constitute a contract for development of a property and further acknowledges that any payments by the State of Connecticut related to this property may only be made pursuant to Sections 17b-244 and 17a-228 of the General Statutes and the regulations promulgated thereunder.

PROPOSED BY:

PROPOSED BY:

Private Residential Provider

Development Staff/Property Developer
(if Applicable)

Signature (Name) (I) (Date)

Signature (Name) (J) (Date)

Print/Type Name

Print/Type Name

Tel No.: ____ - ____ - ____

Tel.No. ____ - ____ - ____

REVIEWED BY:

AFTER CONSULTATION WITH:

Signature (Name) (L) (Date)
Regional Director for Region
Department of Developmental Services
(Or Authorized Designee)

(Signature) (Name) (M) (Date)
Commissioner
Department of Social Services
(Or Authorized Designee)

Print/Type Name

Tel.No: ____ - ____ - ____

APPROVED BY

(Signature) (Name) (N) (Date)
Commissioner
Department of Developmental Services
(Or Authorized Designee)

By signing below, I hereby certify that this capital improvement project is considered by the Department of Developmental Services to be a required project for the health or safety of the residents as detailed in CGS 17b-244.

(Signature) (Name) (O) (Date)
Commissioner
Department of Developmental Services
(Or Authorized Designee)