FAX COVER SHEET

Date: 3/26/2010 Time: 2:00 PM

To: Cristine A. Vogel, Agency Commissioner
Company: Office of Health Care Access
Fax Number: 1-860-418-7053

From: Lynn Tripp, Extension 3017
Phone: (203) 756-8021
Fax: (203) 596-9038

SUBJECT: Letter of Intent Form (Form 2030)
Number of Pages 2
(including this cover sheet)

Notes:

Feel free to contact me with any questions.
Thanks, Lynn

80 Phoenix Avenue Waterbury, CT 06702 Tel: (203) 756-8021
Main Fax: (203) 596-9038

RECEIVED
2010 MAR 26 P 2:19
CONNECTICUT OFFICE OF HEALTH CARE ACCESS

State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	**StayWell Health Care, Inc.**	
Doing Business As	**Not Applicable**	
Name of Parent Corporation	**Not Applicable**	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	**80 Phoenix Avenue, Suite 201, Waterbury, CT 06702**	
Identify Applicant Status: P for Profit or NP for Nonprofit	**NP**	
Does the Applicant have Tax Exempt Status?	**Yes**	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	**Donald Thompson President / CEO**	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	**80 Phoenix Avenue, Suite 201, Waterbury, CT 06702**	
Contact Person Telephone Number	**(203) 756-8021, Ext. 3016**	
Contact Person Fax Number	**(203) 596-9038**	
Contact Person e-mail Address	**DThompson@StayWellHealth.org**	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: **Termination of Psychiatric Outpatient Services – 114 Benedict Street, Waterbury, CT**

b. Project Proposal: **N/A**

c. Type of Project/Proposal, please check all that apply: **Not Applicable**

Inpatient Service(s):

☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☐ MRI ☐ CT Scanner ☐ PET Scanner
☐ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☐ Facility Development ☐ Non-Medical Equipment ☐ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☒ **Yes** ☐ No

If you checked "Yes" above, please check the appropriate box below:

☐ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
☐ Expansion (F, S, Fnc) ☐ Relocation ☒ **Termination of Service**
☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes ☒ **No**

If you checked "Yes" above, please check the boxes below, as appropriate:

☐ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☐ Major medical equipment

☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

114 Benedict Street, Waterbury, CT 06706

g. List each town this project is intended to serve:

Waterbury

h. Estimated starting date for the project: **March 31, 2010**

i. If the proposal includes change in the number of beds provide the following information: **N/A**

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ N/A

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	N/A
Medical Equipment Purchases*	N/A
Non-Medical Equipment Purchases*	N/A
Land/Building Purchases	N/A
Construction/Renovation	N/A
Other (Non-Construction) Specify:_____	N/A
Total Capital Expenditure	
Major Medical Equipment – Fair Market Value of Leases Medical	N/A
Equipment – Fair Market Value of Leases	N/A
Non-Medical Equipment – Fair Market Value of Leases*	N/A
Fair Market Value of Space – Capital Leases Only	N/A
Total Capital Cost	N/A
Total Project Cost	N/A
Capitalized Financing Costs (Informational Purpose Only)	N/A

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes ☒ **No**

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition: N/A

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked): **N/A**

- ☐ Applicant's Equity
- ☐ Capital Lease
- ☐ Conventional Loan
- ☐ Charitable Contributions
- ☐ Operating Lease
- ☐ CHEFA Financing
- ☐ Funded Depreciation
- ☐ Grant Funding
- ☐ Other *(specify)* _____

SECTION IV. PROJECT DESCRIPTION

In paragraph format, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

   Outpatient Mental Health Services are licensed but not currently provided at this specific Homeless Shelter (Health Care for the Homeless) site.

2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.

   Termination of Services – Relinquishment of License

3. Identify the current population served and the target population to be served.

   Health Care for the Homeless – Outpatient Psychiatric Services are provided at a different StayWell site (1302 South Main Street, Waterbury, CT)

4. Identify any unmet need and describe how this project will fulfill that need.

   N/A

5. Are there any similar existing service providers in the proposed geographic area?

   N/A

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

   N/A

7. Who will be responsible for providing the service?

   N/A

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

   N/A

AFFIDAVIT

To be completed by each Applicant

Applicant: **StayWell Health Care, Inc.**

f. Project Title: **Termination of Psychiatric Outpatient Services – 114 Benedict Street, Waterbury, CT**

I, **Donald Thompson**, **President / CEO** of **StayWell Health Care, Inc.** being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that **StayWell Health Care, Inc.** complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

March 24, 2010
Date

Subscribed and sworn to before me on **March 24, 2010**

Lynn M. Tripp, Notary Public
Notary Public/Commissioner of Superior Court

My commission expires: **January 31, 2015**

Lynn M. Tripp
Notary Public
State of Connecticut
My Commission Expires
January 31, 2015

Form 2030
Revised 10/2007

State of Connecticut
Office of Health Care Access
Letter of Intent Form
Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by the Applicant(s), pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	**StayWell Health Care, Inc.**	
Doing Business As	**Not Applicable**	
Name of Parent Corporation	**Not Applicable**	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	**80 Phoenix Avenue, Suite 201, Waterbury, CT 06702**	
Identify Applicant Status: P for Profit or NP for Nonprofit	**NP**	
Does the Applicant have Tax Exempt Status?	**Yes**	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	**Donald Thompson** **President / CEO**	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	**80 Phoenix Avenue, Suite 201, Waterbury, CT 06702**	
Contact Person Telephone Number	**(203) 756-8021, Ext. 3016**	
Contact Person Fax Number	**(203) 596-9038**	
Contact Person e-mail Address	**DThompson@StayWellHealth.org**	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: **Termination of Psychiatric Outpatient Services – 114 Benedict Street, Waterbury, CT**

b. Project Proposal: **N/A**

c. Type of Project/Proposal, please check all that apply: **Not Applicable**

Inpatient Service(s):

☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☐ MRI ☐ CT Scanner ☐ PET Scanner
☐ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☐ Facility Development ☐ Non-Medical Equipment ☐ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☒ **Yes** ☐ No

If you checked "Yes" above, please check the appropriate box below:

☐ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
☐ Expansion (F, S, Fnc) ☐ Relocation ☒ **Termination of Service**
☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes ☒ **No**

If you checked "Yes" above, please check the boxes below, as appropriate:

☐ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☐ Major medical equipment

☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code:

114 Benedict Street, Waterbury, CT 06706

g. List each town this project is intended to serve:

Waterbury

h. Estimated starting date for the project: **March 31, 2010**

i. If the proposal includes change in the number of beds provide the following information: **N/A**

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ N/A

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	N/A
Medical Equipment Purchases*	N/A
Non-Medical Equipment Purchases*	N/A
Land/Building Purchases	N/A
Construction/Renovation	N/A
Other (Non-Construction) Specify:_____	N/A
Total Capital Expenditure	
Major Medical Equipment – Fair Market Value of Leases Medical	N/A
Equipment – Fair Market Value of Leases	N/A
Non-Medical Equipment – Fair Market Value of Leases*	N/A
Fair Market Value of Space – Capital Leases Only	N/A
Total Capital Cost	N/A
Total Project Cost	N/A
Capitalized Financing Costs (Informational Purpose Only)	N/A

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes ☒ **No**

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition: **N/A**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.

e. Type of financing or funding source (more than one can be checked): **N/A**

- ☐ Applicant's Equity
- ☐ Capital Lease
- ☐ Conventional Loan
- ☐ Charitable Contributions
- ☐ Operating Lease
- ☐ CHEFA Financing
- ☐ Funded Depreciation
- ☐ Grant Funding
- ☐ Other *(specify)* _____

SECTION IV. PROJECT DESCRIPTION

In paragraph format, please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

   Outpatient Mental Health Services are licensed but not currently provided at this specific Homeless Shelter (Health Care for the Homeless) site.

2. List the types of services being proposed and what DPH licensure categories will be sought, if applicable.

   Termination of Services – Relinquishment of License

3. Identify the current population served and the target population to be served.

   Health Care for the Homeless – Outpatient Psychiatric Services are provided at a different StayWell site (1302 South Main Street, Waterbury, CT)

4. Identify any unmet need and describe how this project will fulfill that need.

   N/A

5. Are there any similar existing service providers in the proposed geographic area?

   N/A

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

   N/A

7. Who will be responsible for providing the service?

   N/A

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

   N/A

AFFIDAVIT

To be completed by each Applicant

Applicant: **StayWell Health Care, Inc.**

f. Project Title: **Termination of Psychiatric Outpatient Services – 114 Benedict Street, Waterbury, CT**

I, **Donald Thompson**, **President / CEO** of **StayWell Health Care, Inc.** being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that **StayWell Health Care, Inc.** complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

March 24, 2010
Date

Subscribed and sworn to before me on **March 24, 2010**

Lynn M. Tripp, Notary Public
Notary Public/Commissioner of Superior Court

My commission expires: **January 31, 2015**

Lynn M. Tripp
Notary Public
State of Connecticut
My Commission Expires
January 31, 2015

RECEIVED
2010 MAR 30 A 11:51
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Form 2030
Revised 10/2007

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 12, 2010 Facsimile Only

Donald Thompson
Executive Director
StayWell Health Care, Inc.
232 North Elm Street
Waterbury, CT 06702

Re: Letter of Intent; Docket Number: 10-31576
StayWell Health Care, Inc.
Terminate Outpatient Psychiatric Services in Waterbury

Dear Mr. Thompson,

On March 26, 2010, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of StayWell Health Care, Inc. ("Applicant") for the termination of outpatient psychiatric services in Waterbury, with no capital expenditure.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Republican American* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone
Director of Operations

KRM:lmg

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 12, 2010 Requisition # 30994

American Republican
389 Meadow Street
Box 2090
Waterbury, CT 06722-2090

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Friday, April 16, 2010.**

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Laurie Greci or Olga Armah at 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Director of Operations

Attachment

KRM:LKG:OA:lmg

c: Danielle Pare, DPH

The Republican American **Letter of Intent**
Docket Number: 10-31576 **April 12, 2010**

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-638
Applicant:	StayWell Health Care, Inc.
Town:	Waterbury
Docket Number:	10-31576-LOI
Proposal:	Termination of Outpatient Psychiatric Services
Capital Expenditure:	$0

The Applicant may file its Certificate of Need application between May 25, 2010 and July 24, 2010. Interested persons are invited to submit written comments to Cristine A. Vogel, Deputy Commissioner Office of Health Care Access, Division of Department of Public Health, 410 Capitol Avenue, MS13HCA, P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1442
RECIPIENT ADDRESS	912035969038
DESTINATION ID	
ST. TIME	04/12 14:14
TIME USE	01'43
PAGES SENT	4
RESULT	OK

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: **DONALD THOMPSON**

FAX: **(203) 596-9038**

AGENCY: **STAYWELL HEALTH CARE, INC.**

FROM: **LAURIE GRECI**

DATE: **4/12/10** **TIME:**

NUMBER OF PAGES: **4**
(including transmittal sheet

Comments: Docket 10-31576

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Greer, Leslie

From: ads [ads@graystoneadv.com]
Sent: Monday, April 12, 2010 3:48 PM
To: Greer, Leslie
Subject: Re: Legal Ad 10-31576

Good day!

