



City of Milford, Connecticut

Founded 1639

TO: Ordinance Committee Members
FROM: Frank Smith, Chairman
DATE: December 2, 2020
SUBJECT: VIRTUAL ORDINANCE COMMITTEE MEETING
AND PUBLIC HEARING
Monday, December 7, 2020

There will be a meeting of the Ordinance Committee of the Board of Aldermen on **Monday, December 7, 2020 at 7:00 p.m.** auditorium regarding the following Ordinance:

Computer Access:

<https://zoom.us/j/96338275700>

Call-In Access:

Telephone #: 1-646-558-8656

Meeting ID: 963 3827 5700

Passcode: 025119

AGENDA

12a-1. An Ordinance Amending an Ordinance Establishing Compensation of City Officials and Employees in the Service of the City of Milford (Registrars).

Copies of said proposed Ordinance(s) are on file open to public inspection at the office of the City Clerk. Any individual with a disability who needs special assistance to participate in the meeting should contact the Director of Community Development (783-3230) five (5) days prior to the meeting, if possible.

Distribution:

Mayor Benjamin G. Blake
Philip Vetro, Chairman, Board of Aldermen
Karen Fortunati, City Clerk
Jonathan D. Berchem, City Attorney
Chris Saley, Director, Public Works
Peter Erodici, Finance Director
Deepa Joseph, Health Director
Joseph Griffith, DPLU Director
William Garfield, Interim Recreation Director
Tania Barnes, Human Resources Director
Christine Angeli, Library Director
Chief Douglas Edo, Fire Department

Chief Keith Mello, Police Department
Toni Weeks, Acting Risk Manager
Recording Secretary



City of Milford, Connecticut

- Founded in 1639 -

AGENDA BOARD OF ALDERMEN

Karen Fortunati
City Clerk

December 7, 2020 - 7:30 PM

70 West River Street
Milford, CT 06460-3364

City Hall Auditorium

Virtual / Telephonic Meeting
Dial-in Number: 1-312-626-6799
Webinar ID: 963 3827 5700
Passcode: 025119

or

Join Zoom Meeting

<https://zoom.us/j/96338275700?pwd=RFJXN3ByTU5lY2RkMlFneVFzdHBCdz09>

Passcode: 025119

Pledge of Allegiance to the Flag.

1. Roll Call.
2. Statements limited to the legislative function of the Board of Aldermen. The time limit granted to each speaker shall be three (3) minutes. Residents, taxpayers or electors may address the Board.
3. Consideration of Minutes of the Regular Meeting of the Board of Aldermen held on November 9, 2020.
4. Consideration of Minutes of the Special Organizational Meeting: None
5. Chairman's Report and Recommendations: None
6. For informational purposes, Mayor Blake is pleased to inform the Board of Aldermen that:

(6a) In addition to the \$1.4 million in refunding savings from just one month ago, the City will capture ANOTHER \$1.4 MILLION ($\$1.4M + \$1.4M = \$2.8M$ TAXPAYER SAVINGS) by refinancing decade-old loans the City has with the State of Connecticut under the Clean Water Fund (CWF) program. The State of Connecticut's 2% CWF loans were made with Milford 10-14 years ago to improve local sewer treatment facilities. The 2% loan had historically been a better option than issuing bonds in the capital markets. With interest rates for municipal bonds at record low levels and subscriber demand for Milford's AAA bonds at an all-time high, the City was able to lock-in another \$1.44 million in debt service savings by refinancing.

7. Unfinished Business: None

8. New Business:

(From the Mayor's Report Item 8a - 8g)

(8a) Board of Aldermen approval is hereby requested for the appointment of (R) Steven DuBrow, 15 Rose Street, as a member of the Pension and Retirement, to fill the present vacancy (term expiring 12/31/20).

(8b) Board of Aldermen approval is requested for the City to accept the 2020 Small Town Economic Assistance Program (STEAP) award in the amount of \$128,205.00 from the State of Connecticut for enhancements to the Veterans Memorial Auditorium and to authorize the Mayor, Public Works Director and Finance Director to take all steps necessary, including signing all documents to effectuate said grant.

(8c) Board of Aldermen approval is requested for the attached Resolution Re: Cash Advance for the State of Connecticut's STEAP award.

(8d) Board of Aldermen approval is requested for the attached Memorandum of Agreement for the DPH Public Health Preparedness Program by and between Chesprocott Health District and Milford Health Department 2020-2024 and to authorize the Mayor and Health Director to take all steps necessary to effectuate said agreement.

(8e) Board of Aldermen approval is requested for the attached Affiliation Agreement between Milford Health Department and Fairfield University for Clinical Practicum and the authorize to Mayor and Health Director to take all steps necessary to effectuate said agreement.

(8f) Board of Aldermen approval is requested for the attached Allocation Transfer No. 3 (Revaluation Expenses).

(8g) Board of Aldermen approval is requested per the attached recommendation of the Planning & Zoning Board dated November 17, 2020 for the acceptance of the Capital Improvement Plan for the years 2020-2025. (Located in the back of this agenda.)

9. New Business not on the Agenda which may be introduced by a two-thirds (2/3) vote of those present and voting.

10. Budget Memo Transfers:

a. Consideration of Budget Memo Transfers: NONE

11a. Refunds List

a. Consideration of Refunds in the amount of: \$ 25,200.04

12. Report of Standing Committee:

- a. Ordinance Committee
 - 12a-1. An Ordinance Amending an Ordinance Establishing Compensation of City Officials and Employees in the Service of the City of Milford (Registrars).
- b. Public Safety and Welfare Committee
- c. Public Works Committee
- d. Claims Committee
- e. Rules Committee
- f. Personnel Committee

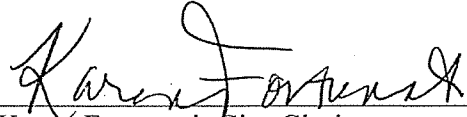
13. Report of Special Committees:

- a. Liaison Sub-Committee – Board of Education
- b. Liaison Sub-Committee – Flood & Erosion Board
- c. Liaison Sub-Committee – Park, Beach & Recreation Commission
- d. Liaison Sub-Committee – Planning & Zoning Board
- e. Liaison Sub-Committee – Sewer Commission
- f. Liaison Sub-Committee – Harbor Management Commission
- g. Liaison Sub-Committee – Council on Aging
- h. Liaison Sub-Committee – Library Board
- i. Liaison Sub-Committee - Veterans Ceremony & Parade Commission
- j. Liaison Sub-Committee - Fine Arts
- k. Liaison Sub-Committee – Milford Redevelopment & Housing Partnership
- l. Golf Course Commission
- m. Liaison Sub-Committee - Inland Wetlands Agency
- n. Liaison Sub-Committee – Board of Health
- o. Human Services Commission
- p. Liaison Sub-Committee – Pension & Retirement Board
- q. Liaison Sub-Committee - Milford Government Access Television (MGAT)
- r. Liaison - Economic Development Commission
- s. Liaison Sub-Committee - Milford Arts Council
- t. Liaison Sub-Committee – Milford Progress Inc.
- u. Liaison Sub-Committee - Fire Commission
- v. Liaison Sub-Committee - Police Commission
- w. Permanent School Facility Building Committee

14. Relative to Item 14 of the Agenda, “Executive Session”, I respectfully submit the following for your consideration and action.

Executive Session. A two-thirds (2/3) vote of those present and voting is required for any item to be considered in executive session. A two-thirds (2/3) vote of those present and voting is required to go into executive session.

The Chairman shall announce, in public session, those items to be covered in executive session and call for a vote to enter executive session. If a two-thirds (2/3) vote, to enter executive session, is obtained, the hall shall be cleared and executive session declared.

A handwritten signature in black ink, appearing to read "Karen Fortunati". The signature is written in a cursive style with a large initial "K".

Karen Fortunati, City Clerk

Dated at Milford, CT this 2nd day of
December 2020

ANY INDIVIDUAL WITH A DISABILITY WHO NEEDS SPECIAL ASSISTANCE TO PARTICIPATE IN THE MEETING SHOULD CONTACT THE DIRECTOR OF COMMUNITY DEVELOPMENT AT 203-783-3230, FIVE DAYS PRIOR TO THE MEETING OR AS SOON AS POSSIBLE.

CITY OF MILFORD, CONNECTICUT
OFFICE OF THE MAYOR

December 1, 2020

Philip J. Vetro, Chairman
Board of Aldermen
Milford, CT 06460

Dear Mr. Vetro:

Relative to Item 6 of the Agenda, namely, Matters of Administration including the Mayor's Report, I submit the following:

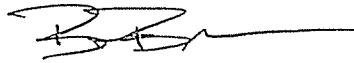
- (6a) I am pleased to inform the Board of Aldermen that in addition to the \$1.4 million in refunding savings from just one month ago, the City will capture ANOTHER \$1.4 MILLION ($\$1.4M + \$1.4M = \$2.8M$ TAXPAYER SAVINGS) by refinancing decade-old loans the City has with the State of Connecticut under the Clean Water Fund (CWF) program. The State of Connecticut's 2% CWF loans were made with Milford 10-14 years ago to improve local sewer treatment facilities. The 2% loan had historically been a better option than issuing bonds in the capital markets. With interest rates for municipal bonds at record low levels and subscriber demand for Milford's AAA bonds at an all-time high, the City was able to lock-in another \$1.44 million in debt service savings by refinancing.

Relative to Item 8 of the Agenda, "New Business," I submit the following for your consideration and action:

- (8a) Board of Aldermen approval is hereby requested for the appointment of (R) Steven DuBrow, 15 Rose Street, as a member of the Pension and Retirement, to fill the present vacancy (term expiring 12/31/20).
- (8b) Board of Aldermen approval is requested for the City to accept the 2020 Small Town Economic Assistance Program (STEAP) award in the amount of \$128,205.00 from the State of Connecticut for enhancements to the Veterans Memorial Auditorium and to authorize the Mayor, Public Works Director and Finance Director to take all steps necessary, including signing all documents to effectuate said grant.
- (8c) Board of Aldermen approval is requested for the attached Resolution Re: Cash Advance for the State of Connecticut's STEAP award.

- (8d) Board of Aldermen approval is requested for the attached Memorandum of Agreement for the DPH Public Health Preparedness Program by and between Chesprocott Health District and Milford Health Department 2020-2024 and to authorize the Mayor and Health Director to take all steps necessary to effectuate said agreement.
- (8e) Board of Aldermen approval is requested for the attached Affiliation Agreement between Milford Health Department and Fairfield University for Clinical Practicum and the authorize to Mayor and Health Director to take all steps necessary to effectuate said agreement.
- (8f) Board of Aldermen approval is requested for the attached Allocation Transfer No. 3 (Revaluation Expenses).
- (8g) Board of Aldermen approval is requested per the attached recommendation of the Planning & Zoning Board dated November 17, 2020 for the acceptance of the Capital Improvement Plan for the years 2020-2025. (Located in the back of this agenda.)

