



NEW HAVEN PUBLIC SCHOOLS  
**AGREEMENT COVER SHEET**

**Cover Sheet is an Internal Document for Business Office Use**

**Please Type**

Contractor full name: Bonnie Ray

Doing Business As, if applicable: Sign Language Interpreting

Business Address: 249 Deer Run, Shelton, CT 06484

Business Phone: 203-954-7327

Business email:

SS# OR Tax ID #: xxx-xx-0817

Funding Source & Acct # including location code:  
General Funds, Other Contractual Services, 190-490-56694

Principal or Supervisor: Glynis King Harrell

Agreement Effective Dates: From 07/01/2022 To 06/30/2023

Hourly rate or per session rate or per day rate. \$57.00  
Total amount: \$99,430.80

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

Bonnie Ray will provide sign language interpreting services to deaf/hearing impaired students throughout the district.

Submitted by: Stacie Ormond Phone: 475-220-1664



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Glynis King Harrell  
**Date:**  
**Re:** Bonnie Ray

---

Please answer all questions and attach any required documentation as indicated below. Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

**1. Contractor Name:**

Bonnie Ray

**2. Description of Service:**

Provide sign language interpreting services to deaf/hearing impaired students throughout the district.

**3. Amount of Agreement and hourly or session cost:**

\$99430.80, Agreement Amount                      \$57.00, Hourly Rate

**4. Funding Source and account number:**

General Funds, Other Contractual Services, 190-490-56694

**5. Continuation/renewal or new Agreement?**

**Answer all questions:**

- a. If continuation/renewal, has the cost increased? If yes, by how much? Yes 13,930.80
- b. What would an alternative contractor cost: \$64.00 per hour
- c. If this is a continuation, when was the last time alternative quotes were requested? 6/15/21
- d. For new or continuation: is this a service existing staff could provide. If no, why not? No  
There's no sign language teacher in district.

**6. Type of Service:**

**Answer all questions:**

- a. Professional Development? No
  - i. If this is a professional development program, can the service be provided by existing staff? If no, why not?
- b. After School or Extended Hours Program? Yes
- c. School Readiness or Head Start Programs?
- d. Other: (Please describe)

**7. Contractor Classification:**

**Answer all questions:**

- a. Is the Contractor a Minority or Women Owned Business? Yes
- b. Is the Contractor Local? Yes
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? No
- d. Is the Contractor a public corporation? No
- e. Is this a renewal/continuation Agreement or a new service? Yes
- f. If it is a renewal/continuation has cost increased? If yes, by how much? No.
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: Yes  
Specialized skill of sign language interpreting will address deaf/hearing impaired student population.

**8. Contractor Selection:**

**Answer all questions**

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume.  
The contractor will address communicative barrier for deaf/hearing impaired students in the district.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source?  
Quotes
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor:  
Professional networking, competitive pricing, and positive history with district performance.

**9. Evidence of Effectiveness & Evaluation**

**Answer all questions**

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met?  
Evidence of effectiveness will be monitored through observation, timely submission of paperwork and compliance with IEP mandates.
- b. If this is a renewal/continuation service attach a copy of the evaluation or archival data that demonstrates effectiveness.
- c. How is this service aligned to the District Continuous Improvement Plan?  
Sign language interpreters are needed for deaf/hearing impaired students in the district to allow academic access and meet the communicative needs of the disabled students from Pre-k thru 12th grade. Success in academic, college and career all require effective communication and comprehension of course content which is compromised for deaf students without this support.

**10. Why do you believe this Agreement is fiscally sound?**

Sign language interpreters provide a unique service. Rates start at \$55.00 per hour and increase depending on experience, travel and demand. Department of Rehab services charges \$55.00 per hour, plus travel fees from home. Community Services (FSW) Interpreting charges \$60.00 per hour plus travel fees from home. Both of these are agencies. Previous experience has demonstrated a misalignment between district and agency expectations. Our students require not just literal interpreting but also elaboration, explanation, tutorial. Agency staff are often literal interpreters, nothing more.

