Connecticut Institute For Communities, Inc.

2017 - 2018 Annual Report

"CIFC: Strengthening Families; Building Communities"



Dr. Francis J. Muska, Ph.D. Chair, Board of Directors

Hon. James H. Maloney, J.D. President & Chief Executive Officer

December 2018

Health • Education • Housing • Economic Development

www.ct-institute.org

2017 - 2018 Annual Report

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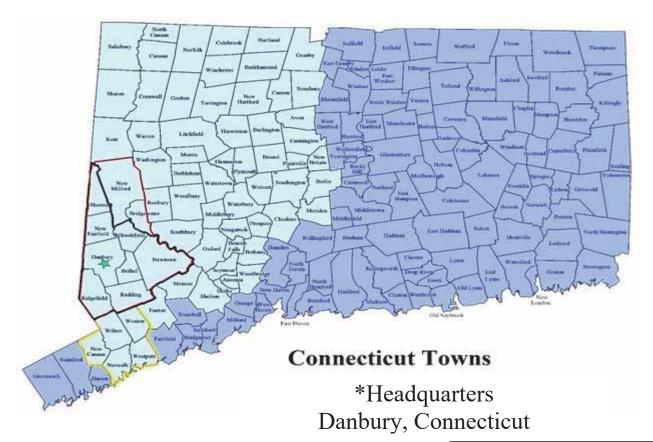




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MISSION STATEMENT

Connecticut Institute For Communities, Inc. (CIFC) is a community development corporation, a locally based non-profit organization serving the communities and low and moderate income families of Connecticut, with headquarters in Danbury, CT. CIFC is dedicated to advancing our communities, and fostering greater opportunities for the individual residents of our service areas, through a combination of health and education programs and housing and economic development projects.



Our General Service Area: The State of Connecticut

Our Primary Service Area:
Along & North of the Merritt, West of I-91

CIFC's Greater Norwalk Head Start Service Area * Norwalk * Wilton * Weston * Westport * New Canaan

Head Start & Early Head Start of Northern Fairfield County Service Area * Bethel * Newtown * Brookfield * Danbury * New Fairfield * Sherman

CIFC's Greater Danbury Community Health Center Service Area * Bethel * Danbury * Redding * Bridgewater * New Fairfield * Brookfield * New Milford * Sherman * Newtown

DEDICATION

Our Annual Report for 2017-2018 is dedicated to **Governor Dannel P. Malloy**.

Governor Malloy, whose second and final term is ending in January 2019, has been a visionary leader of Connecticut regarding both community health centers specifically, and services provided by not-for-profit organizations generally.

In regard to CIFC, Governor Malloy has been a tremendous advocate for the work done by our Greater Danbury Community Health Center. For example, he shepherded through the State Bond Commission the initial \$4 million grant that, in combination with private resources and federal New Market Tax Credits, financed the development of our main Health Center and Headquarters building (36,000 +/- sq. ft.) at 120 Main St. in downtown Danbury. Most recently he worked to assure a supplemental grant for our Health Center of \$3 million to help finance the construction of a major addition (8,400 sq. ft.) in response to the very significant demand in Greater Danbury for the comprehensive health services we provide.

In the overall context of not-for-profit organizations, his leadership has been protean and profound. His innovative "Non-Profit Grant Fund" has helped to finance state-wide extensive improvements in non-profit agencies. At CIFC, this has included major enhancements to our Health Center's electronic health records system, which not only helps document all of our medical activities, but -- most importantly -- helps focus and assure the high quality of our patient services.

One final example of his community-minded approach to government leadership (there could be many others) is the financing he approved for the acquisition and adaptive re-use of the former YMCA building in downtown Danbury into the newly restored and redeveloped Danbury Community Center. It was entirely fitting, in recognition of all he has done, that the center has been named the "Governor Dannel P. Malloy Hall" -- which also speaks to why this dedication is so very appropriate.



Governor Dannel P. Malloy



BACKGROUND

The Federal Government has long recognized the valuable contributions made by community development corporations. For example, the U.S. Office of Management and Budget identified, as a consequence of its Program Assessment Rating Tool (PART), the growing capacity of community development corporations in relation to the need for "effective organizations that foster community development." OMB, PART, 2003.

"At its best, community development is a nonlinear enterprise: tackling two or three different but related problems can produce dramatically more results than a single-minded assault on just one target. That's why the usual itemized inventory of community development corporation activities ... often gives a poor picture of the organizations' real mission and potential. These aren't discrete, or even simply cumulative, activities. They are something like a chemical formula, intended to produce a transforming reaction." Local Initiatives Support Corporation (LISC), "The Whole Agenda: The Present and Future of Community Development," 2002, page 8.



Building Dedication and Ribbon Cutting at CIFC's new Greater Danbury Community Health Center and Headquarters Building, 120 Main St., Danbury (10/31/16).

Left to Right: Congresswoman Elizabeth Esty; U.S. Senator Richard Blumenthal; Danbury Mayor Mark D. Boughton; Dr. Uwe C. Koepke, MD, PhD, Founding Medical Director; Hon. Dannel P. Malloy, Governor; Dr. Francis J. Muska, PhD., CIFC Board Chair; Dr. Thomas F. Draper, MD, MPH, Founding Medical Director; Hon. James H. Maloney, JD, CIFC President & CEO; Katherine M. Curran, JD, CIFC Chief Operating Officer & Deputy General Counsel; Richard M. Palanzo, MSA, CIFC Director of Facilities. Photo: Debbie McCuin-Channing, former CIFC Director of Planning & Communications.

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LEADERSHIP'S ANNUAL REPORT



Dr. Francis J. Muska, Ph.D. Board Chair

December 2018



Hon. James H. Maloney, JD President & CEO

Dear Friends:

This past year, 2018, has been one of substantial progress and growth at the Connecticut Institute For Communities, Inc. The credit, as always, goes to the hard work, wisdom and leadership of our dedicated Board of Directors and committed, creative staff. Here are some of CIFC's major accomplishments in 2018:

- The Greater Danbury Community Health Center went through its comprehensive triannual Federal "Site-Visit," which is a comprehensive, in-depth review of all of the Center's services, programs, policies and procedures, including medical, operational and financial. The Greater Danbury Community Health Center not only passed that inspection, it scored 100% on all of the approximately 200 standards reviewed by the Federal "Site-Visit" team! This is a level of performance achieved only by a relative hand-full of Federally Qualified Community Health Centers around the Country. Congratulations to the entire GDCHC Team!
- We completed the re-equipping of our Mobile Health Van to accommodate Dental screening services, which in turn, has allowed us to begin to use the van at the Danbury elementary schools, facilitating the early identification of the oral health needs of Danbury children.
- We significantly expanded our Adult Behavioral Health Center at 152 West St. in Danbury, which we opened in late 2017. Throughout 2018, our new facility has been offering ever expanding behavioral health services for GDCHC patients, and is planning on a further expansion of Adult Behavioral Health services for the benefit of the general population of Greater Danbury in the year ahead.
- At the Beaver Street Apartments Cooperative, CIFC completed a two-year \$1-million physical improvement project (with private financing from Newtown Savings Bank) that has restored all 12 of the buildings at the Cooperative (each building now has a new roof

and a new boiler/heating system), and has re-furbished many of the Cooperative's 70 individual apartments, with 100% occupancy at the Cooperative for the first time in decades. In Spring/Summer 2018, this effort concluded with a major expansion of the Cooperative's parking facilities and improvement of BSAC site amenities.

- At mid-year, CIFC was awarded the sponsorship of the Head Start Program in Norwalk, Connecticut, which now becomes a sister-program to our already well-established Head Start of Northern Fairfield County program located in Danbury. CIFC's Early Learning Division (ELP) is excited to be able to offer Head Start services to the families and children in the Greater Norwalk area. In addition to offering classes for 140 preschoolers, our Norwalk program will also be able to serve (for the first time in the community) up to 16 infants and toddlers. Throughout 2018, program leadership was busy recruiting staff and students, licensing facilities, all while opening one classroom for services this summer, in order to prepare for a fully operational program which started on September 11. Monica Bevilacqua, Early Learning Programs/Head Start Director, said, "The receipt of this award is a testament to the high-quality program that our teachers and staff have long offered in Danbury."
- In December 2018, we dedicated our new Danbury Community Center at 12 Boughton St. in downtown Danbury, which includes a gymnasium with a canteen, a re-furbished theater/stage facility, a multi-purpose group activities room, a mini-health center/workout room for middle-school and high-school age young people, and the ONLY PUBLIC SWIMMING POOL in the City of Danbury. Over the course of the year ahead, the Danbury Community Center, which was named the "Governor Dannel P. Malloy Hall" in honor of Governor Malloy's key role in seeing this project to fruition, will gradually expand the range and scope of activities offered at the new facility. For example, our Main Street neighbor, St. Peter's School, hosted the first basketball game in early December at the center, which was also St. Peter's first true "Home Game" in decades!
- CIFC is proud of our major achievements of 2018, and we also note with pride that every one of CIFC's programs made progress and improvements this past year, which is fundamental to the organizational culture and the internal "DNA" of the Connecticut Institute For Communities. As of this report, our programs and services encompass the following:
 - o Beaver Street Apartments Cooperative, Inc.
 - o Danbury Armory Historic Preservation and Adaptive Reuse Project
 - o Danbury Main Street Health Center and CIFC Headquarter Building
 - o Greater Danbury Early Learning Programs:
 - City of Danbury Head Start Center Project
 - Danbury CIFC School Readiness Program
 - Early Head Start of Northern Fairfield County
 - Head Start of Northern Fairfield County Program

- Greater Danbury Community Health Center (GDCHC):
 - o Primary Care: Infant, Pediatric, Adolescent, Adult and Geriatric Medicine
 - o Women's Health Center
 - o Behavioral Health (Pediatrics, Adolescent, and Adult)
 - o Family Dental Services
 - o GDCHC Teaching Health Center (ACGME Accredited)
 - o GDCHC School Based Health Centers:
 - ➤ Henry Abbott Technical High School (State of CT)
 - ➤ Danbury High School (including a Dental Suite)
 - ➤ Rogers Park Middle School (Danbury)(including a Dental suite)
 - ➤ Broadview Middle School (Danbury)
 - ➤ Newtown Middle School New School
 - ➤ Dental suite at Danbury's Ellsworth Avenue Elementary School, opened in 2018.
 - o GDCHC Mobile Health/ Dental Van
 - Danbury Regional Women, Infants & Children's Health & Nutrition Program (WIC)
- Danbury Community Facilities Collaboration:
 - o Modernization of the equipment and facilities of the Danbury War Memorial building (completed in 2018).
 - The addition of seven new pre-school classrooms in Danbury, to be located in the former "Danbury Cadillac/Oldsmobile" building at 29 Park Avenue (site plan approved in 2018).
 - o Danbury Community Center to include a planned Boys and Girls Club of Danbury (see above).
 - Elderly Housing Building (planning for a 80+/- units for Seniors and Veterans in Danbury)
- Greater Norwalk Early Learning Center Programs:
 - o Greater Norwalk Head Start
 - o Greater Norwalk Early Head Start
 - o Ely Center and Franklin Center Head Start facility revitalization projects
- Harambee Youth Center, including a comprehensive adaptive re-use project for the historic Danbury Armory, the location of many of Harambee's programs.

