Connecticut Institute For Communities, Inc.

2015 - 2016 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, 2016

Health • Education • Housing • Economic Development

2015 - 2016 Annual Report

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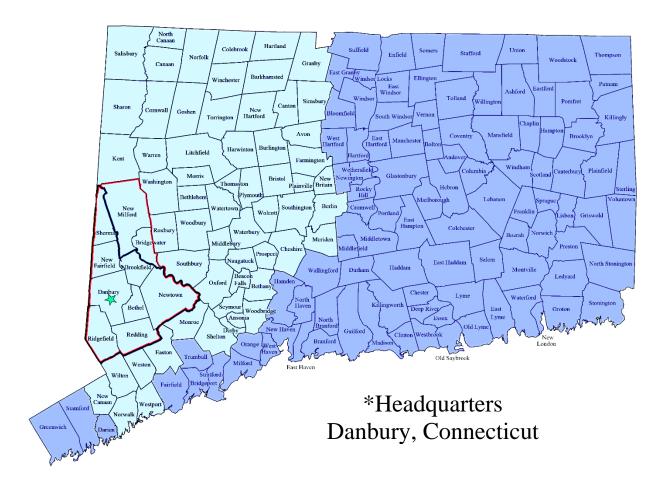




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MISSION STATEMENT

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.

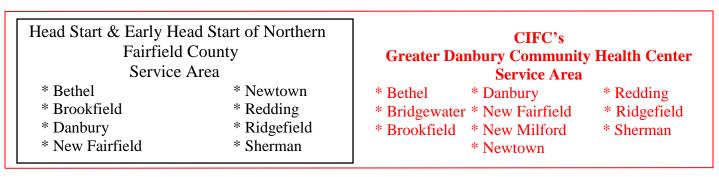


Our General Service Area:

The State of Connecticut

Our Primary Service Area:

Along & North of the Merritt, West of I-91



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DEDICATION

Our Annual Report for 2015 - 2016 is dedicated to our distinguished delegation of Federal elected officials who have time-and-time-again proven themselves to be vigorous and effective advocates for the health, education, housing and community development well-being and advancement of the families and communities we serve. We are deeply grateful to U.S. Senator Richard Blumenthal, U.S. Senator Christopher Murphy, Congresswoman Elizabeth Esty and Congressman Jim Himes for all they have done, and for their continued leadership, on issues of critical importance to the lives of the low and moderate income families of Western Connecticut.



U.S. Senator Richard Blumenthal (CT)



Congresswoman Elizabeth H. Esty (CT-5)



U.S. Senator Chris Murphy (CT)



Congressman Jim Himes (CT-4)



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 Street, 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, CIFC Director of Planning & Communications.

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LEADERSHIP'S ANNUAL REPORT

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

December, 2016



Hon. James H. Maloney, JD President & CEO

Dear Friends:

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 Street 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 –

- Pediatric and Adolescent Medical and Behavioral Health services:
- Internal (Adult) Medicine Department and Residency Program;
- Patient intake, enrollment, and insurance assistance;
- An on-site Phlebotomy (blood sample) suite;
- A full-service Pharmacy;
- Administrative offices for the Health Center; and
- 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 \$6,000,000, 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 \$4,000,000; private commercial mortgage financing was provided by Eastern Bank of Boston, MA, in participation with Union Savings Bank of Danbury, CT, totaling approximately \$6,000,000; and private investments through the Federal New Market Tax Credit (NMTC) program were provided in the net amount of approximately \$5,000,000, through three (3) NMTC investors –

- The Primary Care Development Corporation (PCDC) of New York, New York;
- The Massachusetts Housing Investment Corporation (MHIC) of Boston, MA; and
- 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 the month of December '16, CIFC relocated its administrative offices into the new building from their prior locations. Pediatric & Adolescent Health and Behavioral Health services and the Internal (Adult) Medicine Department and Residency Program will relocate to the new building in early '17. (At that point CIFC/GDCHC's facility at 70 Main Street – the former Danbury Hospital Seifert & Ford Clinic, now referred to as "GDCHC Health Center -- South" – will be dedicated primarily to Women's Health Services, Family Dentistry, and our cooperative Internal Medicine Residency Programs with Danbury Hospital).

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 sheparded the \$4,000,000 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.

As delighted as we are with the completion of our new building in downtown Danbury, we also note with pride that <u>every one</u> 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 encompassed the following:

- Beaver Street Apartments Cooperative, Inc.
- Danbury Armory Historic Preservation and Adaptive Reuse Project
- Danbury Main Street Health Center and CIFC Headquarter Building

• Greater Danbury Early Learning Programs:

- City of Danbury Head Start Center Project
- Danbury CIFC School Readiness Program
- o Early Head Start of Northern Fairfield County
- o Head Start of Northern Fairfield County Program

• Greater Danbury Community Health Center (GDCHC):

- Primary Care: Infant, Pediatric, Adolescent, Adult and Geriatric Medicine
- o Women's Health Center
- o Dental and Behavioral Health Care
- o GDCHC Teaching Health Center (ACGME Accredited)
- o GDCHC School-Based Health Centers:
 - Henry Abbott Technical High School (State of CT)
 - Danbury High School
 - Rogers Park Middle School (Danbury)
 - Broadview Middle School (Danbury)
 - Newtown Middle School
- o Regional Women, Infants & Children's Health & Nutrition Program (WIC)
- o SNAP (Supplemental Nutrition Assistance Program) Outreach Program
- o GDCHC Mobile Health Van

• Danbury Community Facilities Collaboration:

- Modernization of the equipment and facilities of the Danbury War Memorial building.
- The addition of 7 new pre-school classrooms in Danbury, to be located in the former "Danbury Cadillac/Oldsmobile" building at 29 Park Avenue.
- The purchase and re-opening of the former Danbury YMCA building as a comprehensive downtown **Danbury Community Center** to include a newly organized Boys and Girls Club of Danbury.
- **Elderly Housing Building** (80 +/- units for Seniors and Veterans in Danbury).
- Harambee Youth Center

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 Street, Danbury, CT



HISTORY AND OVERVIEW

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 <u>services</u>, but also takes on projects including <u>physical</u> development and/or rehabilitation.

<u>2003 – 2012</u>

Over the course of the past ten years, CIFC has 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 \$2,000,000 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. This past year, the Greater Danbury Community Health Center provided approximately 40,000 patient visits.
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.
In 2013, CIFC's Greater Danbury Community Health Center became certified as a <u>Level 3</u> 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 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.

<u>2013</u>

	Moreover, in September 2013, the new Danbury Head Start Center opened its doors in CityCenter 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.
	The organization of an additional CIFC affiliate corporation to hold title to our leasehold interest at the new Head Start Center, 37 Foster Street, Danbury.
	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.
<u>2014</u>	
	Expansion of our Health Center's outreach services in support of enrollments in the Federal Patient Protection and Affordable Care Act health initiative ("Obamacare").
	Successful integration of 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.
	Consolidation of the 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), within our Community Health Center, also with official recognition by the USD/HHS Health Resources and Services Administration.
	Further planning for the "Old Police Station Site" at 120 Main Street in Downtown Danbury (opposite St. Peter's R.C. Church), for the construction of both a new, comprehensive 36,000 +/- sq. ft. Health Center facility and a new multi-unit Elderly Housing Complex, including in 2013 the submission to the City of Danbury Planning Commission of revised site plan and permit applications for the <u>expansion</u> of the Elderly Housing building up to 79 units.

