

VENDOR NUMBER	VENDOR NAME	CHECK NUMBER	CHECK DATE	CHECK AMOUNT
50165	UNITED WAY OF GREATER NEW HAVEN	539682	12/30/2024	\$11,660.53

INVOICE DATE	INVOICE NUMBER	DESCRIPTION	INVOICE AMOUNT
12/26/2024	ARPA FUNDS	jn ARPA UNITED WAY HPYC	\$11,660.53
		PO #: 25002751 - ECONOMIC DEVELOPMENT	
		GL #: HN021-0850	\$11,660.53

**Town of Hamden**

General Fund
Hamden Government Center
2750 Dixwell Avenue I
Hamden, Connecticut 06518

Webster Bank,
National Assoc
51-7010/2111

Vendor Number	Check Number	Check Date
50165	539682	12/30/2024

*** Eleven Thousand Six Hundred Sixty Dollars And Fifty-Three Cents ***

\$11,660.53

Pay To
The
Order Of

UNITED WAY OF GREATER NEW HAVEN
C/O TRICIA GODFREY
60 PUTNAM AVENUE
HAMDEN, CT 06517

Authorized Signature

MP

⑈00539682⑈ ⑆211170101⑆10 1918084700⑈



Town of Hamden

Purchasing Department
Hamden Government Center
2750 Dixwell Avenue I
Hamden, Connecticut 06518
Phone (203) 287-7110 Fax (203) 287-7115

Material Safety
Data Sheets
(MSDS) to be
Included



Purchase Order

Fiscal Year 2025

Page 1 of 1

**THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKAGES AND SHIPPING PAPERS.**

Purchase Order Number **25002751**

Purchase Order Date 12/20/2024

Department **ECONOMIC DEVELOPMENT**

Freight Terms Agreement

Bill To

Economic Development
2750 Dixwell Avenue
Hamden, CT 06518

Ship To

Economic Development
2750 Dixwell Avenue
Hamden, CT 06518

Vendor 50165
UNITED WAY OF GREATER NEW HAVEN
370 JAMES STREET, 4TH FL
NEW HAVEN, CT 06513

ARPA

Delivery must be made within doors of specified
destination.

VENDOR PHONE NUMBER	VENDOR FAX NUMBER	VENDOR NUMBER	REQUISITION NUMBER	REQUISITIONER NAME	DELIVERY REFERENCE
203-772-2010		50165	253137	Sharon Regan	

NOTES					
ITEM #	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE
1	ARPA - United Way of Greater New Haven - Hamden Partnership for Young Children	1.0000	EACH	\$11,660.5300	\$11,660.53
	Expenditure Description Facilitation of Medication & 1st Aid Training, Consulting hours, CRP & First Aid Course, Admin Fee				
	GL #: HN021 - 0850			\$11,660.53	



* Important: Read terms and conditions provided as part of this purchase order

When complete shipment is made, mail your invoice itemizing all charges to:

Finance Department, Hamden Government Center, 2750 Dixwell Avenue, Hamden, Connecticut 06518

Philip W. Goodwin
Purchasing Agent

Purchase Order Total **\$11,660.53**

Drawdown Expense Ledger Form					
ARPA Subrecipient Name:		United Way/HPYC	Reconciliation to Approved Budget		
Q3/Drawdown Request #1		1			
Total Grant Award:	\$	165,000.00	Total Draws Requested and Received:	\$	11,660.53
Total Draw Request:	\$	11,660.53	Total Reconciled Per Expense Category	\$	11,660.53
Prior Amount of Draws Received	\$	-		Difference	\$ 0.00
Balance of Grant Remaining	\$	153,339.47			
			Objective # (Per approved Budget)	Expense Category (Per approved Budget)	Date of Payment
Expenditure Description	Vendor/Contractor/Other	Total			
✓ 1 Facilitation of Medication & 1st Aid Training	Area Cooperative Educational Svcs	\$ 1,208.00	4	Contracts for non-personnel expense	7/11/2024
✓ 2 Consulting hours	Tricia M. Godfrey	\$ 1,200.00	1,3,4	Contracts for non-personnel expense	7/11/2024
✓ 3 CPR & 1st Aid Course	Beth A. Capobianco	\$ 3,630.00	4	Contracts for non-personnel expense	7/11/2024
✓ 4 Consulting hours	Sheryl Sadinsky	\$ 1,062.50	1,3,4	Contracts for non-personnel expense	7/11/2024
✓ 5 CPR & 1st Aid Course	Beth A. Capobianco	\$ 1,245.00	4	Contracts for non-personnel expense	8/15/2024
✓ 6 CPR & 1st Aid Course	Beth A. Capobianco	\$ 1,725.00	4	Contracts for non-personnel expense	8/21/2024
7 Facilitation of Medication & 1st Aid Training	Area Cooperative Educational Svcs	\$ 1,060.00	4	Contracts for non-personnel expense	9/19/2024
✓ 8 Admin Fee (4.76%) Not to Exceed \$7,500 total.		\$ 530.03		Other	N/A
9					
10					
		TOTAL \$	11,660.53		
Submitted by:		Christina Fernandes			
Date:		10/10/2024			
Draw #:		1			
Business/Org Name:		United Way Grtr New Haven/HPYC			