So, once again, this has indeed been a dynamic year, one of outstanding progress and productive good work!

We continue to be ever grateful to our talented and hardworking staff, our dedicated and active Board of Directors, and to our many friends in both the public and private sectors, all of whom have made our progress possible and who will continue to be critical to our future success.

Yours truly,

Dr. Francis J. Muska, Ph.D. Chair, Board of Directors **Hon. James H. Maloney, J.D.** President & Chief Executive Officer



Connecticut Institute For Communities, Inc. (CIFC) Greater Danbury Community Health Center and CIFC Headquarters Building 120 Main St., Danbury, CT



HISTORICAL HIGHLIGHTS

Connecticut Institute For Communities, Inc. (CIFC) is an independent non-profit, organization established in 2003. CIFC was founded on a commitment to help meet basic human needs in the fields of health, education, human services, and housing for low- and moderate-income children, families and adults in our service area. CIFC is the only organization in western Connecticut that combines health care, education, human services, and housing in a comprehensive, coordinated approach.

Connecticut Institute For Communities, Inc. performs two unique roles. CIFC serves both as a "safety-net provider" of human services, and also as an especially qualified "community developer" of programs and projects. As a "safety-net provider" of human services, CIFC steps forward to make sure that needed and valued human services in our service areas are properly organized, managed, and delivered to the intended recipients. As a community development organization, CIFC, unlike other non-profit organizations, works not only with human services, but also takes on projects including physical development and/or rehabilitation.

2003 - 2012

Over the course of its first decade, CIFC matured into a very significant agent for community good in western Connecticut.

- In 2004, CIFC became the new sponsor of the Danbury Head Start program, maintaining a locally-based operation and retaining more than \$2 million per year in public funding. The Northern Fairfield County Head Start Program provides comprehensive child and family development services to low-income residents, annually providing early childhood education services to more than 300 children including supportive services to their families (over 400 adults).
- In 2005, CIFC stepped in as the Managing Agent for the Beaver Street Apartments Cooperative, keeping 300 residents out of foreclosure.
- In 2006, at the City of Danbury's request, CIFC took on administrative, fiscal oversight and program development roles for the Harambee Youth Center, ensuring that Danbury's inner-city youth would continue to have afterschool opportunities.
- Since 2007, the CIFC School Readiness Program, which is funded through the Connecticut Department of Education, has steadily expanded to now provide school-day, school-year, child day-care and developmental services to 44 Danbury children ages 3 and 4.
- In June 2010, CIFC converted the child care component of the Even Start program into a federally funded Early Head Start program, which now serves 40 low income infants, toddlers, and teen moms.

- In 2010, CIFC opened the CIFC Greater Danbury Community Health Center (CIFC/GDCHC), providing comprehensive primary health care on a sliding fee basis to people of all ages: children, adolescents, adults and seniors, especially those who are medically underserved; thereby ensuring affordable, accessible, comprehensive, high quality health care to all area residents regardless of their ability to pay or their insurance status
- In 2012, CIFC/GDCHC opened a satellite School Based Health Center at the Henry Abbott Technical High School (HATS) in Danbury.
- Also, in 2012, CIFC was awarded the contract to serve as the regional Women, Infants and Children (WIC) Nutrition Program sponsor. WIC provides nutrition assessment and education, breastfeeding promotion and support, and food vouchers for low-income women, infants, and children up to the age of five. WIC currently serves nearly 2,500 clients each year.

2013

- In 2013, CIFC's Greater Danbury Community Health Center became certified as a <u>Level</u> 3 Patient Centered Medical Home (PCMH) by the National Committee For Quality Assurance (NCQA), the highest level of certification, and one of the few in the state to receive such distinction.
- Also in 2013, CIFC's Greater Danbury Community Health Center was accredited by the Accreditation Council for Graduate Medical Education (ACGME) as a <u>Teaching Health</u> <u>Center</u> sponsoring an Internal Medicine Primary Care (post-MD) Residency Program. It is the only FQHC Teaching Health Center in the state, and one of only about 60 in the country.
- Moreover, in September 2013, the new Danbury Head Start Center opened its doors in downtown Danbury. Jointly financed by the City of Danbury and the State of Connecticut, the state-of-the-art Early Care and Learning Center has 16 classrooms designed for infants and preschoolers (ages 6 weeks up to age 5). Classes started at our new facility in July 2013.
- As 2013 came to a close, CIFC/GDCHC, at the request of the City of Danbury, took on administrative, fiscal, and program management of Danbury's three School Based Health Centers located at the City's High School and two Middle Schools.

2014

- CIFC successfully integrated the Regional Women, Infants and Children's Health & Nutrition Program (WIC) as a service of our Greater Danbury Community Health Center, with official recognition by the USD/HHS Health Resources and Services Administration.
- CIFC took over operations, within its Community Health Center, of three Danbury School Based Health Centers, previously administered by the Danbury Health

Department at Danbury High School and Danbury's two Middle Schools, (Broadview and Rogers Park).

- The organization continued planning for the "Old Police Station Site," at 120 Main St. in downtown Danbury (opposite St. Peter's R.C. Church), for the construction of both a new, comprehensive 36,000 +/- square-foot Health Center facility and a new multi-unit Elderly Housing Complex. An updated site plan, approved by the City of Danbury Planning Commission, allowed for the expansion of the Elderly Housing building up to 79 units.
- CIFC conducted preliminary revitalization work, following our purchase from the State of Connecticut, through the City of Danbury, of the Historic Armory Building on West Street in downtown Danbury, providing a permanent home for our Harambee Youth Center Program.
- The organization successfully turned over the Batchhelder Brownfield Project to the Town of Newtown, allowing the Town to seek environmental remediation grants to complete clean-up of the Batchhelder site.
- CIFC completed significant physical renovations and improvements at the Beaver Street Apartments Cooperative, which resulted in a very successful USD/HUD site review of the project, with a score of 97A (out of 100), the highest such score received by the Cooperative in several decades.



Gov. Dannel P. Malloy (center-left) and Mayor Mark Boughton of Danbury (center-right) lead the groundbreaking celebration for CIFC's new Greater Danbury Community Health Center building with CIFC's Board Chair, Dr. Frank Muska, PhD. (left) and CIFC's President/CEO, Hon. James H. Maloney, JD (right).

<u>2015</u>

- CIFC's Greater Danbury Community Health Center was recognized again by the National Committee for Quality of Assurance as a Level 3 (the highest) Patient-Centered Medical Home.
- The Primary Care Adult Medicine Residency Program expanded to Griffin Hospital, Derby, CT. The program is based at the Greater Danbury Community Health Center, in cooperation with Danbury Hospital.
- CIFC received funding from the State of Connecticut for a fifth CIFC/GDCHC School-Based Health Center (SBHC), at the Middle School in Newtown, CT.
- There was further development at 120 Main St. in downtown Danbury (the "Old Police Station Site" opposite St. Peter's R.C. Church), of the construction of both a new, comprehensive 36,000 +/- sq. ft. Health Center facility and a new multi-unit Elderly Housing Complex, including commitments for \$15 million in financing toward the construction of the new Health Center Building, including \$5 million (net) in Federal New Market Tax Credits, plus a \$4 million state grant, and \$6 million in mortgage funding.
- We saw significant progress, including Danbury Z.B.A. variance approval, toward the development of a seven-classroom pre-school facility at 29 Park Ave., near downtown Danbury.
- We continued revitalization work, following our purchase from the State of Connecticut, through the City of Danbury, of the Historic Armory Building on West Street in downtown Danbury, providing a home for our Harambee Youth Center Program.
- CIFC continued progressive management of the Beaver Street Apartments Cooperative resulting in a very successful USD-HUD management ("MOR") review of our work, and the 100% pay-off of the Cooperative's mortgage, the first time in 40 years that the Cooperative has been entirely free of mortgage debt!
- We received a commitment from the State of Connecticut of \$3.8 million for the "Danbury Community Facilities Collaboration," which will provide funds to modernize the facilities and equipment of the Danbury War Memorial building, help add up to 10 pre-school classrooms in Danbury, and purchase and re-open the former Danbury YMCA building as a comprehensive downtown Danbury Community Center, to include an newly organized Boys and Girls Club of Danbury.

2016

CIFC's outstanding accomplishment for 2016 was the construction and completion of our new Greater Danbury Community Health Center (GDCHC) and CIFC Headquarters Building at 120 Main St. in downtown Danbury, diagonally across the street from St. Peter Church.

- Our 36,000 square-foot, four-story, red-brick structure (pictured below) will house the Health Center's:
 - o Pediatric and Adolescent Medical and Behavioral Health services;
 - o Internal (Adult) Medicine Department and Residency Program;
 - o Patient intake, enrollment, and insurance assistance;
 - o An on-site Phlebotomy (blood sample) suite;
 - o A full-service Pharmacy;
 - o Administrative offices for the Health Center; and
 - o Headquarters offices for the Institute.

The Greater Danbury Community Health Center, a federally qualified health center, serves all people regardless of income or insurance; no one is ever turned away.

- The new building will bring approximately 60 new jobs to downtown Danbury, with a total annual payroll of more than \$6 million, which, in turn, will be a substantial boost to the downtown economy.
- The new building was designed by the architectural collaboration of Quicquaro Architects ("Studio Q") of Waterbury, CT and Quisenberry-Arcari Architects of Farmington, CT. The building was constructed by Verdi Construction Company of Bethel, CT, which involved approximately 100 full- and part-time jobs during the construction phase. CIFC's interests during construction were overseen by STV | DPM Owner's Representative.
- The financing for the building involved a complex mix of public and private funding. The State of Connecticut provided a grant of \$4 million; private commercial mortgage financing was provided by Eastern Bank of Boston, MA, in participation with Union Savings Bank of Danbury, CT, totaling approximately \$6 million; and private investments through the Federal New Market Tax Credit (NMTC) program were provided in the net amount of approximately \$5 million, through three NMTC investors:
 - o The Primary Care Development Corporation (PCDC) of New York, New York:
 - o The Massachusetts Housing Investment Corporation (MHIC) of Boston, MA; and
 - o JPMorgan Chase, of New York, New York (Chase also has branch bank offices in Danbury, CT).
- The Savings Bank of Danbury provided on-going operational financial support to CIFC including working capital.
- CIFC was represented in this project by Steven F. Mount, Esq. of Squire Patton Boggs/USA, of Columbus, Ohio, and Christopher K. Leonard, Esq., of Collins Hannafin P.C., of Danbury, CT.

- During December 2016, CIFC relocated its administrative offices into the new building from their prior locations, with plans to relocate other medical and behavioral services in 2017.
- This new building will allow CIFC's Greater Danbury Community Health Center to significantly expand our Pediatric and Women's Health services, as well as add entirely new services such as phlebotomy and a pharmacy, on site. These expanded services will be very beneficial additions to community health care in Danbury. We are delighted to be able to place this new building into service.