- □ 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.
- □ Successful turnover of 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.
- □ Significant physical renovations and improvements at the Beaver Street Apartments Cooperative resulting 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.

<u>2015</u>



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).

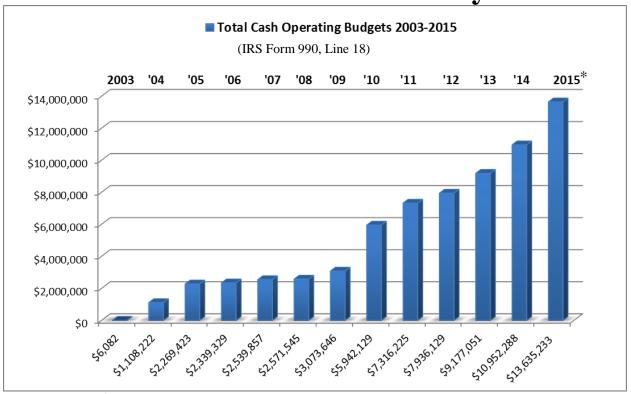
- Re-renewal of recognition by the National Committee for Quality of Assurance of Level 3 (the highest) Patient-Centered Medical Home standing of CIFC's Greater Danbury Community Health Center.
- Expansion of our innovative Primary Care Adult Medicine Residency Program (post-MD), supported by major funding from USD/HHS Health Resources and Services Administration, beyond our original component at our Greater Danbury Community Health Center in cooperation with Danbury Hospital, to include a second component at Griffin Hospital, Derby, CT.

- Receipt of funding from the State of Connecticut for a fifth (5th) CIFC/GDCHC School-Based Health Center (SBHC), to be located at the Middle School in Newtown, CT.
- Further development at 120 Main Street 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 \$4,000,000 state grant, and \$6,000,000 in mortgage funding.
- Significant progress, including Danbury Z.B.A. variance approval, towards the development of a seven classroom pre-school facility at 29 Park Avenue, near downtown Danbury.
- 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.
- 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% payoff of the Cooperative's mortgage, the first time in 40 years that the Cooperative has been entirely free of mortgage debt!
- Receipt of a commitment from the State of Connecticut of \$3,800,000 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 7 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.

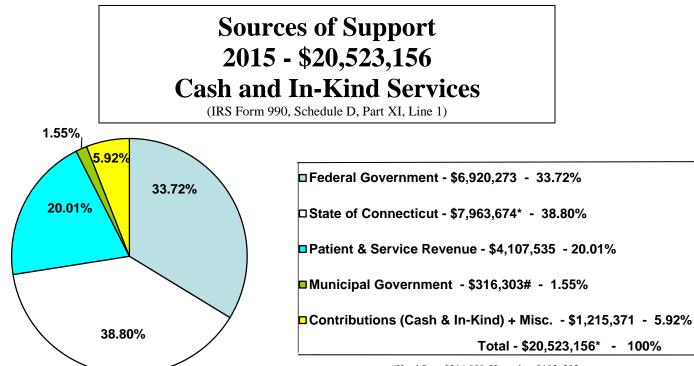
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CIFC Financial Summary



^{*} Does not include \$6,028,798 of one-time major State capital grants.



Financial Summary State & Federal Funds *(See also Audit Report)	2012 (Audited)	2013 (Audited)	2014 (Audited)	2015 (Audited)	2016 (As Proposed)
Head Start Federal Grant	1,826,964	1,781,139	1,761,611	1,921,158	1,849,487
Head Start COLA & Misc. Grants	127,519	N/A	104,682	(included above)	(included above)
Head Start State Grants	258,050	219,909	180,412	196,150	191,766
Early Head Start Federal Grant	832,043	861,110	831,638	920,016	920,017
USDA/CT-SDE Child and Adult Food Program	219,534	264,846	271,566	292,678	322,123
State School Readiness Program Grant	230,472	400,608	407,088	410,904	392,656

^{*}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

				d Start Program						
		2012/2		2013/2014 2014/2015						
		Head Start	Early Head Start	Head Start	Early Head Start	Head Start	Early Head Start			
Funded Enrollment		307	62	307	62	307	40			
Total Number Served	(actual)	423	72 – children 3 - adults	423	72 – children 3 - adults	389	40			
Families Served		398	72	398	72	370	40			
Average Monthly Enr	ollment	307	62	307	62	307	32			
Percent of Income Eligible Children	0-100% FPL	88%	82%	69%	88%	72%	90%			
Served, re: Federal Poverty Level (FPL)	100-130% FPL	5.3%	14%	21.3%	5.3%	20%	0%			
•	130%+FPL	6.7%	4%	9.7%	6.7%	8%	10%			
Percentage of Children with Medical Homes		403/423 = 95%	72/72 = 100%	403/423 = 95%	72/72 = 100%	384/389 = 99%	40/40 = 100%			
Percentage of Children of age) with Dental He	omes	405/423 = 95.7%	46/48 = 95.8%	405/423 = 95.7%	46/48 = 95.8%	384/389 = 99%	39/40 = 98%			
Percentage of Children <u>M</u> edical & <u>D</u> ental Exa	ams	M = 403/423 = 95% D = 405/423 = 96%	M = 72/72 = 100% D = 46/48 = 96%	M = 403/423 = 95% D = 405/423 = 96%	M = 72/72 = 100% D = 46/48 = 96%	M = 384/387 = 99% D = 384/389 = 99%	M = 39/40 = 98% D = 40/40 = 100%			
Percentage of Service Served		423/4446* = 9.5%	72/6670* = 1.1%	423/4446* = 9.5%	72/6670* = 1.1%	389/3972=10%	40/6067=1%			
Most recent Federal H	IS/EHS review		:	See Appendix B – 100	0% Compliance					
Most recent Federal A	udit	See Appendix C								
Services to Families/	Parent Involveme	ent Activities:								
 Emergency/ Intervention 		\checkmark	\checkmark	\checkmark	V	\checkmark	V			
Housing As:		V	V	√	V	√	√			
Mental Heal		√ ·	√ ·	√ √	√ ·	√	√ V			
• English as a Language (I	Second ESL Training)	√	V	V	V	√	√			
Adult Educa		√	V	V	V	√	V			
Job training		$\sqrt{}$	√	$\sqrt{}$	V	V	√			
	buse prevention	√	V	V	N/R	√	N/R			
Child abuse services	and neglect	√	V	V	V	√	V			
Domestic V	iolence Services	$\sqrt{}$	N/R	$\sqrt{}$	V	$\sqrt{}$	√			
 Child Suppo 	ort assistance	V	N/R	√	N/R	N/R	V			
Health Educ		V	√	√	V	√	√			
	o Families of Individuals	$\sqrt{}$	N/R	√	V	V	N/R			
Parenting E		$\sqrt{}$	√	√	V	√	√			
Marriage Ed		√ /	N/R	N/R	V	N/R	√ /			
Center Meet		√ ./	√ ./	N	V	√ ./	√ 			
	cil Meetings	√ 1	√ √	√ √	√ √	√ √	√ √			
HS/EHS HoFamily Nigh		√ √	N 3/	N N	V V	N al	N N			
	Kindergarten	√ √	N/A	√	N/A	√ √	N/A			
Transition to Kinderga	arten	161 (100% of children of kindergarten age)	N/A	257 (100% of children of kindergarten age)	N/A	258 (100% of children of kindergarten age)	N/A			