**11. What are the implications of not approving this Agreement?**

Disable students will not receive appropriate intervention, hence failure to comply with IEP mandates can lead to state and federal complications.

**Rev: 8/10/2020**

**Bonnie Ray**  
249 Deer Run Shelton, CT 06484  
Cell: 203-954-7327 [bontj@comcast.net](mailto:bontj@comcast.net)

---

**OBJECTIVE** ASL/English Interpreter

**QUALIFICATIONS:**

2008 RID Certificate of Transliteration  
On-site, VRS, and VRI Experience  
Community, Medical, Educational Arenas

**AFFILIATIONS:**

National Association of Interpreters in Education  
Connecticut Association of the Deaf  
Massachusetts RID

**EDUCATION:**

AS in English/ASL Interpreting, NCCC. Winsted, CT 2005  
BA in Psychology, Kalamazoo College, Kalamazoo, MI 1983

- Individual Research Project: Cochlear nerve development
- Foreign Study Abroad: Madrid, Spain

**WORK HISTORY:**

- 09/08-Present ASL/English Interpreter: *New Haven Board of Educations, New Haven, CT*
- 10/06-Present Community/Educational/Medical Interpreter: *Life Bridge Interpreter Services, CT*
- 06/09-04/20 Video Relay Interpreter: *Sorenson Communications, Hartford, CT*
- 9/02-9/06 Administrative Assistant/Dispatcher: *FSW, Bridgeport, CT.* ASL Environment.  
Fast-paced office. Daily contact with Deaf staff and clients. Member of a dedicated team matching interpreters to hospital assignments and offering services to Deaf clients in the area.
- 9/00-6/02 Special Education Tutor: *Ripton School, Shelton CT.* Attended to the physical and academic needs of a non-ambulatory teenager who suffered from legal blindness, and a Traumatic Brain Injury. She communicated Y/N answers by eye gaze.
- 3/91-9/97 Mental Health Assistant: *State of Connecticut, Cedarcrest Hospital BHSAS, and Berkshire Woods Treatment Center (since closed).*
- 6/89-6/91 Admissions Director: *Cornerstone of Eagle Hill (formerly Parkside Lodge).*  
Coordinated a 24-hour admissions office in a medical facility. Supervised several employees. Team Environment

**REFERENCES:** Linda Fildes, Certified Interpreter and Colleague. (203) 240-0899  
Richard Espinosa, Director of Interpreting – SVRS Hartford, CT  
Cell: 860.324.0360 VP: 860.269.0293

## CONTRACTOR ASSESSMENT

Vendor Name Bonnie Ray

Project Description Sign Language Interpreter

Evaluator Dr. Glynis King Harrell Date May 5 2022

	Unacceptable			Excellent		Not applicable
	1	2	3	4	5	N/A
<b>Quality of contractor's Work</b>						
1. Attendance					X	
2. Effectiveness of Instruction (Sign)					X	
3. Ability to relate to parents and professionals during PPT's					X	
4. Educational/tutorial support					X	
<b>Working relationship of contractors with district</b>						
5. Timely submission of invoices				X		
6. Accuracy of invoices				X		
7. Collegial, collaborative relations				X		
<b>Implementation of practice across the district</b>						
8. Flexibility in scheduling				X		
9. Coverage when needed (substitution)				X		
10. Team work with teacher and other professionals				X		



NEW HAVEN PUBLIC SCHOOLS

**AGREEMENT**  
**By And Between**  
**The New Haven Board of Education**  
**AND**

**Bonnie Ray**

**FOR DEPARTMENT/PROGRAM**

**Department of Student Services**

This agreement entered into on the 5<sup>th</sup> day of May, 2022, effective (start date no sooner than the day after Board of Education Approval), on the 1<sup>st</sup> day of July, 2022, by and between the New Haven Board of Education (herein referred to as the "Board") and, **Bonnie Ray** located at **249 Deer Run, Shelton, CT 06484** (herein referred to as the "Contractor").