All of us at CIFC, our staff, our Board Members, and our patients are very grateful for all of the support that has brought us to this achievement. We are particularly grateful to our financial partners and also to the public officials who have been so helpful in advancing this project, most notably: Governor Dannel P. Malloy, who shepherded the \$4 million state grant through the State Bond Commission and the State's Department of Economic and Community Development; Danbury Mayor Mark D. Boughton who facilitated the sale of the building site – formerly the old Danbury Police Station – to the Institute for this project; our Federal Delegation for their support of the Federal "New Markets Tax Credit Program;" former State Speaker of the House Christopher Donovan who provided key support for the State grant early in the process; and former Danbury Mayor Gene Eriquez who was very helpful in the initial planning of the project. We could not have achieved this day without their visionary leadership and assistance.

2017

- In early 2017, CIFC's Pediatric & Adolescent Health and Behavioral Health services; the Internal (Adult) Medicine Department; and the Residency Program relocated to 120 Main St. CIFC/GDCHC's facility at 70 Main St. the former Danbury Hospital Seifert & Ford Clinic, now referred to as "GDCHC Health Center -- South" became primarily dedicated to Women's Health Services, Family Dentistry, and our cooperative Internal Medicine Residency Programs with Danbury Hospital.
- Quest Diagnostics phlebotomy (blood-draw) station and the Danbury Lion's Club Low Vision Screening Program moved into 120 Main St.
- In May, the community health center partnered with Equiscript to launch a new mail and home delivery pharmacy program for our most complex adult patients (for example, those on eight or more prescriptions).
- In October, the community health center was granted continued recognition (through September 2020) as a Level 3 (the highest) Patient Centered Medical Home by the National Council on Quality Assurance (NCQA). Only one in six physicians in American practices in a NCQA-recognized practice.
- We reached an agreement with local officials to incorporate into our School-Based Health Center operations a comprehensive reorganization and expansion of pediatric dental services for the children and young people attending Danbury Public Schools. This includes re-equipping our medical health mobile van for dental services, and the opening of new on-site school dental suites (approved this year by the U.S. Health Resources and Services Administration) at Park Avenue and Ellsworth Avenue schools. It is expected

that the re-equipped mobile health van and the two new school dental suites will begin seeing patients in 2018.

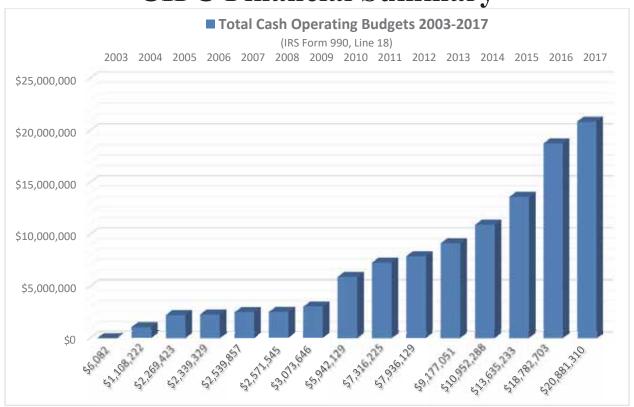
- The CIFC-administered and state-supported revitalization work was completed at the Danbury War Memorial Center. The work included renovations to the lobby, general painting throughout, new floors, new equipment in the fitness center, safety improvements for the staircases, and renovated lavatories and women's locker room.
- In the fall, CIFC opened a new Adult Behavioral Health Center at 152 West St. in Danbury, integrating within our GDCHC Behavioral Health Department substantial parts of the former Danbury Hospital Community Center for Behavioral Health.

For additional history details, and for a full description of all of CIFC current programs and projects, please see our website at www.ct-institute.org.

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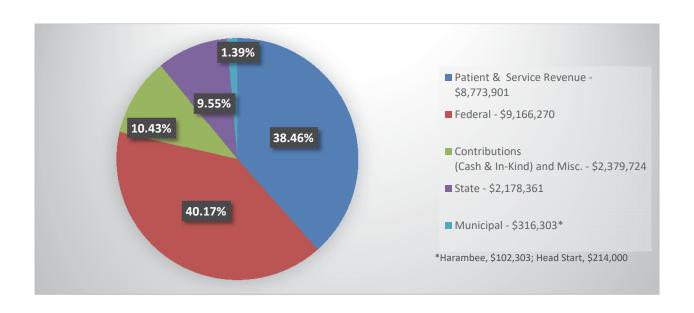


CIFC Financial Summary



Sources of Support 2017 - \$22,814,559 Cash and In-Kind Services

(IRS Form 990, Schedule D, Part XI, Line 1)



Financial Summary State & Federal Funds *(See also Audit Report)	2015 (Audited)	2016 (Audited)	2017 (Audited)	2018 (As Proposed)	2018 (As Proposed) Danbury	2018 (As Proposed) Norwalk
Head Start Federal Grant	1,921,158	1,882,242	1,979,662	3,266,434	2,255,355	1,011,079
Head Start COLA & Misc. Grants	(included above)	(included above)	(included above)	(included above)	(included above)	(included above)
Head Start State Grants	196,150	212,868	223,525	336,175	195,315	140,860
Early Head Start Federal Grant	920,016	936,177	945,317	1,131,503	969,319	162,184
USDA/CT-SDE Child and Adult Food Program	292,678	304,741	279,815	304,922	304,922	N/A
State School Readiness Program Grant	410,904	410,990	363,359	392,656	392,656	N/A
		1.41				

*Does not include "Extended Day" and related programming funded in part by the Connecticut Care 4 Kids program and parent fees.



Danbury Head Start Center (South Elevation – Bank Street)



Danbury Head Start Center (West Elevation – Foster Street)

Head Start / Early Head Start Program Summary

		2017/2		2016/		2015/2	016
		Head Start	Early Head Start	Head Start	Early Head Start	Head Start	Early Head Start
Funded Enrollment		307	40	307	40	307	40
Total Number Served	(actual)	345	47	410	50	360	53
Families Served		331	42	381	47	336	49
Average Monthly Enr	ollment	307	40	307	40	307	40
Percent of Income Eligible Children	0-100% FPL	62%	79%	62%	74%	63%	66%
Served, re: Federal Poverty Level	100-130% FPL	31%	15%	28%	18%	30%	21%
(FPL)	130%+FPL	7%	6%	10%	8%	7% #	13%#
Percentage of Childres with Medical Homes	n	345/345 = 100%	47/47 = 100%	407/410 = 99%	50/50 = 99%	357/360 = 99%	53/53 = 100%
Percentage of Children of age) with Dental Ho		344/345 = 99%	47/47 = 100%	407/410 = 99%	41/50 = 82%	358/360 = 99%	53/53 = 100%
Percentage of Children receiving Medical & Dental Exams		M = 345/345 = 100% D = 344/345 = 99%	M = 47/47 = 100% D = 47/47 = 100%	M = 407/410 = 99% D = 407/410 = 99%	M = 48/50 = 96% D = 41/50 = 82%	M= 357/360 = 99% D = 358/360 = 99%	M = 53/53 = 100% D =53/53 = 100%
Percentage of Service Children Served	Area	3.79	/ ₀	4.5	%	4.1%	⁄o
Most recent Federal H	IS/EHS		See Appendix A –	100% Compliance		# Combine	ed = 8%
Most recent Federal A	udit			See Appe	ndix B		
Services to Families/		ent Activities:					
Emergency/ Intervention		$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	V
Housing As	sistance	√	N/R	√	V	V	V
Mental Hea	lth Services	V	√	$\sqrt{}$	√	V	√
 English as a Language (I 	Second ESL Training)	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	V	$\sqrt{}$	V
Adult Educa (GED/Colle	ation ge selection)	√	V	V	V	√	V
Job training		$\sqrt{}$	V	V	V	V	√
Substance A or treatment	abuse prevention	N/R	N/R	$\sqrt{}$	N/R	$\sqrt{}$	N/R
 Child abuse services 	and neglect	N/R	$\sqrt{}$	$\sqrt{}$	√	$\sqrt{}$	N/R
	iolence Services	$\sqrt{}$	N/R	$\sqrt{}$	√	V	N/R
 Child Suppo 	ort assistance	√	N/R	N/R	N/R	√	V
Health Educ		√	√	√	√	√	√
	o Families of I Individuals	N/R	N/R	√	N/R	√	V
Parenting E		$\sqrt{}$	√	√	√	$\sqrt{}$	√
Marriage Ed		√ /	N/R	N/R	N/R	√ /	N/R
Center Meet Daling Const		√ 1	√ √	√ 1	√ √	√ √	√ √
Policy Cour HS/EHS Ho	ncil Meetings	√ √	√ √	$\frac{}{}$	√ √	√ √	√ √
Family Night		√ √	√ √	√	√ √	√ √	√ √
	o Kindergarten	√	N/R	√	N/R	√	N/R
Transition to Kinderga		192 (100% of children of kindergarten age)	N/A	199 (100% of children of kindergarten age)	N/A	207 (100% of children of kindergarten age)	N/A

(N/R = Available but Not Requested) (Source: Annual PIR Reports, Census data)

Head Start and Early Head Start Detailed Finances

2015 (Actual)

			Head	Start					Early	Head Star	t	
			Stat	te/Local					Sta	te/Local		
Item	Fee	deral	Sha	ire	To	tal	Fed	eral	Sha	re	To	tal
Personnel	\$	1,314,113	\$	502,648	\$ 1	1,745,090	\$	574,812	\$	0	\$	646,483
Fringe Benefits	\$	179,835	\$	257,282	\$	437,117	\$	80,441	\$	81,178	\$	161,619
Equipment	\$	0	\$	0	\$	0	\$	71,672	\$	0	\$	71,672
Supplies	\$	117,313	\$	55,640	\$	172,953	\$	98,229	\$	0	\$	98,229
Contractual	\$	55,135	\$	350	\$	55,485	\$	10,540	\$	0	\$	10,540
Other	\$	224,998	\$	0	\$	468,359	\$	62,164	\$	86,401	\$	148,565
T&TA	\$	29,764	\$ 1	,059,281	\$	29,764	\$	22,158	\$	-	\$	22,158
TOTAL	\$	1,921,158	\$	815,920	\$ 2	2,908,768	\$	920,016	\$	167,579	\$ 1	1,159,266

 Total Federal:
 \$ 2,841,174
 69.8% Federal

 Total State/Local
 \$ 1,226,860
 30.2% Non-Federal

 Combined Total:
 \$ 4,068,034
 100%
 USDA: \$292,678

2016 (Actual)

	Head Start			Early Head Start			
		State/Local			State/Local		
Item	Federal	Share	Total	Federal	Share	Total	
Personnel	\$ 1,155,500	\$ 382,560	\$ 1,485,956	\$ 636,735	\$ 0	\$ 636,735	
Fringe							
Benefits	\$ 267,249	\$ 115,628	\$ 382,877	\$ 152,873	\$ 0	\$ 152,873	
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Supplies	\$ 85,506	\$ 0	\$ 85,506	\$ 18,329	\$ 0	\$ 18,329	
Contractual	\$ 28,283	\$ 0	\$ 28,283	\$ 14,236	\$ 0	\$ 14,236	
Other	\$ 315,940	\$ 527,314	\$ 843,254	\$ 91,846	\$ 85,722	\$ 177,568	
T&TA	\$ 29,764	\$ 0	\$ 29,764	\$ 22,158	\$ 0	\$ 22,158	
TOTAL	\$ 1.882.242	\$ 1,025,502	\$ 2,907,744	\$ 936,177	\$ 85,722	\$ 1.021.899	