 $\begin{array}{c|c} & \text{age} \\ \hline (N/R = Available \ but \ Not \ Requested) & *2012 \ Census \\ \end{array}$

(Source: Annual PIR Reports)

Head Start and Early Head Start Detailed Finances 2013 (Actual)

	Head Start				Early Head Start							
	-		Sta	te/Local		_	•		Sta	te/Local	•	_
Item	Fed	leral	Sha	are	Tot	al	Fee	deral	Sh	are	To	tal
Personnel	\$	760,387	\$	-	\$	760,387	\$	670,976	\$	-	\$	670,976
Fringe												_
Benefits	\$	208,689	\$	-	\$	208,689	\$	124,927	\$	-	\$	124,927
Equipment	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Supplies	\$	48,904	\$	-	\$	48,904	\$	32,940	\$	-	\$	32,940
Contractual	\$	469,135	\$	282,706	\$	751,841	\$	9,406	\$	59,800	\$	69,206
Other	\$	182,946	\$	538,679	\$	721,625	\$	33,017	\$	167,324	\$	200,341
Move-In	\$	19,528	\$	-	\$	19,528	\$	29,472	\$	-	\$	29,472
T&TA	\$	29,893	\$	-	\$	29,893	\$	22,029	\$	-	\$	22,029
TOTAL	\$	1,719,482	\$	821,385	\$ 2	2,540,867	\$	922,767	\$	227,124	\$	1,149,891

Total Federal: \$ 2,642,249 71.6%

Total State/Local

Share: \$1,048,509 28.4% <u>USDA: \$288,776</u>

Combined Total: \$ 3,690,758 100%

2014 (Actual)

		Head Start		Early Head Start			
		State/Local			State/Local		
Item	Federal	Share	Total	Federal	Share	Total	
Personnel	\$ 1,101,790	\$ 446,877	\$ 1,548,667	\$ 545,380	\$ -	\$ 545,380	
Fringe							
Benefits	\$ 258,742	\$ 127,648	\$ 386,390	\$ 136,345	\$ -	\$ 136,345	
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Supplies	\$ 105,645	\$ 50,666	\$ 156,311	\$ 78,400	\$ -	\$ 78,400	
Contractual	\$ 55,135	\$ 350	\$ 55,485	\$ 10,540	\$ -	\$ 10,540	
Other	\$ 210,535	\$ 243,361	\$ 453,896	\$ 38,815	\$ 86,401	\$ 125,216	
T&TA	\$ 29,764	\$ -	\$ 29,764	\$ 22,158	\$ -	\$ 22,158	
TOTAL	\$ 1,761,611	\$ 868,902	\$ 2,630,513	\$ 831,638	\$ 86,401	\$ 918,039	

Base Federal: \$ 2,593,249 73.9%

Federal Supplemental Grants (COLA & Restoration, net

for 2014): \$104,682 Federal Total \$2,697,931

Total State/Local

Share: \$ 955,303 26.1% <u>USDA: \$271,566</u>

2015 (Actual)

	Head Start			Early Head Start			
		State/Local			State/Local		
Item	Federal	Share	Total	Federal	Share	Total	
Personnel	\$ 1,242,442	\$ 502,648	\$ 1,745,090	\$ 646,483	\$ 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	\$ 1,849,487	\$ 815,920	\$ 2,908,768	\$ 991,687	\$ 167,579	\$ 1,159,266	

Total Federal: \$2,841,174 <u>69.8%</u> Federal

Total State/Local

Share: \$1,226,860 <u>30.2%</u> Non-Federal <u>USDA: \$292,678</u>

Combined Total: \$4,068,034 100%

2016 (As Proposed)

	Head Start			Early Head Start			
		State/Local			State/Local		
Item	Federal	Share	Total	Federal	Share Total		
Personnel	\$ 1,169,057	\$ 501,372	\$ 1,670,429	\$ 627,841	\$ - \$ 627,841	Ĺ	
Fringe Benefits	\$ 268,883	\$ 115,315	\$ 384,198	\$ 77,940	\$ - \$ 77,940)	
Equipment	\$ -	\$ -	\$ -	\$ -	\$ - \$ -		
Supplies	\$ 131,879	\$ 41,250	\$ 173,129	\$ 110,654	\$ - \$ 110,654	ļ	
Contractual	\$ 44,553	\$ -	\$ 44,553	\$ 16,559	\$ - \$ 16,559)	
Other	\$ 205,351	\$ 448,294	\$ 653,645	\$ 64,865	\$ 53,730 \$ 118,595	5	
T&TA	\$ 29,764	\$ -	\$ 29,764	\$ 22,158	\$ - \$ 22,158	3	
TOTAL	\$ 1,849,487	\$ 1,106,231	\$ 2,955,718	\$ 920,017	\$ 53,730 \$ 973,747	,	

\$1,159,961

USDA: \$322,123

Base Federal:

Plus \$ 2,769,504

Federal Supplemental Grants

(COLA & Misc.) \$ 48,916 <u>70.8%</u> Federal

Federal Total: \$ 2,818,420 \quad \text{29.2\%} \quad \text{Non-Federal}

Total State/Local

Share: \$ 1,159,961 100%

Combined Total: \$ 3,978,381

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 2 times a year, and has frequent informal (often daily) contact with parents. In addition, the classroom teachers meet with parents at least 4 times a year (full year program) and at least 4 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

Summary Statistical Report

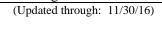
ITEM	2012	2013	2014	2015	2015 State
	Results	Results	Results	Results	Averages
Patient Profile					
Total Patients	5,382	5,997	7,348	7,150	N/A
Medical Patients	5,382	5,997	7,348	7,150	N/A
% Patients < 200% FPL	51%	62%	48%	69%	94%
% income unknown	18%	15%	33%	28%	17%
% Medicaid	36%	39%	47%	49%	63%
% Uninsured	16%	13%	10%	8%	13%
% White ¹	63%	61%	55%	66%	58%
% African American	6%	6%	7%	7%	25%
% Hispanic	27%	31%	36%	42%	47%
Migrant patients	0	0	0	0	N/A
Homeless patients	2	3	2	5	N/A
Quality of Care					
Routine and Preventative					
% women with pap tests	34%	58%	69%	61%	61%
% children immunized	60%	71%	93%	89%	89%
Continuity of care (medical visits per patient) ²	3.66	3.42	3.13	3.04	3.40
Chronic Care					
Hypertensive adults (18-75) as % of adult medical pts.	52%	23%	28%	32.5%	24.25%
% Controlled Hypertension	69%	79%	75%	74%	67%
Efficiency					
Total Visits	19,732	20,627	25,226	25,004	N/A
Medical Visits ³	19,732	20,516	23,016	21,765	N/A
Direct medical staff support ratio	.96	.79	1.5	0.63	1.81
Admin. support staff ratio	4.29	.98	1.49	0.77	2.80
Financial Viability					
Avg. charge per patient	505.96	554.99	549.27	586.66	907.03
Avg. charge per billable visit	148	161	160	167	217
Avg. collection per visit	109	124	123	123	149
Ratio Charge to Cost ⁴	0.74	0.77	0.76	0.60	1.19

White, African American and Hispanic patients (self-identified) are calculated as percent of known.
 Excludes nursing visits.
 Excludes nursing visits.
 Excludes lab and x-ray costs.

