



State of Connecticut
Department of Developmental Services



Ned Lamont
Governor

Jordan A. Scheff
Commissioner

Cost Certification Report

Date: _____

A. Provider Organization:

Name: _____
Address: _____

B. Community Living Arrangement (CLA) Location:

Name: _____
Address: _____

C. Summary of Capitalized Costs (Actual):

List Costs/Vendor Names and amounts:

<u>Vendor Name:</u>	<u>Amount:</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>Total Amount</i>	\$ _____

D. Contact Person:

Name: _____
Address: _____

E. Certification:

(1) This is to certify that the foregoing information is true, accurate and complete. I further certify that all costs claimed for reimbursement have been incurred and reported in accordance with all applicable state and federal law, including, but not limited to, related party costs as set forth in 17-313b-1(19) and 17-313b-3(5) of the Regulations of Connecticut State Agencies.

(2) I understand that payment will be derived from State funds, and that any falsification or concealment of a material fact, may be prosecuted under State laws.

Property Owner

Signed: _____

Print Name: _____

Title: _____

Date: _____

DDS Regional Certification

This will certify that on (date) _____, I visited the above referenced home to verify that the work to be performed at this location and to be funded by the CHFA Renewal and Replacement Fund has been completed. To the best of my knowledge the repair work has been completed.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Private Agency's Acknowledgement

This will acknowledge that (agency name) _____

- 1. has requested Replacement and Renewal Funds to be used for capital repairs at (name of home) _____;*
- 2. that the agency understands the Department of Social Services is the original source of these Replacement and Renewal Funds through the debt service costs included in the room and board rates computed by DSS;*
- 3. that to the extent the Renewal and Replacement Fund is used to pay for the requested capital repair project, the amount funded by this Fund will not be capitalized as part of the property's value and reported on cost reports submitted to the State for future cost reimbursement and rate setting purposes.*

Signed: _____

Print Name: _____

Title: _____

Date: _____