Base Federal	\$ 2,769,503			
Fed Supp. (COLA)	\$ 48,916			
Total Federal:	\$ 2,818,419	71.7%	Federal	
Total State/Local				<u>USDA:</u>
Share:	\$ 1,111,224	28.3%	Non-Federal	<u>\$304,741</u>
Combined Total:	\$ 3,929,643	100%		

2017 (Actual)

	Head Start			Early Head Start			
		State/Local			State/Local		
Item	Federal	Share	Total	Federal	Share	Total	
Personnel	\$ 1,304,540	\$ 286,084	\$ 1,590,625	\$ 691,380	\$ 3,687	\$ 695,067	
Fringe							
Benefits	\$ 295,186	\$ 38,855	\$ 334,041	\$ 122,765	\$ 0	\$ 122,765	
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Supplies	\$ 47,559	\$ 11,661	\$ 59,218	\$ 14,158	\$ 0	\$ 14,158	
Contractual	\$ 21,502	\$ 0	\$ 21,502	\$ 10,586	\$ 0	\$ 10,586	
Other	\$ 281,113	\$ 527,314	\$ 808,427	\$ 84,270	\$ 85,722	\$ 169,992	
T&TA	\$ 29,764	\$ 8,647	\$ 38,411	\$ 22,158	\$ 0	\$ 22,158	
TOTAL	\$ 1,979,662	\$ 872,561	\$ 2,852,224	\$ 945,317	\$ 89,409	\$ 1,034,726	

Base Federal: \$ 2,897,314 Federal Supp. Grants

(COLA & Misc.) \$ 27,665 Federal Total: \$ 2,924,979

Total State/Local

Share: \$ 961,870 Combined Total: \$ 3,886,949 75.3% Federal <u>USDA: \$279,815</u>

24.7% Non-Federal 100%

2018 Danbury (Proposed)

	Head Start			Early Head Start		
		State/Local			State/Local	
Item	Federal	Share	Total	Federal	Share	Total
Personnel	\$ 1,356,270	\$ 398,954	\$ 1,755,224	\$ 674,183	\$ 8,770	\$ 682,953
Fringe	\$ 301,942	\$ 60,044	\$ 361,986			
Benefits				\$ 72,075	\$ 1,230	\$ 73,305
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 121,690	\$ 12,678	\$ 134,368	\$ 89,279	\$ 0	\$ 89,279
Contractual	\$ 40,238	\$ 3,058	\$ 43,296	\$ 16,559	\$ 0	\$ 16,559
Other	\$ 205,564	\$ 404,773	\$ 610,337	\$ 71,063	\$ 48,513	\$ 119,576
T&TA	\$ 29,764	\$ 0	\$ 29,764	\$ 22,158	\$ 0	\$ 22,158
TOTAL	\$ 2,055,468	\$ 879,507	\$ 2,934,975	\$ 945,317	\$ 58,513	\$ 1,003,830

Total Federal \$ 3,000,785 76.2% Federal

Total State/Local

Share \$ 938,020 <u>23.8%</u> Non-Federal

 USDA:

 Combined Total:
 \$ 3,938,805
 100%
 \$304,751

2018 Norwalk (Proposed)

		Head Start		Early Head Start
		State/Local		State/Local
Item	Federal	Share	Total	Federal Share Total
Personnel	\$ 787,132	\$ 256,622	\$ 1,043,754	\$ 209,418 \$ 19,130 \$ 228,548
Fringe Benefits	\$ 175,058	\$ 59,023	\$ 234,081	\$ 46,742
Equipment	\$ 0	\$ 0	\$ 0	\$ 0 \$ 0 \$ 0
Supplies	\$ 73,551	\$ 9,515	\$ 83,066	\$ 15,940 \$ 0 \$ 15,940
Contractual	\$ 81,730	\$ 1,985	\$ 83,715	\$ 10,897 \$ 0 \$ 10,897
Other	\$ 139,364	\$ 248,913	\$ 388,277	\$ 22,649 \$ 58,590 \$ 81,239
Т&ТА	\$ 19,750	\$ 0	\$ 19,750	\$ 7,641 \$ 0 \$ 7,641
TOTAL	\$ 1,276,585	\$ 576,058	\$ 1,852,643	\$ 313,287

 Total Federal
 \$ 1,589,872
 70.7% Federal

 Total State/Local
 Share
 \$ 658,177
 29.3% Non-Federal
 USDA:

 Combined Total:
 \$ 2,248,049
 100%
 Included Above



School Readiness: Preparing Children for Kindergarten:

Children begin preparing for kindergarten the day that they start in our program. Teachers focus on social/emotional development, physical development, cognitive development, and language and literacy. Throughout the year, teachers conduct home visits and conferences with parents to review their child's progress. At the final meeting of the school year, teachers give parents activities for their children to work on over the summer. Staff from the Danbury Board of Education, where more than 95% of our families attend kindergarten, come to our Danbury Head Start Center to register children for kindergarten. Then each spring, the public schools conduct orientation for parents and children. Head Start provides a development skill summary to district kindergarten teachers in August to help identify individual needs of each incoming kindergartner.

Parent Involvement Activities:

Our Head Start and Early Head Start parents are deeply involved with our program. All parents are members of their respective local Center Committee, which meets every other month to focus on issues of local concern at the center, such as pedestrian safety, and elects representatives to the Program's Policy Council. On alternate months, parents and other family members meet for program-wide Family Nights, which concentrate on a range of important issues, such as oral health care, nutrition and menu planning, school readiness, and transition to kindergarten, closing the achievement gap, and setting appropriate night-time routines.

Each child also has an assigned Family Advocate who formally meets with parents at least two times a year, and has frequent informal (often daily) contact with parents. In addition, the classroom teachers meet with parents at least four times a year (full-year program) and at least four times a year (part-year program).

Parents are also encouraged to volunteer in the classrooms, and receive priority for hiring as a Head Start staff when openings occur.

Our Fatherhood Coordinator makes a special, dedicated effort to involve male family members (fathers, grandfathers, uncles, etc.) in the program, and in the lives of their children -- with at least monthly special "Fatherhood" gatherings.

The Policy Council meets each month (except July, August and December) to guide the overall conduct of the program, and maintains cross-membership with the CIFC Board of Directors.



CIFC Greater Danbury Community Health Center Key Data

	2015	2016	2017	2018**
Total Visits	25,004	43,967	54,795	63,314
Total Patients	7,150	13,364	14,972	14,618
Children (< 18 years old)	43%	38%	33%	35%
Adults (18-64)	46%	53%	57%	54%
Older Adults (age 65+)	12%	10%	10%	10%
% Patients < 200% FPL	69%	94%	75%	63%
% income unknown	28%	28%	24%	24%
Medicaid	49%	52%	50%	52%
Uninsured	8%	20%	21%	21%
White	66%	64%	70%	69%
African American	8%	9%	8%	8%
Hispanic/Latino Ethnicity	42%	53%	56%	57%
Asian	11%	8%	8%	8%
Homeless patients	5	17	20	75

^{*} GDCHC's visit growth is largely due to a gradual expansion of sites and services. When GDCHC started in 2010, it provided adult and pediatric medicine on site and other FQHC-required services by contract. Over time, GDCHC has expanded to directly provide school-based health services, dentistry, women's health services (OB/GYN), and adult and pediatric behavioral health.

2018 Clinical Highlights

Childhood immunization status (current by 3 years old)	79%
Coronary artery disease: Prescribed a lipid lowering drug (18+)	92.7%
Controlled diabetics (H1AC <9)	78%
Controlling high blood pressure (age 18-85)	61%
Asthma patients with acceptable pharmacological therapy (age 5-40)	94.4%

^{**}Preliminary data

OUR DEDICATED BOARD OF DIRECTORS

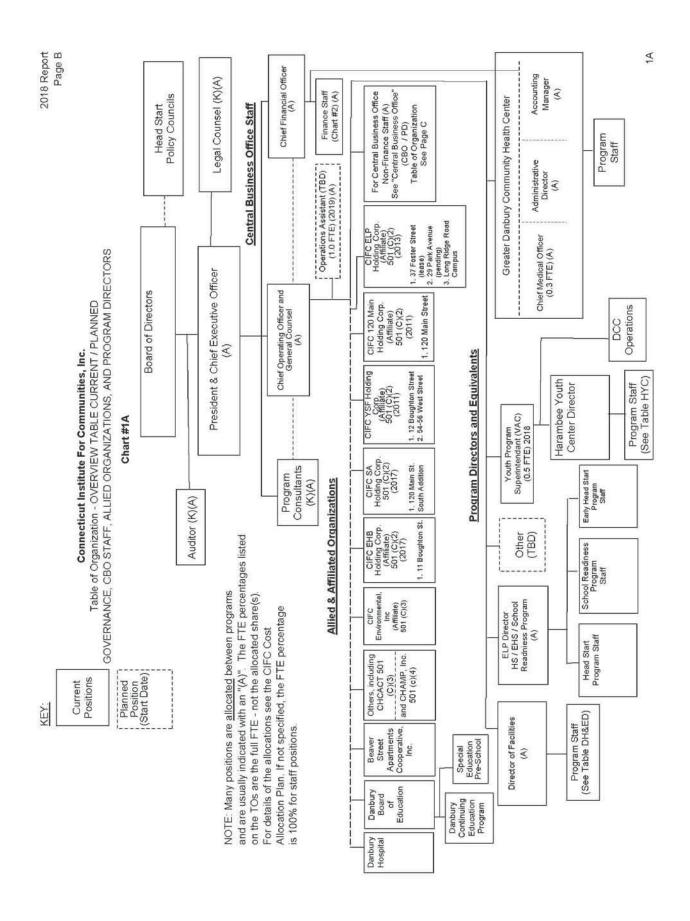
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•	nnecticut State University		
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Director	Director		
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Certified Public Accountant	Consumer Representative		
Ms. Elizabeth Curillo	Dr. Mahal Satchi, MD		
Director	Director		
Danbury, CT	Danbury, CT		
Consumer Representative; Past Head Start Parent	Physician; Consumer Representative		
Ms. Eva Duran	Mr. Angel Saquinaula		
Director	Director		
Danbury, CT	Danbury, CT 06810		
Consumer Representative;	Consumer Representative; Past Head Start Parent		
Head Start Policy Council Representative			
Mr. Eric Gottschalk, JD	Ms. Gail Burger, MS		
Director	Director		
Danbury, CT	New Milford, CT		
Attorney	Early Childhood Educator		
Mr. Richard Molinaro	Mr. Jeffrey Zakrewski, MA		
Board Vice-Chair & Director	Assistant Treasurer & Director		
Danbury, CT	Southbury, CT		
Educator; Consumer Representative	Retired Director, Southbury Training School		
*	Recreation Program		
(Affiliations listed for identification only)	(Updated through: 12/31/18)		