OUR DEDICATED BOARD OF DIRECTORS

Dr. Francis J	Dr. Francis J. Muska, Ph.D					
Board Chair & Director						
Shern	nan, CT					
Professor, Western Cor	nnecticut State University					
Ms. Ellen Bell, JD	Mr. Richard Molinaro					
Corporate Secretary & Director	Board Vice-Chair & Director					
Danbury, CT	Danbury, CT					
Attorney in Private Practice; Consumer Representative	Educator; Consumer Representative					
Mr. Alan Clavette, CPA	Professor Charles A. Mullaney, JD					
Director	Board Treasurer & Director					
Newtown, CT	Redding, CT					
Certified Public Accountant	Attorney; WCSU Faculty					
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. Kathleen Senior, MA					
Director	Director					
Danbury, CT	New Milford, CT					
Attorney	Early Childhood Educator					
Ms. Hileny Guridy	Mr. Jeffrey Zakrewski, MA					
Director	Assistant Treasurer & Director					
Danbury, CT	Southbury, CT					
Consumer Representative	Retired Director, Southbury Training School					
	Recreation Program					

(Affiliations listed for identification only)





CIFC: Strengthening Families; Building Communities"

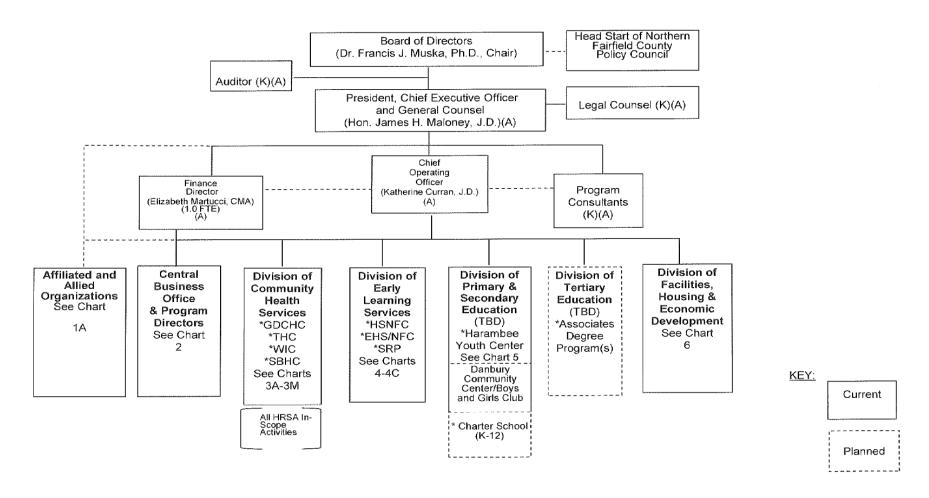
With intermediate updates through: 6/25/2016 (F)

(F)

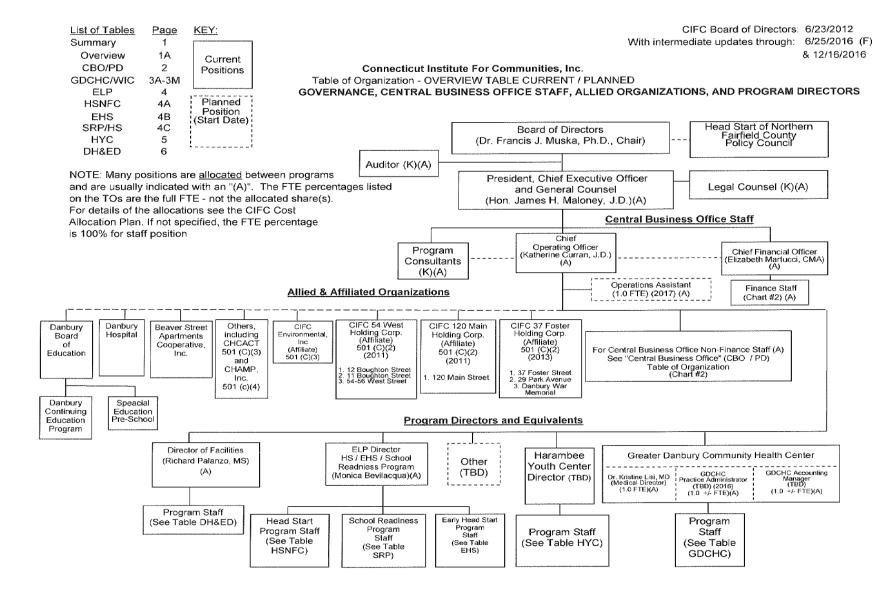
& 12/16/2016

Connecticut Institute For Communities, Inc. SUMMARY

Table of Organization - CURRENT / PLANNED



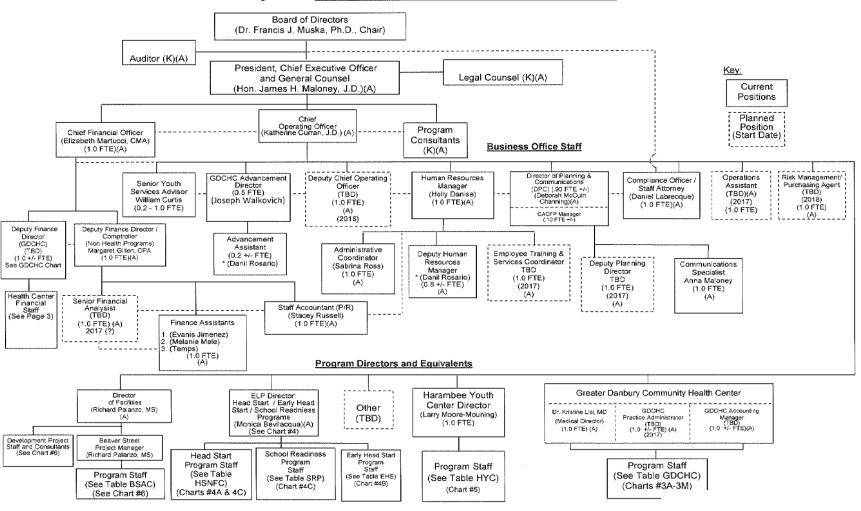
22



CIFC Board of Directors: 9/26/2012
With intermediate updates through: 6/25/2016 (F) & 12/16/2016

Connecticut Institute For Communities, Inc.