Sincerely,



Benjamin G. Blake
Mayor

atts.



8a

MILFORD POLICE UNION



OFFICE OF THE MAYOR

NOV 6 2020

RECEIVED

November 2, 2020

The Honorable Benjamin G. Blake
Mayor of the City of Milford
110 River Street, Milford, CT 06460

Mayor Blake,

As a result of the recent retirement of Captain Brandon Marschner as of October 29, 2020 the Milford Police Union would like to appointment Milford Police Officer Steven DuBrow of 15 Rose Street, Milford, CT as the primary representative of the Milford Police Department to the Pension and Retirement Board.

Respectfully,

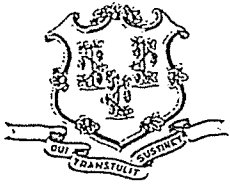
Michael Moreno, President
Milford Police Union

OFFICE OF THE MAYOR

NOV 3 2020

RECEIVED

86



STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

11/9/2020

City of Milford
The Honorable Benjamin G. Blake
110 River Street
Milford, CT 06460

Dear Mayor Blake:

Governor Ned Lamont and I would like to congratulate you and the Town of Milford on your \$128,205.00 grant through the 2020 Small Town Economic Assistance Program (STEAP) for the following project:

PROJECT NAME: Enhancements to the Veterans Memorial Auditorium
PROJECT DESCRIPTION: Auditorium seating and sound system upgrades
Qualifies for COVID-Related Project Provision: NO
Other Comments (if applicable): N/A

Please confirm your award no later than 12/9/2020, by contacting Acting Undersecretary Martin Heft at the Office of Policy and Management at Martin.Heft@ct.gov.

The Department of Economic and Community Development will administer your award. We are providing a copy of this letter to Christine Marques of Department of Economic and Community Development. After confirming your award with Martin Heft, please contact Christine Marques, at Christine.Marques@ct.gov as soon as possible to begin the grant contract process.

You should not proceed with any anticipated STEAP-funded project work until you are fully aware of any contractual terms required by the administering agency. This letter does not constitute a contract.

Please keep in mind that your receipt of these STEAP funds will be contingent upon your compliance with the rules and regulations of the agency that administers your award, and reimbursement(s) of funds will not occur without a fully executed agreement between the municipality and the state administering agency.

Thank you and best of luck with your project.

Sincerely,

A handwritten signature in cursive script that reads "Melissa McCaw".

Melissa McCaw, Secretary

C: Martin Heft, Acting Undersecretary, OPM
Christine Marques- Department of Economic and Community Development

8c

**RESOLUTION RE: CASH ADVANCE FOR
STATE OF CONNECTICUT 2020 SMALL TOWN
ECONOMIC ASSISTANT PROGRAM (STEAP)**

WHEREAS, the Board of Aldermen has authorized the acceptance of the State of Connecticut's STEAP award in the amount of \$128,205 to provide funds for enhancements to the Veterans Memorial Auditorium; and

WHEREAS, it is in the best interest of the City to immediately proceed with the such enhancements; and

WHEREAS, it is desirable that cash in the said amount be advanced from the General Fund in anticipation of receipt of the STEAP award funding.

NOW, THEREFORE, BE IT RESOLVED by the Board of Aldermen of the City of Milford as follows:

1) Pursuant to notice that the State of Connecticut has selected the City of Milford as a recipient of the STEAP award, the Director of Finance is hereby authorized to advance cash from the General Fund an amount not to exceed \$128,205.

2) Repayment to the General Fund shall be made immediately upon receipt of the STEAP funding.

3) The Finance Director is authorized and directed to establish an appropriate account to be used to pay for the expenditures and to deposit revenues related to the aforementioned grant.

8d

**Memorandum of Agreement
for the DPH Public Health Preparedness Program By and
Between
Chesprocott Health District and Milford Health Department
2020-2024**

Chesprocott Health District, referred to as "CHD" and referenced as the "Contractor", acting by Maura Esposito, its Director of Health and Milford Health Department, hereinafter to as "MHD", and referenced as the "Subcontractor" and acting by Deepa Joseph, its Director of Health, do mutually agree to the following as outlined in this Memorandum of Agreement.

The funding of this agreement is based on the Region 2 Public Health Preparedness Program Grant Contract ID: DPH2019-0234PSA from the Connecticut Department of Public Health hereinafter referred to as the "DPH or Department" to the CHD.

SCOPE OF SERVICES

1. The subcontractor shall cooperate with the contractor and other members of Region 2 Community Readiness Initiative (CRI).
2. Attend a minimum of 75% of their Region's regularly scheduled ESF-8 meetings, regional CRI lead planning meetings, and annual statewide preparedness meeting, including associated workgroups.
3. In order to demonstrate participation in regional MCM ORR coordination and planning, the subcontractor must maintain updated local plans. The subcontractor is required to contribute to planning by producing and referencing up-to-date local plans during regional planning meetings. The following plans shall be shared with the Contractor:
 - a. The subcontractor's Public Health Emergency Response Plan.
 - b. The subcontractor's Medical Countermeasures Plan; and
 - c. Evidence that the plans have been updated in the past two years, as noted by the signature date of the subcontractor's Chief Elected Official or Board Chair on the plan, as applicable.
4. Attend and provide input at debriefing(s) conducted and scheduled by the Department's MCM coordinator(s) pertaining to the ORR.
5. In order to demonstrate participation in the selection of the region's two PHEP priority capabilities, every subcontractor must evaluate their local plans to identify gaps and select two capabilities and functions the jurisdiction needs to develop; contribute that information to the regional meeting by voting on the two (2) PHEP capabilities that will serve to focus regional work for the following year.
6. Annually, as part of the regional Training and Exercise Planning Workshop (TEPW) meetings, the subcontractor shall select which year(s) their community(ies) will fulfill required workshops, tabletops, drills and exercises, so that they can be included in the regional multi-year training and exercise plan (MYTEP);
7. Annually, the subcontractor shall complete and contribute to the Department's risk-based jurisdictional data collection form which will be used to inform the statewide Jurisdictional Risk Assessment (JRA);
8. In order to inform and update regional plans that are inclusive of vulnerable populations, the subcontractor shall provide the contractor with a list of community organizations or agencies that serve vulnerable populations within their jurisdiction(s);

8d

9. In order to demonstrate participation in quarterly regional MCM Action Plan coordination meetings, the subcontractor is required to provide a quarterly update on the status of their MCM planning efforts to include the following:
 - a. Specific, measurable, and time-bound objectives developed to address deficiencies noted in the local MCM plan.
 - b. A proposed Regional Distribution Site (RDS) for regional operations, if such a facility is located in the subcontractor's community.
 - c. Local plan details to include the Local Distribution Site (LDS) staff roles, LDS security, LDS and transportation assets and plans, and distribution elements including chain of custody, cold chain management, delivery locations, and transport methods and routes, as stipulated in MCM ORR Guidance.
10. Annually, and per the MYTEP the following forms, as applicable, shall be submitted by the subcontractor to the contractor no later than thirty (30) days prior to the CRI Region's scheduled MCM ORR or by June 1st in a self-assessment year:
 - a. Demographic information to include fully completing the jurisdictional data sheet and POD form.
 - b. Planning information to include the distribution and dispensing planning form (if designated as an RDS location)
 - c. If applicable to the subcontractor in a given year, the operational information to reflect completion of the following set of drills: facility set up drill, notification and staff assembly drill, and site activation drill.
11. The subcontractor shall comply with reporting directives requested by the Department's Commissioner, or the Department's Office of Public Health Preparedness and Response relating to public health disasters, events and emergencies occurring in their jurisdiction.
12. The subcontractor shall maintain updated profiles and user accounts in the state's WebEOC system.

WORKSHOPS, TABLETOPS, DRILLS, FUNCTIONAL EXERCISES, FULL SCALE EXERCISES & REAL INCIDENTS:

1. All required workshops, tabletops, drills, functional or full-scale exercises, and responses to real incidents must address the needs of identified vulnerable populations located within the subcontractors' jurisdiction(s). Evidence of these efforts will be in the form of after-action reports or updated and revised plans that include sections on vulnerable populations.
2. Each Subcontractor shall perform the following activities designed to prepare the jurisdiction for execution of a mass dispensing full-scale exercise, mass vaccination full scale exercise, and respond to real-world incidents:
 - a. Annually conduct two (2) Call Down Drills that include notification to the following partners. The Regional Coordinator will announce whom subcontractor shall notify as part of the drill and they may include:
 - i. Staff to operate the LDS.
 - ii. Information and communication partners.
 - iii. EOC personnel, including the local emergency management director.
 - iv. Critical Workforce Groups; and

8d

- v. Other partners engaged in the exercise or incident.

- b. Complete the following three drills within their jurisdiction(s) for each of their primary Point of Dispensing/Point of Vaccination sites, per the regional MYTEP, no later than May 31, 2024:
 - i. Staff Notification and Assembly drill,
 - ii. Site activation drill, and
 - iii. Facility set-up drill.

- c. Participate in two (2) required regional tabletop exercises, per the regional MYTEP, and as arranged by the Regional Coordinator.
 - i. one (1) TTX shall be focused on a response to Anthrax; and
 - ii. one (1) TTX shall be focused on a response to pandemic influenza.

- d. Participate in the region's required Functional Exercise, per the regional MYTEP, focusing on vaccination of at least one (1) Critical Workforce Group, to be conducted by May 31, 2024.
 - i. If the COVID-19 mass vaccination response is used in lieu of conducting the functional exercise, then all metrics that would need to be collected for the exercise, must also be collected during the actual response.

- e. In concert with the most populous city in the region, participate in and complete a mass dispensing or mass vaccination Full-Scale Exercise (FSE) by December 31, 2021, or in lieu of an exercise, respond to a real incident such as the COVID-19 mass vaccination response activity. If the COVID-19 mass vaccination response is used in lieu of conducting a full-scale exercise, then all metrics that would need to be collected for an exercise, must also be collected during the actual response. An AAR-IP is also required.
 - i. Participation includes but is not limited to: Development of Exercise objectives; Planning and coordination with municipal and community partners to identify gaps and strategies to address those gaps; and submission of required MCM ORR forms and metrics documentation by the most populous city.

- f. When a mass vaccination FSE conducted by the most populous city in the region is utilized to complete the 5-year FSE requirement, then the regions subcontractors must also participate in and support the completion of a mass dispensing pill throughput drill with the most populous city within the populous city's boundaries.

- g. Respond to and support MCM distribution and dispensing (MCMDD) for all-hazards events such as a terrorist attack, an influenza pandemic, or a high impact disease such as COVID-19, Ebola, or Zika virus.

