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Municipality: Branford

John A. Quinn
MUNICIPAL CLERK

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) Donations and memorials \$1,500.00

b) _____

c) _____

d) _____

Total Funding: \$16,500.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Energy effiecnt lighting fixtures, insulation, \$16,500.00

b) HVAC improvemnts and other related energy

c) conservation measures

d) _____

Administrative expenses - itemized description:

a) not applicable - volunteer organization

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)

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 11,484.	Current Year 17,297.
	9 Program service revenue (Part VIII, line 2g)	26,585.	19,850.
	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 627,931.	End of Year 660,163.
	21 Total liabilities (Part X, line 26)	2,834.	31,248.
	22 Net assets or fund balances. Subtract line 21 from line 20	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**
 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