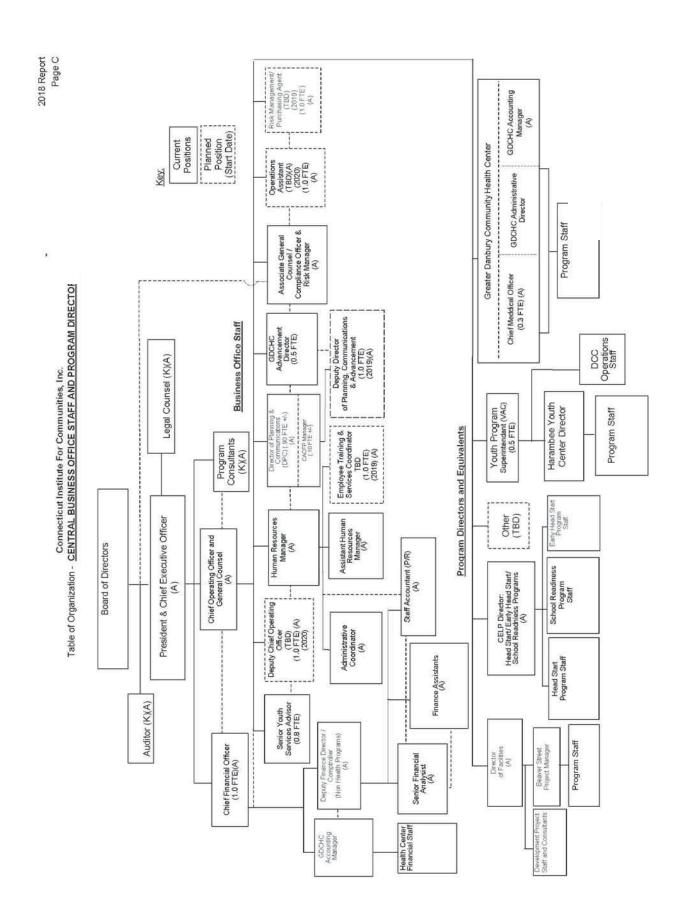


CIFC: "Strengthening Families; Building Communities"

Connecticut Institute For Communities, Inc.

Planned Current KEY. Division of Facilities, Housing & Economic Development Legal Counsel (K)(A) Head Start Policy Councils Program Consultants (K)(A) Division of Tertiary Education (TBD) *Associates Degree Program(s) SUMMARY
Table of Organization - CURRENT / PLANNED - Chart #1 Danbury Community Center/Boys and Girls Club Division of Primary & Secondary Education (TBD) *Harambee Youth Center Charter School (K-12) President & Chief Executive Officer Chief Operating Officer and General Counsel (A) Board of Directors 3 Early Learning Services *HSNFC *EHSNPC *SRP *GNHS *GNHS Division of Community Health Services *GDCHC *THC *VMC *SBHC All HRSA In-Scope Activities Auditor (K)(A) Chief Financial Officer (A) Business
Office
& Program
Directors
See Page C Central Affiliated and Allied Organizations See Page B





CIFC STAFF LEADERSHIP

Central Business Office Staff

120 Main St., 4th Floor Danbury, CT 06810 Tel: (203) 743-9760 ~ Fax: (203) 743-3411 CIFC Greater Danbury Community Health Center 120 Main St., 2nd Floor, Danbury, CT 06810

Pediatrics Tel: (203) 456-1411/1412 120 Main St., 3rd Floor, Danbury 06810 Internal Medicine Tel: (203) 456-1406

70 Main St., Danbury, CT 06810 Adult Medicine Tel: 203-456-1405 Women's Health Tel: (203) 456-1409

Dental Services Tel: (203) 456-1408 152 West St., Danbury CT 06810

Adult Behavioral Health Tel: (203) 791-5005 57 North St., Danbury CT 06810

Adult Medicine Tel: 203-456-1407

James H. Maloney, J.D. President

& Chief Executive Officer

Katherine M. Curran, JD Chief Operating Officer & General Counsel

Dr. Thomas F. Draper, MD, MPH Shinu Simon, MS Chief Medical Officer GDCHC Administrative Director

Elizabeth Martucci, CMA

Chief Financial Officer

Richard Palanzo, MSA Director of Facilities

Dr. Asha Marhatta, MD, MPH Dr. Amy Handler, MD

Holly Sekiguchi

Human Resources & Operations Manager

Margaret Gillen, CPA Deputy Finance Dir./Controller Chief of Pediatrics Residency Program Director

Elizabeth Goehring, MA Dir. Planning & Communications Joseph Walkovich

Dr. Gerard Foye, MD Dr. Kevin Stanton Chief of Women's Health Acting Chief of Dental Services Services

Daniel Labrecque, JD

GDCHC Director of Advancement

Dr. Maria Motlagh, MD Dr. Youness Yavari, MD Chief of Behavioral Health Residency Program Assoc. Dir.

Asst. General Counsel/Compliance and Risk Management Officer

Sabrina Ross Administrative Coordinator

Dr. Nimi Magavi, MD Grace Scire, JD Senior Physician Residency Program Manager Adult Medicine

David Ponce Finance Analyst

Anna K. Maloney Asst. Human Resource Manager

Dr. Joan Draper, MD Asst. Chief Medical Officer Dr. Kathleen Mauks, MD Senior Physician Adult/Geriatric Medicine

William Curtis Senior Youth Advisor

Stacey Russell Payroll Accountant

Natasha Smith, MBA GDCHC Finance Manager

Dr. Shivayogi Magavi, MD Senior Physician Adult Medicine

Melanie Mele Accounts Payable Assistant

Wendy Majano Accounts Receivable Assistant CIFC Early Head Start, Head Start & School Readiness Programs

Monica Bevilacqua EHS/HS/SRP Program Director

Women, Infants & Children's Nutrition Program (WIC) 80 Main St.

Danbury, CT 06810 Fax: (203) 917-3567 Tel: (203) 456-0140

Head Start of Northern Fairfield County 37 Foster St,, Danbury, CT 06810

Ann Marie Evans, BS, CLC

Jessica Liguori, BS, CLC

Tel: (203) 743-3993 ~ Fax: (203) 792-9387 Kathleen Senior, MAT Jessica Watson, MS

WIC Program Manager

Program Nutritionist

Senior Program Professional Professional Nancy Damici, RN

Education / Mental Wellness

School-Based Health Center Program

Danbury High School, Clapboard Ridge Road, Danbury, CT 06810 Henry Abbott Technical High School, Hayestown Ave., Danbury, CT 06811 Rogers Park Middle School, Memorial Drive, Danbury, CT 06810 Broadview Middle School, Hospital Ave., Danbury, CT 06810 Newtown Middle School, Queen St., Newtown, CT 06470

Education/Disabilities Professional Health & Nutrition Professional / RN Cristina Ginsberg, MEd

Melanie Bonjour

Dr. Dorcas Eshun, MD SBHC Medical Director Social Services & ERSEA Professional **Greater Norwalk Head Start**

Ben Franklin Center 165 Flax Hill Road, Norwalk CT 06854 Tel: (203) 791-5095 Nathaniel Ely Center 11 Ingalls Ave, Norwalk CT 06854 Tel: (203) 791-5090

SBHC Program Manager

Housing Services Program Staff

Richard "Kevin" Holmes, MA Senior Program Professional

Robin Scott, MA

Sabine Romsaint, MSW Social Services & ERSEA Specialist

Beaver Street Apartments Cooperative, Site Office 1B Meehan Place, Danbury, CT 06810 Tel: (203) 794-1760 ~ Fax: (203) 794-0012

Laura McAward, RN Health & Nutrition Specialist / RN

Anika Walker Ross, MA Education/Disabilities Specialist

David Martin Sr. Resident Relations Specialist

Leonard Romaniello Resident Relations/Facilities Specialist

Tel: (203) 748-0230 ~ Fax: (203) 748-1595 Larry Moore-Mouning

Harambee Youth Center

54 West St., Danbury, CT 06810

Program Director

Joselyn Cotillo Resident Relations Specialist

Anthony Vines Maintenance Specialist

OUR PROFESSIONAL ADVISORS

Attorneys

Collins, Hannafin, Garamella, Jaber & Tuozzolo, P.C.
Francis J. Collins, JD
Christopher Leonard, JD
Thomas Beecher, JD
148 Deer Hill Ave.
Danbury, CT 06810

Cramer & Anderson, LLC.
Ted D. Baker, JD
51 Main St.
New Milford, CT 06776
Kim Nolan, JD
Daniel E. Casagrande, JD
30 Main St., Suite 303
Danbury, CT 06810

Squire Patton Boggs, LLP
Steve F. Mount, JD
Jeremy Schirra, JD
2000 Huntington Center
41 South High St.
Columbus, OH 43215

Studio Q Architecture Ron Quicquaro 301 Highland Ave

301 Highland Ave. Waterbury, CT 06708

Architects

<u>Didona Associates</u> Landscape Architects 70 North St. Danbury, CT 06810 Quisenberry Arcari Architects
Thomas Arcari
318 Main St.
Farmington, CT 06032

Auditors

Maletta & Company
Certified Public Accountnats
Michael Maletta, CPA
1002 Farmington Ave., Suite 202
Bristol, CT 06010

Government Relations

Joseph Walkovich Richard Foley

Health Care Planning

Kenneth Dym John Steiner

John Snow, Inc. 44 Farnsworth St. Boston, MA 02210

Housing

Urban Initiatives, LLC
Elizabeth B. Rosenbaum
PO Box 8223
440 Main St.
Suite 717
Stamford, CT 06905