- 3. As a subcontractors with an active Medical Reserve Corps unit the subcontractor shall utilize funding to complete the following volunteer management activities:
 - a. Attend and actively participate in quarterly meetings hosted by the Region 2 CRI MRC Coordinator.

- b. Respond to requests for information and participate in meetings hosted by the Department's MRC Coordinator.
- c. Recruit potential volunteers representing diverse populations in terms of age, gender, race, ethnicity, language, and skillsets, so that each chapter has an increase of 10% enrolled and active members each year of the funding period, as reflected in the Department's online volunteer management platform.
- d. Annually administer or arrange for the administration of the civil preparedness forces loyalty oath for existing and new volunteers, as applicable.
- e. Conduct background checks, and if applicable, verify licensure status of all active volunteers.
- f. Activate MRC volunteers in accordance with established Standard Operating Procedures (SOP) as statutorily required.
- g. Upon completion of MRC activations, submit final paperwork to the Region 2 CRI MRC Coordinator that includes volunteer hours via sign-in/out sheets and actual rosters of volunteer from the activation.
- h. Participate in volunteer management system (CT Responds) trainings offered by the Department.
- i. Utilize CT Responds system to enroll all active and deployable volunteers and to collect metrics and generate quarterly reports for the Region 2 CRI MRC Coordinator.
- j. In support of the state's MRC Strategic Plan, require all MRC volunteers to complete and provide evidence of completion for ICS-100, ICS-200, and NIMS-700 courses; and
- k. Maintain records of volunteer activations locally.

DOCUMENTATION AND EVIDENCE OF EFFORT:

1. All reports, forms and other required documentation must be submitted by the appropriate due date set by the DPH or the contractor. If these reports, forms or other required documentation is not submitted on the due date, the subcontractor may not receive funding for that quarter.
2. Subcontractors are required to submit complete and accurate quarterly programmatic progress reports on forms prescribed by the Contractor and in accordance with the reporting schedule as provided by the Regional Coordinator. All Quarterly programmatic progress reports shall include the following:
 - a. A copy of the subcontractor's Public Health Emergency Response Plan with evidence that the plan has been updated in the past two years, as noted by the signature and date of the subcontractor's Chief Elected Official or Board Chair on the plan and submitted to the contractor in Quarter 4 of each budget year.
 - b. A copy of the subcontractor's Medical Countermeasures Plan with evidence that the plan has been updated in the past two years, as noted by the signature and date of the subcontractor's Chief Elected Official or Board Chair on the plan and submitted to the contractor in Quarter 4 of each budget year.
 - i. The subcontractor's local MCM plan must include the LDS staff roles, LDS security, LDS and transportation assets and plans, and distribution elements including chain of custody, cold chain management, delivery locations, and transport methods and routes, as stipulated in MCM ORR Guidance

- c. A list of community organizations or agencies serving vulnerable populations within the subcontractor's jurisdiction(s) shall be submitted to the contractor in Quarter 1 of each budget year.
 - d. An attestation created and supplied by the Regional Coordinator that must be signed by the director of health that includes:
 - i. Agreement to focus work on the region's two PHEP priority focus areas.
 - ii. Agreement to participate in regional tabletops, drills, and functional and full-scale exercises.
 - e. A numbered list of three specific, measurable, achievable, realistic, and timebound objectives meant to be completed in each quarter that are developed to address deficiencies noted in the subcontractor's local MCM Plan, followed by a completion report on the three objectives in the subsequent quarter.
 - f. The address of a proposed RDS location within the subcontractor's jurisdiction that may be used for regional operations, if such a facility is available in the subcontractor's community.
 - g. POD and POV details to be reported in the first quarter and immediately, upon subsequent changes to the contractor on a form provided by the Department (with a copy to PHEP.DPH@ct.gov)
 - 1) Facility name, address, and status as primary, back-up, or alternate POD. Subcontractors must identify enough primary POD(s) to serve their entire population, so the subcontractor may have more than one (1) primary POD.
 - 2) Contact information for staff authorized to sign for deliveries of MCM or medical materiel from the RDS, Department or vendors.
 - 3) Two (2) 24/7 voice telephone numbers for communication between the Department and POD emergency management leadership; and
 - 4) Most recent annually updated population numbers served by PODs, including potential seasonal fluctuations affecting the jurisdiction.
 - h. As an active MRC, the following volunteer management information must be reported on a quarterly basis to the region 2 CRI MRC Coordinator:
 - a) Local volunteer management meeting agendas, minutes, and attendance sheets
 - b) Final activation paperwork from the local MRC chapter that reflects volunteer hours via sign-in/out sheets and actual rosters of volunteers from the activation.
 - c) Summary measures extracted from the CT Responds System to include: (1) total number of volunteers enrolled in the system for the local chapter, (2) # of new volunteers as a percent of the total, (3) evidence that all active and deployable volunteers have completed the loyalty oath and it is included in their online profiles, (4) % of enrolled volunteers who meet minimum training requirements each quarter as dictated by the Statewide MRC Strategic Plan, (5) % of active volunteers that have received a cleared background check, and (6) % of licensed volunteers whose licenses were verified.
3. Subcontractors are required to submit MCM ORR forms directly to the Regional Coordinator no later than the date specified. Forms and guidance are available on the Department's website at: <https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/HPP-PHEP-Resources>
- a. Descriptive and Demographic Forms identified as the Jurisdictional Data Sheet, and CDC MCM ORR POD Form shall be submitted annually in Quarter 1 to the contractor.

8d

b. Planning Forms identified as Distribution Planning Form, and Dispensing Planning Form, or a planning evaluation template provided by the Department shall be submitted annually in Quarter 1.

c. Operational Forms identified as Facility Set-up Drill Form, Site Activation Drill Form, Staff Notification and Assembly Drill Form, Dispensing Throughput Drill Form, Dispensing Full Scale Exercise/Incident Form, and PHEP/Functional/Full Scale Exercises or Incident Form shall be submitted within 30 days of completing the drill or exercise, or responding to a real incident, but no later than May 31, 2024, whichever comes first.

i. If the COVID-19 mass vaccination response or any real event is used in lieu of conducting a drill or exercise, then all metrics that would need to be collected for the drill or exercise, must also be collected during the real incident.

d. An AAR-IP must also be prepared and submitted to the contractor within 60 days of the drill or exercise.

PROGRAMMATIC AND FISCAL REPORTING REQUIREMENTS SECTION

1. Programmatic Progress Reports and Financial Expenditure Reports shall be submitted to the Contractor according to the following schedule for each year as follows. They must be reported on forms provided by the contractor.

REPORTING PERIOD	REPORTS DUE BY
July 1 to September 30	October 15
October 1 to December 31	January 15
January 1 to March 30	April 15
April 1 to June 30	July 15

2. Unless approved by DPH:

- a. All activities and requirements identified in this contract shall be included verbatim in the subcontract executed between the Contractor and subcontractor.
- b. All requests for modification of subcontractor deliverables or deviation from the activities and requirements of this contract shall be submitted in writing to DPH for approval prior to execution with any subcontractor.
- c. All Budget Revisions must be submitted on the following dates and on the appropriate DPH form. Budget Revisions will be accepted on the following dates: September 15, January 15, March 15, and May 1 of each year. Revisions will not be accepted after May 1st of each year.

3. Subcontractor compliance with deliverables and reporting requirements shall be monitored and shall be considered in subsequent decisions regarding Department funding of the subcontractor under this contract, at the sole and final discretion of the Department.

4. Subcontractors receiving such funds shall only use such funds for preparedness activities as indicated in this contract.

5. The Contractor may utilize excess funds unexpended by subcontractors for MDA planning functions, or to fulfill regional activities that directly align with the CDC Public Health

8d

Preparedness Capabilities: National Standards for State and Local Planning (2018) or the latest version of such publication.

6. The Contractor must provide the Department with copies of each such fully executed subcontract.

PROGRAM REPRESENTATIVES

Deepa Joseph, MPH hereby designates _____, its PHEP program representative. CHD hereby designates Olivia Chamberland, its Regional Preparedness Coordinator as the program representative.

COMPENSATION

MHD shall submit all quarterly reports to Olivia Chamberland of the CHD.

Program Budget	Amount
PHEP	\$ 27,720

MHD shall expend funds within the contract period and in accordance with the applicable **Approved Budget** that was submitted to the Department for approval. Funding compensation may change by the Department and if so, may be amended.

PAYMENT SCHEDULE

MHD shall be subject to conditions outlined in this agreement and payments are subject to DPH approval of quarterly Programmatic Progress Reports, associated deliverables and Financial Expenditure Reports.

CHD shall provide quarterly payments after receipt of and approval of scheduled reports and all deliverables or services as submitted by ESDHD, and in an amount equal to the amount of expenditures reported and approved.

CHD shall have the right to inspect, to the extent deemed necessary by the CHD, all work and records in connection with the Memorandum of Agreement. CHD reserves the right to reduce payments and withhold funding from MHD for not submitting or completed required deliverables, or has not submitted required reports or audits, or has submitted reports that have not received CT DPH approval, or has submitted reports that do not support the need for full payment, provided that notice thereof shall have been given to MHD in a reasonable time to correct any such deficiencies that might have been identified by DPH or CHD.

COMPLIANCE WITH DEPARTMENT REQUIREMENTS

MHD shall comply with all DPH subcontract requirements as outlined in the CHD Contract with DPH and will submit supporting documentation to CHD.

MHD shall be liable for any contract or financial audit exceptions and shall return all funds that have been disallowed upon review of such audit, or as provided under the provision of DPH contract.

INSURANCE REQUIREMENTS

MHD agrees that while performing services specified in this Agreement MHD shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to

8d

be performed so as to "save harmless" the CHD and the State of Connecticut from any insurable cause whatsoever. Subcontractors shall submit a current copy of their Certificate of Liability Insurance annually to CHD.

AUDIT REQUIREMENTS

MHD must submit annually their end of the year auditors report to CHD no later than six (6) months following the end of Q4..

PERSONNEL

It is mutually agreed that MHD is an independent subcontractor and this Agreement is for services and not a contract for employment and that, as such, MHD shall not be entitled to the benefits by the CHD such as worker's compensation, pension, retirement benefits or sick leave.

DEFAULT OR BREACH OF AGREEMENT

In the event either party is in default or breach of the terms of this Agreement, the non-defaulting or breaching party shall have the right to pursue any and all remedies available to it against the defaulting or breaching party in law or in equity.

TERMS OF AGREEMENT

The term of this Agreement shall be effective July 1, 2020 through June 30, 2024. If the subcontractor must alter this agreement, they shall give 30 days' notice to the contractor. These adjustments may include change of PHEP Program representation, removal of subcontractor from this agreement, change of funding compensation.