Thanks so much for your ad submission.
We will be in touch shortly and look forward to serving you.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

Thank you,
Graystone Group Advertising

2710 North Avenue
Bridgeport, CT 06604
Phone: 800-544-0005
Fax: 203-549-0061
E-mail: ads@graystoneadv.com
http://www.graystoneadv.com/

On 4/12/10 3:12 PM, "Greer, Leslie" <Leslie.Greer@ct.gov> wrote:

> To Whom It May Concern,
> Please run the attached public notice in The Republican-American by April 16, 2010. For billing please refer to requisition 30994. If you have any questions feel free to call me.
>
> Thank you,
>
> Leslie M. Greer
> Office of Health Care Access
> A Division of Department of Public Health
> State of Connecticut
> 410 Capitol Avenue, MS#13HCA
> Hartford, CT 06134
> Phone: (860) 418-7001
> Fax: (860) 418-7053
> *Website: www.ct.gov/ohca* <http://www.ct.gov/ohca>
> Please consider the environment before printing this message

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
DEPUTY COMMISSIONER

April 15, 2010

via fax and email only

Donald Thompson
Executive Director
StayWell Health Care, Inc.
80 Phoenix Avenue, Suite 201
Waterbury, CT 06702

RE: Certificate of Need Application Forms, Docket Number 10-31576-CON
StayWell Health Care, Inc.
Terminate Outpatient Psychiatric Services at 114 Benedict St., Waterbury.

Dear Mr. Thompson:

Enclosed are the application forms for StayWell Health Care, Inc.'s Certificate of Need ("CON") proposal for the termination of outpatient psychiatric services at 114 Benedict St., Waterbury, with no associated capital expenditure. According to the parameters stated in Section 19a-638 of the Connecticut General Statutes the CON application may be filed between May 25, 2010, and July 24, 2010.

When submitting your CON application and any subsequent application information to this agency, you are obligated to observe the following procedural requirements. **Failure to observe these requirements will require follow-up work on your part to correct the filing.**

- Number and date each page, including cover letter and all attachments. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document immediately preceding it. For example, if the application concludes with page 100, your completeness response letter would begin with page 101.
- Submit one (1) original and six (6) hard copies of each submission in 3-ring binders.

- Submit a scanned copy of each submission in its entirety, including all attachments on CD, preferably in Adobe (.pdf) format.
- Submit an electronic copy of the documents in MS Word format with financial attachments and other data as appropriate in MS Excel format.

The analysts assigned to the CON application are Laurie Greci and Olga Armah. Please contact them at (860) 418-7001 if you have questions.

Sincerely,

Kaila Riggott

Kaila Riggott
Planning Specialist

Enclosures

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than May 25, 2010, and may be submitted no later than July 24, 2010. The analysts assigned to your application are Laurie Greci and Olga Armah. They may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number: 10-31576-CON

Applicant(s) Name: StayWell Health Care, Inc.
Contact Person: Donald Thompson
Contact Title: Executive Director
StayWell Health Care, Inc.
Contact Address: 80 Phoenix Avenue, Suite 201
Waterbury, CT 06702

Project Location: Waterbury

Project Name: Terminate Outpatient Psychiatric Services at 114 Benedict St., Waterbury

Type proposal: Section 19a-638, C.G.S.

Est. Capital Expenditure: $ 0

1. Project Description and Need

A. For each of the Applicant's programs, identify the location, population served, hours of operation, and whether the program is proposed for termination.

B. Describe the history of the services proposed for termination, including when they were begun and whether CON authorization was received.

C. Explain in detail the Applicant's rationale for this termination of services, and the process undertaken by the Applicant in making the decision to terminate.

D. Did the proposed termination require the vote of the Board of Directors of the Applicant? If so, provide copy of the minutes (excerpted for other unrelated material) for the meeting(s) the proposed termination was discussed and voted.

2. Impact on Patient and Provider Community

a. List all existing providers (name, address, services provided, hours and days of operation, and current utilization) of the services proposed for termination in the towns served by the Applicant, and in nearby towns.

b. Discuss what steps the Applicant has undertaken to ensure continued access to the services proposed for termination for the Applicant's patients.

c. For each provider to whom the Applicant proposes to transfer or refer clients, provide the current available capacity, as well as the total capacity and actual utilization for the current year and last completed year.

d. Identify any special populations that utilize the services and explain how these clients will continue to access this service after the service location closes.

e. Provide evidence (e.g. written agreements or memorandum of understanding) that other providers in the area are willing and able to absorb the displaced patients.

f. Describe how clients will be notified about the termination and transferred to other providers.

3. Actual and Projected Volume

A. Provide volumes for the most recently completed FY by town.

B. Complete the following table for the past three fiscal years ("FY") and current fiscal year ("CFY"), for both number of visits and number of admissions, by service.