CIFC AWARDS -- ROLL OF HONOR

<u>CIF</u>	C Distinguish Service Award				Community Leadership Awards
2013 -	Dr. Uwe C. Koepke, MD, PhD. GDCHC Medical Director		C Colleague of the Year	2004 -	Hon. Mark D. Boughton, Mayor of Danbury
2013 -	2009 – 2011 Dr. Thomas F. Draper, MD,	2014	Tenant Relations Specialist	2005 -	State Senator David Cappiello (24 th District)
	MPH GDCHC Medical Director 2011 – 2013	2014	- Leonard Romaniello Resident Relations Facilities Specialist	2006 -	State Representative Robert Godfrey (110 th District)
2014 -	Michael P. Ryer Board Member 2005 – 2013 Board Treasurer 2012 – 2013	2015	- Anthony Vines Facilities Specialist	2007 -	State Representative Jason Bartlett (2 nd District)
	(Memorial Citation)			2008 -	Hon. Christopher Murphy Member of Congress (CT-5)
2016 -	Atty. Steven F. Mount, JD	SBHC C	Colleague of the Year		Member of Congress (C1-3)
	Patton Boggs USA	2014 -	Jacqueline George	2009 -	Hon. Christopher Donovan Speaker of the Connecticut
2017 -	Dr. Asha Marhatta, MD Teaching Health Center		NMS SBHC Program Assistant		House of Representatives
	Director	2015 -	Nancy Munn, APRN Rogers Park MS SBHC	2010 -	Hon. Norma Gyle, R.N., PhD Deputy Commissioner CT Department of Public Health
	CIFC Colleague of The Year	2016 -	Clare Nespoli, APRN		•
2003 -	Monica Marketto Bevilacqua,		Newtown SBHC	2011 -	State Representative Joseph Taborsak (109 th District)
2008 -	Operations Manager Stacey Russell,	2017 -	Carolyn Cunningham, Licensed Professional Counselor Nancy Kettner,	2012 -	Hon. Dannel P. Malloy, Esq. Governor of the State of Connecticut
	Staff Accountant		Medical Assistant	2012 -	Danbury Board of Education Member
2008 -	Holly Danise, HR & Operations Manager	2018 -	Jolene Henion, APRN	2012	Mr. Richard Janelli
2010 -	Sabrina Ross, Administrative Coordinator		(SBHC Clinician of the Year)	2013 -	Dr. Sal Pascarella, EdD Superintendent, Danbury Public Schools
2011		WIC	Colleague of the Year	2014	M TI G I' ID
2011 -	Deb McCuin-Channing, MA, Director of Planning & Communications	2014	- Josephine Phillips, Program Assistant	2014 -	Mr. Thomas Saadi, JD Democratic Council Leader Danbury City Council
2012 -	Bruce Svendsen, CPA Finance Director	2015	- Ruby Vasquez, Program Assistant	2015 -	Mr. Paul Rotello Danbury City Council Member
2013 -	Katie Curran, J.D., Staff Attorney/Compliance Officer	2016	- Aminata Lashley, Program Assistant	2016 -	Thomas R. Einhorn, Principal Newtown Middle School
2014 -	Joe Walkovich, Director of Advancement	2017 -	– Sara Arroyo, SNAP Outreach	2016 -	Hon. Patricia Llodra Newtown First Selectwoman
2015 -	Melanie Bonjour, SBHC Program Manager	2018 -	 Anallely Blanco Program Assistant 	CBO C	Colleague of the Year
2016 -	Daniel Labrecque, JD, Staff Attorney, Compliance Officer		1 rogram / rosistant	2017 -	Jennifer Hammer, Finance and Billing Assistant
2017 -	Dr. Kristine Lisi, MD,			2017 -	Melanie Mele Finance Assistant
2018 -	GDCHC Clinical Director Liz Martucci,			2018 -	Stacey Russell, Payroll

CIFC CFO

CIFC AWARDS -- ROLL OF HONOR (con't)

<u>Early</u>	Learning Colleague of the Year	Early Ch	nildhood Teacher of the Year	<u>Healt</u>	h Center Colleague of the Year
2004 -	Patricia Keith Johnson, Community Services Manager		Dee Strobel Teacher of the Year, HSNFC	2010 -	Maria Chann Clinical Coordinator
2005 -	Nancy Crain, Family Advocate	2008 -	Olivia Dovale, Teacher of the Year, HSNFC	2011 -	Johanna Avila Medical Assistant
2006 -	Claudia Schoen, L.P.N. Health Services Manager		Melinda Perrerira Teacher of the Year, HSNFC	2012 -	Eter Zapata Front Desk Specialist (Peds.)
2009 -	Kara Watson-Wanzer Education Manager		Lynda Kafus Teacher of the Year, HSNFC	2013 -	Ines Avila Front Desk Specialist (IM)
2010 -	Tara Willis Deputy Education Svcs. Mgr.		Ananya Ghorai Teacher of the Year, HSNFC	2014 -	Denise Kentala
2011 –	Jessica Watson EHS Program Manager		Louise Lamana Teacher of the Year, HSNFC	2015 -	Elizabeth Rodriguez Billing Specialist
2013 -	Sondra Cherney Education Services Asst. Mgr.	2012 -	T'Arica Perkins Teacher of the Year, EHS	2016 -	Yesmin Reynoso Medical Assistant
2014 -	Nancy Damici, RN Health & Nutrition Manager	2013 -	Lisa Dempsey Teacher of the Year, HSNFC	2018 -	Michelle DeFaria, Billing Team Lead (Health Center Administrative
2015 -	Richard Maimone Family Advocate	2014 –	Gylshen Capri Teacher of the Year, HSNFC		Colleague of the Year) Cynthia Felice, Billing Department Supervisor (Health Center Administrative
2016 -	Sarah Geary, MSW Social Services Manager	2015 -	Valerie Kuzia Pre-School PD/PY Teacher		Colleague of the Year) Aly Irizarry,
2017 -	Drew Matteo Facilities Specialist	2016 -	Kimberly Burnside Teacher, HSNFC		RN (Health Center Clinical Support Colleague of the Year)
2018 -	Robin Scott, MA Education and Mental Wellness	2017 -	Jayme Bonsignore Early Head Start Teacher	<u>Healt</u>	h Center Clinician of the Year
<u>C</u>	ommunity Service Award	2018 -	Jessica Savage Teacher, HSNFC	2011 -	Dr. Nimi Magavi, MD Internal Medicine
2017 -	Newtown – Sandy Hook Community Foundation		to Fo	2012 -	Susan Hartmann, APRN Family Medicine
	Hon. Mitch Bolinsky, State Rep 106 th Hon. Michael Ferguson,	1	Astitute Por City	2013 -	Emilie Mauks-Koepke, PA Family Medicine
	State Rep. 138 th Hon. Stephen Harding, State Rep. 107 th Hon. Richard Smith,	nnecticut	Astitute For Communities	2014 -	Dr. Christine Metz, MD Chief of Adult Medicine
2018 -	State Rep 108 th Monica Martins	nec		2015 -	Dr. Amy Handler, MD Chief of Pediatrics
2010 -	DELP Teacher	18	0 0	2016 -	Dr. Christopher Yambay, MD Adult Medicine
<u>CIFC (</u> <u>Year</u>	Operations Colleagues of the	<	PRO CIVITAS	2017 -	Lorraine Orloski, Internal Medicine APRN

2018 - Dr. Gerard J. Foye, MD Women's Health

2018 - Anthony Vines

Connecticut Institute For Communities, Inc. would like to again thank our 2018 Community Contributors

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Appendix A:



CONNECTICUT INSTITUTE FOR COMMUNITIES, INC.

Dr. Francis J. Muska, Ph.D. Board Chair Hon, James H. Maloney, Esq. President & CEO

PRESS RELEASE

For Immediate Release May 12, 2014

Head Start and Early Head Start Programs earn second consecutive dual 100% scores on Federal 3 Year Reviews

Danbury, CT – Connecticut Institute For Communities, Inc. (CIFC), the local sponsor of the regional Head Start Program, today announced the findings of their tri-ennial Head Start Federal Review. Head Start program are reviewed on a regular schedule by the United States Department of Health and Human Services (USDHHS).

"From 3/30/14 through 4/3/14, the Administration for Children and Families (ACF) conducted a monitoring review of the Connecticut Institute Communities, Inc.'s Head Start and Early Head Start programs [in Danbury, CT]. We wish to thank the governing body, Policy Council, staff and parents of your program for their cooperation and assistance during the review. Based on the information gathered, no area of noncompliance was found during the course of the review," stated Ms. Anne Linehan, Acting Director, USDHHS Office of Head Start, in the official report dated 4/24/14. (emphasis supplied).

In addition, all Head Start federal reviews also document scoring in the "Classroom Assessment Scoring System" (CLASS). The CLASS assessment looks at numerous dimensions of teacher-student interactions and rates them on a multi-point scale. Head Start of Northern Fairfield County scored substantially above the national average. The 3 major dimensions are Emotional Support, Classroom Support and Instructional Support. See the attached charts for details of the CLASS scoring.

Congresswoman Elizabeth Esty (CT-5) said "I am delighted to help announce this important news with the Connecticut Institute For Communities and Head Start of Northern Fairfield County. I am thrilled that one of the highest-performing Head Start programs in the entire country is located right here in Connecticut's 5th District. It's rare for a program to receive a perfect score, especially given that there are over 1,800 performance standards. And it's even more remarkable that the Head Start of Northern Fairfield County got a perfect score for both its Head Start and Early Head Start programs — for two reviews in a row. I am honored to be here to celebrate this occasion, and I commend the parents, the Board of Directors, and the staff of Head Start of Northern Fairfield County program for their hard work and dedication to quality education for our children. I look forward to celebrating more successes with them in the future."

Business Office: 7 Old Sherman Turnpike, Suite 212, Danbury, CT 06810 Phone 203-743-9760 ~ Fax 203-743-3411 Mayor Mark Boughton said, "I am so proud of our Danbury Head Start Programs' receipt of perfect scores, and equally that we have here in Danbury one of the leading Head Start programs in the Country. The benefits that the parents and children receive through Head Start will last a lifetime. I applaud our program's staff, Board Members and Head Start families for their exceptional results."

The President and Chief Executive Officer of CIFC, James H. Maloney, said: "This is like winning, four years apart, two Gold Medals at two different Olympiads consecutively! It is a very rare accomplishment, and an achievement that is a great credit to our Head Start parents and staff. It is also a great credit to Mayor Boughton, Danbury Superintendent of Schools Dr. Sal Pascarella, and the members of the Danbury City Council and Danbury Board of Education who have strongly supported the Danbury Head Start programs for many years. I and the members of the Board of the Connecticut Institute For Communities, Inc., are deeply grateful for all their hard work and support. We are also very grateful to Congresswoman Esty, and Senators Blumenthal and Murphy, for their vigorous support of the Head Start program at the national level."

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Attachments:

- · Summary Charts
- · Head Start Backgrounder
- Head Start Report Letter dated 4/24/14

For additional information, please contact Mr. Maloney at 203-743-9760 x 202.

Business Office: 7 Old Sherman Turnpike, Suite 212, Danbury, CT 06810 Phone 203-743-9760 ~ Fax 203-743-3411 Office of Head Start | 8th Floor Portals Building, 1250 Maryland Ave, SW, Washington DC 20024 | ediko.ohs.acf/lihis.gov

To: Board Chairperson
Dr. Francis Muska
Roard Chairmenson

Board Chairperson Connecticut Institute for Communities, Inc. 7 Old Sherman Turnpike, Suite 212 Danbury, CT 06810 From: Responsible HHS Official

Ms. Ann Linehan

655 Weaver for

Acting Director, Office of Head Start

Overview of Findings

From 3/30/2014 to 4/3/2014, the Administration for Children and Families (ACF) conducted a monitoring review of the Connecticut Institute for Communities, Inc. Head Start and Early Head Start programs. We wish to thank the governing body, Policy Council, staff, and parents of your program for their cooperation and assistance during the review. This Head Start Review Report has been issued to Dr. Francis Muska, Board Chairperson, as legal notice to your agency of the results of the on-site program review.

Based on the information gathered, no area of noncompliance was found during the course of the review. Accordingly, no corrective action is required at this time.

If you are a grantee serving preschool age children in the center-based option, a sample of your preschool classrooms will be observed using the Classroom Assessment Scoring System (CLASS). This classroom observation instrument looks at the teacher/child interactions, as well as interactions between children. The Office of Head Start encourages grantees to consider the CLASS results in planning ongoing efforts to improve classroom quality.

During your review, the team used a sampling methodology that included a random selection of child files, staff files, and class, center, and group observations. If your report includes findings related to evidence that involved sampling, the finding narratives in your report include specific percentages from each sample that were determined by dividing the number of issues found by the total sample size. This methodology, which uses statistically driven random samples, allows the OHS to use information collected through the representative samples to make generalizations regarding your program as a whole.