**COMPENSATION**

The Board shall pay the contractor for satisfactory performance of the services required the amount of **\$57.00** per day, hour or session, for a total of **1744.4** days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: **Ninety Nine Thousand Four Hundred Thirty Dollars and Eighty Cents \$(99,430.80)**. Compensation will be made upon submission of an itemized invoice which includes a detailed description of the work performed and date of service.

**Fiscal support** for this Agreement shall be by **General Funds, Other Contractual Services Program** of the New Haven Board of Education, **Account Number 190-490-56694 Location Code:**.

This agreement shall remain in effect from July 1, 2022 to June 30, 2023.

**SCOPE OF SERVICES**

*Please describe service deliverables, including, locations and costs for service, including travel and supplies, if applicable. A detailed Scope of Service with pricing must be attached as Exhibit A).*

The general services to be performed by the Contractor shall consist of: Sign language interpreting, educational tutorial, trouble shoot audiological equipment, confer with teachers, team and parents.

The Contractor agrees to:

1. Reassign Medicaid payment for School Based Child Health Services to the State Department of Education;
2. Not bill Medicaid directly for services provided under the agreement; the Contractor understands that to do so would constitute double billing.
3. Provide documentation in a form and manner acceptable to the Board and which is in Compliance with the Department of Social Services regulations; and
4. Comply with the pertinent requirements of the Department of Social Services Performing Provider Agreement signed by the Board.

**Exhibit A: Scope of Service:**

Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.

**Exhibit B: Student Data and Privacy Agreement:**

Attached

**APPROVAL:**

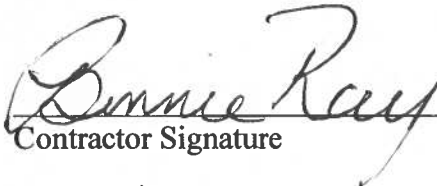
This Agreement must be approved by the New Haven Board of Education **prior to service start date.** Contractors may begin service no sooner than the day after Board of Education approval.

**HOLD HARMLESS:**

The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor's breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

**TERMINATION:**

The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.

  
Contractor Signature

\_\_\_\_\_  
President  
New Haven Board of Education

5/12/22  
Date

\_\_\_\_\_  
Date

Bonnie Ray, Sign Language Interpreter  
Contractor Name Printed & Title



Bonnie Ray  
249 Deer Run  
Shelton Avenue, CT 06484

---

### **Exhibit A: Scope of Service**

The following information will provide a detailed Scope of Service as well as all costs for services including travel and supplies.

***The general services to be performed by this contractor, Bonnie Ray, consist of:***

- Provide language access between a Deaf student, hearing students and adults in academic and non-academic activities.
- Interpret all language required during classroom instruction for the purpose of effective communication and maximum learning.
- Help in finding subject material to meet the linguistic needs of the student in classes where she/he is not working at peer grade level.
- Develop material to reinforce newly learned concepts.
- Model ASL and present appropriate video material online developed by native ASL signers to increase student's ability to communicate in a visual language.
- Review and discuss curricular material with educators.
- Collaborate with the Teacher of the Deaf to assure that classroom goals specified in the student's IEP are obtained.
- Act as a resource to regular education for the purpose of orientating staff to the functions of an interpreter.
- Informally teach sign language to students and teachers who want to know some sign language for the purpose of socializing with the Deaf student.
- Provide ASL/Interpreter services for other New Haven Board of Education sites when the need arises. Ex: Deaf parents in a school PPT meeting, Birth-to-3 evaluation, and Student IEP assessments.

***The Contractor agrees to:***

1. Reassign Medicaid payment for School Based Child Health Services to the State Department of Education;
2. Not bill Medicaid directly for services provided under the agreement; the Contractor understands that to do so would constitute double billing.
3. Provide documentation in a form and manner acceptable to the Board and which is compliance with the Department of Social Services regulations; and
4. Comply with the pertinent requirements of the Department of Social Services Performing Provider Agreement signed by the Board

***Cost for Delivery of Services:***

General Service Delivery (as detailed above): \$ per hour

Travel Cost: \$0.00

Supply Cost: \$0.00



NEW HAVEN PUBLIC SCHOOLS

## EXHIBIT B

### STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student-generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student-generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