Table 1: Historical, Current, and Projected Visits & Admissions

	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY ***	FY ***	FY ***	FY ***
Service**				
Total				

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

** Identify each service type and add lines as necessary. Provide both number of visits and number of admissions for each service listed.

*** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

C. Explain any increases and/or decreases in volume seen in the tables above.

D. For DMHAS-funded programs only, provide a report that provides the following information for the last three full FYs and the current FY to-date:
   i) Average daily census;
   ii) Number of clients on the last day of the month;
   iii) Number of clients admitted during the month; and
   iv) Number of clients discharged during the month.

4. Quality Measures

A. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

B. Explain how this proposal contributes to the quality of health care delivery in the region.

C. Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

D. Identify when the Applicants' funding and/or licensing agencies (e.g. DPH, DMHAS) were notified of the proposed termination, and when the Applicants' licenses will be returned.

5. Organizational and Financial Information

A. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

B. Does the Applicant have non-profit status?
☐ Yes (Provide documentation) ☐ No

C. Financial Statements

i) If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

ii) If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.)

a. Submit a final version of all capital expenditures/costs.

a. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges received to date; letter of interest or approval from a lending institution.

6. Financial Attachments I & II

A. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. Complete **Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

B. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. Complete **Financial Attachment II.** The projections must include the first three full fiscal years of the project.

C. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

D. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the service(s).

E. Was the Applicant being reimbursed by payers for these services? Did reimbursement levels enter into the determination to terminate?

F. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

G. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

H. Describe how this proposal is cost effective.

7. Other Review Criteria

A. Describe the proposal's relationship to the Applicant's long-range plans. Provide supporting documentation.

B. Specify whether any of the following apply to the proposal. If so, provide an explanation and supporting documentation.
   i) Voluntary efforts to improve productivity and contain costs;
   ii) Changes to the Applicant's teaching or research responsibilities; and/or
   iii) Special characteristics of the Applicant's patient or physician mix.

6. A. Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

Total Facility: Description	FY Actual Results	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project
Revenue from Operations				$0			$0			$0
Non-Operating Revenue				$0			$0			$0
Total Revenue:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Operating Expenses				$0			$0			$0
Revenue Over/(Under) Expense	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

*Volume Statistics:

*Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

6. B. Please provide **three** years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:
Use a separate form for each year.

Type of Service Description
Type of Unit Description:
# of Months in Operation

FY _____ **FY Projected Incremental** Total Incremental Expenses:	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Total Facility by Payer Category:										
Medicare				$0				$0	$0	$0
Medicaid		$0		$0				$0	$0	$0
CHAMPUS/TriCare		$0		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$0	$0
Commericial Insurers		$0		$0				$0	$0	$0
Uninsured		$0		$0				$0	$0	$0
Total NonGovernment		$0	0	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	0	$0	$0	$0	$0	$0	$0	$0

13.C(x). Please provide three years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:

Type of Service Description: CT Services
Type of Unit Description: CT Scan
# of Months in Operation: 3

Year 1 FY Projected Incremental Total Incremental Expenses: **$53,513**	(1)	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9	
Total Facility by Payer Category:											
Medicare		$1,000	42	$42,000	$28,467	$0	$0	$13,533	$17,838	($4,305)	
Medicaid		$1,000	3	$3,000	$1,963	$0	$0	$1,037	$1,274	($237)	
CHAMPUS/TriCare		$1,000	0	$0	$0	$0	$0	$0	$0	$0	
Total Governmental		$1,000	45	$45,000	$30,430	$0	$0	$14,570	$19,112	($4,542)	
Commericial Insurers		$1,000	79	$79,000	$42,229	$2,000	$0	$34,771	$33,552	$1,219	
Uninsured		$1,000	2	$2,000	$900	$1,050	$0	$50	$849	($799)	
Total NonGovenrment		$1,000	81	$81,000	$43,129	$3,050	$0	$34,821	$34,401	$420	
Total All Payers		$1,000	126	$126,000	$73,559	$3,050	$0	$49,391	$53,513	***($4,122)***	($4,122)

GENERAL AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

_____ _____
Signature Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Donald Thompson

FAX: 203 596 9038

AGENCY: StayWell Health Care, Inc.

FROM: Laurie Greci

DATE: 4/15/10 **TIME:** 2:40 PM

NUMBER OF PAGES: 12
(including transmittal sheet

Comments: CON Application + Forms

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1460
RECIPIENT ADDRESS	912035969038
DESTINATION ID	
ST. TIME	04/15 14:43
TIME USE	02'43
PAGES SENT	12
RESULT	OK

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Donald Thompson

FAX: 203 596 9038

AGENCY: StayWell Health Care, Inc.

FROM: Laurie Greci

DATE: 4/15/10 **TIME:** 2:40 PM

NUMBER OF PAGES: 12
(including transmittal sheet

Comments: CON Application + Forms

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

10-31576

Special notices

Legals/ Public Notices

HARWINTON
ZONING COMMISSION

The Harwinton Zoning Commission will hold a public hearing on Monday, April 26, 2010 at 7:00 p.m. in the Town Hall, 100 Bentley Drive, to hear an application submitted by GRJH, Inc. for modifications to previous approval for additional activity, 207 Birge Park Road to include in-service restaurant.
Application is on file in the Land Use Office. At such hearing any person or persons may appear and be heard and may be represented by agent or attorney.