Table of Organization - CENTRAL BUSINESS OFFICE STAFF AND PROGRAM DIRECTORS



LEADERSHIP STAFF

120 Main S Danbury,	ness Office Staff treet, 4 th Floor CT 06810 ~ Fax: (203) 743-3411	CIFC Greater Danbury Community Health Center 120 Main Street, Danbury, CT 06810 Pediatrics Tel: (203) 794-0761 Pediatrics Fax: (203) 731-5399 Internal Medicine Tel: (203) 743-0100 Internal Medicine Fax: (203) 794-1851			
James H. Maloney, J.D. President & CEO	Katie M. Curran, J.D. Chief Operating Officer	Dr. Kristine Lisi, MD Medical Director/Chief of Internal Medicine	Diana Trumbley, CPA Practice Administrator		
Deborah McCuin-Channing, MA Dir. Planning & Communications	Elizabeth Martucci, CMA Chief Financial Officer	Dr. Thomas F. Draper, MD, MPH Chief of Community Medicine	Dr. Asha Marhatta, MD, MPH Residency Program Director		
William Curtis Senior Youth Advisor	Richard Palanzo, MSA Director of Facilities	Dr. Amy Handler, MD Chief of Pediatrics	Dr. Shivayogi Magavi, MD Senior Physician Adult Medicine		
Holly Danise Human Resources & Operations Manager	Sabrina Ross Administrative Coordinator	Dr. Allen Hindin, DDS Chief of Dental Services (A-I)	Dr. Gerard Foye Chief of Women's Health Services (A-I)		
Margaret Gillen, CPA Deputy Finance Dir./Controller	Danil Rosario Communications, Advancement & Operations Assistant	Dr. Joan Draper, MD Ophthalmology Project Manager	Dr. Kathleen Mauks, MD Senior Physician Adult/Geriatric Medicine		
Daniel Labrecque, JD Staff Attorney/ Compliance Officer	Joseph Walkovich GDCHC Director of Advancement	Dr. Nimi Magavi, MD Senior Physician Adult Medicine	Dr. Youness Yavari, MD Residency Program Assoc. Dir.		
Stacey Russell Payroll Accountant	Melanie Mele Accounts Payable Assistant	Grace Scire, JD Residency Program Manager	Carla Fontes Site Operations Manager		
Evanis Jimenez Finance Assistant	Danil Rosario Communications, Advancement & Operations Assistant	Sandra Heinemeyer, RN Adult Medicine Department Manager	Annabella Rodrigues, RN Women's Health Department Manager		
80 Ma	n's Nutrition Program (WIC) uin Street , CT 06810 Fax: (203) 917-3567	Matilda Vallahu Billing Manager	Deborah Henriques, RN Pediatric Adolescent Medicine Lead Department Manager		
Patricia Mascoli, MS, CDN, CLC WIC Program Manager	AnnMarie Evans, BS, CLC Lead Nutritionist	Early Head Start of Northern Fairfield County Management Staff Head Start of Northern Fairfield County Management Staff School Readiness Program Management Staff 37 Foster Street, Danbury, CT 06810 Tel: (203) 743-3993 ~ Fax: (203) 792-9387			
Danbury High School, Clapboard	alth Center Program d Ridge Road, Danbury, CT 06810 , Hayestown Ave., Danbury, CT 06811	Monica Bevilacqua EHS/HS/ SRP Program Director	Jessica Watson, MS Senior Education Manager		
Rogers Park Middle School, Me Broadview Middle School, Hos	morial Drive, Danbury, CT 06810 pital Avenue, Danbury, CT 06810 een Street, Newtown, CT 06470	Robin Scott, MAT Education Manager	Nancy Damici, RN Health & Nutrition Manager		
Melanie Bonjour SBHC Program Manager	Dr. Robert Golenbock, MD SBHC Medical Director	Sarah Geary, MSW Social Services Manager	Sondra Cherney Education Services Asst. Manager		
Beaver Street Apartmer 1B Meehan Place,	ces Program Staff tts Cooperative, Site Office Danbury, CT 06810 ~ Fax: (203) 794-0012	Cristiana Ginsberg, MEd Mental Health & Disabilities Mgr.	Richard "Kevin" Holmes, MA Mental Wellness Services Manager		
David Martin Sr. Resident Relations Specialist	Leonard Romaniello Resident Relations/Facilities Specialist	Harambee Yout 54 West Street, Danbu Tel: (203) 748-0230 ~ F	ury, CT 06810		
Joselyn Milan Resident Relations Specialist	Anthony Vines Maintenance Specialist	Larry Moore-N Program Dir			

Updated through 10/31/16



OUR PROFESSIONAL ADVISORS

Attorneys

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

Cramer & Anderson, LLC.
Ted D. Baker, Esq.
51 Main Street
New Milford, CT 06776
Kim Nolan, Esq.
30 Main Street, Suite 303
Danbury, CT 06810

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

Carmody & Torrance, PC 50 Leavenworth Street Waterbury, CT 06721-1110

Studio Q Architecture Ron Quicquaro 301 Highland Avenue Waterbury, CT 06708 Architects
Quisenberry Arcari Architects
Thomas Arcari
318 Main Street
Farmington, CT 06032

O'Riordan & Migani Architects
Joseph Migani
26 Bank Street
Seymour, CT 06483

Auditors

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

Government Relations

Joseph Walkovich Richard Foley

Health Care Planning

Kenneth Dym John Steiner

John Snow, Inc. 44 Farnsworth Street Boston, MA 02210 Urban Initiatives, LLC
Elizabeth B. Rosenbaum
PO Box 8223
440 Main Street
Suite 717
Stamford, CT 06905



CIFC AWARDS -- ROLL OF HONOR

CIFC Distinguish Service Award

- 2013 Dr. Uwe C. Koepke, MD, PhD. GDCHC Medical Director 2009 – 2011
- 2013 Dr. Thomas F. Draper, MD, MPH GDCHC Medical Director 2011 – 2013
- 2014 Michael P. Ryer Board Member 2005 – 2013 Board Treasurer 2012 – 2013 (Memorial Citation)
- 2016 Atty. Steven F. Mount, JD Patton Boggs USA

CIFC Colleague of The Year

- 2003 Monica Marketto Bevilacqua, Operations Manager
- 2008 Stacey Russell Staff Accountant
- 2008 Holly Danise, HR & Operations Manager
- 2010 Sabrina Ross Administrative Coordinator
- 2011 Deb McCuin-Channing, MA
 Director of Planning &
 Communications
- 2012 Bruce Svendsen, CPA Finance Director
- 2013 Katie Curran, J.D. Staff Attorney/Compliance Officer
- 2014 Joe Walkovich Director of Advancement
- 2015 Melanie Bonjour SBHC Program Manager
- 2016 Daniel Labrecque, JD Staff Attorney/Compliance Officer



BSAC Colleague of the Year

- 2014 Joselyn Cotillo Tenant Relations Specialist
- 2014 Leonard Romaniello Resident Relations Facilities Specialist
- 2015 Anthony Vines Facilities Specialist

SBHC Colleague of the Year

- 2014 Jacqueline George NMS SBHC Program Assistant
- 2015 Nancy Munn, APRN Rogers Park MS SBHC
- 2016 Clare Nespoli, APRN Newtown SBHC

WIC Colleague of the Year

- 2014 Josephine Phillips Program Assistant
- 2015 Ruby Vasquez Program Assistant
- 2016 Aminata Lashley Program Assistant

Community Leadership Awards

- 2004 Hon. Mark D. Boughton, Mayor of Danbury
- 2005 State Senator David Capiello (24th District)
- 2006 State Representative Robert Godfrey (110th District)
- 2007 State Representative Jason Bartlett (2nd District)
- 2008 Hon. Christopher Murphy Member of Congress (CT-5)
- 2009 Hon. Christopher Donovan Speaker of the Connecticut House of Representatives
- 2010 Hon. Norma Gyle, R.N., PhD
 Deputy Commissioner
 CT Department of Public Health
- 2011 State Representative Joseph Taborsak (109th District)
- 2012 Hon. Dannel P. Malloy, Esq.Governor of the State of Connecticut
- 2012 Danbury Board of Education Member Mr. Richard Janelli
- 2013 Dr. Sal Pascarella, EdD Superintendent, Danbury Public Schools
- 2014 Mr. Thomas Saadi, JD Democratic Council Leader Danbury City Council
- 2015 Mr. Paul Rotello Danbury City Council Member
- 2016 Thomas R. Einhorn, Principal Newtown Middle School
- 2016 Hon. Patricia Llodra Newtown First Selectwoman