Revised: 10/2/18

# THE CITY OF NEW HAVEN

## BUREAU OF PURCHASES

200 Orange Street

New Haven, Connecticut 06510  
(203) 946-8201 - FAX (203) 946-8206

TONI N. HARP  
Mayor



Michael V. Fumiatti  
Purchasing Agent

### DISCLOSURE & CERTIFICATION AFFIDAVIT OF OUTSTANDING OBLIGATIONS TO THE CITY OF NEW HAVEN

VENDOR NAME	Bonnie Ray
VENDOR ADDRESS	249 Deer Run
TELEPHONE /FAX	(203) 954 7327
CONTACT/E-MAIL ADDRESS	bonnie.ray@new-haven,kt2.ct.us
SOLICITATION TITLE	
SOLICITATION NUMBER	

For the purposes of this Disclosure of Outstanding Financial Obligations, the following definitions apply:

- (a) "Contract" means any Public Contract as defined below.
- (b) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
- (c) "Public Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
- (d) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.

State of Connecticut County of \_\_\_\_\_ Ss.

Bonnie L. Ray  
(type or print your name above)

being first duly sworn, deposes and says that:

1. I am owner, partner, officer, representative, agent or \_\_\_\_\_ of: Bonnie Ray  
(circle one) Company Name (if individual type your name)
2. I am fully informed respecting the preparation and contents of the attached Agreement and of all pertinent circumstances respecting such Agreement;
3. That as a person desiring to contract with the City (check all that apply):
  - The Contractor and each owner, partner, officer, representative, agent or affiliate of the Contractor has filed a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
  - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor are required to file a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
  - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, owes back taxes to the City of New Haven
  - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, has any other outstanding obligations to the City of New Haven
  - The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor owes back taxes and has executed an agreement, satisfactory to the tax collector, to pay said back taxes in installment payments and the payments under said agreement are not in default. The agreement shall be attached, and incorporated herein by reference.

4. The following list is a list of the names of all persons affiliated with the business of the Contractor, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized): This does not mean ALL employees - just officers, owners etc.

Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1		none		
2				
3				
4				

5. That as a person desiring to contract with the City:

(a) The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure, if none, state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ):

Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1		none		
2				
3				
4				

(b) The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ) :

Organization Name	Address	Type of Ownership		
1		none		
2				

(c) The following persons possess an ownership interest in the Contractor. If the Contractor is a corporation, list all of the officers of the corporation and the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock, if none, state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ):

Name	Title	DOB	Stock %	
1	none	n		
2				

(d) Of the following of the affiliates, individuals or business entities identified in this affidavit, list each that owns, owned, or within one (1) year prior to the date of this disclosure has owned, taxable property situated in the City of New Haven, if none state none. Use additional sheet if necessary ( Must be on company letterhead and notarized ):

Name	Title	Affiliated Company (if none state NONE)	Address	DOB
1		none		
2				

(e) If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none:

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	none	
2		

I hereby certify that the statements set forth above are true and complete, and I understand that any incorrect information or omission of information from this affidavit may result in the immediate termination of the Contractor's agreement with the City of New Haven.

(Signed) Bonnie Ray Title: ASL/English Interpreter

Subscribed and sworn to before me this 7 day of May, 2022.

[Signature] (Title) Notary

My commission expires 02/29, 2024.



This Form Must be Notarized  
**MARESSA ZADROZNY**  
 NOTARY PUBLIC  
 STATE OF CONNECTICUT  
 MY COMM. EXP 02/29/2024

**Security Agreement for Access to and Use of Confidential Data from the New Haven Public Schools**

I, Bonnie Ray, as a contracted vendor working with the New Haven Public Schools, will have access to secure student data as part of my working relationship with New Haven Public Schools. I understand that these data are deemed confidential, personal, and private and that access to this confidential data carries with it the responsibility to guard against unauthorized use and the possibility of unauthorized access or use. To treat information as confidential means not to divulge it to anyone outside New Haven Public Schools, or to cause it to be accessible to anyone outside New Haven Public Schools. Transfer of any information by means of any media, including email, websites, print, or any personal communication, outside the normal defined work of my Internship, is prohibited under this Security Agreement.