ARPA



Vendor # 50165
Munis HN021 - 0850
Requisition #

**Area Cooperative Educational Services**

FISCAL SERVICES

370 James Street, Suite 303

New Haven, CT 06513

(203) 498-6820 FAX: (203) 498-6892

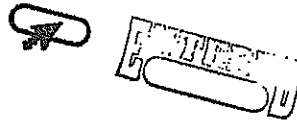
INVOICE

Recipient Copy

Due upon receipt

Tax ID #: 06-0881700

Tax Exempt #: E5724



CUSTOMER	INVOICE DATE	INVOICE NUMBER	AMOUNT PAID	INVOICE TOTAL DUE
HAMDEN PARTNERSHIP FOR YOUNG CHILDREN	06/20/2024	246038	\$0.00	\$1,208.00

DESCRIPTION	QUANTITY	PRICE	UOM	ORIGINAL BILL	ADJUSTED	PAID	AMOUNT DUE
Fac. Rental SDA Building 1312-999-1950 Saturday, June 22, 2024 @ 8:30am-4:30pm MEDICATIONS / FIRST AID TRAININGS Small conference room 104 Attending: 17 Coffee service: \$18 Catering: \$140 Room: \$525 FEES \$683	1.00	\$1,208.00	EACH	\$1,208.00	\$0.00	\$0.00	\$1,208.00
Wednesday, June 26, 2024 @ 4-10pm CPR TRAININGS Small conference room 104 Attending: 14 Catering: \$150 Room: \$375 FEES: \$525							

G/L ACCOUNT SUMMARY			
Organization	Object	Project	GL Amount
1312999	1950		\$1208.00
Invoice Total:			\$1,208.00

Promptly Send Payment To:

Area Cooperative Educational Services

PO Box 10536

Albany, NY 12201-5536

(203) 498-6820 FAX: (203) 498-6892

INVOICE

Remit Portion

Invoice Date	06/20/2024
Invoice Number	246038
Customer Number	6316
Purchase Order Number	
Amount Paid	\$0.00
Invoice Total Due	\$1,208.00

6316

HAMDEN PARTNERSHIP FOR YOUNG CHILDREN

60 PUTNAM AVENUE

HAMDEN, CT 06517

5800-12-128-000 412-2
TO IT ARPA #4 on scope

UNITED WAY OF GREATER NEW HAVEN, INC.

Payee Area Cooperative Educational Services
Vendor ID Area Cooperative Ed101245 101245
7/11/2024

Account #:

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
246038	6/20/2024	HPYC- Fac Rental for Medication & 1st Aid Training-ToH ARPA		\$0.00	\$1,208.00
Total :				\$0.00	\$1,208.00

SFMS01436HG-15A



REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL 800-523-2422

C0G&MX0010000 8105F010143

UNITED WAY OF GREATER NEW HAVEN, INC.

101245

Payee Area Cooperative Educational Services Account #:

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
246038	6/20/2024	HPYC- Fac Rental for Medication & 1st Aid Training-ToH ARPA		\$0.00	\$1,208.00
Total :				\$0.00	\$1,208.00

757

UNITED WAY
OF GREATER NEW HAVEN, INC.
370 JAMES STREET, SUITE 403
NEW HAVEN, CONNECTICUT 06513

51-7010/2111

101245

CHECK DATE CHECK NO.

7/11/2024 101245

CHECK AMOUNT

\$1,208.00

Void After 90 Days

PAY ****One Thousand Two Hundred Eight and 00/100 Dollars

TO
THE
ORDER
OF
Area Cooperative Educational Services
PO Box 10536
Albany, NY 12201-5536

AUTHORIZED SIGNATURE

101245 2111701011 4776394039



To: Sheryl Sadinsky
Hamden's Partnership for Young Children
60 Putnam Ave
Hamden, CT 06517
From: Tricia M. Godfrey
Re: Invoice
Date: 6/28/2024

This is to request payment for consultation provided to Hamden's Partnership for Young Children in February through May 2024. The focus was on various elements related to the ARPA grant funds. The total charge for 24 hours @ \$50 hr: \$ 1200

Date	Area(s) of focus	Time
2/29	Planning w/Sheryl	.5
3/11	ZOOM mtg w/Sheryl and UWGNH	.75
3/18	Mtg w/Sheryl: Outreach to childcare and related issues	1.5
3/21	Family childcare survey, initial contact re ARPA	1.5
3/25	Update family childcare contact info re state licenses	.5
4/1	Searching state contracts and CT options for low cost internet	2
4/5	Planning for AOK discussion; tech survey Exploring state contracts/procurement issues	3
4/11	Updates re ARPR at HPYC meeting; planning w/Sheryl	2
4/15	Survey re supplies; outreach to SS Worldwide	1.5
5/15	All Our Kin draft agreement	1
5/16	All Our Kin draft agreement	2
5/20	Outreach to potential vendors	.5
5/21	Follow up phone calls, emails with potential vendors	.5
5/24	Updates to Sheryl re vendors	.5
6/6	ARPA phone call; outreach to potential vendors	1.25
6/19	Meeting with Sheryl: Health workshops and outdoor order process	1.5
6/21	Created list of potential supplies via 2 vendors; agreement draft	2
6/26	Working on vendor identification	1.5
TOTAL HOURS		24

Tricia M. Godfrey

Early Childhood and Family
Services Consultant

115 Round Hill Road, Cheshire, CT 06410
203-671-2254 e-mail: tgodfrey0@gmail.com

5806-12-128-000-412-2
TOH ARPA

PayeeTricia M. Godfrey
Vendor IDTricia M. Godfrey

Account #:

EFT 7.11.37
7/11/2024

Invoice	Description	Discount	Amount
00029613	HPYC- hrs incuured from Feb-June 2024-ToH ARPA	\$0.00	\$1,200.00