The terms of this Agreement are understood and accepted by

Maura A. Esposito; MPH, RS
Director of Health
Chesprocott Health District

Date

Deepa Joseph, MPH
Director of Health
Milford Health Department

Date

8e

AFFILIATION AGREEMENT
Between MILFORD HEALTH DEPARTMENT and FAIRFIELD UNIVERSITY
For Clinical Practicum

This AGREEMENT (the "Agreement") is made by and between FAIRFIELD UNIVERSITY, a specifically chartered Connecticut non-profit corporation with its address at 1073 North Benson Road Fairfield, Connecticut, (hereinafter referred to as the "University") and MILFORD HEALTH DEPARTMENT a local public health authority with its address at 70 West River Street, Milford, Connecticut (hereinafter referred to as the "Facility").

WHEREAS, the University desires to participate in a clinical practicum as part of its education of its Public Health students (whether one or more, hereinafter called the "Students"); and

WHEREAS, the Facility, in the interest of furthering the educational objectives of the University, desires to serve as a site of supervised Public Health training;

NOW, THEREFORE, in consideration of the mutual promises and agreements set forth below, the parties agree as follows:

A. RESPONSIBILITIES OF THE UNIVERSITY

1. Assignment and Selection of Students: As part of its established Public Health education program, the University shall assign only those students who have satisfactorily completed the required University classroom courses to enter the clinical practicum experience. The University shall submit to the Facility for final approval, at least one month prior to the commencement of each semester, the names of the Students the University has selected for the program, the dates the program is to begin/end, and the proposed practice schedule for the Students.
2. Documentation: Upon request, the University shall provide an up-to-date written description of the curriculum and syllabus governing the clinical assignment.
3. Information for Students: The University shall notify Students of the following general expectations required by the Facility:
 - (a) To carry out daily assignments.
 - (b) To complete the assigned tasks, including after-hours responsibilities.
 - (c) To report on time each day of the scheduled assignment.
 - (d) To observe and follow all policies and regulations of Facility and its affiliates, as provided by Facility.
4. Coordination by Clinical Placement Coordinator and Clinical Instructor (if applicable): The University shall designate a Clinical Placement Coordinator ("Coordinator") to work collaboratively with the Facility (specifically with the Facility Supervisor and/or the Preceptor as further defined below) to organize and arrange the Student practicum experience. The University Coordinator shall communicate with the Facility regarding pre-clinical arrangements and Student's clinical performance, as well as generally serving as a point of contact for the Facility (in conjunction with the Clinical Instructor as described below).

8e

Should the clinical arrangement also require the University to appoint a faculty member (the "Clinical Instructor"¹) to be present at the Facility with the Student and/or involved in the Student's clinical experience, the University shall do so. The University shall maintain documentation that participating Clinical Instructor's maintain good standing in applicable license(s) and certification(s). The Clinical Instructor shall monitor the Student progress, performance, and be responsible for assignment of Student grades.

5. Background Screening: The University shall cooperate with the Facility requirements and procedures for Student (and Clinical Instructor) background checks and notify Students that the Facility may refuse to accept a Student (or Clinical Instructor) based on the result of a background check.
6. Discontinuing Student at Facility: If appropriate and necessary, the University shall remove a Student (or Clinical Instructor) from the clinical experience with the Facility, if: (a) the University determines the Student (or Clinical Instructor) is unsuitable to continue in the clinical assignment, or (b) the Facility notifies the Dean of the University's Public Health program in writing that that the Student (or Clinical Instructor) has proven unacceptable for reasons of health or patient safety, inadequacy of performance, or violation of Facility rules and regulations. The Facility will promptly notify the Dean of the University's Public Health program regarding any concerns regarding any Student or Clinical Instructor.
7. Confidential Information: The University shall notify Students that they must comply with the Facility's policies regarding confidentiality and applicable law, including the Health Insurance Portability and Accessibility Act of 1996 as amended and the regulations promulgated thereunder ("HIPAA"). The University shall work collaboratively with the Facility to enforce Students' compliance with the Facility's applicable confidentiality policies.
8. Notice of Cancellation: The University shall provide the Facility at least six weeks' written notice in the event cancellation of clinical assignment is necessary.
9. Non-Discrimination: The University shall affirm and warrant upon request that it does not discriminate against any person or group of persons in any manner prohibited by the laws of the United States or of the State of Connecticut.
10. Insurance: The University shall maintain for its Students and assigned Clinical Instructors a policy of professional and general liability insurance, with a single limit of not less than two million dollars (\$2,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate throughout his/her participation in the clinical education program. The University will provide the Facility upon request a certificate of insurance confirming the foregoing professional and general liability coverage prior to participation in the clinical education program and shall promptly notify the Facility of any and all changes in insurance coverage. The provisions of this section shall survive the termination of this Agreement.

¹ The University Coordinator and Clinical Instructor may be the same person, assuming all criteria are satisfied.

8e

B. RESPONSIBILITIES OF FACILITY

1. Experience: The Facility shall provide for the Students, insofar as possible, selected clinical experiences designed to focus on and correlate with the theory and concepts acquired in their academic education in accordance with the terms of this Agreement. Facility retains at all times the authority and responsibility for the delivery of patient care.
2. Supervision: The Facility shall maintain administrative and professional supervision and responsibility of Students insofar as their presence affects the operation of Facility and/or the direct or indirect care of patients.
3. Equipment and Use of Facilities: Unless otherwise arranged, the Facility shall provide equipment and supplies necessary for the administration of care by Students; space for meetings connected with Students' clinical instruction; and phone access.
4. Orientation: The Facility shall provide the Student with necessary orientation, administrative guidelines, procedures and other information deemed appropriate to the conduct of the clinical assignment.
5. Assignments and Performance: The Facility shall plan and implement clinical assignments, as required by and in consultation with the University Coordinator and/or Clinical Instructor, and evaluate the performance of the Student in accordance with the criteria established by University, and in consultation with the University.
6. Coordination by Facility Supervisor and Preceptor (if applicable): The Facility shall designate a Facility Supervisor to make pre-clinical arrangements, provide information regarding the Student's performance, and serve as the point of contact for the University. The Facility (through the Facility Supervisor) shall permit visits by University faculty and accreditation teams to observe and participate in the teaching process.

Additionally, if mutually desired, the parties may select (in writing) one or more qualified Facility employee(s) to serve as a Preceptor² for a Student to facilitate and guide the Student's practice learning experience in accordance with criteria developed by the University. Preceptors shall hold a minimum of a Master's degree in Public Health or a minimum of three years of experience in the role or specialty the Student is participating in. At all times, the Preceptor shall remain an employee of the Facility (including without limitation for the purpose listed in Paragraph C(12)(a)).

Notwithstanding, Clinical Instructor and/or University Coordinator will monitor student progress, performance and be responsible for assignment of grades.

7. Background Screening: The Facility shall notify the University of any background screening it requires of Students and Clinical Instructors, and shall agree upon a schedule and procedures for accomplishing same in a timely manner. The Facility

² The Preceptor and Facility Supervisor may be the same person, assuming all criteria are satisfied.

8e

reserves the right to decline to accept any Student or Clinical Instructor based upon background screening results consistent with applicable law.

8. Student Deficit: The Facility shall communicate promptly with the University if the Student is not meeting the expectations or there are any other problems.
9. Notice of Cancellation: The Facility shall provide the University at least six weeks' written notice prior to the clinical assignment if cancellation is necessary.
10. Non-Discrimination: The Facility shall affirm and warrant upon request that it does not discriminate against any person or group of persons in any manner prohibited by the laws of the United States or of the State of Connecticut.
11. Insurance: The Facility shall maintain, at a minimum a policy of professional and general liability insurance with a single limit of not less than two million dollars (\$2,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. The Facility will provide the University upon request a certificate of insurance confirming the foregoing professional and general liability coverage prior to participation in the clinical education program and shall promptly notify the University of any and all changes in insurance coverage. The provisions of this section shall survive the termination of this Agreement.

C. GENERAL PROVISIONS

1. Term: This Agreement shall be effective when executed by both parties for a period of one year and will be automatically renewed annually unless either party terminates in writing at least ninety (90) days in advance of the anniversary date of this Agreement.
2. Termination: If at any time either party wishes to terminate this Agreement without cause, a written notice must be submitted to the other party at least ninety (90) days prior to the date of the desired termination. Either party may terminate this Agreement at any time for cause by giving seven (7) days written notice to the party in breach of the Agreement. The Facility may request in writing that a Student or Clinical Instructor be immediately removed if it believes that that his or her participation under this Agreement may be putting the health and safety of Facility's patients at risk.
3. Modification: This Agreement may be revised or modified by written amendment signed by both parties.
4. Reasonable Accommodations: In the event that a student meets the requirements applicable to students (set forth in Section A(1)), but nevertheless requires reasonable accommodation, the Facility will assist the University in providing such reasonable accommodation provided that (i) it does not interrupt Facility operations, (ii) there is no safety threat to patients, staff and other students, (iii) the University assumes any special costs associated with the accommodation, and (iv) the University provides and pays for any personnel who must accompany the student or provide transportation.
5. Relationship of the Student and Clinical Instructors to the Facility: The Students (and Clinical Instructor) participating in the clinical assignment at the Facility shall not be

8e

considered employees or agents of Facility. The Students and Clinical Instructor shall not be eligible for any employee benefits of Facility. Notwithstanding the foregoing, the Clinical Instructor and Students, when engaged at the Facility as part of this clinical experience, shall be considered members of the Facility's workforce (as 45 CFR 160.103 defines a workforce) solely for the purpose of defining the Students' role in relation to using and disclosing the Facility's protected health information in compliance with HIPAA.

6. Compliance with Law: Both parties shall perform their obligations under this Agreement in accordance with all applicable state, federal, and local laws, regulations, and ordinances, including without limitation the Family Educational Right to Privacy Act ("FERPA"). To the extent that the Facility obtains or creates educational records of the Students, the Facility shall comply with FERPA in handling such records.

The University shall direct Students to comply with the policies and procedures of the Facility, including HIPPA. The Facility shall retain sole responsibility for HIPPA training, compliance, and supervision, insofar as Students' direct and indirect care implicates administrative and professional HIPPA requirements.