Ron Sherlock, Chairman
Zoning Commission
R-A April 16 & 23, 2010

INVITATION TO BID
April 16, 2010

DUE DATE: May 4, 2010
TIME: 2:00 p.m.
LOCATION: University of Connecticut
Capital Projects & Contract Administration
31 LeDoyt Road, Storrs, CT
Attn: Walt Dalia

(Sealed Bids – Faxed Bids will not be accepted)

The University of Connecticut is accepting sealed bids for:

Engineering II Combustion Lab – UCFM Code Remediation
Project Number #901346
UNIVERSITY OF CONNECTICUT
Storrs, CT

Bids must be submitted on the forms supplied and in the manner specified within the Bid Documents. BIDDERS MUST ORDER AND RESERVE A SET OF BID DOCUMENTS PRIOR TO PICK-UP FROM JOSEPH MERRITT & CO., 650 FRANKLIN AVENUE, HARTFORD, CT 06114, PHONE (860) 296-2500 OR FAX (860) 296-0414. BID DOCUMENTS MAY BE PURCHASED FOR THE COST OF PRINTING BY BUSINESS OR PERSONAL CHECK MADE PAYABLE TO JOSEPH MERRITT & CO.

In the bidding of most deferred maintenance, major renovation, and new construction projects, contractors are advised that they must award twenty-five (25%) or more of the values of their awarded contracts to certified SBE's; and, of that amount, twenty five percent (6.25% of the total award) or more must be awarded to SBE's who are also MBE's. The contractors are responsible for ensuring that they and the SBE's they have selected are eligible contractors, and that they meet State requirements.

The University of Connecticut is an Affirmative Action/Equal Opportunity Employer (AA/EOE). Minorities and women are encouraged to bid/apply.
R-A April 16, 2010

INVITATION TO BID
April 16, 2010

DUE DATE: May 5, 2010
TIME: 2:00 p.m.
LOCATION: University of Connecticut
Capital Projects & Contract Administration
31 LeDoyt Road, Storrs, CT
Attn: Walt Dalia

(Sealed Bids – Faxed Bids will not be accepted)

The University of Connecticut is accepting sealed bids for:

Homer Babbidge Window Flashing Repair
Project Number #901399
UNIVERSITY OF CONNECTICUT
Storrs, CT

Bids must be submitted on the forms supplied and in the manner specified within the Bid Documents. BIDDERS MUST ORDER AND RESERVE A SET OF BID DOCUMENTS PRIOR TO PICK-UP FROM JOSEPH MERRITT & CO., 650 FRANKLIN AVENUE, HARTFORD, CT 06114, PHONE (860) 296-2500 OR FAX (860) 296-0414. BID DOCUMENTS MAY BE PURCHASED FOR THE COST OF PRINTING BY BUSINESS OR PERSONAL CHECK MADE PAYABLE TO JOSEPH MERRITT & CO.

In the bidding of most deferred maintenance, major renovation, and new construction projects, contractors are advised that they must award twenty-five (25%) or more of the values of their awarded contracts to certified SBE's; and, of that amount, twenty five percent (6.25% of the total award) or more must be awarded to SBE's who are also MBE's. The contractors are responsible for ensuring that they and the SBE's they have selected are eligible contractors, and that they meet State requirements.

The University of Connecticut is an Affirmative Action/Equal Opportunity Employer (AA/EOE). Minorities and women are encouraged to bid/apply.
R-A April 16, 2010

INVITATION TO BID
April 16, 2010

DUE DATE: May 6, 2010
TIME: 2:00 p.m.
LOCATION: University of Connecticut
Capital Projects & Contract Administration
31 LeDoyt Road, Storrs, CT
Attn: Walt Dalia

(Sealed Bids – Faxed Bids will not be accepted)

The University of Connecticut is accepting sealed bids for:

Laundry Building Roof Repair
Project Number #201506
UNIVERSITY OF CONNECTICUT
Storrs, CT

Bids must be submitted on the forms supplied and in the manner specified within the Bid Documents. BIDDERS MUST ORDER AND RESERVE A SET OF BID DOCUMENTS PRIOR TO PICK-UP FROM JOSEPH MERRITT & CO., 650 FRANKLIN AVENUE, HARTFORD, CT 06114, PHONE (860) 296-2500 OR FAX (860) 296-0414. BID DOCUMENTS MAY BE PURCHASED FOR THE COST OF PRINTING BY BUSINESS OR PERSONAL CHECK MADE PAYABLE TO JOSEPH MERRITT & CO.

In the bidding of most deferred maintenance, major renovation, and new construction projects, contractors are advised that they must award twenty-five (25%) or more of the values of their awarded contracts to certified SBE's; and, of that amount, twenty five percent (6.25% of the total award) or more must be awarded to SBE's who are also MBE's. The contractors are responsible for ensuring that they and the SBE's they have selected are eligible contractors, and that they meet State requirements.