Electronic Payment Notification

Total :\$0.00\$1,200.00

Tricia M. Godfrey
115 Round Hill Road
Cheshire, CT 06410

Electronic Payment Notification

VOID

PayeeTricia M. Godfrey
Vendor IDTricia M. Godfrey

Account #:

EFT 7.11.37
7/11/2024

Invoice	Description	Discount	Amount
00029613	HPYC- hrs incuured from Feb-June 2024-ToH ARPA	\$0.00	\$1,200.00

Electronic Payment Notification

Total :\$0.00\$1,200.00

INVOICE

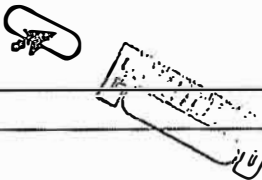
Bill to:

Hamden Partnership

Attn: Sheryl Sadinsky

Invoice June 2024

Beth Capobianco, RN
CNC Services
Guilford, CT 06437



Service Description	Unit/hr	Cost	Total
First Aid and Medication Administration Certificates good for 3 years Sat. June 22 – 9:00 a.m. to 4:30 p.m.	21 students (Student list below)	\$80 pp (per person)	\$1,680
Supplies for First Aid and Medication Administration <ul style="list-style-type: none"> First Aid book Medication Administration Course kit bags provided to each student: Kit bags contain: bag, gauze wraps, gauze pad, pair of gloves, Band-Aids, medication administration training tools – EpiPen Trainers, med cups, oral syringes. First Aid Certificate of Completion Medication Administration Certificate of Completion 	21 Units provided to each student	\$20 pp	\$420
CPR Adult/Child/Infant and AED Per ASHI guidelines - Saturday, June 22, 2024 – 1 class Wednesday, June 26, 2024 – 2 classes (2 additional participants out of district privately paid)	Total: 15 6/22: 6 6/26 group 1: 5 6/26 group 2: 5	\$60 pp	\$900
CPR Course Kit per participant for CPR Fee charged per participant \$15 Kits to include: <ul style="list-style-type: none"> CPR Certification Card – Issued by ASHI Instruction cards for CPR and obstructed airway Individual CPR face mask – Adult Individual CPR face mask – Infant Individual face shields Individually wrapped disinfectant wipes Individually wrapped ventilation mouthpiece Pair of gloves Instructor will provide manikins. Additional saniwipes, disposable lungs, and hand sanitizer are incorporated in the kit price.	18 kits	\$15 pp	\$270
Nurse Consultant Services <ul style="list-style-type: none"> Meeting 5/29/24 – 2hr Develop and assemble course kits, research associated costs, order supplies – 1.5 hr Development flyer(s) 1 hr Course cost projections 1 hr Meeting at Aces for AV assistance 6/3 – 1 hr Reports / calls – 1.5 hr 	8 hrs	\$45/hour	\$360

Total **\$3,630.00**

Checks payable to:
Beth Capobianco
6 Cobblefield Lane
Guilford, CT 06437

Certification Cards will be issued once the invoice has been paid

5806-12-128-000-412-2 #4 on scope

21 Students for Medication Administration and First Aid:

Adrienne Sheats	Learning C
Anthony Uzzle	YMCA
Barbara Martinez	Sunshine
Bibiana Vargas	HELP
Brithany Naranjo	Sunshine
Brittany Petersen	Sunshine
Brittany Sanchez	Learning C
Carlie LaRochelle	HELP
Christina Scarpelino	HELP
Christine Burgin	Harr Tucker
Clarissa Naranjo	Sunshine
Diane Gonzales	Harr Tucker
Donna Thompson	Harr Tucker
Giovana Bonfim	HELP
Hiba Jaida	Sunshine
Jacinya Benjamin	HELP
James Grahm	YMCA
Jamie Baker	Learning C
Jonae Dvarte	Learning C
Jordan Welland	Sunshine
Quincie Howard	Learning C

15 Students for CPR

Bibiana Vargas	HELP
Carlie LaRochelle	HELP
Christina Scarpelino	HELP
Giovana Bonfim	HELP
Hiba Jaida	Sunshine
Jacinya Benjamin	HELP
Lauren Repetsky	ABC
Raouaa Moghrabieh	Edie
Sadie Mason-Mann	ABC
Tyler Cancelli	Sunshine
Mary-Kate Girard	ABC
Barbara Martinez	Sunshine
Brittany Petersen	Sunshine
Brittany Sanchez	Learning C
Clarissa Naranjo	Sunshine

UNITED WAY OF GREATER NEW HAVEN, INC.

Payee Beth A. Capobianco

Vendor ID Beth A. Capobianco

101246 101246

7/11/2024

Account #:

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
00029611	6/30/2024	HPYC-CPR & First Aid Course- ToH ARPA		\$0.00	\$3,630.00
Total :				\$0.00	\$3,630.00

SFM501435HG-15A



REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL 800-523-2422

CDGEMX0010000 8105F010143

UNITED WAY OF GREATER NEW HAVEN, INC.

101246

Payee Beth A. Capobianco

Account #:

7/11/2024

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
00029611	6/30/2024	HPYC-CPR & First Aid Course- ToH ARPA		\$0.00	\$3,630.00
Total :				\$0.00	\$3,630.00

756



UNITED WAY
OF GREATER NEW HAVEN, INC.
370 JAMES STREET, SUITE 403
NEW HAVEN, CONNECTICUT 06513



51-7010/2111

101246

CHECK DATE CHECK NO.