7. Confidential Information: The University and Facility both recognize that in participating in the Program, they may be privy to confidential information of the other party to which it would not otherwise be exposed (the "Confidential Information"). Confidential Information shall not include any information generally available to the public other than as a result of a disclosure caused by the breach of this provision. At all times during the term of this Agreement and thereafter, both parties shall hold the Confidential Information in strictest confidence and not disclose it to any person, except and only insofar as: (a) may be necessary for required financial or tax reporting purposes; (b) to a legal or financial consultant retained by a party, provided such legal or financial consultant agrees in advance to be bound by the confidentiality provisions of this Agreement; (c) is required by law, judicial process or order, provided that prior to any disclosure compelled by force of law or judicial process, the disclosing party shall provide the other party with timely notice, in writing, of the requested disclosure and a reasonable opportunity to object to such disclosure; (d) as is required by a licensing or accrediting body and (e) as may be necessary to enforce the provisions of this Agreement.
8. Non-Assignment: This Agreement may not be assigned without the prior written consent of both parties.
9. Arbitration: The University and Facility will attempt to resolve among themselves all disagreements arising under this Agreement within thirty (30) days of notice of a dispute by either party. If not resolved within thirty (30) days, any disagreements shall be decided by arbitration before a single arbitrator. The arbitrator shall base his decision upon the laws of the State of Connecticut. The arbitration shall be conducted pursuant to the rules of the American Arbitration Association and shall be held in the Town of Fairfield. This Agreement to arbitrate shall be specifically enforceable under applicable law in any court of competent jurisdiction. Notice of the demand for arbitration shall be filed in writing with the other party to this Agreement and with the American Arbitration Association. The American Arbitration Association shall appoint the

8e

arbitrator from its panel. The demand for arbitration shall in no event be made after the date when institution of legal or equitable proceedings based on such claim, dispute or other matter in question would be barred by the applicable contractual, or other, statute of limitations.

10. Governing Law: This Agreement shall be governed, construed and enforced in accordance with the laws of the State of Connecticut and any applicable Federal laws.
11. Notice: Notices given under this Agreement must be in writing and provided either (a) electronically or (b) by mail (U.S. mail, hand delivery, or overnight courier) to the following addresses:

If to the Facility:

Milford Health Department
Attn: Deepa Joseph
70 West River St
Milford, CT 06460
Email: djoseph@milfordct.gov
Telephone: 203-783-3285

If to University:

Fairfield University
Attn: Egan School of Nursing & Health
Studies
c/o Public Health Program
1073 North Benson Road
Fairfield, CT 06824
Email: kdoughty@fairfield.edu
Telephone: 203-254-4000

12. Indemnification for Negligent or Wrongful Acts or Omissions
 - a. For the University: The Facility (on behalf of its employees, agents, and third party vendors) (the "Indemnifying Parties") shall indemnify and hold harmless University (and its Trustees, officers, employees, agents, and assigns)(the "Indemnified Parties") from and against any action, claim, cost, damage, demand, expense, liability, or third party claim (including reasonable attorney and expert fees) arising from or related to the Indemnifying Parties': (i) material breach of this Agreement; or (ii) the negligence or willful misconduct in the performance of this Agreement. The provisions of this section shall survive the termination of this Agreement.
 - b. For the Facility: The University shall indemnify and hold harmless the Facility up to the limits of its insurance coverage from any liabilities arising from: (i) the University's material breach of this Agreement, or (ii) University's negligence or willful misconduct in the performance of this Agreement.
13. Severability: If any term of this Agreement is found to unenforceable or contrary to law, it shall be modified to the least extent necessary to make it enforceable, and the remaining portions of this Agreement will remain in full force and effect.
14. No Waiver: The waiver or breach of this Agreement shall not be considered a continuing waiver or a waiver of any subsequent breach of either the same or any other provision of this Agreement.
15. Entire Agreement: This Agreement constitutes the entire agreement between the parties

8e

with respect to the subject matter hereof, and supersedes all prior agreements, proposals, negotiations, representations or communications relating to the subject matter. Both parties acknowledge that they have not been induced to enter into this Agreement by any representations or promises not specifically stated herein.

MILFORD HEALTH DEPARTMENT

FAIRFIELD UNIVERSITY

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date _____

DATE: 11/24/20

TO: Board of Aldermen

FROM: Mayor's Office



THE CITY OF MILFORD, CT
ALLOCATION TRANSFER

FISCAL YEAR 2020-2021

Transfer No. 3

TRANSFER FROM	CLASSIFICATION	MAYOR PROPOSES	BOARD OF ALDERMEN APPROVES
40998199 594999	Fund 40, Unallocated Contingency	175,000	

TRANSFER TO	CLASSIFICATION	MAYOR PROPOSES	BOARD OF ALDERMEN APPROVES
404110 584752 0076	Fund 40, Revaluation Expenses	175,000	

8f

BE IT RESOLVED

By the Board of Aldermen of the City of Milford that, in accordance with the provisions of the Connecticut General Statutes and upon recommendation of the Mayor of the City of Milford, the unallocated funds, as indicated herewith, are hereby allocated for

RECOMMENDED BY:

MAYOR

11-24-20

DATE

I CERTIFY THAT THE AMOUNT RECOMMENDED FOR ALLOCATION FOR THE ABOVE-INDICATED AMOUNT IS UNEXPENDED AND UNENCUMBERED.

FINANCE DIRECTOR

11-24-2020

DATE

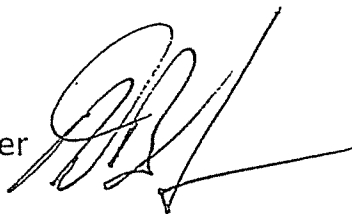
89

City of Milford, Connecticut

MEMORANDUM

To: Board of Aldermen

From: David B. Sulkis, City Planner



Date: November 19, 2020

Re: CGS 8-24 APPROVAL – 5-Year Capital Improvement Plan

At its meeting held November 17, 2020, the Planning and Zoning Board voted under Connecticut General Statutes 8-24 to **approve** the item referenced above.

- C: Benjamin Blake, Mayor
- Justin Rosen, Chief of Staff
- Jonathan Berchem, City Attorney
- Linda Michel, Administrative Assistant
- Joseph D. Griffith, DPLU



City of Milford, Connecticut

- Founded 1639 -
70 West River Street - Milford, CT 06460-3317
Tel 203-783-3217 FAX 203-783-3362

Office of
Tax Collector

11 a.

To: Board of Aldermen

From: Cory Gumbrewicz
Tax Collector

Date: December 7, 2020

Re: Refunds

See attached computer listing of refunds direct to taxpayers and/or banks.

The Total Refunds for the December 7, 2020 meeting is \$25,200.04.

Explanation of the attached computer printout is as follows:

1. Transaction # located at top left of printout is for our internal Cash register (audit trail).
2. List # corresponds to the account overpaid.
3. Year corresponds with the Grand List Date.
4. Type corresponds with the following:

R	=	Real Estate
U	=	Sewer Service
M	=	Motor Vehicle
S	=	Supplemental Motor Vehicle
P	=	Personal Property
A	=	Sewer Main
L	=	Sewer Lateral
X	=	Prorate Bill

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due
1	20533	2019	U	708 BOSTON POST ROAD LLC	-26.38	0.00	0.00	0.00	-26.38	0.00
				REFUND						
				Check: -26.38						
				REF 708 BOSTON POST						
				Total Bills: -26.38	Total Recv'd: -26.38	Change Due: 0.00				
2	310993	2019	M	ALLEN LISA ANN	-10.73	0.00	0.00	0.00	-10.73	0.00
				REFUND						
				Check: -10.73						
				REF LISA ALLEN						
				Total Bills: -10.73	Total Recv'd: -10.73	Change Due: 0.00				
3	311091	2019	M	ALTMAN MICHAEL J	-46.44	0.00	0.00	0.00	-46.44	0.00
				REFUND						
				Check: -46.44						
				REF ALTMAN MICHAEL						
				Total Bills: -46.44	Total Recv'd: -46.44	Change Due: 0.00				
4	311731	2019	M	ARSENAULT JAMES A	-13.03	0.00	0.00	0.00	-13.03	0.00
				REFUND						
				Check: -13.03						
				REF ARSENAULT LORI						
				Total Bills: -13.03	Total Recv'd: -13.03	Change Due: 0.00				
5	312071	2019	M	BABEY GEORGE	-19.80	0.00	0.00	0.00	-19.80	0.00
				REFUND						
				Check: -19.80						
				REF BABEY GEORGE						
				Total Bills: -19.80	Total Recv'd: -19.80	Change Due: 0.00				
6	4186	2018	P	HNC REALTY COMPANY	-1,337.66	0.00	0.00	0.00	-1,337.66	0.00
				REFUND						
				Check: -1,337.66						
				REF BANK OF AMERICA						
				Total Bills: -1,337.66	Total Recv'd: -1,337.66	Change Due: 0.00				
7	6467	2017	P	BANK OF AMERICA NA	-174.76	0.00	0.00	0.00	-174.76	0.00
				REFUND						
				Check: -174.76						
				REF BANK OF AMERICA						
				Total Bills: -174.76	Total Recv'd: -174.76	Change Due: 0.00				
8	6467	2018	P	BANK OF AMERICA NA	-174.58	0.00	0.00	0.00	-174.58	0.00
				REFUND						
				Check: -174.58						
				REF BANK OF AMERICA						
				Total Bills: -174.58	Total Recv'd: -174.58	Change Due: 0.00				

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

11a

<u>Seq</u>	<u>List</u>	<u>Year</u>	<u>TY</u>	<u>Name</u>	<u>Principal</u> <u>Paid</u>	<u>Interest</u> <u>Paid</u>	<u>Lien</u> <u>Paid</u>	<u>Fcc/Bond</u> <u>Paid</u>	<u>Total</u> <u>Paid Due</u>	<u>Balance</u> <u>Due</u>
9	8445	2017	P	BANK OF AMERICA NA	-174.76	0.00	0.00	0.00	-174.76	0.00
				REFUND						
				Check: -174.76						
				REF BANK OF AMERICA						
				Total Bills: -174.76	Total Recv'd: -174.76	Change Due: 0.00				
10	8445	2018	P	BANK OF AMERICA NA	-174.58	0.00	0.00	0.00	-174.58	0.00
				REFUND						
				Check: -174.58						
				REF BANK OF AMERICA						
				Total Bills: -174.58	Total Recv'd: -174.58	Change Due: 0.00				
11	312931	2019	M	BECK WILLIAM GERARD	-23.33	0.00	0.00	0.00	-23.33	0.00
				REFUND						
				Check: -23.33						
				REF BECK WILLIAM						
				Total Bills: -23.33	Total Recv'd: -23.33	Change Due: 0.00				
12	4418	2019	U	BENKOSKI RONALD RAYMOND	-106.29	0.00	0.00	0.00	-106.29	0.00
				REFUND						
				Check: -106.29						
				REF BENKOSKI RONALD						
				Total Bills: -106.29	Total Recv'd: -106.29	Change Due: 0.00				
13	313813	2019	M	BLAKE PATRICIA ROSE	-82.70	0.00	0.00	0.00	-82.70	0.00
				REFUND						
				Check: -82.70						
				REF BLAKE PATRICIA						
				Total Bills: -82.70	Total Recv'd: -82.70	Change Due: 0.00				
14	317425	2019	M	CHAPMAN RUSSELL F	-191.82	0.00	0.00	0.00	-191.82	0.00
				REFUND						
				Check: -191.82						
				REF CHAPMAN RUSSELL						
				Total Bills: -191.82	Total Recv'd: -191.82	Change Due: 0.00				
15	717933	2018	M	CIARLEGLIO DOREEN	-12.69	0.00	0.00	0.00	-12.69	0.00
				REFUND						
				Check: -12.69						
				REF CIARLEGLIO DOREE						
				Total Bills: -12.69	Total Recv'd: -12.69	Change Due: 0.00				
16	211562	2018	S	COASTLINE INSULATION LLC	-82.18	0.00	0.00	0.00	-82.18	0.00
				REFUND						
				Check: -82.18						
				REF COASTLINE INS						
				Total Bills: -82.18	Total Recv'd: -82.18	Change Due: 0.00				