*I understand that disclosing confidential information directly or allowing non-authorized access to such information may subject me to criminal prosecution and/or civil recovery and may violate the federal Family Educational Rights and Privacy Act, 20 U.S.C. 1232g.*

I agree to fulfill my responsibilities in accordance with the following guidelines:

1. I agree that I will never give or allow anyone outside New Haven Public Schools to access or view confidential, sensitive data, through electronic or non-electronic communication.
2. I agree that I will never attempt to identify individuals in any data system, analyses or reports which are not directly required for any purpose outside my specific responsibilities.

**Vendor:**

Name: Bonnie Ray

Position Title: Contractor: sign language interpreter

Assigned Site: Hillhouse High School Fall 2019 - June 2023

Signature: Bonnie Ray Date: 5/12/22

Dates of Partnership: \_\_\_\_\_ to \_\_\_\_\_

**NHPS Supervisor:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contractor's Declaration Attesting to Compliance with Executive Order No. 13G**

Contractor / Vendor Name	Bonnie Ray	
Contractor Address	249 Deer Run Shelton, CT	
PeopleSoft ID (for state contractors) or other information*	Vendor # 43393	

\*If PeopleSoft ID does not apply, provide information directed by the covered state agency, school board, or childcare facility

As of this date, provide the number of contract workers subject to Executive Order No. 13G who:

- a. Total number of contract workers as defined in Executive Order No. 13G provided under your contract   1
- b. Are fully vaccinated against COVID-19 (at least 14 days have elapsed since a person has received a single-dose vaccine or the second dose of a two-dose COVID-19 vaccine)   0
- c. Are required to submit to and provide the results of COVID-19 testing because they are not fully vaccinated   1  
  - 1. Of those required to submit and provide the results of COVID-19 testing, are partially vaccinated (received first dose and have either received second dose or have an appointment for second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or received a single-dose vaccine, such as Johnson & Johnson vaccine, but 14 days has not elapsed since final dose)   0
  - 2. Of those required to submit and provide the results of COVID-19 testing, have been granted a medical exemption to vaccination based upon documentation from a physician, physician's assistant, or advanced practice registered nurse stating that the administration of COVID-19 vaccine is likely to be detrimental to the person's health   0
  - 3. Of those required to submit and provide the results of COVID-19 testing, have been granted an exemption to vaccination on the basis of a sincerely held religious or spiritual belief   1
  - 4. Are temporarily excused from COVID-19 testing because they have provided documented proof of having a COVID-19 infection in the previous 90 days   0

       I affirm that all of the covered workers indicated in Section (a), except those who are fully vaccinated (a) or have had a documented case of COVID-19 in the past 90 days, will (1) have had a negative test for COVID-19 in the 7 days prior to initially accessing any work site related to this contract that is subject to Executive Order No. 13G, (2) continue to be tested once every 7 days for the duration of this contract, and (3) not be allowed to access any work site that is subject to Executive Order No. 13G if they either receive a positive test or fail to be tested at least once per week.

       I declare and attest that I am authorized by the Contractor to provide the information contained in this report and that the information included in this report is true and accurate, to the best of my knowledge. I understand that it is a crime under Connecticut law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature:	Bonnie Ray	Date:	5/12/22
Authorized Person Submitting Report:	Bonnie Ray		
Title:	Contractor: Sign Language Interpreter		
Email Address:	bontj@comcast.net	Phone:	(203) 954 7327

bonnie.ray@new-haven.k12.ct.us

↑  
preferred

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Bonnie L. Ray</b>	
Business name, if different from above	
Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) <b>249 Deer Run</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Shelton, CT 06484</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number <b>040 : 52 : 0817</b>
or
Employer identification number :

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <b>Bonnie L. Ray</b>	Date ▶ <b>5-12-22</b>
------------------	-------------------------------------------------	-----------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,