7/11/2024 101246

CHECK AMOUNT

\$3,630.00

Void After 90 Days

PAY ****Three Thousand Six Hundred Thirty and 00/100 Dollars

TO
THE
ORDER
OF
Beth A. Capobianco
6 Cobblefield Lane
Guilford, CT 06437



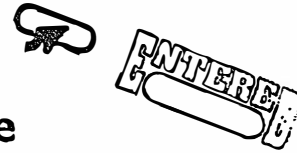
AUTHORIZED SIGNATURE

101246 2111701011 4776394039

ARPA Invoice: Jan-June 2024

Date Submitted: JULY 5, 2024

Payment to: Sheryl Sadinsky
7 Summer Brook Lane
Cromwell, CT 06416



ARPA INVOICE TOTAL: \$ 1,062.50

Date	Area(s) of focus	Hours
Feb 2024	Planning w/Tricia, Planning with UWGNH	1.0
March 2024	Coordinating with AOK, Zoom Meetings, communication with Centers, outreach, surveys to centers, Phone nurse and planning for Med/CPR, including all costs for materials and trainings, phone potential playground vendors	4.75
April 2024	Center survey work, follow up with centers, vendor procurement research, AOK discussions, Family Educators presentation, ARPA updates to HPYC, AOK MOU and meeting	7.5
May 2024	Meeting at ACES with Nurse- planning including dates and details, continue with vendor procurement	3.0
June 2024	Center outreach and follow up. Sign-ups for med/CPR. Purchase snacks. Organize 1 st training, Follow up with nurse and plan for additional trainings, Meeting with Tricia, Center surveys	5.0
TOTAL HOURS		21.25

Total Hours 21.25 X \$50 = \$1062.50

5806-12-128-000-412-2
TOA ARPA

Payee Sheryl Sadinsky
Vendor ID Sheryl Sadinsky

Account #:

EFT 7.11.33
7/11/2024

Invoice	Description	Discount	Amount
00029612	HPYC- Hrs incurred from Feb-June 2024-ToH ARPA	\$0.00	\$1,062.50

Electronic Payment Notification

Total :\$0.00\$1,062.50

Sheryl Sadinsky
7 Summer Brook Lane
Cromwell, CT 06416

Electronic Payment Notification

VOID

Payee Sheryl Sadinsky
Vendor ID Sheryl Sadinsky

Account #:

EFT 7.11.33
7/11/2024

Invoice	Description	Discount	Amount
00029612	HPYC- Hrs incurred from Feb-June 2024-ToH ARPA	\$0.00	\$1,062.50

Electronic Payment Notification

Total :\$0.00\$1,062.50

INVOICE

Bill to:
Hamden Partnership

Invoice July 2024

Beth Capobianco, RN
CNC Services
Guilford, CT 06437



Attn: Sheryl Sadinsky

Service Description	Unit/hr	Cost	Total
First Aid and Medication Administration Certificates good for 3 years	0	\$80 pp (per person)	0
Supplies for First Aid and Medication Administration <ul style="list-style-type: none"> First Aid book Medication Administration Course kit bags provided to each student: Kit bags contain: bag, gauze wraps, gauze pad, pair of gloves, Band-Aids, medication administration training tools - EpiPen Trainers, med cups, oral syringes. First Aid Certificate of Completion Medication Administration Certificate of Completion 	0	\$20 pp	0
Medication Administration Only - good for 3 years <ol style="list-style-type: none"> Sleeping Giant Day Care 7/29/24 (8 people) The Learning Center 8/1/24 (9 people) 	13 people	\$35 pp	\$455
Supplies Medication Administration <ul style="list-style-type: none"> Medication Administration Course kit bags provided to each student: Kit bags contain: pair of gloves, medication administration training tools - EpiPen Trainers, med cups, oral syringes. Medication Administration Certificate of Completion 	13 kits	\$10 pp	\$130
CPR Adult/Child/Infant and AED Per ASHI guidelines - Wednesday 7/21/24 - extended class	7 people	\$60 pp	\$420
CPR Course Kit per participant for CPR Fee charged per participant \$15 Kits to include: <ul style="list-style-type: none"> CPR Certification Card - Issued by ASHI Instruction cards for CPR and obstructed airway Individual CPR face mask - Adult Individual CPR face mask - Infant Individual face shields Individually wrapped disinfectant wipes Individually wrapped ventilation mouthpiece Pair of gloves Instructor will provide manikins. Additional saniwipes, disposable lungs, and hand sanitizer are incorporated in the kit price.	7 kits	\$15 pp	\$105
Nurse Consultant Services <ul style="list-style-type: none"> Multiple telephone calls to solicit classes,, needs assessment, setting up space for classes, creating shared document for signups, creation of flyers. 	3 hrs	\$45/hour	\$135
Total			\$1,245.00

Checks payable to:
Beth Capobianco
6 Cobblefield Lane
Guilford, CT 06437

ENTERED

Certification Cards will be issued once the invoice has been paid

5806-12-128-000-412-2
ITPC - CPR & First Aid course
TH ARPA

Students for Medication Administration

1. Lydia Smith	Sleeping Giant	7/29/24
2. Raouaa Mogrhabieh	Sleeping Giant	7/29/24
3. Roxanne Raysor	Sleeping Giant	7/29/24
4. Sara Contreras	Sleeping Giant	7/29/24
5. Sharnice Nobles	Sleeping Giant	7/29/24
6. Sonia Barnett	Sleeping Giant	7/29/24
7. Catilin Skolozdra	Hamden YMCA	7/29/24
8. Claire Diadamo	Hamden YMCA	7/29/24
9. Simone Sheats	The Learning Center	8/1/24
10. Jessica Smith	The Learning Center	8/1/24
11. Trayonna Lane	The Learning Center	8/1/24
12. Stephanie Cobb	The Learning Center	8/1/24
13. Jasmine Pierce	The Learning Center	8/1/24