The University of Connecticut is an Affirmative Action/Equal Opportunity Employer (AA/EOE). Minorities and women are encouraged to bid/apply.
R-A April 16, 2010

INVITATION TO BID
April 16, 2010

DUE DATE: May 7, 2010
TIME: 2:00 p.m.
LOCATION: University of Connecticut
Capital Projects & Contract Administration
31 LeDoyt Road, Storrs, CT
Attn: Walt Dalia

(Sealed Bids – Faxed Bids will not be accepted)

The University of Connecticut is accepting sealed bids for:

Homer Babbidge Library Plaza Deck Expansion Joint Repair
Project Number #901467
UNIVERSITY OF CONNECTICUT
Storrs, CT

Bids must be submitted on the forms supplied and in the manner specified within the Bid Documents. BIDDERS MUST ORDER AND RESERVE A SET OF BID DOCUMENTS PRIOR TO PICK-UP FROM JOSEPH MERRITT & CO., 650 FRANKLIN AVENUE, HARTFORD, CT 06114, PHONE (860) 296-2500 OR FAX (860) 296-0414. BID DOCUMENTS MAY BE PURCHASED FOR THE COST OF PRINTING BY BUSINESS OR PERSONAL CHECK MADE PAYABLE TO JOSEPH MERRITT & CO.

In the bidding of most deferred maintenance, major renovation, and new construction projects, contractors are advised that they must award twenty-five (25%) or more of the values of their awarded contracts to certified SBE's; and, of that amount, twenty five percent (6.25% of the total award) or more must be awarded to SBE's who are also MBE's. The contractors are responsible for ensuring that they and the SBE's they have selected are eligible contractors, and that they meet State requirements.

The University of Connecticut is an Affirmative Action/Equal Opportunity Employer (AA/EOE). Minorities and women are encouraged to bid/apply.
R-A April 16, 2010

INVITATION TO BID

Sealed bids for the SPECIAL EDUCATION OUT OF DISTRICT TRANSPORTATION for the Thomaston Public Schools will be received by the Business Manager at her office on 158 Main Street in Thomaston until 3:00 pm on May 13, 2010.

The superintendent of Schools reserves the right to waive any information and/or to accept or reject any or all bids, or portions of bids.

Bid packages are available in the Superintendent's office Monday through Friday from 9am to 3pm, 158 Main Street Level 6, Thomaston or online at www.thomastonschools.net
R-A April 16, 17 & 18, 2010

LEGAL NOTICE

At the regular meeting on Wednesday, April 14, 2010, the Sharon Planning & Zoning Commission voted unanimously to: Approve the Application of Charles Paley for property at 230 Amenia Road for Restaurant, including outdoor cafe service, bakery or confectionery shop and Retail sales outlet as accessory to the primary use of product production or warehousing on the same site: as outlined in section 9.3, P & Q. of the Local Enterprise District special exceptions. The decision will be on file with the Sharon Town Clerk.

Dated at Sharon, Connecticut, this 15th Day of April, 2010

Barclay Prindle, Chairman
Sharon Planning & Zoning Commission
R-A April 16, 2010

Legal Notice

Notice of sales or other disposition, pursuant to Conn. Gen. Stat. 42a-7-210, is hereby given that "Industrial Riggers, Inc." will sell at public auction, to satisfy unpaid storage fees on delinquent accounts, the following property: Misc. equipment for Empire Lighting, Central Electric, Sterling Industries, and Paul Majewicz. Sales to be paid in cash only, at the time of sales, property to be moved off premises same day. Tenants may claim their merchandise up to the time of sale by paying just debts and vacate. Sale to be held on 4/21/10 at 8:00 a.m. at Industrial Riggers, Inc. 300 Chase River Rd. Waterbury, CT, 06704
R-A April 7 through April 21, 2010

LEGAL NOTICE

The Audit of the Northwest Connecticut Convention & Visitors Bureau for the Fiscal Year 2008-2009 has been completed. Anyone wishing further information should call: 860-567-4506 to set up an appointment.

Janet L. Serra, Director
Northwest CT Convention & Visitors Bureau
PO Box 968
Litchfield, CT 06759
R-A April 16, 2010

LEGAL NOTICE

The Torrington Area Health District will hold a public hearing on its 2010-2011 budget on Thursday, April 22, 2010 at 7:00 PM at 350 Main Street, Torrington, CT.

James B. Rokos
Director of Health
R-A April 16, 2010

LEGAL NOTICE
TOWN OF CORNWALL
ADOPTION OF PLAN OF CONSERVATION AND DEVELOPMENT
PLANNING AND ZONING COMMISSION

Pursuant to the provisions of Section 8-23 of the General Statutes, as amended, notice is hereby given that at a regular meeting, April 13, 2010, held in the Cornwall Town Hall, the Cornwall Planning and Zoning Commission, made the following decision: By unanimous vote of all regular members, to Adopt the Plan of Conservation of Development, as amended. A copy of the amended Plan is on file in the Office of the Town Clerk for review and placed on the Town of Cornwall website. The Plan of Conservation has been approved with an effective date of May 1, 2010.
Dated this 15th day of April, 2010
Land Use Administrator
Karen Griswold Nelson
R-A April 16, 2010

LEGAL NOTICE

TOWN OF HARWINTON
ZONING BOARD OF APPEALS

MEMORANDUM OF DECISION - VARIANCE

The Zoning Board of Appeals, Town of Harwinton, held a Public Hearing on Wednesday, April 14, 2010, 7:00 p.m., in the Town Hall, 100 Bentley Drive, to hear the application of Chris Johnpiere, 299 Hill Road, requesting a 27.5' side yard variance, Section 5 (CR) Zoning Regulations, for a deck.

Five members of the Board were present.

It was a unanimous vote by the Board to grant the request for variance applied for, hardship being the location of the existing house on the non-conforming narrow lot.