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

Health Center Colleague of the Year

2016 - Dr. Christopher Yambay, MD Adult Medicine

		Forly (Childhood Teacher of the Year	<u>Healtl</u>	Center Colleague of the Year
<u>Early L</u>	earning Colleague of the Year	<u>Early (</u>	Ciliumood Teacher of the Tear	• • • •	
		2007-	Dee Strobel	2010 -	
2004 -	Patricia Keith Johnson,	2007-	Teacher of the Year, HSNFC		Clinical Coordinator
	Community Services Manager		reacher of the rear, HSNFC		
		2000	01: ' D 1	2011 -	
2005 -	Nancy Crain,	2008 -	Olivia Dovale,		Medical Assistant
	Family Advocate		Teacher of the Year, HSNFC		
		• • • •		2012 -	±
2006 -	Claudia Schoen, L.P.N.	2009 -	Melinda Perrerira		Front Desk Specialist (Peds.)
	Health Services Manager		Teacher of the Year, HSNFC		
				2013 -	Ines Avila
2009 -	Kara Watson-Wanzer	2010 -			Front Desk Specialist (IM)
	Education Manager		Teacher of the Year, HSNFC		•
	Č			2014 -	Denise Kentala
2010 -	Tara Willis	2011 -	Ananya Ghorai		
	Deputy Education Svcs. Mgr.		Teacher of the Year, HSNFC	2015 -	Elizabeth Rodriguez
					Billing Specialist
2011 -	Jessica Watson	2012 -	Louise Lamana		8 ~F
_011	EHS Program Manager		Teacher of the Year, HSNFC	2016 -	Yesmin Reynoso
	2115 1 Togram Manager			2010	Medical Assistant
2013 -	Sondra Cherney	2012 -	T'Arica Perkins		Woodean Assistant
2013	Education Services Asst. Mgr.		Teacher of the Year, EHS		
	Education Services Asst. Wgr.			Health	Center Clinician of the Year
2014	N D '' DN	2013 -	Lisa Dempsey		
2014 -	Nancy Damici, RN		Teacher of the Year, HSNFC	2011 -	Dr. Nimi Magavi, MD
	Health & Nutrition Manager		,		Internal Medicine
		2014 –	Gylshen Capri		
2015 -	Richard Maimone	2011	Teacher of the Year, HSNFC	2012 -	Susan Hartmann, APRN
	Family Advocate		reaction of the real, risk in		Family Medicine
		2015 -	Valerie Kuzia		1 mining 1/100101110
2016 -	Sarah Geary, MSW	2013 -	Pre-School PD/PY Teacher	2013 -	Emilie Mauks-Koepke, PA
	Social Services Manager		Tie-School I D/I I Teacher	2013	Family Medicine
		2016 -	Kimberly Burnside		Talling Wedleric
		2010 -	Teacher, HSNFC	2014 -	Dr. Christine Metz, MD
			reacher, HSINFC	2014 -	Chief of Adult Medicine
					Cinci of Adult Medicille
				2015 -	Dr. Amy Handler, MD
				2013 -	Chief of Pediatrics
					Chief of Fedianics



Connecticut Institute For Communities, Inc. would like to again thank our 2016 Community Contributors

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Special Funds

Hines - Hanahoe Pediatric Fund

Susan Guerrero Memorial Fund

Maloney - Draper Family Fund

Boehringer Ingelheim Care for Kids Fund

Michael J. Ryer Memorial Head Start Fund

APPENDIX A:

CURRENT PROJECTS and SERVICES SUMMARY

Greater Danbury Community Health Center (GDCHC):

The Greater Danbury Community Health Center offers a comprehensive range of primary care, including medical, dental and mental health services, on a sliding fee basis, to people of all ages: infants, children, adolescents, adults and seniors, especially those who are medically underserved. Our mission is to ensure affordable, accessible, comprehensive, high quality health care to the residents of the Greater Danbury area, regardless of their ability to pay or their insurance status. GDCHC is certified by the National Association for Quality Assurance as a Level III (the highest) Patient Center Medical Home.

• GDCHC Teaching Health Center:

As accredited by the national Accreditation Council for Graduate Medical Education (ACGME), GDCHC sponsors an innovative Residency Program (post-MD) in Primary Care Adult Medicine. Starting in July 2013, we began working with Residents (post-MD physicians) looking to specialize in community-based Internal Medicine Primary Care. GDCHC is the only Teaching Health Center in the State of Connecticut. We currently have twenty-nine (29) Residents enrolled in our program.

- Since 2012 the Regional Women and Infant Children Health & Nutrition Program (WIC) has been sponsored by the Connecticut Institute For Communities, Inc. WIC serves residents in the City of Danbury, Bethel, Bridgewater, Brookfield, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sherman, and Washington, providing nutrition assessment and health education, breastfeeding promotion and support, and food benefits for low-income (below 185% of the federal poverty level) women, infants and children up to the age of five, as well as referrals for physical health, dental and social services for infants, preschoolers and their parents. WIC currently serves annually approximately 2,500 low-income children and parents throughout the greater Danbury region.
- In 2012, the Greater Danbury Community Health Center (GDCHC) opened a satellite health center at **Henry Abbott Technical High School.** GDCHC medical and behavioral health staff provide primary health care services to students at HATS. As a result, students do not have to miss school or classes because they need medical care; and parents do not have to miss work.
- In 2013 we expanded our **School Based Health Center (SBHC)** work by consolidating under our auspices the Danbury SBHC's at Danbury High School and the two Danbury Middle Schools (Broadview and Rogers Park).
- In early 2015, we opened a new **SBHC** at **Newtown Middle School**, in Newtown, Connecticut, serving the school children of Newtown and Sandy Hook, CT.

CIFC offers three Early Learning programs:

Head Start of Northern Fairfield County (for children ages 3-5); Early Head Start of Northern Fairfield County (for children ages 6 weeks to age 3); and School Readiness (full-day, also for children ages 3 to 5)

- Head Start of Northern Fairfield County provides comprehensive pre-school education and childcare for low-income children ages 3 to 5 in full- and part-day classrooms in the City of Danbury. The program includes health, nutrition, disability, social, mental health, parent involvement and education services. Head Start helps families access other community services that offer adult education and career development, ESL courses, family counseling, primary health care, and employment search assistance. Family Nights and Center Meetings are offered every month on alternate months. Head Start serves more than 300 children and their families each year (at least 90% low-income, and at least 10% with developmental disabilities).
- Early Head Start serves 40 low-income infants, toddlers and pregnant women by providing continuous, intensive and comprehensive early childhood development and family support assistance through center-based services aimed at strengthening children's educational foundation and parents' self-sufficiency.
- **School Readiness Program:** Funded through the Connecticut Department of Education, CIFC's School Readiness program provides fulltime, year-round early childhood care and education to 44 Danbury children ages three and four.
- **Danbury Head Start Center (HSC):** In collaboration with the City of Danbury, CIFC has completed the development of a national model state-of-the-art 16 classroom Head Start Center in CityCenter Danbury to better serve our Head Start Families, including <u>Early</u> Head Start programming for children age 6 weeks through 2 years.