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

11a

<u>Seq</u>	<u>List</u>	<u>Year</u>	<u>TY</u>	<u>Name</u>	<u>Principal</u> <u>Paid</u>	<u>Interest</u> <u>Paid</u>	<u>Lien</u> <u>Paid</u>	<u>Fec/Bond</u> <u>Paid</u>	<u>Total</u> <u>Paid Due</u>	<u>Balance</u> <u>Due</u>
17	8188	2018	P	SURGIQUEST INC	-7,171.40	0.00	0.00	0.00	-7,171.40	0.00
REFUND										
Check: -7,171.40										
REF CONMED CORP										
Total Bills: -7,171.40					Total Recv'd: -7,171.40		Change Due: 0.00			
18	10790	2019	P	CT CYCLES LLC	-8.00	0.00	0.00	0.00	-8.00	0.00
REFUND										
Check: -8.00										
REF CT CYCLES LLC										
Total Bills: -8.00					Total Recv'd: -8.00		Change Due: 0.00			
19	1873	2018	R	DALLY KELVIN J & INGRID & SURV	-162.35	0.00	0.00	0.00	-162.35	0.00
REFUND										
Check: -162.35										
REF DALLY KELVIN										
Total Bills: -162.35					Total Recv'd: -162.35		Change Due: 0.00			
20	320808	2019	M	DEGROFF DOUGLAS C	-44.56	0.00	0.00	0.00	-44.56	0.00
REFUND										
Check: -44.56										
REF DEGROFF DOUGLAS										
Total Bills: -44.56					Total Recv'd: -44.56		Change Due: 0.00			
21	321325	2019	M	DETORO JEFFREY M	-42.02	0.00	0.00	0.00	-42.02	0.00
REFUND										
Check: -42.02										
REF DETORO JEFFREY										
Total Bills: -42.02					Total Recv'd: -42.02		Change Due: 0.00			
22	721931	2018	M	DOMERACKI JADWIGA	-189.53	0.00	0.00	0.00	-189.53	0.00
REFUND										
Check: -189.53										
REF DOMERACKI JADWIG										
Total Bills: -189.53					Total Recv'd: -189.53		Change Due: 0.00			
23	722368	2018	M	DUCHESS ADVERTISING	-18.75	0.00	0.00	0.00	-18.75	0.00
REFUND										
Check: -18.75										
REF DUCHESS ADV.										
Total Bills: -18.75					Total Recv'd: -18.75		Change Due: 0.00			
25	323180	2019	M	EGERSHEIM JOSEPH	-63.13	0.00	0.00	0.00	-63.13	0.00
REFUND										
Check: -63.13										
REF EGERSHEIM JOSEPH										
Total Bills: -63.13					Total Recv'd: -63.13		Change Due: 0.00			

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due
26	323652	2019	M	ESPOSITO RALPH A JR	-15.22	0.00	0.00	0.00	-15.22	0.00
				REFUND						
				Check:	-15.22					
				REF ESPOSITO RALPH						
				Total Bills:	-15.22	Total Recv'd:	-15.22	Change Due:	0.00	
27	325537	2019	M	GAGSTETTER QUINN R	-6.16	0.00	0.00	0.00	-6.16	0.00
				REFUND						
				Check:	-6.16					
				REF GAGSTETTER QUINN						
				Total Bills:	-6.16	Total Recv'd:	-6.16	Change Due:	0.00	
28	326780	2019	M	GOMES-MATOS CLAUDIA E	-176.15	-2.65 *	0.00	0.00	-178.80	0.00
				REFUND						
				Check:	-178.80					
				REF GOMES-MATOS C.						
				Total Bills:	-178.80	Total Recv'd:	-178.80	Change Due:	0.00	
29	727498	2018	M	GRIFFIN NIGEL J	-70.10	0.00	0.00	0.00	-70.10	0.00
				REFUND						
				Check:	-70.10					
				REF GRIFFIN NIGEL						
				Total Bills:	-70.10	Total Recv'd:	-70.10	Change Due:	0.00	
30	327382	2019	M	GRIFFIN NIGEL J	-62.83	0.00	0.00	0.00	-62.83	0.00
				REFUND						
				Check:	-62.83					
				REF GRIFFIN NIGEL						
				Total Bills:	-62.83	Total Recv'd:	-62.83	Change Due:	0.00	
31	5251	2018	P	HECHT SUZANNE PSYD	-115.84	0.00	0.00	0.00	-115.84	0.00
				REFUND						
				Check:	-115.84					
				REF ESTATE OF SUZANN						
				Total Bills:	-115.84	Total Recv'd:	-115.84	Change Due:	0.00	
32	728733	2018	M	HELWIG PAMELA M	-47.71	0.00	0.00	0.00	-47.71	0.00
				REFUND						
				Check:	-47.71					
				REF HELWIG PAMELA						
				Total Bills:	-47.71	Total Recv'd:	-47.71	Change Due:	0.00	
33	16301	2019	U	SHEA JAMES K	-65.43	0.00	0.00	0.00	-65.43	0.00
				REFUND						
				Check:	-65.43					
				REF HOLLER LAW FIRM						
				Total Bills:	-65.43	Total Recv'd:	-65.43	Change Due:	0.00	

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due
34	332449	2019	M	KARANOUH MAHMOUD J	-276.10	0.00	0.00	0.00	-276.10	0.00
				REFUND						
				Check: -276.10						
				REF:KARANOUH MAHMOU						
Total Bills: -276.10					Total Recv'd: -276.10	Change Due: 0.00				
35	632729	2017	M	KAUFMAN JACQUELINE Y	-67.32	0.00	0.00	0.00	-67.32	0.00
				REFUND						
				Check: -67.32						
				REF KAUFMAN JACQUELI						
Total Bills: -67.32					Total Recv'd: -67.32	Change Due: 0.00				
37	333101	2019	M	KING RACHEL M	-21.80	0.00	0.00	0.00	-21.80	0.00
				REFUND						
				Check: -21.80						
				REF KING LYNN-MARIE						
Total Bills: -21.80					Total Recv'd: -21.80	Change Due: 0.00				
38	633309	2017	M	KINSMAN KAMYKA L	-28.06	0.00	0.00	0.00	-28.06	0.00
				REFUND						
				Check: -28.06						
				REF KINSMAN KAMYKA						
Total Bills: -28.06					Total Recv'd: -28.06	Change Due: 0.00				
39	333524	2019	M	KOPNICKY GARY P	-564.10	0.00	0.00	0.00	-564.10	0.00
				REFUND						
				Check: -564.10						
				REF KOPNICKY GARY						
Total Bills: -564.10					Total Recv'd: -564.10	Change Due: 0.00				
40	734541	2018	M	LANG ZACHARY J	-129.95	0.00	0.00	0.00	-129.95	0.00
				REFUND						
				Check: -129.95						
				REF LANG MATTHEW						
Total Bills: -129.95					Total Recv'd: -129.95	Change Due: 0.00				
41	734806	2018	M	LAURO THOMAS J	-12.76	0.00	0.00	0.00	-12.76	0.00
				REFUND						
				Check: -12.76						
				REF LAURO THOMAS						
Total Bills: -12.76					Total Recv'd: -12.76	Change Due: 0.00				
42	214960	2018	S	LOVE MARIE F	-8.16	0.00	0.00	0.00	-8.16	0.00
				REFUND						
				Check: -8.16						
				REF LOVE MARIE						
Total Bills: -8.16					Total Recv'd: -8.16	Change Due: 0.00				

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal	Interest	Lien Fee/Bond		Total	Balance
					Paid	Paid	Paid	Paid	Paid Due	Due
43	336328	2019	M	MACKENZIE RUTH	-72.84	0.00	0.00	0.00	-72.84	0.00
				REFUND						
				Check: -72.84						
				REF MACKENZIE RUTH						
				Total Bills: -72.84	Total Recv'd: -72.84	Change Due: 0.00				
45	4406	2019	U	GUINAZU MARIA CRISTINA &	-6.96	0.00	0.00	0.00	-6.96	0.00
				REFUND						
				Check: -6.96						
				REF MAISEL JONATHAN						
				Total Bills: -6.96	Total Recv'd: -6.96	Change Due: 0.00				
46	736853	2018	M	MALONEY STACEY E	-5.01	0.00	0.00	0.00	-5.01	0.00
				REFUND						
				Check: -5.01						
				REF MALONEY STACEY						
				Total Bills: -5.01	Total Recv'd: -5.01	Change Due: 0.00				
47	337245	2019	M	MARTINEZ-DEVARGAS ANAA	-258.39	0.00	0.00	0.00	-258.39	0.00
				REFUND						
				Check: -258.39						
				REF MARTINEZ ANA						
				Total Bills: -258.39	Total Recv'd: -258.39	Change Due: 0.00				
48	737631	2018	M	MATTISON GREGG	-143.53	0.00	0.00	0.00	-143.53	0.00
				REFUND						
				Check: -143.53						
				REF MATTISON GREGG						
				Total Bills: -143.53	Total Recv'd: -143.53	Change Due: 0.00				
49	738172	2018	M	MCKEOWN JAMES E	-4.84	0.00	0.00	0.00	-4.84	0.00
				REFUND						
				Check: -4.84						
				REF MCKEOWN JAMES						
				Total Bills: -4.84	Total Recv'd: -4.84	Change Due: 0.00				
50	738170	2018	M	MCKEOWN ANNE E	-14.54	0.00	0.00	0.00	-14.54	0.00
				REFUND						
				Check: -14.54						
				REF MCKEOWN JAMES						
				Total Bills: -14.54	Total Recv'd: -14.54	Change Due: 0.00				
51	738690	2018	M	METICULOUS LLC	-208.86	0.00	0.00	0.00	-208.86	0.00
				REFUND						
				Check: -208.86						
				REF METICULOUS LLC						
				Total Bills: -208.86	Total Recv'd: -208.86	Change Due: 0.00				