Dated this date, April 15, 2010.

Christine B. Neal, Clerk
HARWINTON ZONING BOARD OF APPEALS
R-A April 17, 2010

LEGAL NOTICE
Town of Kent Zoning Board of Appeals

At a meeting of the Zoning Board of Appeals on April 13, 2010, the following actions were taken:

#03-10 - Justin Money at 24 Maple Street Extension, Map 4 Block 44 Lot 3, seeking relief from SEction 5.5 pertaining to the side yard setbacks to permit material storage bins 10' rather than 20' from the north side boundary was denied.

#04-10 - Craig Bibb at 72 Lake Waramaug Road, Map 17 Block 27 Lot 10, seeking relief from Section 5.5 pertaining to the front, side and rear setbacks and Section 10.4.3. pertaining to the Lake Waramaug Watershed District was tabled to the May 11, 2010 meeting.

Dated at Kent, CT, this 16th Day of April, 2010.
Anthony F. DiPentima, Chairman
R-A April 16, 2010

Legal Notice
Town of Litchfield
Planning and Zoning Commission

Notice is hereby given that at the Litchfield Planning and Zoning Commission meeting held on April 5, 2010 the Commission adopted the following amendments to the Town of Litchfield Subdivision Regulations:

Article V. Section 5.4, Driveways and access ways to add a provision for a shared driveway.

The effective date of these amendments shall be May 1, 2010.

Copies of the amendments are on file at the Land Use Office, Town Hall Annex, 80 Doyle Road, Bantam, CT.

Barbara Putnam
Chairman
R-A April 16, 2010

NOTICE OF PUBLIC HEARING ON CONNECTICUT'S WATER POLLUTION CONTROL FINANCIAL ASSISTANCE PROGRAM FOR STATE
FISCAL YEARS 2010 & 2011
CLEAN WATER FUND PROGRAM

In conformance with the provisions of the Municipal Wastewater Treatment Construction Grant Amendments of 1981, Public Law 97-177, the Water Quality Act of 1987, the requirements of Title 40, Part 35 Subpart I, paragraphs 35.2015 and 35.2020, Code of Regulations in the Federal Register, Volume 49, Number 34, February 17, 1984 and pursuant to Sections 22a-439, 22a-439a and 22a-478 of the Connecticut General Statutes and Sections 22a-439-1 and 22a-482-1 (c)(4) of the Regulations of Connecticut State Agencies, the Connecticut Department of Environmental Protection will hold a public hearing to discuss the Federal and State Water Pollution Control Funding Assistance for publicly owned wastewater treatment works (pollution abatement facilities) for State fiscal years 2010 and 2011 (July 1, 2009-June 30, 2011).

The financial assistance program provides grants and loans at various levels to municipalities for planning, design, and construction of wastewater collection and treatment projects. This program uses a priority setting system to rank eligible municipal treatment works projects. The priority system and priority list become the basis for committing available and anticipated state and federal funds. A public hearing on the proposed priorities for Clean Water Fund funding will be held in the Phoenix Auditorium, 5th floor at 79 Elm Street, Hartford, CT on May 11, 2010 at 9:30 am.

The FY10 and FY11 Draft Priority List for the Clean Water Fund program can be found at www.ct.gov/dep/cleanwaterfund.

Interested parties are invited to review and comment on the proposed priority list.
Written statements must be received at the Bureau of Water Protection and Land Reuse, Connecticut Department of Environmental Protection, 79 Elm Street, Hartford, Connecticut 06106-5127 on or before May 17, 2010.

Paul E. Stacey
Director
Bureau of Water Protection and Land Reuse
Planning & Standards Division

Dated: April 13, 2010
R-A April 16, 2010

NOTICE TO CREDITORS
ESTATE OF KATHRYN V. PITZSCHLER, of Beacon Falls
(10-00056)
The Hon. Peter E. Mariano, Judge of the Court of Probate, District of Waterbury, by decree dated March 11, 2010, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.
Patricia Alegi, Clerk
The fiduciary is:
ROBERT B. PITZCHLER
c/o ATTY. DANIEL F. SCHOPICK
Steiber & Schopick
572 White Plains Road
Trumbull, CT 06611
R-A April 16, 2010

NOTICE TO CREDITORS
ESTATE OF LEON KIELB, of Naugatuck aka LEON A. KIELB
(10-00079)
The Hon. Peter E. Mariano, Judge of the Court of Probate, District of Naugatuck, by decree dated April 13, 2010, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.
Patricia Alegi, Clerk
The fiduciary is:
ELISE M. GETER
c/o ATTY. CARLA M. PERUGINI-ERICKSON
PO Box 7299
Prospect, CT 06712
R-A April 16, 2010

PROSPECT PLANNING & ZONING COMMISSION
NOTICE OF PUBLIC HEARING

The Prospect Planning & Zoning Commission will hold a Public Hearing on Wednesday, April 21, 2010 in the lower level conference room of the Prospect Town Hall, 36 Center Street on the following applications:
7:10 p.m. TSC Properties, 170 Scott Road - Change of Zone Designation from RA-1 Acre to Commerce Park District and a text change allowing General Contractors, Service and Equipment as a permitted use within a Commerce Park District.
- At this hearing all interested persons will be heard and written correspondence received. The complete file may be reviewed at the Land Use Office in the Prospect Town Hall.
Donald Pomeroy, Chairman
R-A April 9 & 16, 2010

Request For Qualifications
RFQ # 01-9009

The State of Connecticut Judicial Branch, on behalf of the Office of Victim Services (OVS) is soliciting responses to this Request for Qualifications (RFQ) from qualified individuals or institutions to provide assistance on the Sexual Assault Forensic Examiners (SAFE) pilot program.
Interested parties are required to respond to this RFQ by May 7, 2010 before 2:30 p.m. You may Fax or e-mail your response to the individual named in the RFQ. Further information is available in the RFQ documents.