Beaver Street Apartments Cooperative (BSAC): BSAC is a 70-unit low-income housing cooperative located in downtown Danbury serving approximately 300 residents, for which CIFC serves as the Managing Agent, and for which CIFC has been conducting a 10 year program of managerial and physical revitalization at the Cooperative.

Danbury Community Facilities Collaboration:

- Modernization of the equipment and facilities of the Danbury War Memorial building;
- The addition of 7 new pre-school classrooms in Danbury, to be located in the former "Danbury Cadillac/Oldsmobile" facility at 29 Park Avenue; and
- The purchase and re-opening of the former Danbury YMCA building as a comprehensive downtown Danbury Community Center to include a newly organized Boys and Girls Club in Danbury.

Harambee Center for Youth and Community Services: Since 1965, the Harambee Center's mission has been to assist, support, and mentor children in the greater Danbury area in order to encourage them in the pursuit of their personal and educational goals. Harambee's special focus is on low-income, minority (especially African-American and Latino) adolescents, with more than 150 participants each year.

Danbury Armory Project: In 2011, CIFC accepted title to the Danbury Armory from the State of Connecticut through the City of Danbury. CIFC has begun the initial steps to qualify the Armory for Historic Preservation Rehabilitation Tax Credits, which will ensure the preservation of a unique, historic building in downtown Danbury, currently in service as a facility for the Harambee Youth Center.

Health Center Building & Senior Housing Complex: Working in conjunction with Mayor Mark Boughton and several local partners, including Union Savings Bank and other local businesses, CIFC has been undertaking a comprehensive community re-development project at the site of the former Danbury police station which will be the location of the new facilities of CIFC's Greater Danbury Community Health Center (with construction very near completion as this report went to press) and an affordable, mixed-income 79 unit housing complex for senior citizens and senior Veterans. (See also the "Dedication" announcement at pages 3 and 4 of this Report).



Appendix B:



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 <u>substantially above</u> 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 Suitiding, 1250 Maryland Ave, SW, Washington DC 20024 | collectors actinhs.gov

To: Board Chairperson

Dr. Francis Musica
Board Chairperson
Connecticut Institute for Communities, Inc.
7 Old Sherman Turnpike, Suite 212
Danbury, CT 06810

From: Responsible HHS Official

Ms. Ann Linehan 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 32

Funded Enrollment EHS:

36



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 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, 2015 and 2014, 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, 2015 and 2014, 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 May 24, 2016 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 May 24, 2016

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2015 AND 2014

ASSETS				
		2015		2014
CURRENT ASSETS: Cash and Cash Equivalents	\$	1,160,460	\$	665,702
Restricted Cash - Construction Reserve		10,163,707		•
Due From Funding Sources		446,880		883,095
Patient Accounts Receivable - Net		261,915		110,731
Accounts Receivable		-		4,327
Other Receivables		109,954		154,090
Inventory		31,875		11,710
Prepaid Expenses Total Current Assets	_	102,759		79,897
Total Current Assets		12,277,550		1,909,552
PROPERTY AND EQUIPMENT:				
Property and Equipment		2,456,749		2,437,705
Assets in Progress		7,069,693		734,626
Less Accumulated Depreciation		(504,992)	_	(420,829)
Net Property and Equipment		9,021,450		2,751,502
OTHER ASSETS:				
Long-Term Notes Receivable		9,671,930		
Restricted Cash - Fee and Expense Reserves		727,759		_
Security Deposits		21,667		18,941
Other Assets		107,324		-
Total Other Assets		10,528,680		18,941
Total Assets	\$	31,827,680	\$	4,679,995
LIABILITIES AND NET ASSE	тѕ			
CURRENT LIABILITIES:				
Accounts Payable	\$	635,462	\$	1,092,464
Accrued Expenses	•	278,137	•	135,905
Accrued Payroll and Taxes		417,509		367,024
Accrued Construction Payable		1,264,857		-
Deferred Revenue		299,274		89,253
Line of Credit				•
Current Maturity of Long-Term Debt		149,878		180,444
Total Current Liabilities	-	3,045,117		1,865,090
Long-Term Debt		20,555,110		879,833
NET ASSETS:				
Unrestricted		7,774,992		1,568,887
Temporarily Restricted		452,461		366,185
Permanently Restricted		-,		-
Total Net Assets		8,227,453		1,935,072
Total Liabilities and Net Assets	\$	31,827,680	\$	4,679,995
			_	, ,,

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2015

		Temporarily	Permanently	
	Unrestricted	Restricted	Restricted	Total
OPERATING REVENUE AND SUPPORT:				
Grants from Government Sources	\$ 15,365,624	\$ -	\$ -	\$ 15,365,624
Patient Service Revenue - Net	3,304,770	_	-	3,304,770
Contributions	742,508	37,848	-	780,356
Program Service Revenue	640,702	162,063	_	802,765
Interest Income	68,615	2	-	68,617
Developer's Fee	201,024	-		201,024
Miscellaneous Income	· ·	-	-	
Total Operating Revenue & Support Before				
Net Assets Released From Restrictions	20,323,243	199,913	-	20,523,156
Net Assets Released From Restrictions	113,637	(113,637)	•	
Total Revenue and Support	20,436,880	86,276	423	20,523,156
OPERATING EXPENSES:				
Program Services				
Early Childhood Education	4,052,398		_	4,052,398
Health Services	7,807,342	-	_	7,807,342
Nutrition Services	288,921	_	_	288,921
Building & Grounds	68,396		_	68,396
Other Programs	356,590		_	356,590
Total Program Services	12,573,647			12,573,647
Supporting Services				
General & Administrative	1,657,128	-	_	1,657,128
Total Supporting Services	1,657,128	•	-	1,657,128
Total Operating Expenses	14,230,775		-	14,230,775
CHANGE IN NET ASSETS:	6,206,105	86,276		6,292,381
Net Assets, Beginning	1,568,887	366,185		1,935,072
Net Assets, Ending	\$ 7,774,992	\$ 452,461	\$ -	\$ 8,227,453

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
OPERATING REVENUE AND SUPPORT:				
Grants from Government Sources	\$ 7,796,366	s -	\$ -	\$ 7,796,366
Patient Service Revenue - Net	3,074,815	_	14	3,074,815
Contributions	554,418	29,540	1.5	583.958
Program Service Revenue	394,387	161,269		555,656
Interest Income	56	· -	-	56
Miscellaneous Income	199	1	-	200
Total Operating Revenue & Support Before				
Net Assets Released From Restrictions	11,820,241	190,810		12,011,051
Net Assets Released From Restrictions	97,328	(97,328)		
Total Revenue and Support	11,917,569	93,482	-	12,011,051
OPERATING EXPENSES:				
Program Services				
Early Childhood Education	3,482,881			3,482,881
Health Services	6,080,017			6,080,017
Nutrition Services	286,465	-	-	286,465
Building & Grounds	12,173	-	-	12,173
Other Programs	111,495		-	111,495
Total Program Services	9,973,031	-	•	9,973,031
Supporting Services				
General & Administrative	1,317,206	-	-	1,317,206
Total Supporting Services	1,317,206	-	>=	1,317,206
Total Operating Expenses	11,290,237	•	-	11,290,237
CHANGE IN NET ASSETS:	627,332	93,482	-	720,814
Net Assets, Beginning	941,555	272,703	-	1,214,258
Net Assets, Ending	\$ 1,568,887	\$ 366,185	\$ -	\$ 1,935,072