7 Students for CPR

1. Alex Codner	Harris Tucker	7/31/24
2. Christine Burgin	Harris Tucker	7/31/24
3. Diane Gonzales	Harris Tucker	7/31/24
4. Donna Thompson	Harris Tucker	7/31/24
5. Naamah Colon	Building Blocks	7/31/24
6. Precious Evans	The Learning Center	7/31/24
7. Zuri Caveness	Building Blocks	7/31/24

Payee Beth A. Capobianco
Vendor ID Beth A. Capobianco

Account #:

ACH 8.15.24
8/15/2024

Invoice	Description	Discount	Amount
00029654	HPYC- CPR & First Aid Course-TOH ARPA	\$0.00	\$1,245.00

Electronic Payment Notification

Total :

\$0.00

\$1,245.00

Electronic Payment Notification

Beth A. Capobianco
6 Cobblefield Lane
Guilford, CT 06437

VOID

Payee Beth A. Capobianco
Vendor ID Beth A. Capobianco

Account #:

ACH 8.15.24
8/15/2024

Invoice	Description	Discount	Amount
00029654	HPYC- CPR & First Aid Course-TOH ARPA	\$0.00	\$1,245.00

Electronic Payment Notification

Total :

\$0.00

\$1,245.00

INVOICE

Bill to:
Hamden Partnership

Invoice August 11, 2024

Beth Capobianco, RN
CNC Services
Guilford, CT 06437



Attn: Sheryl Sadinsky

ENTERED

Service Description	Unit/hr	Cost	Total
First Aid and Medication Administration Certificates good for 3 years	9 people	\$80 pp (per person)	\$720
Supplies for First Aid and Medication Administration <ul style="list-style-type: none"> First Aid book Medication Administration Course kit bags provided to each student: Kit bags contain: bag, gauze wraps, gauze pad, pair of gloves, Band-Aids, medication administration training tools – EpiPen Trainers, med cups, oral syringes. First Aid Certificate of Completion or Participation Medication Administration Certificate of Completion 	9 packages	\$20 pp	\$180
CPR Adult/Child/Infant and AED Per ASHI guidelines - Wednesday 7/21/24 – extended class	9 people	\$60 pp	\$540
CPR Course Kit per participant for CPR Fee charged per participant \$15 Kits to include: <ul style="list-style-type: none"> CPR Certification/Participation Card Instruction cards for CPR and obstructed airway CPR face mask – Adult CPR face mask – Infant Individual face shields Individually wrapped disinfectant wipes Individually wrapped ventilation mouthpiece Pair of gloves Instructor will provide manikins. Additional sani-wipes, disposable lungs, and hand sanitizer are incorporated in the kit price.	9kits	\$15 pp	\$135
Additional Nurse Services to assist with skills demonstration Submitted report Coordination of class scheduling, set up on 8/9/24		\$150 flat fee for additional nurse	\$150

Total **\$1,725.00**

Checks payable to:
Beth Capobianco
6 Cobblefield Lane
Guilford, CT 06437

5806-12-128-000-412-2
HPYC - CPR / First Aid / Med Training
TO H ARPA

Certification Cards will be issued once the invoice has been paid

9 Students for Medication Administration

1. Amber Smith	Harris/Tucker	8/11/24
2. Aliza Danso	Alphabet Academy	8/11/24
3. Brianna Harrison	Harris Tucker	8/11/24
4. Courtney Haigler	Learning Center	8/11/24
5. Darnell Pointer	Harris Tucker	8/11/24
6. Folger Freeman	Harris Tucker	8/11/24
7. Jasmine Nicole Patrice Willett	Learning Curve	8/11/24
8. Kyra Renee Lawrence	Learning Curve	8/11/24
9. Trinity Cooper	Learning Curve	8/11/24

9 Students for CPR

1. Amber Smith	Harris/Tucker	8/11/24
2. Aliza Danso	Alphabet Academy	8/11/24
3. Brianna Harrison	Harris Tucker	8/11/24
4. Courtney Haigler	Learning Center	8/11/24
5. Darnell Pointer	Harris Tucker	8/11/24
6. Folger Freeman	Harris Tucker	8/11/24
7. Jasmine Nicole Patrice Willett	Learning Curve	8/11/24
8. Kyra Renee Lawrence	Learning Curve	8/11/24
9. Trinity Cooper	Learning Curve	8/11/24

9 Students for First Aid

1. Amber Smith	Harris/Tucker	8/11/24
2. Aliza Danso	Alphabet Academy	8/11/24
3. Brianna Harrison	Harris Tucker	8/11/24
4. Courtney Haigler	Learning Center	8/11/24
5. Darnell Pointer	Harris Tucker	8/11/24
6. Folger Freeman	Harris Tucker	8/11/24
7. Jasmine Nicole Patrice Willett	Learning Curve	8/11/24
8. Kyra Renee Lawrence	Learning Curve	8/11/24
9. Trinity Cooper	Learning Curve	8/11/24

Students who signed up, but did not attend:

- ◊ Atziri Rodríguez – Director sent an email Friday night asking if I could fit her in, was told yes, but the employee did not get the message in time – showed up almost 2 hours late for class because she did not get the message in time – was turned away.
- ◊ Kyra Toney – Director signed her up prior but **cancelled on Thursday**.
- ◊ Shyenne Wright – Director signed her up prior but **cancelled on Thursday**.
- ◊ **Melissa Scaraella – The Learning Curve – no show, no call**
- ◊ Stephanie Barrocetti – Alphabet Academy -