PLEASE CHECK THE JUDICIAL WEB SITE AT:
www.jud.ct.gov/external/news/busopp/Default.htm

JUDICIAL BRANCH
PURCHASING SERVICES
90 WASHINGTON STREET
HARTFORD, CT 06106
An Equal Opportunity/Affirmative Action Employer
R-A April 16, 2010

The University of Connecticut is currently seeking proposals for the following:

1. Landscape Service Contract for the Avery Point Campus. Mandatory pre-proposal meeting 4-28-2010 @ 11:00 AM at the Avery Point Campus
Bid No: PL041610
Opening Date: May 7, 2010 @ 2:00 PM

Interested parties should visit our website at http://www.purchasing.uconn.edu/currentbid/currentbid.html, or call 860-486-2619. Inquiries must be made by Bid Number
R-A April 16, 2010

TOWN OF CORNWALL
BOARD OF FINANCE
NOTICE OF PUBLIC BUDGET HEARING
APRIL 23rd, 2010

The Cornwall Board of Finance will hold a Public Budget Hearing of the electors and citizens of the Town of Cornwall, Connecticut on Friday, April 23, 2010, beginning at 7:30 P.M. at the Cornwall Consolidated School Gathering Room, Cornwall, CT to hear and discuss the following: MUNICIPAL BUDGET FOR THE TOWN OF CORNWALL, CONNECTICUT FOR THE FISCAL YEAR 2010/2011 Copies of the proposed 2010/2011 Municipal Budget are available for inspection in the Finance Office and the Selectmen's Office of the Town Hall, 24 Pine Street, Cornwall, CT Dated at Cornwall, Connecticut, this 8th day of April 2010. Ralph Gold, Chairman, Board of Finance
R-A April 16 & 17, 2010

LEGAL NOTICE

Statute Reference:	19a-638
Applicant:	StayWell Health Care, Inc.
Town:	Waterbury
Docket Number:	10-31576-LOI
Proposal:	Termination of Outpatient Psychiatric Services
Capital Expenditure:	$0

The Applicant may file its Certificate of Need application between May 25, 2010 and July 24, 2010. Interested persons are invited to submit written comments to Cristine A. Vogel, Deputy Commissioner Office of Health Care Access, Division of Department of Public Health, 410 Capitol Avenue, MS13HCA, P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.
R-A April 16, 2010

PUBLIC NOTICE
Office of Health Care Access Public Hearing

Statute Reference:	19a-638
Applicants:	Employment Options d/b/a Litchfield Hills Retreat
Town:	Bethlehem
Docket Number:	09-31500-CON
Proposal:	Establishment of a Free-Standing [...] Health and Substance Abuse Trea[...] Facility in Bethlehem, CT with a to[...] capital expenditure of $500,000
Date:	April 29, 2010
Time:	9:00 a.m.
Place:	Office of Health Care Access, Thir[...] Hearing Room, 410 Capitol Avenue Hartford, Connecticut

Any person who wishes to request status in the above liste[...] hearing may file a written petition no later than April 24, 2010 ([...] dar days before the date of the hearing) pursuant to Sections [...] 37/38/39 of OHCA's Regulation. If the request for status is grant[...] person shall be designated as a Party, an Intervenor or an Infor[...] ticipant in the above proceeding. Please check OHCA's we[...] www.ct.gov/ohca for more information or call OHCA directly [...] 418-7001. The ninety-day review period for the Certificate of N[...] plication will end on May 31, 2010
R-A April 16, 2010

NOTICE OF ANNUAL TOWN MEETING
TOWN OF SEYMOUR
Thursday, April 22, 2010

The Annual Town Meeting of the Electors and Citizens qualified to vote in the Town meetings of the Town of Seymour, Connecticut, will be held at Seymour Middle School, 211 Mountain Road, Seymour, CT, Thursday, April 22, 2010 @ 7:00 PM.

1. To consider and act upon by vote Move to authorize the issue of notes in anticipation of the receipt of taxes for the fiscal year commencing July 1, 2010, in an amount not to exceed $2,000,000 to pay current expenses and obligations of the Town, and to authorize the Board of Selectmen, or its designees, to determine, the amount, date, interest rates, maturities, form and other details of the notes, and to bid the Town pursuant to such representations and covenants as deemed necessary or advisable in order to maintain the continued exemption from Federal Income Taxation of interest on the notes, including covenants to pay rebates of investment earnings to the United States in future years.

2. To consider the 2010/2011 Budget as recommended by the Board of Finance. Income $50,728,948.00 Expenses $50,728,948.00. For a Mill Rate of 27.98. This meeting will be adjourned until April 29, 2010 hereupon the town voters will act on the Budgets. This action will occur by machine vote at the Community Center, 20 Pine Street, from 6:00 a.m. - 8:00 p.m.

TOWN REVENUES	BUDGET FY 2010-2011
Town Fees, Assessment & Interest Income	2,213,366.00