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC.
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2015

			Program Services	es			Supporting Services	
	Early							
	Childhood	Health	Nutrition	Other		Building &	General &	
	Education	Services	Services	Programs		Grounds	Administrative	Total
SALARIES AND RELATED EXPENSES:								
Salaries	\$ 2,143,270	\$ 5,095,737	€9	\$ 48,	48,622 \$	•	\$ 1,357,387	\$ 8,645,016
Employee Benefits	319,989	562,267	•	2,	2,197	•	153,087	1,037,540
Payroll Taxes	162,517	377,257	•	ຕີ	3,523	١	83,111	626,408
Total Salaries & Related Expenses	2,625,776	6,035,261		54,	54,342	•	1,593,585	10,308,964
OTHER EXPENSES:								
Subcontract Costs	38,514	236,635	'	13,6	13,908	•	6,973	296,030
Professional Fees and Contracted Services	46,949	166,962	,	2,7	2,223	999'6	31,672	257,472
Nutrition Services (Meals)	22,156	•	288,921		,	•	•	311.077
Occupancy	654,367	353,932	•	38,874	374	723	1,015	1,048,911
Depreciation	46,376	34,390	1		ı	13,275	1,563	95,604
Other Program Costs	284,906	58,323	•	52,031	331	42,374		437,634
Staff Development and Training	67,643	71,684	•		,	1	24	139,351
Telephone	43,003	71,333	•	2,4	2,400	231	558	117,525
Travel and Transportation	1,483	6,678	•		က	1	30	8,194
Advertising and Public Relations	1,122	5,241	•		,	٠	3,240	9,603
Insurance	25,560	96,193	1	5,0	5,031	1,736	483	129,003
Office Supplies and Expenses	148,381	245,030	1	27,432	132	391	9,277	430,511
Medical and Dental Supplies	41,853	370,704	ı		1	•		412,557
Postage and Shipping	4,167	17,834	•		,	•	94	22,095
Interest Expense	99	21,870	ı	160,346	46	•	8,611	190,886
Dues and Subscriptions	83	15,272	1		1	•	က	15,358
Total Other Expenses	1,426,622	1,772,081	288,921	302,248	 48 	68,396	63,543	3,921,811
Total Expenses	\$ 4,052,398	\$ 7,807,342	\$ 288,921	\$ 356,590	\$ 069	68,396	\$ 1,657,128	\$ 14,230,775

CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

CASH FLOWS FROM OPERATING ACTIVITIES:				
		2015		2014
Change in Net Assets Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:	\$	6,292,381	\$	720,814
Depreciation Expense		95,604		93,574
Change in Operating Assets and Liabilities				
Decrease (Increase) in Restricted Cash - Construction Reserve Decrease (Increase) in Due From Funding Sources Decrease (Increase) in Patient Accounts Receivable - Net Decrease (Increase) in Accounts Receivable Decrease (Increase) in Other Receivables		(10,163,707) 436,215 (151,184) 4,327 44,136		(601,850) 53,975 41,029 40,074
Decrease (Increase) in Inventory Decrease (Increase) in Prepaid Expenses Decrease (Increase) in Restricted Cash - Fee and Expense Reserves Decrease (Increase) in Security Deposits		(20,165) (22,862) (727,759) (2,726)		(1,618) (50,874)
Decrease (Increase) in Other Assets Increase (Decrease) in Accounts Payable Increase (Decrease) in Accrued Expenses Increase (Decrease) in Accrued Payroll and Taxes Increase (Decrease) in Accrued Construction Payable		(107,324) (457,002) 142,232 50,485 1,264,857		(80,277) 693,829 (59,945) 76,981
Increase (Decrease) in Deferred Revenue		210,021 (9,500,456)		89,253 200,577
Cash Provided By (Used For) Operating Activities CASH FLOWS FROM FINANCING ACTIVITIES: Proceeds from Borrowings Repayment of Long Term Debt Net Provided (Used) by Financing Activities		(3,112,471) 20,338,402 (693,691) 19,644,711		1,014,965 500,000 (603,548) (103,548)
CASH FLOWS FROM INVESTING ACTIVITIES: Long-Term Notes Receivable Disposition of Property and Equipment Additions to Assets in Progress Purchase of Property and Equipment Net Provided (Used) by Investing Activities		(9,671,930) 2,860 (6,155,148) (213,263) (16,037,481)		(524,652) (83,859) (608,511)
NET INCREASE (DECREASE) IN CASH & CASH EQUIVALENTS:		494,759		302,906
CASH AT BEGINNING OF YEAR:		665,702		362,797
CASH AT END OF YEAR:	\$	1,160,460	\$	665,702
Supplemental Disclosure of Cash Flow Information Cash Paid for Interest	\$	232,330	\$	34,541
Cash Paid for Taxes	\$	202,000	\$	34,341
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CONNECTICUT INSTITUTE FOR COMMUNITIES, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2015

I. Summary of Auditor's Results		
Financial Statements		
Type of auditor's report issued: Unmodified		
Internal control over financial reporting: Are any material weaknesses identified?	Vaa	V. N.
Are any significant deficiencies identified?	Yes	XNo
Is any noncompliance material to the financial statements noted?	Yes	X None Reported
Noncompliance material to financial statements noted?	Yes	XNo
Federal Awards		
Internal control over major federal programs:		
Are any material weaknesses identified?	Yes	XNo
considered to be material weaknesses?	Yes	XNone Reported
Type of auditor's report issued on compliance for major federal programs	s: Unmodified	
Any audit finding disclosed that are required to be reported in		
accordance with 2 CFR 200.516(a)?	Yes	X No
Identification of major federal programs:		
CFDA # Program Name		
10.558 Child and Adult Care Food Progra	am (CACFP)	
10.557 WIC Program	(0. 10, 1 ,	
Dollar threshold used to distinguish between type A and type B program	ns:	\$750,000
Auditee qualified as a low-risk auditee?	X Yes	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, 2015

I. SUMMARY OF AUDITOR'S RESULTS			
Financial Statements			
Type of auditor's report issued: Unmodified			
Internal control over financial reporting: Material weakness(es) identified? Significant deficiency (ies) identified? Noncompliance material to financial statements noted?	Yes X No Yes X None R Yes X No	epor	ted
State Financial Assistance			
Internal control over major programs: Material weakness(es) identified? Significant deficiency (ies) identified?	YesX _ NoYesX _ None R	∍por	ted
Type of auditor's report issued on compliance for major p	rograms: Unmodified		
Any audit finding disclosed that are required to be reported in accordance with Section 4-236-24 of the Regulations to the State Single Audit Act? • The following schedule reflects the major programs in	Yes X No		
State Grantor And Program	State Core-CT Number	Ex	penditures
Office of Policy and Management Nonprofit Grant Program Dept. of Economic and Community Development	12052-OPM20830-43574	\$	91,074
Urban Action Bonds	13019-ECD46210-41240-094		4,000,000
Dept. of Mental Health and Addiction Services Capital Improvements Bond Fund Grant Program	13019-MHA53000-41242		2,028,798
Dollar threshold used to distinguish between type A are	nd type B programs:	\$	200,000
II. FINANCIAL STATEMENTS FINDINGS			
There were no current year financial statement findings.			
III. STATE FINANCIAL ASSISTANCE FINDINGS AND QU	JESTIONED COSTS		
There were no current year audit findings or questioned co	osts.		