

**Town of Branford
Neighborhood Assistance Act
Applications**

Organization	Program Title	Funding Request
Connecticut Hospice	Energy Conservation	25,000
Stony Creek Fire and Drum Corps, Inc.	Seaside Hall Energy Conservation	15,000
Branford Animal Shelter	Renovation/Energy Conservation	150,000
Total		190,000



Municipality: Branford

Form NAA-01
2021 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.

Address: 100 Double Beach Road, Branford, CT 06405

Federal Employer Identification Number: 06-0878822

Program title: Lighting and Conservation Project

Name of contact person: Joseph Mooney, CFO

Telephone number: (203) 315-7678

Email address: jmooney@hospice.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 25,000.00

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.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- Energy conservation; **or**
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for persons with physical disabilities;
 Program serving low-income persons;
 Child care services;
 Establishment of a child day care facility;
 Open space acquisition fund; **or**
 Other (specify): _____

Description of program: _____

This year's Lighting and Conservation Project is a continuation of the previous year's plan to replace all the original, outdated outside lighting. The first priority was the front of building where visitors and employees entered.

In 2021, the side and back area's (water-side) original fixtures need to be replaced.

Need for program: _____

As a result of COVID visitor restrictions, many families have been utilizing the facility's back (water view) area for patients visits, including holding family meals. As this trend continues, it is crucial for CT Hospice to provide adequate lighting to keep patients and their families safe.

Neighborhood area to be served: _____

The Connecticut Hospice is located in Branford and services the surrounding shoreline towns.

Plan to implement the program: _____

Work will begin early Fall of 2021 and be completed ASAP to ensure safety of all patients and families using the back areas.

Timetable:

Program start date: 10/1/21

Program completion date: 6/30/22

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested \$25,000.00

Other funding sources - itemized sources:

a) _____ _____

b) _____ _____

c) _____ _____

d) _____ _____

Total Funding: \$25,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Exterior Lighting & Energy Conservation Improvements \$22,500.00

b) Other \$2,500.00

c) _____ _____

d) _____ _____

Administrative expenses - itemized description:

a) _____ _____

b) _____ _____

c) _____ _____

d) _____ _____

Total Proposed Expenditures: \$25,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

EXTENDED TO AUGUST 17, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Form **990**

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CONNECTICUT HOSPICE, INC.		D Employer identification number 06-0878822
	Doing business as		E Telephone number 203-315-7500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 21,002,860.
	100 DOUBLE BEACH ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code BRANFORD, CT 06405-4003		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	H(c) Group exemption number ▶
F Name and address of principal officer: JOE MOONEY SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1971
			M State of legal domicile: CT

Part I Summary

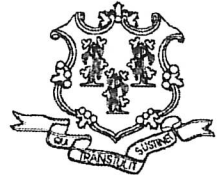
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE ADULT PALLIATIVE AND HOSPICE CARE TO PATIENTS AND THEIR FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	336
	6 Total number of volunteers (estimate if necessary)	6	400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	891,032.	3,108,147.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,113,991.	17,710,303.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,399.	6,083.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,564.	178,327.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,053,986.	21,002,860.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,203,064.	16,120,100.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 152,635.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,988,461.	6,327,929.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,191,525.	22,448,029.	
19 Revenue less expenses. Subtract line 18 from line 12	-4,137,539.	-1,445,169.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	15,910,053.	20,538,071.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,872,496.	16,420,688.
		5,037,557.	4,117,383.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	JOE MOONEY, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature	Date 08/13/20	Check if self-employed <input type="checkbox"/>	PTIN P00431862
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323	Firm's address ▶ 53 STATE STREET BOSTON, MA 02109		
			Phone no. (617) 807-5000		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



Municipality: Branford

Form NAA-01
2021 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: _____

Stony Creek Fife & Drum Corps Inc

Address: 215 Thimble Island Road, PO Box 1886, Stony Creek, CT 06405

Federal Employer Identification Number: 06-1008144

Program title: Sea Side Hall Energy Conservation Program

Name of contact person: Gregg Bishop, Treasurer // Joe Mooney, President

Telephone number: (203) 484-4265

Email address: greggbishop@gmail.com // jmooney@iconn.net

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 15,000.00

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.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- Energy conservation; **or**
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; **or**
- Other (specify): _____

Description of program: _____
To continue the energy conservation program for the building that will improve energy efficiency.

Need for program: _____
Limited available funds and desire to reduce energy consumption for environmental and budgetary reasons.

Neighborhood area to be served: _____
Branford, New Haven County and the State of CT.

