Municipality: Branford



Form NAA-01

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services**.

Part I — General Information					
Name of tax exempt organization/municipal agency: Feed Branford Kids					
Address:					
11 Business Park Dr. (P.O. Box 1051) Branford, CT 06405					
Federal Employer Identification Number: 17053176300018					
Program title: Feed Branford Kids (FBK)					
Name of contact person: Kristine Klarman					
Telephone number:					
Email address: Klarman8888@gmail.Com					
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ _/O, DO O					
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?					
Yes No					
If Yes , attach a copy of the first page of your most recent return.					
If No , attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.					

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

OMB No. 1545-0047

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change FEED BRANFORD KIDS INC Name change 82-5449088 initial return Final return/ terminated Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 651 203-988-2656 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption BRANFORD. CTApplication pending 06405 Number G Accounting Method: X Cash Accrual Other (specify) X if the organization is H Check FEEDBRANFORDKIDS.ORG not required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or (Form 990). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 Instead of Form 990-EZ 63,156. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check If the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 40,854 Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 3 4 Investment income SEE SCHEDULE O 53. 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 22,249. c Less; direct expenses from gaming and fundraising events 1,637. d Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) 20,612. 6d 7a Gross sales of inventory, less returns and allowances 7a b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Other revenue (describe in Schedule 0) 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 61,519. 9 Grants and similar amounts paid (list in Schedule 0) 10 10 Benefits paid to or for members _____ 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13,235. 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping
Other expenses (describe in Schedule O)
SEE SCHEDULE O 15 1,101. 15 16 73,935. 16 17 Total expenses. Add lines 10 through 16 17 88,271. Excess or (deficit) for the year (subtract line 17 from line 9) 18 <26,752.> 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 194,884. 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20 21 168,132. For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

Part II —	- Program Information
Check the	e appropriate description of your program:
100% cre	edit percentage
tionnuses 	Energy conservation; or
	Comprehensive college access Ioan forgiveness (see Conn. Gen. Stat. § 12-635(3)).
60% cred	lit percentage
***************************************	Job training/education for unemployed persons aged 50 or over;
- Landsoner	Job training/education for persons with physical disabilities;
2217249924	Program serving low-income persons;
	Child care services;
emanner of the second	Establishment of a child day care facility;
empress.	Open space acquisition fund; or
* Annual Control of the Control of t	Other (specify):
Need for p	stable easy to prepare foods are packed WKIY. & delivered to the stable easy to prepare foods are packed WKIY. & delivered to the in town. The School social Worker puts the bags in the kids on Friday afternoon for the Kids to take home. archouse also distributes bags on Thursday afternoon from 5-6 archouse also distributes bags on Thursday afternoon from 5-6 as that pick up thank us for helping Stretch their food budget, program: Over 35% of school kids receive free or reduced Cost lunch he week. This program ensures that Kids can have enoughed weekends, & vacation weeks.
Neighborh	nood area to be served: All kids in Branford - either at School on the
	FBK Warehouse.
	\cdot
Plan to im	plement the program: Program implemented in 2012. Last yr. Hexpanded to the Intermediate

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- 1 1	m	eta	n	Α.

Program start date: Not sure Not sure Program completion date: ongoing MM - DD - YYYY Post-project audit due date:

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested \$10,000.00 Other funding sources - itemized sources: a) Bfd. Community foundation Grand b) Greater New Haven Community Founda Grant c) Fundraising d) Public Support Appeal letter donations **Total Funding:**

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Contract Services 15. LODD - DO b) Food Costs 80,000.00 2,400.00 c) Fundrausing Costs d) Kids gifts lgift Cards at bolidays 900-00 Administrative expenses - itemized description: a) Insurance 600 OC 300.00 b) Supplies: Bags office Supplies 400.00

Total Proposed Expenditures:

d) Travel & martings

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of	of the program:
Town of Branford - Finance Department	
Mailing address:	
1019 Main Street, PO Box 150, Branford CT 06405	
Name of municipal liaison: James P Finch Jr	
Telephone number: 203-315-0663	-
Fax number:	
Email address: jfinch@branford-ct.gov	

Post-Project Audit	***************************************			
Is a post-project audit required for this proposal?				
Yes No				
If Yes , date post-project audit due:				
Date				