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fec/Bond Paid	Total Paid Due	Balance Due
52	339198	2019	M	MINITER CHRISTOPHER LEE	-6.92	0.00	0.00	0.00	-6.92	0.00
				REFUND						
				Check: -6.92						
				REF MINITER SAMANTHA						
				Total Bills: -6.92	Total Recv'd: -6.92	Change Due: 0.00				
53	739314	2018	M	MIRANDA DENISE L	-66.12	0.00	0.00	0.00	-66.12	0.00
				REFUND						
				Check: -66.12						
				REF MIRANDA DENISE						
				Total Bills: -66.12	Total Recv'd: -66.12	Change Due: 0.00				
54	738408	2018	M	MEEKINS T B	-100.31	0.00	0.00	0.00	-100.31	0.00
				REFUND						
				Check: -100.31						
				REF MEEKINS TED						
				Total Bills: -100.31	Total Recv'd: -100.31	Change Due: 0.00				
55	340049	2019	M	MULLEN MARGARET M	-17.51	0.00	0.00	0.00	-17.51	0.00
				REFUND						
				Check: -17.51						
				REF MULLEN MARGARET						
				Total Bills: -17.51	Total Recv'd: -17.51	Change Due: 0.00				
56	341612	2019	M	NISSAN INFINITI LT	-72.22	0.00	0.00	0.00	-72.22	0.00
				REFUND						
				Check: -72.22						
				REF NISSAN						
				Total Bills: -72.22	Total Recv'd: -72.22	Change Due: 0.00				
57	341005	2019	M	NISSAN INFINITI LT	-100.48	0.00	0.00	0.00	-100.48	0.00
				REFUND						
				Check: -100.48						
				REF NISSAN INFINITI						
				Total Bills: -100.48	Total Recv'd: -100.48	Change Due: 0.00				
58	741344	2018	M	NISSAN INFINITI LT	-255.48	0.00	0.00	0.00	-255.48	0.00
				REFUND						
				Check: -255.48						
				REF NISSAN						
				Total Bills: -255.48	Total Recv'd: -255.48	Change Due: 0.00				
59	341457	2019	M	NISSAN INFINITI LT	-407.64	0.00	0.00	0.00	-407.64	0.00
				REFUND						
				Check: -407.64						
				REF NISSAN						
				Total Bills: -407.64	Total Recv'd: -407.64	Change Due: 0.00				

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

<u>Seq</u>	<u>List</u>	<u>Year</u>	<u>TY</u>	<u>Name</u>	<u>Principal</u> <u>Paid</u>	<u>Interest</u> <u>Paid</u>	<u>Lien</u> <u>Paid</u>	<u>Fee/Bond</u> <u>Paid</u>	<u>Total</u> <u>Paid Due</u>	<u>Balance</u> <u>Due</u>	
60	341217	2019	M	NISSAN INFINITI LT	-127.14	0.00	0.00	0.00	-127.14	0.00	
				REFUND							
				Check:	-127.14						
				REF NISSAN							
Total Bills:				-127.14	Total Recv'd:			-127.14	Change Due:	0.00	
61	341683	2019	M	NOLAN DANIEL E	-159.71	0.00	0.00	0.00	-159.71	0.00	
				REFUND							
				Check:	-159.71						
				REF NOLAN DANIEL							
Total Bills:				-159.71	Total Recv'd:			-159.71	Change Due:	0.00	
62	741791	2018	M	NOLAN DANIEL E	-183.16	0.00	0.00	0.00	-183.16	0.00	
				REFUND							
				Check:	-183.16						
				REF NOLAN DANIEL							
Total Bills:				-183.16	Total Recv'd:			-183.16	Change Due:	0.00	
63	742272	2018	M	OLENSKI KAREN LEE	-9.00	0.00	0.00	0.00	-9.00	0.00	
				REFUND							
				Check:	-9.00						
				REF OLENSKI KAREN							
Total Bills:				-9.00	Total Recv'd:			-9.00	Change Due:	0.00	
64	216167	2018	S	OURFALIAN ERICA CLAIRE	-60.51	0.00	0.00	0.00	-60.51	0.00	
				REFUND							
				Check:	-60.51						
				REF OURFALIAN ERICA							
Total Bills:				-60.51	Total Recv'd:			-60.51	Change Due:	0.00	
65	742829	2018	M	PALACIO JOHN J	-5.38	0.00	0.00	0.00	-5.38	0.00	
				REFUND							
				Check:	-5.38						
				REF PALACIO JOHN							
Total Bills:				-5.38	Total Recv'd:			-5.38	Change Due:	0.00	
66	743076	2018	M	PARAGUA JAMIELEE G	-75.93	0.00	0.00	0.00	-75.93	0.00	
				REFUND							
				Check:	-75.93						
				REF PARAGUA JAMIE							
Total Bills:				-75.93	Total Recv'd:			-75.93	Change Due:	0.00	
67	216355	2018	S	PERCY CLAYTON FREDERICK	-5.16	0.00	0.00	0.00	-5.16	0.00	
				REFUND							
				Check:	-5.16						
				REF PERCY CLAYTON							
Total Bills:				-5.16	Total Recv'd:			-5.16	Change Due:	0.00	

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due
68	344747	2019	M	PORSCHE LEASING LTD	-360.04	0.00	0.00	0.00	-360.04	0.00
REFUND										
Check: -360.04										
REF PORSCHE										
Total Bills: -360.04					Total Recv'd: -360.04		Change Due: 0.00			
69	344748	2019	M	PORSCHE LEASING LTD	-1,169.64	0.00	0.00	0.00	-1,169.64	0.00
REFUND										
Check: -1,169.64										
REF PORSCHE										
Total Bills: -1,169.64					Total Recv'd: -1,169.64		Change Due: 0.00			
70	15770	2019	R	RAPETSKI THERESA R	-126.60	0.00	0.00	0.00	-126.60	0.00
REFUND										
Check: -126.60										
REF RADER BRIAN										
Total Bills: -126.60					Total Recv'd: -126.60		Change Due: 0.00			
73	346199	2019	M	RICHARDS JAMES G	-25.26	0.00	0.00	0.00	-25.26	0.00
REFUND										
Check: -25.26										
REF RICHARDS JAMES										
Total Bills: -25.26					Total Recv'd: -25.26		Change Due: 0.00			
74	746544	2018	M	RIVERA JOSE A	-221.72	0.00	0.00	0.00	-221.72	0.00
REFUND										
Check: -221.72										
REF RIVERA JOSE										
Total Bills: -221.72					Total Recv'd: -221.72		Change Due: 0.00			
75	747262	2018	M	ROSENBLUM NANCY N	-5.76	0.00	0.00	0.00	-5.76	0.00
REFUND										
Check: -5.76										
REF ROSENBLUM STEVE										
Total Bills: -5.76					Total Recv'd: -5.76		Change Due: 0.00			
77	648514	2017	M	SANTOS JOAO M	-26.36	0.00	0.00	0.00	-26.36	0.00
REFUND										
Check: -26.36										
REF SANTOS JOAD										
Total Bills: -26.36					Total Recv'd: -26.36		Change Due: 0.00			
78	18021	2018	R	CARON ABBY D	-77.49	0.00	0.00	0.00	-77.49	0.00
REFUND										
Check: -77.49										
REF SCALABRINI BRIGI										
Total Bills: -77.49					Total Recv'd: -77.49		Change Due: 0.00			

City of Milford
Edit Daily Cash register report for Batch - 22089
Detail Report in Sequential Order
Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due
79	9622	2019	U	87 MILFORD POINT LLC	-9.31	0.00	0.00	0.00	-9.31	0.00
				REFUND						
				Check:	-9.31					
				REF SCHNEIDERMEYER						
				Total Bills:	-9.31	Total Recv'd:	-9.31	Change Due:	0.00	
80	349178	2019	M	SEROWIK KRISTIN L	-16.05	0.00	0.00	0.00	-16.05	0.00
				REFUND						
				Check:	-16.05					
				REF SEROWIK KRISTIN						
				Total Bills:	-16.05	Total Recv'd:	-16.05	Change Due:	0.00	
81	650067	2017	M	SIMPSON STEPHEN HARBERT	-13.87	0.00	0.00	0.00	-13.87	0.00
				REFUND						
				Check:	-13.87					
				REF SIMPSON STEPHEN						
				Total Bills:	-13.87	Total Recv'd:	-13.87	Change Due:	0.00	
82	11096	2018	R	SMERAGLINO MICHAEL D &	-33.37	0.00	0.00	0.00	-33.37	0.00
				REFUND						
				Check:	-33.37					
				REF SMERAGLINO MICHA						
				Total Bills:	-33.37	Total Recv'd:	-33.37	Change Due:	0.00	
83	350359	2019	M	SMITH-JASER HEATHER L	-38.47	0.00	0.00	0.00	-38.47	0.00
				REFUND						
				Check:	-38.47					
				REF SMITH JASER HEAT						
				Total Bills:	-38.47	Total Recv'd:	-38.47	Change Due:	0.00	
84	3336	2019	R	SMITH MARIA G	-2,546.14	0.00	0.00	0.00	-2,546.14	0.00
				REFUND						
				Check:	-2,546.14					
				REF SMITH MARIA						
				Total Bills:	-2,546.14	Total Recv'd:	-2,546.14	Change Due:	0.00	
86	3336	2019	U	SMITH MARIA G	-158.28	0.00	0.00	0.00	-158.28	0.00
				REFUND						
				Check:	-158.28					
				REF SMITH MARIA						
				Total Bills:	-158.28	Total Recv'd:	-158.28	Change Due:	0.00	
88	353103	2019	M	TOYOTA LEASE TRUST	-541.96	0.00	0.00	0.00	-541.96	0.00
				REFUND						
				Check:	-541.96					
				REF TOYOTA						
				Total Bills:	-541.96	Total Recv'd:	-541.96	Change Due:	0.00	