Payee Beth A. Capobianco
Vendor ID Beth A. Capobianco

Account #:

ACH 8.21.24
8/21/2024

Invoice	Description	Discount	Amount
00029665	HPYC- CPR/First Aid/Med Training-Toh ARPA	\$0.00	\$1,725.00

Electronic Payment Notification

Total :

\$0.00

\$1,725.00

Electronic Payment Notification

Beth A. Capobianco
6 Cobblefield Lane
Guilford, CT 06437

VOID

Payee Beth A. Capobianco
Vendor ID Beth A. Capobianco

Account #:

ACH 8.21.24
8/21/2024

Invoice	Description	Discount	Amount
00029665	HPYC- CPR/First Aid/Med Training-Toh ARPA	\$0.00	\$1,725.00

Electronic Payment Notification

Total :

\$0.00

\$1,725.00



Area Cooperative Educational Services
FISCAL SERVICES
 370 James Street, Suite 303
 New Haven, CT 06513
 (203) 498-6820 FAX: (203) 498-6892

INVOICE
 Recipient Copy

Due upon receipt

Tax ID #: 06-0881700
 Tax Exempt #: E5724



CUSTOMER	INVOICE DATE	INVOICE NUMBER	AMOUNT PAID	INVOICE TOTAL DUE
HAMDEN PARTNERSHIP FOR YOUNG CHILDREN	09/10/2024	250524	\$0.00	\$1,060.00

DESCRIPTION	QUANTITY	PRICE	UOM	ORIGINAL BILL	ADJUSTED	PAID	AMOUNT DUE
PROGRAM REVENUE 1804-999-1945 Wed, July 31 Training 4:30-9:30pm 8-hours x \$75 pr/hr = \$375 FEES \$375	1.00	\$1,060.00	EACH	\$1,060.00	\$0.00	\$0.00	\$1,060.00
Sun, Aug 11 Training 9am-4:30pm 7.5 hours x \$75 pr/hr = \$562.50 Coffee service #15 x \$1.50 = \$22.50 Catering \$100 FEES \$685							

G/L ACCOUNT SUMMARY			
Organization	Object	Project	GL Amount
1604999	1945		\$1060.00

Invoice Total:	\$1,060.00
----------------	------------

HPYC ARPA
TOH

5806-12-128-000-412-2

HPYC training

✂ DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT ✂



Promptly Send Payment To:
Area Cooperative Educational Services
 PO Box 10536
 Albany, NY 12201-5536
 (203) 498-6820 FAX: (203) 498-6892

INVOICE

Remit Portion

Invoice Date	09/10/2024
Invoice Number	250524
Customer Number	6316
Purchase Order Number	
Amount Paid	\$0.00
Invoice Total Due	\$1,060.00

6316
 HAMDEN PARTNERSHIP FOR YOUNG
 CHILDREN
 60 PUTNAM AVENUE
 HAMDEN, CT 06517

ACH Payment

ACH-03966693 - UNITED WAY OF GREATER NEW HAVEN INC (9910)



WebsterBank®

ACH Batch Details

Transaction Number ACH-03966693
Import File Name ACH 00711024.text
Import Batch ID 20240711-918
Recurring Frequency One-Time Payment
Total Credits \$65,903.45 (15)
ACH Company UNITED WAY OF GR - UNITED WAY GR NH
(1060646761) Batch Type Business (CCD) - Credit Only
Memo 4776394039
Company Entry Description PAYMENTS
Payment Creation Date Jul 11, 2024 2:15 PM EDT
Processing Date 07/12/2024
Payment Date 07/15/2024
Status Completed

Excluded	Payee	ABA	Account	Amount	Addenda	Prenote
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
✓	SHERYL SADINSKY (SHERYL SADINSKY)	211170282	*19147	\$1,062.50	RMR*IV*00029612*PI*1062.50	
	[REDACTED]	[REDACTED]			[REDACTED]	
	[REDACTED]	[REDACTED]			[REDACTED]	
✓	TRICIA M. GODFREY (TRICIA M. GODFR)	011900571	*88270	\$1,200.00	RMR*IV*00029613*PI*1200.00	

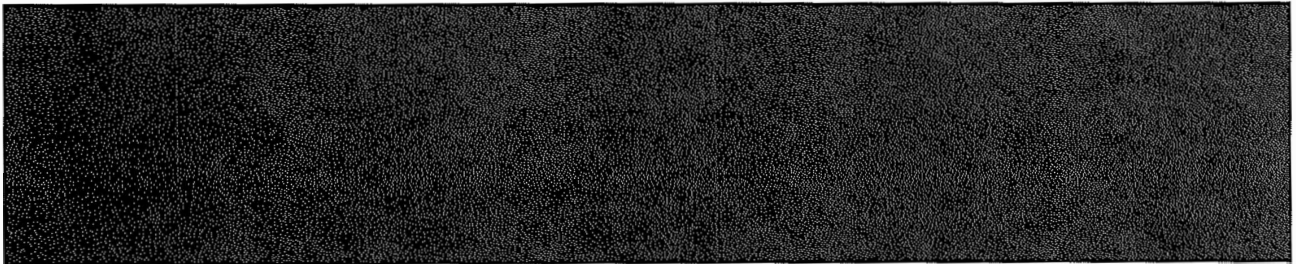
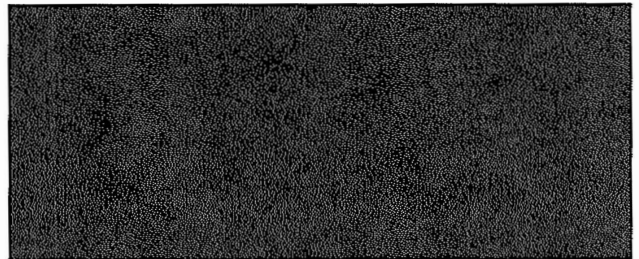


