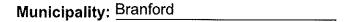
Department of Revenue Services State of Connecticut (Rev. 01/24)





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:
The Connecticut Hospice, Inc. hereinafter CT Hospice
Address: 100 Double Beach Road, Branford, CT 06405
Federal Employer Identification Number: 060878822
Program title: _The Campaign to Inform Branford Residents about Available Dementia Care
Name of contact person: Mary Gilhuly, CPA
203-315-7633 Telephone number:
Email address: mgilhuly@hospice.com
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 100,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X 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.