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

cg	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due	
89	353233	2019	M	TOYOTA LEASE TRUST	-394.84	0.00	0.00	0.00	-394.84	0.00	
	REFUND										
				Check:	-394.84						
	REF TOYOTA										
Total Bills:					-394.84	Total Recv'd:		-394.84	Change Due:		0.00
90	352973	2019	M	TOYOTA LEASE TRUST	-608.90	0.00	0.00	0.00	-608.90	0.00	
	REFUND										
				Check:	-608.90						
	REF TOYOTA										
Total Bills:					-608.90	Total Recv'd:		-608.90	Change Due:		0.00
91	352924	2019	M	TOYOTA LEASE TRUST	-569.20	0.00	0.00	0.00	-569.20	0.00	
	REFUND										
				Check:	-569.20						
	REF TOYOTA										
Total Bills:					-569.20	Total Recv'd:		-569.20	Change Due:		0.00
92	353200	2019	M	TOYOTA LEASE TRUST	-92.24	0.00	0.00	0.00	-92.24	0.00	
	REFUND										
				Check:	-92.24						
	REF TOYOTA										
Total Bills:					-92.24	Total Recv'd:		-92.24	Change Due:		0.00
93	353292	2019	M	TOYOTA LEASE TRUST	-53.56	0.00	0.00	0.00	-53.56	0.00	
	REFUND										
				Check:	-53.56						
	REF TOYOTA										
Total Bills:					-53.56	Total Recv'd:		-53.56	Change Due:		0.00
94	352912	2019	M	TOYOTA LEASE TRUST	-51.00	0.00	0.00	0.00	-51.00	0.00	
	REFUND										
				Check:	-51.00						
	REF TOYOTA										
Total Bills:					-51.00	Total Recv'd:		-51.00	Change Due:		0.00
95	353283	2019	M	TOYOTA LEASE TRUST	-53.74	0.00	0.00	0.00	-53.74	0.00	
	REFUND										
				Check:	-53.74						
	REF TOYOTA										
Total Bills:					-53.74	Total Recv'd:		-53.74	Change Due:		0.00
96	354532	2019	M	VCFS AUTO LEASING CO	-456.98	0.00	0.00	0.00	-456.98	0.00	
	REFUND										
				Check:	-456.98						
	REF VCFS AUTO										
Total Bills:					-456.98	Total Recv'd:		-456.98	Change Due:		0.00

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due
97	354527	2019	M	VCFS AUTO LEASING CO	-219.64	0.00	0.00	0.00	-219.64	0.00
				REFUND						
				Check:	-219.64					
				REF VCFS						
				Total Bills:	-219.64	Total Recv'd:	-219.64	Change Due:	0.00	
98	354542	2019	M	VCFS AUTO LEASING CO	-346.54	0.00	0.00	0.00	-346.54	0.00
				REFUND						
				Check:	-346.54					
				REF VCFS						
				Total Bills:	-346.54	Total Recv'd:	-346.54	Change Due:	0.00	
99	354571	2019	M	VCFS AUTO LEASING CO	-129.90	0.00	0.00	0.00	-129.90	0.00
				REFUND						
				Check:	-129.90					
				REF VCFS						
				Total Bills:	-129.90	Total Recv'd:	-129.90	Change Due:	0.00	
100	754527	2018	M	VCFS AUTO LEASING CO	-258.84	0.00	0.00	0.00	-258.84	0.00
				REFUND						
				Check:	-258.84					
				REF VCFS						
				Total Bills:	-258.84	Total Recv'd:	-258.84	Change Due:	0.00	
101	754549	2018	M	VCFS AUTO LEASING CO	-89.78	0.00	0.00	0.00	-89.78	0.00
				REFUND						
				Check:	-89.78					
				REF VCFS						
				Total Bills:	-89.78	Total Recv'd:	-89.78	Change Due:	0.00	
102	754572	2018	M	VCFS AUTO LEASING CO	-201.14	0.00	0.00	0.00	-201.14	0.00
				REFUND						
				Check:	-201.14					
				REF VCFS						
				Total Bills:	-201.14	Total Recv'd:	-201.14	Change Due:	0.00	
108	330	2019	R	WARREN CHERYL ANN &	-5.00	0.00	0.00	0.00	-5.00	0.00
				REFUND						
				Check:	-5.00					
				REF WARREN CHERYL						
				Total Bills:	-5.00	Total Recv'd:	-5.00	Change Due:	0.00	
109	356183	2019	M	WHELAN ROBERT JR	-6.86	0.00	0.00	0.00	-6.86	0.00
				REFUND						
				Check:	-6.86					
				REF WHELAN ROBERT JR						
				Total Bills:	-6.86	Total Recv'd:	-6.86	Change Due:	0.00	

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due
110	756209	2018	M	WHETSTINE GEORGE EDWARD	-14.55	0.00	0.00	0.00	-14.55	0.00
REFUND										
Check:					-14.55					
REF WHETSTINE										
Total Bills:		-14.55		Total Recv'd:		-14.55		Change Due:		0.00
111	332718	2019	M	KELLER KEVIN M	-47.05	-2.81 *	0.00	0.00	-49.86	0.00
REFUND										
Check:					-49.86					
REF KELLER KEVIN										
Total Bills:		-49.86		Total Recv'd:		-49.86		Change Due:		0.00
112	736649	2018	M	MAIETTO SARA A	-19.53	-2.92 *	0.00	0.00	-22.45	0.00
REFUND										
Check:					-22.45					
REF MAIETTO SARA										
Total Bills:		-22.45		Total Recv'd:		-22.45		Change Due:		0.00
113	345795	2019	M	REDDY PRAVEEN KRISHNA	-15.33	-0.68 *	0.00	0.00	-16.01	0.00
REFUND										
Check:					-16.01					
REF REDDY PRAVEEN										
Total Bills:		-16.01		Total Recv'd:		-16.01		Change Due:		0.00
114	746069	2018	M	REKER JESSICA D	-35.71	-2.14 *	0.00	0.00	-37.85	0.00
REFUND										
Check:					-37.85					
REF REKER JESSICA										
Total Bills:		-37.85		Total Recv'd:		-37.85		Change Due:		0.00
115	751857	2018	M	SZYGIEL MATTHEW MICHAEL	-68.86	-3.63 *	0.00	0.00	-72.49	0.00
REFUND										
Check:					-72.49					
REF SZYGIEL MATTHEW										
Total Bills:		-72.49		Total Recv'd:		-72.49		Change Due:		0.00
116	355214	2019	M	VW CREDIT LEASING LTD	-407.94	-6.12 *	0.00	0.00	-414.06	0.00
REFUND										
Check:					-414.06					
REF VW										
Total Bills:		-414.06		Total Recv'd:		-414.06		Change Due:		0.00
117	355155	2019	M	VW CREDIT LEASING LTD	-345.66	-7.71 *	0.00	0.00	-353.37	0.00
REFUND										
Check:					-353.37					
REF VW										
Total Bills:		-353.37		Total Recv'd:		-353.37		Change Due:		0.00

City of Milford
 Edit Daily Cash register report for Batch - 22089
 Detail Report in Sequential Order
 Interest Date 12/07/2020 Receipt Date 12/07/2020

Seq	List	Year	TY	Name	Principal Paid	Interest Paid	Lien Paid	Fee/Bond Paid	Total Paid Due	Balance Due	
118	355187	2019	M	VW CREDIT LEASING LTD	-58.58	-1.31 *	0.00	0.00	-59.89	0.00	
				REFUND							
				Check:	-59.89						
				REF VW							
Total Bills:				-59.89	Total Recv'd:				-59.89	Change Due:	0.00
119	355144	2019	M	VW CREDIT LEASING LTD	-253.04	-4.21 *	0.00	0.00	-257.25	0.00	
				REFUND							
				Check:	-257.25						
				REF VW							
Total Bills:				-257.25	Total Recv'd:				-257.25	Change Due:	0.00
120	355190	2019	M	VW CREDIT LEASING LTD	-233.92	-2.63 *	0.00	0.00	-236.55	0.00	
				REFUND							
				Check:	-236.55						
				REF VW							
Total Bills:				-236.55	Total Recv'd:				-236.55	Change Due:	0.00
121	352832	2019	M	TOYOTA LEASE TRUST	-367.78	0.00	0.00	0.00	-367.78	0.00	
				REFUND							
				Check:	-367.78						
				REF TOYOTA							
Total Bills:				-367.78	Total Recv'd:				-367.78	Change Due:	0.00

Starting Cash in Drawer	0.00
Total Cash Received	0.00
Total Cash in Drawer	0.00
Total Amount in Checks	-25,200.04
Total Amount in Credit	0.00
Total Amount in Drawer	-25,200.04
Total Adjustments	0.00
Total Refunds	-25,200.04
Total Suspense	0.00

*= Interest Override

<u>Year</u>	<u>TYPE</u>	<u>DIST</u>		<u>Principal</u> <u>Paid</u>	<u>Interest</u> <u>Paid</u>	<u>Lien</u> <u>Paid</u>	<u>Fee/Bond</u> <u>Paid</u>	<u>Total</u> <u>Collected</u>
2017	M MOTOR VEHICLE	4	Payment(s)	-135.61	0.00	0.00	0.00	-135.61
2017	P PERSONAL PROPERTY	2	Payment(s)	-349.52	0.00	0.00	0.00	-349.52
2017 TOTAL			6 Payment(s)	-485.13	0.00	0.00	0.00	-485.13
2018	M MOTOR VEHICLE	28	Payment(s)	-2,469.54	-8.69	0.00	0.00	-2,478.23
2018	P PERSONAL PROPERTY	5	Payment(s)	-8,974.06	0.00	0.00	0.00	-8,974.06
2018	R REAL ESTATE	3	Payment(s)	-273.21	0.00	0.00	0.00	-273.21
2018	S SUPPLEMENTAL MVD	4	Payment(s)	-156.01	0.00	0.00	0.00	-156.01
2018 TOTAL			40 Payment(s)	-11,872.82	-8.69	0.00	0.00	-11,881.51
2019	M MOTOR VEHICLE	52	Payment(s)	-9,746.89	-28.12	0.00	0.00	-9,775.01
2019	P PERSONAL PROPERTY	1	Payment(s)	-8.00	0.00	0.00	0.00	-8.00
2019	R REAL ESTATE	3	Payment(s)	-2,677.74	0.00	0.00	0.00	-2,677.74
2019	U SEWER USE	6	Payment(s)	-372.65	0.00	0.00	0.00	-372.65
2019 TOTAL			62 Payment(s)	-12,805.28	-28.12	0.00	0.00	-12,833.40
			108 Payment(s)	-25,163.23	-36.81	0.00	0.00	-25,200.04

**AN ORDINANCE AMENDING AN ORDINANCE
ESTABLISHING COMPENSATION OF CITY OFFICIALS
AND EMPLOYEES IN THE SERVICE OF THE CITY OF MILFORD
(Registrars)**

BE IT ORDAINED AND ENACTED By the Board of Aldermen of the City of Milford that An Ordinance Establishing the Compensation of City Officials and Employees in the Service of the City of Milford is hereby amended as follows:

Article III, Schedule U-4 of An Ordinance Establishing the Compensation of City Officials and Employees in the Service of the City of Milford is hereby amended as follows:

SCHEDULE U-4

The following elective positions, regulated by statute as to duties, shall be compensated by annual (fiscal year) payments payable in twelve (12) monthly installments as follows:

January 1, 2021 -- December 31, 2021 Registrar of Voters	Annual Salary 37,071.24
January 1, 2022 -- December 31, 2022 Registrar of Voters	Annual Salary 37,812.66

This ordinance shall become effective in accordance with the provisions of the Charter of the City of Milford.