For example, if, during your review, the team examines a sample of 45 child files, the finding narrative will indicate the percentage of files that were identified with an issue. The percentage will be determined by dividing the number of child files with issues by 45. Likewise, when summarizing information from classroom observations, the total number of classrooms with issues will be divided by the total number observed to determine the percentage of the sample

with problems.

Please contact your ACF Regional Office with any questions or concerns you may have about this report.

Distribution of the Head Start Review Report

Copies of this report will be distributed to the following recipients:

Ms. Louise Eldridge, Regional Program Manager Mr. Jorge Diaz Bernal, Policy Council Chairperson Mr. James Maloney, CEO/Executive Director

Mrs. Monica Bevilacqua, Head Start Director

Overview Information

Review Type: Triennial

Organization: Connecticut Institute for Communities, Inc.

Program Type: Head Start and Early Head Start

Team Leader: Ms. Maria Kuhn-Brotton

Funded Enrollment HS: 267 Funded Enrollment EHS: 32

APPENDIX B:

CERTIFIED PUBLIC ACCOUNTANTS
43 Enterprise Drive • Bristol, CT 06010-3990 • 860/582-6715 • Fax 860/585-6339

Independent Auditor's Report

Board of Directors Connecticut Institute For Communities, Inc.

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Connecticut Institute For Communities, Inc. and its affiliates, which comprise the consolidated statements of financial position as of December 31, 2017 and 2016, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Connecticut Institute For Communities, Inc. and its affiliates as of December 31, 2017 and 2016, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards and Schedule of Expenditures of State Financial Assistance are presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) and the State of Connecticut Single Audit Act, and are not a required part of the consolidated financial statements. The accompanying supplemental schedules on pages 21-24 are also presented for purposes of additional analysis, and are also not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards, Schedule of Expenditures of State Financial Assistance, and supplemental schedules on pages 21-24 are fairly stated in all material respects in relation to the financial statements as a whole.

Report on Other Legal and Regulatory Requirements

In accordance with Government Auditing Standards, we have also issued our report dated June 15, 2018 on our consideration of Connecticut Institute For Communities, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Connecticut Institute For Communities, Inc.'s internal control over financial reporting and compliance.

Maletta & Company Certified Public Accountants

Bristol, Connecticut June 15, 2018

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2017 AND 2016

ASSE	TS			
	9	2017		2016
CURRENT ASSETS: Cash and Cash Equivalents Restricted Cash - Construction Reserve	\$	765,935 91,477	\$	1,049,125
Due From Funding Sources		635,210		364,995
Patient Accounts Receivable - Net		593,539		931,302
Accounts Receivable		1,129,859		32,874
Other Receivables		8,408		18,509
Inventory		24,767		37,772
Prepaid Expenses		235,546		54,260
Total Current Assets		3,484,741	_	3,911,755
PROPERTY AND EQUIPMENT:				
Property and Equipment		18,344,414		3,092,888
Assets in Progress		2,856,505		16,060,925
Less Accumulated Depreciation		(1,065,997)		(673,045
Net Property and Equipment	-	20,134,922	_	18,480,768
OTHER ASSETS:		20,104,022		10,400,700
Long-Term Notes Receivable		9,671,930		9,671,930
Restricted Cash - Fee and Expense Reserves		726,871		796,573
Security Deposits		19,085		22,738
Other Assets		-		107,324
Total Other Assets	· ·	10,417,886		10,598,565
Total Assets	\$	34,037,549	\$	32,991,088
LIABILITIES AND	NET ASSETS		Ka— I	
CURRENT LIABILITIES:				
Accounts Payable	\$	1,008,724	\$	669,352
Accrued Expenses		1,854,067		710,209
Accrued Payroll and Taxes		688,116		738,368
Construction Payable		132,368		1,234,988
Deferred Revenue		733,242		372,270
Line of Credit		-		-
Current Maturity of Long-Term Debt	1	360,561		295,826
Total Current Liabilities		4,777,078		4,021,013
Long-Term Debt		20,194,918		20,984,231
NET ASSETS:				
Unrestricted		8,937,840		7,765,150
Temporarily Restricted		127,713		220,694
Permanently Restricted		•		-
Total Net Assets		9,065,553		7,985,844
Total Liabilities and Net Assets	\$	34,037,549	\$	32,991,088

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2017

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
OPERATING REVENUE AND SUPPORT:				
Grants from Government Sources	\$ 11,218,694	\$ -	\$ -	\$ 11,218,694
Patient Service Revenue - Net	6,536,933	-		6,536,933
Contributions	2,468,165	37,704	-	2,505,869
Program Service Revenue	2,236,968	***************************************		2,236,968
Fundraising Events	15,185	15,860	-	31,045
Interest Income	142,703	-	-	142,703
Developer's Fee	102,500		-	102,500
Rental Income	14,178	-	-	14,178
Miscellaneous Income	25,669	-	-	25,669
Total Operating Revenue & Support Before Net Assets Released From Restrictions	22,760,995	53,564	-	22,814,559
Net Assets Released From Restrictions	146,545	(146,545)		
Total Revenue and Support	22,907,540	(92,981)	-	22,814,559
OPERATING EXPENSES: Program Services				
Early Childhood Education	4,041,044	2		4,041,044
Health Services	13,813,977		-	13,813,977
Nutrition Services	280,949		-	280,949
Building & Grounds	368,111	-	-	368,111
Other Programs	683,363	-	-	683,363
Total Program Services	19,187,444	-	-	19,187,444
Supporting Services				
Development	85,609	0	-	85,609
General & Administrative	2,461,797			2,461,797
Total Supporting Services	2,547,406		Ŧ	2,547,406
Total Operating Expenses	21,734,850	-	-	21,734,850
CHANGE IN NET ASSETS:	1,172,690	(92,981)		1,079,709
Net Assets, Beginning	7,765,150	220,694		7,985,844
Net Assets, Ending	\$ 8,937,840	\$ 127,713	\$ -	\$ 9,065,553

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2017

	-	F	rogram	Service	S					Supportin	g Services	
	Early Childhood Education	Health Services	Nutrition Services				Building & Grounds		Development		General & Administrative	Total
SALARIES AND RELATED EXPENSES: Salaries	\$ 2,308,077	\$ 8,421,930		.00.			-					
Employee Benefits	264,609	\$ 8,421,930 659,330	\$	•	\$	82,465	\$	-	\$	54,121	\$ 1,748,988	\$ 12,613,579
Payroll Taxes	164,855	592,420		-		1,371		*		4,871	167,932	1,098,113
Total Salaries & Related Expenses	2,735,541	9,673,680			_	5,905				4,140	133,792	901,112
Total oblatics a Rolated Expenses	2,735,541	9,073,000		-	_	89,741	_	-	_	63,132	2,050,710	14,612,804
OTHER EXPENSES:												
Subcontract Costs	101,416	416,250	-			948		- 2		12	12,772	531,386
Professional Fees and Contracted Services	26,524	1,155,461		-		331,311		9,800		0.25	164,037	1,687,133
Nutrition Services (Meals)	19,464		2	80,949				0,000			100,007	300.413
Occupancy	816,150	548,440				258,123		1			37,586	1,660,300
Depreciation	51,753	158,427		-				142,411			40,361	392,952
Other Program Costs	101,671	96,507						97,693		16,092	2.311	314,274
Staff Development and Training	76,680	34,540						-		10,002	59	111,279
Telephone	24,871	164,749		-		2.799				140	94	192,513
Travel and Transportation	718	21,200						14			91	22,009
Advertising and Public Relations	41	4.052				-					1,959	6,052
nsurance	37,684	170,512				396		-			1,170	209.762
Office Supplies and Expenses	15,941	225,408				44		93		6,380	3,825	251,691
Medical and Dental Supplies	18,944	891,219						-		0,500	3,023	
Postage and Shipping	4,402	28,679				-		(A)		120	827	910,163 33,908
nterest Expense	9,244	224,441				1		118,113		5	145,910	1708770
Miscellaneous		412						. 10, 113		3	145,910	497,714
Total Other Expenses	1,305,503	4,140,297	28	30,949	_	593,622		368,111		22,477	411,087	7,122,046
Total Expenses	\$ 4,041,044	\$ 13,813,977	\$ 28	30,949	s	683,363	\$	368,111	s	85,609	\$ 2,461,797	\$ 21,734,850

