State of Connecticut
Department of Developmental Services

Ned Lamont
Governor

Jordan A. Scheff
Commissioner

DEPARTMENT OF DEVELOPMENTAL SERVICES
REQUEST FOR CAPITAL IMPROVEMENT TO EXISTING
COMMUNITY LIVING ARRANGEMENTS

DATE
(A)

APPROVAL IS REQUESTED FOR THE CAPITAL IMPROVEMENT DETAILED BELOW AT:

Property Address   (B)

Improvement Requested (C):

Description of Need (D):

Scope of Work (E):

Estimated Total Project Cost (F): $

Expense Incurred by: (check one)   ☐ Provider   ☐ CIL

Explanation of Cost Estimate (G):

BID SUMMARY FORM

Provider: Date:

Address:

Project Location: Number:

Description of Work:

Type of Contractor (General, Trade)

Contractors Requests to Submit Bids

	Date Received	Bid Amount

Contract Award To:

If exception to bidding process is requested, check reason:

☐ Unable to solicit three bids   ☐ Urgency to complete work
☐ Other:

If lowest bid is not selected, write justification for choice:

Remarks:

Prepared by: Approved By:
        Provider   Region

Property Address:

(H)

The undersigned acknowledge that this document does not constitute a contract for development of a property and further acknowledges that any payments by the State of Connecticut related to this property may only be made pursuant to Sections 17b-244 and 17a-228 of the General Statutes and the regulations promulgated thereunder.

PROPOSED BY: PROPOSED BY:

Private Residential Provider   Development Staff/Property Developer
                                                                          (if Applicable)

_____   _____
Signature (Name)   (I)   (Date)   Signature (Name) (J)   (Date)

Print/Type Name   Print/Type Name

Tel No.:   Tel.No.

REVIEWED BY: AFTER CONSULTATION WITH:

_____ _____   _____   _____
Signature (Name) (L)   (Date)   (Signature) (Name) (M)   (Date)
Regional Director for Region   Commissioner
Department of Developmental Services   Department of Social Services
(Or Authorized Designee)   (Or Authorized Designee)

Print/Type Name

Tel.No:

                              APPROVED BY

                              _____ _____
                              (Signature) (Name)   (N)   (Date)
                              Commissioner
                              Department of Developmental Services
                              (Or Authorized Designee)

By signing below, I hereby certify that this capital improvement project is considered by the Department of Developmental Services to be a required project for the health or safety of the residents as detailed in CGS 17b-244.

_____ _____
(Signature) (Name)   (O)   (Date)
Commissioner
Department of Developmental Services
(Or Authorized Designee)