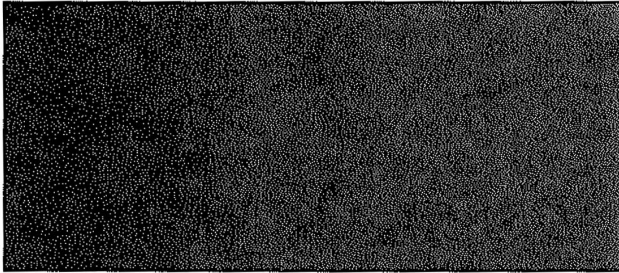
UNITED WAY OF GREATER NEW HAVEN, INC. 101245
400 STATE ST. 3RD FLD
NEW HAVEN, CONNECTICUT 06510
WEBSTERBANK
DATE 07/18/2024
AMOUNT \$1,208.00
PAY TO THE ORDER OF
Ages Comparative Educational Services
PO Box 17425
Albany, NY 12212-4255
CHECK # 101245
MICR LINE: ⑆01245⑆ ⑆231370101⑆ ⑆775394039⑆

#101245 07/18/2024 \$1,208.00

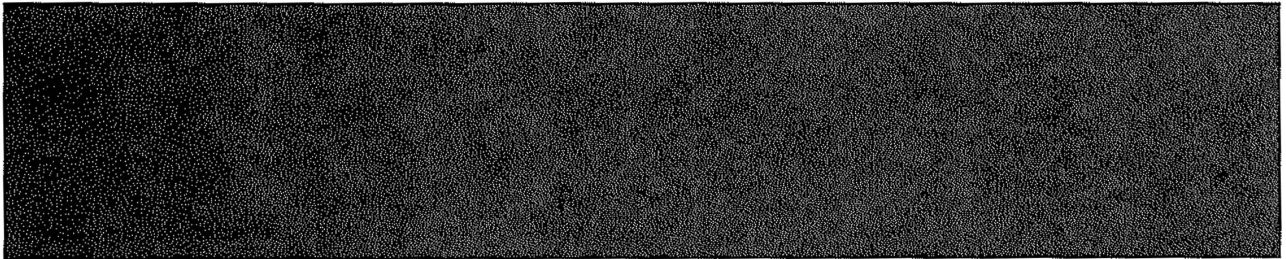
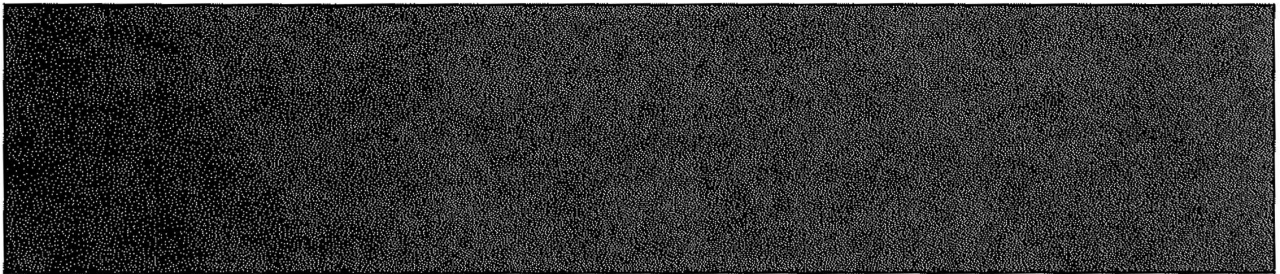
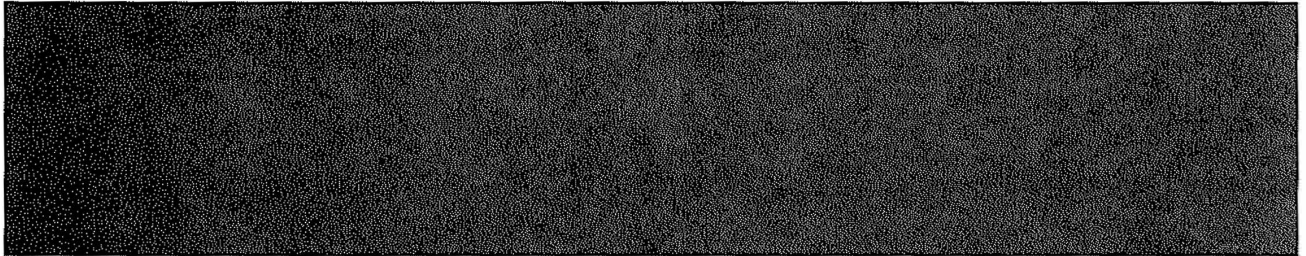
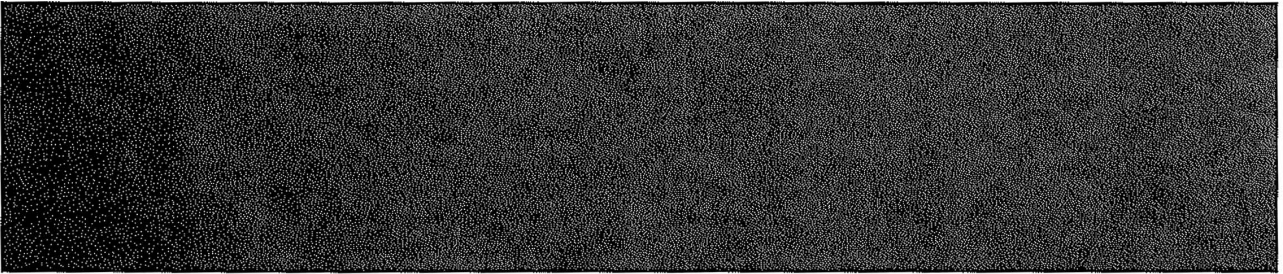
UNITED WAY OF GREATER NEW HAVEN, INC. 101246
400 STATE ST. 3RD FLD
NEW HAVEN, CONNECTICUT 06510
WEBSTERBANK
DATE 07/25/2024
AMOUNT \$3,630.00
PAY TO THE ORDER OF
Beth A. Capobianco
5 Colson Rd
Guilford, CT 06437
CHECK # 101246
MICR LINE: ⑆01246⑆ ⑆231370101⑆ ⑆775394039⑆