Plan to implement the program: _____
Project to be managed by organization, work with utilities and local contractors to complete work.

Timetable:

Program start date: October 2021

Program completion date: June 2022

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$15,000.00
Other funding sources - itemized sources:	
a) <u>Donations and memorials</u>	<u>\$1,500.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$16,500.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Energy effieicnt lighting fixtures, insulation,</u>	<u>\$16,500.00</u>
b) <u>HVAC improvemnts and other related energy</u>	_____
c) <u>conservation measures</u>	_____
d) _____	_____

Administrative expenses - itemized description:	
a) <u>not applicable - volunteer organization</u>	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$16,500.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Review: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.

Contact Information

Direct inquiries to:

Department of Revenue Services (DRS)
Neighborhood Assistance Act Program
Attn: Research Unit
450 Columbus Blvd Ste 1
Hartford CT 06103-1837

or call **860-297-5687**.

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.

EXTENDED TO NOVEMBER 16, 2020

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
STONY CREEK FIFE & DRUM CORPS INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1886
 City or town, state or province, country, and ZIP or foreign postal code
STONY CREEK, CT 06405
F Name and address of principal officer: **JOSEPH MOONEY**
SAME AS C ABOVE

D Employer identification number
06-1008144

E Telephone number
(203) 488-9735

G Gross receipts \$ **38,580.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **STONYCREEKDRUMCORPS.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1886** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PERPETUATION OF THE ART ANCIENT FIFING & DRUMMING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,484.	17,297.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5.	36.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	1,397.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,074.	38,580.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	500.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶		6,741.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		41,324.	34,262.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,824.	34,762.	
19 Revenue less expenses. Subtract line 18 from line 12	-3,750.	3,818.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	627,931.	660,163.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,834.	31,248.
		625,097.	628,915.

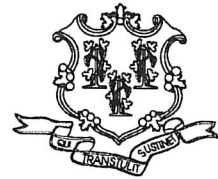
Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **JOSEPH MOONEY, TREASURER** Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **BRIAN S BORGERSON, CPA** Preparer's signature: **BRIAN S BORGERSON, C** Date: **11/09/20** Check if self-employed PTIN: **P00017928**
 Firm's name: **KIRCALDIE RANDALL & MCNAB LLC** Firm's EIN: **06-0415530**
 Firm's address: **605 WASHINGTON AVENUE NORTH HAVEN, CT 06473-1187** Phone no.: **(203) 239-4478**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



Municipality: Town of Branford

Form NAA-01
2021 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: _____

Town of Branford - Dan Cosgrove Animal Shelter

Address: 749 E Main St, Branford, CT 06405

Federal Employer Identification Number: 066001964

Program title: DCAS Renovation and Expansion

Name of contact person: Laura Burban

Telephone number: (203) 315-4125

Email address: lburban@branford-ct.gov

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

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.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- Energy conservation; **or**
- Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for persons with physical disabilities;
- Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; **or**
- Other (specify): _____

Description of program: _____

The Dan Cosgrove Animal Shelter Expansion and Renovation project. To achieve energy conservation and building performance in the new building construction and to reduce overhead and operational cost through energy efficiency measures.

Need for program: _____

An increase in the cost of building project and the building materials have led to limited funding available for energy conservation measures for the new building.

Neighborhood area to be served: _____

Branford and North Branford and the surrounding communities.

Plan to implement the program: _____

The plan will be lead by the construction team, the department of engineering and the Dan Cosgrove Animal Shelter director.

Timetable:

Program start date: July, 2021

Program completion date: July 2022

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested \$150,000.00

Other funding sources - itemized sources:

a) SustainableCT Grant \$50,000.00

b) _____

c) _____

d) _____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Heat Pumps & ERVs \$95,000.00

b) Spray Foam Insulation \$84,695.00

c) Solar Hot Water Installation \$5,545.00

d) Energy Efficient Lighting \$14,760.00

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ Dan Cosgrove Animal Shelter _____
Mailing address: _____ 1019 Main St, Branford CT 06405 _____
Name of municipal liaison: <u>Laura Burban</u> _____
Telephone number: <u>203-676-4150</u> _____
Fax number: <u>203-315-3851</u> _____
Email address: <u>lburban@branford-ct.gov</u> _____

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Review: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.

Contact Information

Direct inquiries to:

Department of Revenue Services (DRS)
Neighborhood Assistance Act Program
Attn: Research Unit
450 Columbus Blvd Ste 1
Hartford CT 06103-1837

or call **860-297-5687**.

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.