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

Change in Net Assets 2017 2016 Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities: 1,079,709 \$ (241,609) Depreciation Expense 392,952 168,053 Contributed Property and Equipment (1,320,000) - Change in Operating Assets and Liabilities Use of the Construction Reserve 1,331,441 8,740,769 Decrease (Increase) in Due From Funding Sources (270,215) 81,885 Decrease (Increase) in Due From Funding Sources (270,215) 81,885 Decrease (Increase) in Obter Receivable (1,096,985) (32,874) Decrease (Increase) in Other Receivable (1,096,985) (32,874) Decrease (Increase) in Pepaid Expenses (181,886) 48,499 Decrease (Increase) in Pepaid Expenses (181,886) 48,499 Decrease (Increase) in Recurity Deposits 3,653 (1,071) Decrease (Increase) in Secur	CASH FLOWS FROM OPERATING ACTIVITIES:				
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities: Depreciation Expense			2017	_	2016
Contributed Property and Equipment (1,320,000) Change in Operating Assets and Liabilities Decrease (Increase) in Restricted Cash - Construction Reserve (270,215) 81,885 Decrease (Increase) in Due From Funding Sources (270,215) 81,885 Decrease (Increase) in Patient Accounts Receivable - Net 337,763 (669,387) Decrease (Increase) in Accounts Receivable - Net 337,763 (669,387) Decrease (Increase) in Other Receivables 10,101 91,445 Decrease (Increase) in Other Receivables 10,101 91,445 Decrease (Increase) in Inventory 13,005 (5,887) Decrease (Increase) in Prepaid Expenses (181,286) 48,499 Decrease (Increase) in Restricted Cash - Fee and Expense Reserves 69,702 (68,814) Decrease (Increase) in Restricted Cash - Fee and Expense Reserves 69,702 (68,814) Decrease (Increase) in Security Deposits 3,653 (1,071) Decrease (Increase) in Accounts Payable 339,373 33,891 Increase (Decrease) in Accounts Payable 339,373 33,891 Increase (Decrease) in Accrued Expenses 1,143,858 431,472 Increase (Decrease) in Accrued Payroll and Taxes (50,252) 320,859 Increase (Decrease) in Accrued Payroll and Taxes (50,252) 320,859 Increase (Decrease) in Deferred Revenue 360,972 72,996 Cash Provided By Operating Activities 72,900 Repayment of Long Term Debt (278,871) (153,931) Net Provided (Used) by Financing Activities (278,871) (153,931) Net Provided (Used) by Financing Activities (278,871) (153,931) Net Provided (Used) by Investing Activities (1,393,526) (635,139) Net Provided (Used) by Investing Activities (1,393,526) (635,139) Net Provided (Used) by Investing Activities (1,172,813) (8,991,232) Reclassification of Assets in Progress (283,189) (111,334) CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT BEGINNING OF YEAR: 5,765,935 1,049,125	Adjustments to Reconcile Change in Net Assets to Net Cash	\$	1,079,709	\$	(241,609)
Decrease (Increase) in Restricted Cash - Construction Reserve 1,331,441 8,740,789 Decrease (Increase) in Due From Funding Sources (270,215) 81,885 Decrease (Increase) in Patient Accounts Receivable (1,096,985) (32,874) Decrease (Increase) in Accounts Receivable (10,101) 191,445 Decrease (Increase) in Other Receivables 10,101 191,445 Decrease (Increase) in Inventory 13,005 (5,897) Decrease (Increase) in Prepaid Expenses (181,286) 48,499 Decrease (Increase) in Restricted Cash - Fee and Expense Reserves 69,702 (68,814) Decrease (Increase) in Security Deposits 3,653 (1,071) Decrease (Increase) in Accounts Payable 339,373 33,891 Increase (Decrease) in Accrued Expenses 1,143,858 431,472 Increase (Decrease) in Accrued Payroll and Taxes (50,252) 320,859 Increase (Decrease) in Accrued Revenue 360,972 72,996 Increase (Decrease) in Deferred Revenue 360,972 72,906 Cash Provided By Operating Activities 1,015,834 9,014,524 Proceeds from Borrowings 779,000<	Contributed Property and Equipment		AL 21 SEC 10 10 10 10 10 10 10 10 10 10 10 10 10		168,053
Decrease (Increase) in Due From Funding Sources (270,215) 81,885 Decrease (Increase) in Patient Accounts Receivable 337,763 (669,387) Decrease (Increase) in Accounts Receivable (1,096,985) (32,874) Decrease (Increase) in Other Receivables 10,101 91,445 Decrease (Increase) in Inventory 13,005 (5,897) Decrease (Increase) in Prepaid Expenses 69,702 (68,814) Decrease (Increase) in Security Deposits 3,653 (1,071) Decrease (Increase) in Security Deposits 3,653 (1,071) Decrease (Increase) in Accounts Payable 333,373 33,891 Increase (Decrease) in Accrued Expenses 1,143,858 431,472 Increase (Decrease) in Accrued Payroll and Taxes (50,252) 320,859 Increase (Decrease) in Accrued Payroll and Taxes (50,252) 320,859 Increase (Decrease) in Deferred Revenue 1,105,834 9,014,524 Cash Provided By Operating Activities 1,168,495 8,940,968 CASH FLOWS FROM FINANCING ACTIVITIES: 729,000 Repayment of Long Term Debt (278,871) (153,931)	_				
Increase (Decrease) in Deferred Revenue 360,972 72,996 1,015,834 9,014,524 Cash Provided By Operating Activities 1,168,495 8,940,968 CASH FLOWS FROM FINANCING ACTIVITIES: Proceeds from Borrowings - 729,000 Repayment of Long Term Debt (278,871) (153,931) Net Provided (Used) by Financing Activities (278,871) 575,069 CASH FLOWS FROM INVESTING ACTIVITIES: Additions to Assets in Progress (213,817) (8,991,232) Reclassification of Assets in Progress 12,972,530 (636,139) Net Provided (Used) by Investing Activities (13,931,526) (636,139) Net Provided (Used) by Investing Activities (1,172,813) (9,627,371) NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS: (283,189) (111,334) CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT END OF YEAR: \$765,935 \$1,049,125 Supplemental Disclosure of Cash Flow Information Cash Paid for Interest \$521,337 \$469,933	Decrease (Increase) in Due From Funding Sources Decrease (Increase) in Patient Accounts Receivable - Net Decrease (Increase) in Accounts Receivable Decrease (Increase) in Other Receivables Decrease (Increase) in Inventory Decrease (Increase) in Prepaid Expenses Decrease (Increase) in Restricted Cash - Fee and Expense Reserves Decrease (Increase) in Security Deposits Decrease (Increase) in Other Assets Increase (Decrease) in Accounts Payable Increase (Decrease) in Accounted Expenses Increase (Decrease) in Accrued Expenses Increase (Decrease) in Accrued Payroll and Taxes		(270,215) 337,763 (1,096,985) 10,101 13,005 (181,286) 69,702 3,653 107,324 339,373 1,143,858 (50,252)		81,885 (669,387) (32,874) 91,445 (5,897) 48,499 (68,814) (1,071) - 33,891 431,472 320,859
Cash Provided By Operating Activities 1,015,834 9,014,524 CASH FLOWS FROM FINANCING ACTIVITIES: 729,000 Repayment of Long Term Debt (278,871) (153,931) Net Provided (Used) by Financing Activities (278,871) 575,069 CASH FLOWS FROM INVESTING ACTIVITIES: (213,817) (8,991,232) Additions to Assets in Progress (213,817) (8,991,232) Reclassification of Assets in Progress 12,972,530 - Additions to Property and Equipment (13,931,526) (636,139) Net Provided (Used) by Investing Activities (1,172,813) (9,627,371) NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS: (283,189) (111,334) CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT END OF YEAR: \$765,935 1,049,125 Supplemental Disclosure of Cash Flow Information \$521,337 \$469,933	Increase (Decrease) in Accrued Construction Payable Increase (Decrease) in Deferred Revenue				
Cash Provided By Operating Activities 1,168,495 8,940,968 CASH FLOWS FROM FINANCING ACTIVITIES: 729,000 Proceeds from Borrowings - 729,000 Repayment of Long Term Debt (278,871) (153,931) Net Provided (Used) by Financing Activities (278,871) 575,069 CASH FLOWS FROM INVESTING ACTIVITIES: 40ditions to Assets in Progress (213,817) (8,991,232) Reclassification of Assets in Progress 12,972,530 - Additions to Property and Equipment (13,931,526) (636,139) Net Provided (Used) by Investing Activities (1,172,813) (9,627,371) NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS: (283,189) (111,334) CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT END OF YEAR: \$ 765,935 \$ 1,049,125 Supplemental Disclosure of Cash Flow Information \$ 521,337 \$ 469,933	,	-			The second second second
Proceeds from Borrowings - 729,000 Repayment of Long Term Debt (278,871) (153,931) Net Provided (Used) by Financing Activities (278,871) 575,069 CASH FLOWS FROM INVESTING ACTIVITIES: Additions to Assets in Progress (213,817) (8,991,232) Reclassification of Assets in Progress 12,972,530 - Additions to Property and Equipment (13,931,526) (636,139) Net Provided (Used) by Investing Activities (1,172,813) (9,627,371) NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS: (283,189) (111,334) CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT END OF YEAR: \$ 765,935 1,049,125 Supplemental Disclosure of Cash Flow Information \$ 521,337 \$ 469,933	Cash Provided By Operating Activities				
CASH FLOWS FROM INVESTING ACTIVITIES: Additions to Assets in Progress (213,817) (8,991,232) Reclassification of Assets in Progress 12,972,530 (636,139) Additions to Property and Equipment (13,931,526) (636,139) Net Provided (Used) by Investing Activities (1,172,813) (9,627,371) NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS: (283,189) (111,334) CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT END OF YEAR: \$ 765,935 1,049,125 Supplemental Disclosure of Cash Flow Information \$ 521,337 \$ 469,933	Proceeds from Borrowings Repayment of Long Term Debt				729,000 (153,931)
CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT END OF YEAR: \$ 765,935 \$ 1,049,125 Supplemental Disclosure of Cash Flow Information Cash Paid for Interest \$ 521,337 \$ 469,933	Additions to Assets in Progress Reclassification of Assets in Progress Additions to Property and Equipment		(213,817) 12,972,530 (13,931,526)		(8,991,232) (636,139)
CASH AT BEGINNING OF YEAR: 1,049,125 1,160,460 CASH AT END OF YEAR: \$ 765,935 \$ 1,049,125 Supplemental Disclosure of Cash Flow Information Cash Paid for Interest \$ 521,337 \$ 469,933	NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS:		(283, 189)		(111,334)
CASH AT END OF YEAR: \$ 765,935 \$ 1,049,125 Supplemental Disclosure of Cash Flow Information \$ 521,337 \$ 469,933			1,049,125		
Supplemental Disclosure of Cash Flow Information Cash Paid for Interest \$ 521,337 \$ 469,933	CASH AT END OF YEAR:	\$		\$	
9 521,537 \$ 469,933	Supplemental Disclosure of Cash Flow Information				
Cash Paid for Taxes \$ - \$ -	-	\$_	521,337	\$	469,933
	Cash Paid for Taxes	\$		\$	

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2017

I. Summary of Auditor's Results			
Financial Statements			
Type of auditor's report issued: Ur	modified		
Internal control over financial repor • Are any material weaknesses	identified?	Yes	XNo
 Are any significant deficiencie Is any noncompliance materia 	s identified? If to the financial statements noted	? Yes	X None Reported
Noncompliance material to financia	al statements noted?	Yes	X_No
Federal Awards			
Internal control over major federal p Are any material weaknesses		Yes	X No
 considered to be material wear 	knesses?	Yes	X None Reported
Type of auditor's report issued on	compliance for major federal progra	ms: Unmodified	
Any audit finding disclosed that are	e required to be reported in	Yes	_X No
Identification of major federal progra	ams:		
CFDA#	Program N	lame	
93.527	Grants For New And Expanded Centers Program (Health Center		e Health
10.557	Supplemental Nutrition Program Children (WIC)	for Women, Infan	ts, and
Dollar threshold used to distinguish		ams:	\$750,000
Auditee qualified as a low-risk audi	tee?	XYes	No
II. Financial Statement Findings			
None			
III. Federal Awards Findings			
None			

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2017

I. SUMMARY OF AUDITOR'S RESULTS			
Financial Statements			
Type of auditor's report issued: Unmodified			
Internal control over financial reporting:			
 Material weakness(es) identified? 	Yes X No		
 Significant deficiency (ies) identified? 	Yes X None Repo	orted	
Noncompliance material to financial statements noted			
State Financial Assistance			
Internal control over major programs:			
Material weakness(es) identified?	Yes X No		
· Significant deficiency (les) identified?	Yes X None Repo	nted	
Type of auditor's report issued on compliance for major	r programs: Unmodified		
Any audit finding disclosed that are required to be	YesX_No		
The following schedule reflects the major progra	ms included in the audit:		
State Grantor And Program	State Core-CT Number	Exp	enditures
Office of Early Childhood			
School Readiness	11000-OEC64840-16274-83014	\$	363,359
Department of Mental Health and Addiction Servi	ces		,
Capital Improvements Bond Fund Grant Program	13019-MHA53000-41242		682,511
Department of Public Health			004,011
Vaccines - Noncash Assistance	12004-DPH48500-12563		45,321
Vaccines - Noncash Assistance	12004-DPH48500-90613		16,233
· Dollar threshold used to distinguish between type	A and type B programs:	\$	200,000
I. FINANCIAL STATEMENTS FINDINGS			
There were no current year financial statement findings			
II. STATE FINANCIAL ASSISTANCE FINDINGS AND	QUESTIONED COSTS		

There were no current year audit findings or questioned costs.