#101246 07/25/2024 \$3,630.00





UNITED WAY OF LIMA, PERU
101336
\$1,060.00
09/25/2024
#101336 09/25/2024 \$1,060.00



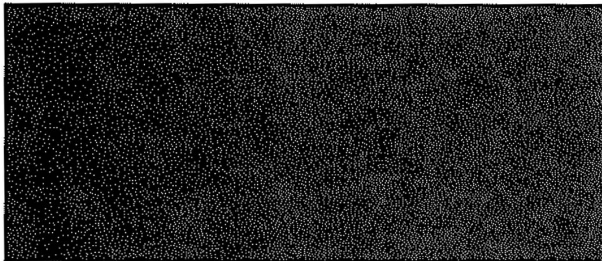
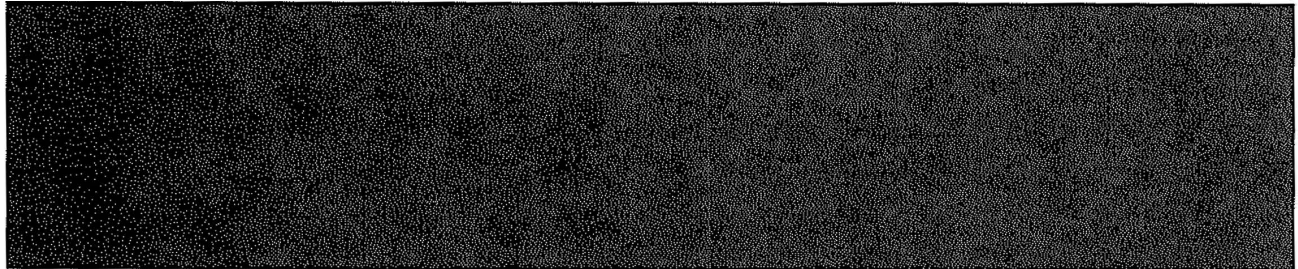



July 2024

Reporting Activity 07/01 - 07/31

Page 7 of 26

PLATINUM BUSINESS ANALYZED - XXXXXX4039 (continued)**Transaction Activity (continued)**[illegible]



UNITED WAY OF GREATER NEW HAVEN, INC.  101245
PO BOX 17338
NEW HAVEN, CT 06515-0338

DATE 7/11/2024 DEBIT 101245
AMOUNT \$1,208.00


One Thousand Two Hundred Eight and 00/100 Dollars

TO: Anna Coppolino Educational Services
FROM: PO Box 17338
NEW HAVEN, CT 06515-0338

Signature: Anna Coppolino

#101245 #12111701010 4776394039

#101245 07/18/2024 \$1,208.00

UNITED WAY OF GREATER NEW HAVEN, INC.  101246
PO BOX 17338
NEW HAVEN, CT 06515-0338

DATE 7/11/2024 DEBIT 101246
AMOUNT \$3,630.00

Three Thousand Six Hundred Thirty and 00/100 Dollars

TO: Anna Coppolino
FROM: PO Box 17338
NEW HAVEN, CT 06515-0338

Signature: Anna Coppolino

#101246 #12111701010 4776394039

#101246 07/25/2024 \$3,630.00





**American Rescue Plan Act
Hamden's Partnership for Young Children
Sole Source Policy –**

Beth Capobianco, RN

CNC Services

Guilford, CT 06437

Acquisition of a vendor to provide CPR/First Aid/Medical Administration training to Hamden Childcare Staff was procured using a sole source, (***Beth Capobianco, RN***) consistent with 2CFR §200.318 – 200.320 as follows:

- ***Beth Capobianco, RN*** currently provides approved trainings for CPR/First Aid/Medical Administration, and such services are considered Sole Source due to one or more of the following criteria being met per 2CFR §200.320: (Item #2 below was met). The trainer for these services for childcare centers in the State of Connecticut is required to be an approved licensed vendor by the Connecticut Office of Early Childhood (OEC). The trainer needs to be available for an extended period of time and have significant flexibility in order to meet the needs of staff from across 25 childcare centers. Beth Capobianco is approved by the CT OEC and can provide these services in Hamden where the childcare centers are located.
- (1) The acquisition of property or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold (see paragraph (a)(1) § 200.320)
- (2) The item is available only from a single source;
- (3) The public exigency or emergency for the requirement will not permit a delay resulting from publicizing a competitive solicitation;
- (4) The Federal awarding agency or pass-through entity expressly authorizes a noncompetitive procurement in response to a written request from the non-Federal entity; or
- (5) After solicitation of a number of sources, competition is determined inadequate.