

AGENDA

CITY COUNCIL MEETING

MONDAY, MAY 2, 2022

7:00 p.m.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE

BRIDGEPORT, CONNECTICUT

Prayer

Pledge of Allegiance

Roll Call

MINUTES FOR APPROVAL:

Approval of City Council Minutes: April 4, 2022

PUBLIC HEARING(S) TO BE ORDERED BY THE FULL COUNCIL:

- 73-21** Request from OPED to Order a Public Hearing for May 16, 2022 at 7:00 p.m. re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Tax Credit Program Applications.

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- 73-21** Communication from OPED re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Tax Credit Program Applications, referred to Economic and Community Development and Environment Committee.
- 74-21** Communication from City Attorney re: Proposed Settlement of Pending Litigation in the Matter of Ronald Mercado and James Geremia – Case #3:20-cv-01783 (SALM), referred to Miscellaneous Matters Committee.
- 75-21** Communication from Engineering re: Proposed Memorandum of Understanding (MOU) with the Town of Fairfield concerning the Rooster River Watershed Project, referred to Contracts Committee.
- 76-21** Communication from City Attorney re: Proposed Settlement of Pending Litigation in the Matter of Dagmar Linsert – Docket No. FBT-CV-19-6091557-S, referred to Miscellaneous Matters Committee.

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *60-21** Economic and Community Development and Environment Committee Report re: Grant Submission: Environmental Task Force Community Environmental Benefits Fund – Fitness Courts (#22398).

MATTERS TO BE ACTED UPON (CONSENT CALENDAR) CONTINUED:

- *61-21** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Economic and Community Development Urban Act Grant Program – Remington Arms Demolition and Remediation Phase II (#22215).
- *66-21** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Public Health – Heart Health Disease and Stroke Prevention Program.
- *68-21** Economic and Community Development and Environment Committee Report re: Grant Submission: National Association of County and City Health Officials (NACCHO) Medical Reserve Corps (MRC) COVID-19 Response, Innovate, Sustain and Equip (RISE) Awards (#22397).
- *19-21** Miscellaneous Matters Committee Report re: Appointment of Denese Taylor-Moye (D) to the Parks Commission.
- *39-21** Miscellaneous Matters Committee Report re: Appointment of Mary F. Gaits (R) to the Zoning Board of Appeals.
- *62-21** Miscellaneous Matters Committee Report re: Settlement of Pending Litigation in the Matter of Shannon L. Calhoun v. Christopher J. Borona, et al – Docket No. 3:18-cv-1203 (AWT).

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, MAY 2, 2022 AT 6:30 P.M. IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT 06604.

NAME	SUBJECT
1.) Helen Olga Losak 304 Bradley Street Bridgeport, CT 06610	“Stop the Killing” - Ordinance regarding illegal chicken coops & rabbit coops.
2.) John Marshall Lee 30 Beacon Street Bridgeport, CT 06605	Housing Neglect.
3.) Clyde Nicholson 396 Madison Avenue Bridgeport, CT 06604	Guns.
4.) Tony Barr 141 Pennsylvania Avenue, #8 Bridgeport, CT 06605	Budget & Schools.
5.) Maria Pereira 206 Bradley Street Bridgeport, CT 06605	The People’s Platform/Ordinance & Governance.

**CITY COUNCIL MEETING
PUBLIC SPEAKING FORUM
MONDAY, MAY 2, 2022
City Council Chambers, City Hall
45 Lyon Terrace
Bridgeport, CT 06604**

CALL TO ORDER

Council President Nieves called the Public Speaking session of the City Council to order at 6:31 p.m.

ROLL CALL

The City Clerk Lydia Martinez called the roll.

130th District: Scott Burns, Matthew McCarthy
131st District: Jorge Cruz, *Tyler Mack*
132nd District: *Marcus Brown*, Rolanda Smith
133rd District: *Aikeem Boyd*, Jeanette Herron
134th District: Michelle Lyons, AmyMarie Vizzo-Paniccia
135th District: *Mary McBride-Lee*, Rosalina Roman-Christy
136th District: Frederick Hodges, *Alfredo Castillo*
137th District: Aidee Nieves, Maria Valle
138th District: Maria Pereira, Michele Small
139th District: *Wanda Simmons*, Ernest Newton

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The names in italics did not appear to respond during the roll call.

Council President Nieves reviewed the rules for Public Speaking. Council Member Newton stated that Council Member Simmons was not present due to illness. It was also stated that Council Member Brown was delayed at work and Council Member Boyd was enroute from Hartford.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, MAY 2, 2022 AT 6:30 P.M. IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT 06604.

NAME

SUBJECT

1.) **Helen Olga Losak**
304 Bradley Street
Bridgeport, CT 06610

“Stop the Killing” - Ordinance regarding
illegal chicken coops & rabbit coops.

City of Bridgeport
City Council Meeting
Regular Meeting
May 2, 2022

Ms. Losak said that there was a City ordinance about livestock and other animals. She said that her neighbors had killed two black and white chickens and laughed at her when she objected. She called the police and an officer arrived a few hours later. She also reported this to Animal Control. After several calls to different departments, her neighbor was made to dismantle the coops. She stated that this man killed over 30 chickens. This is animal cruelty and should not be tolerated.

2.) **John Marshall Lee**
30 Beacon Street
Bridgeport, CT 06605

Housing Neglect.

Mr. Lee came forward and displayed a sign with the word "FAIR" in large black letters and a diagonal red line through it. He read the following into the record:

Over the past two months at four CC meetings, I have had the pleasure of showing you one example of "See it and say it" operating in our City. A well-known TV reporter reported 6 months ago about Main Street residents who were subject to elevators in need of repair. The residents of 190 units, at Stratfield Apartments, a HUD supported facility were fearful of entrapment in one of several elevators. Federal and local legislators became part of the witnessing "neighbors."

Two Council persons took time to stop, look and listen to multiple issues that have been revealed including allegations of racial intimidation, retaliation, and harassment that defy equal treatment under the rule of law demanded by HUD when their funds underwrite a housing provider.

I am pleased to tell you that a meeting of nearly fifty persons was held last week at 4:00 PM. Light refreshments were offered, and Jorge Cruz introduced Regional Manager Alberto Argueta and three members of his staff to answer questions while Tyler Mack listened in from Hartford. I made notes about the subjects raised and was specifically interested in the way residents were treated, fairly, and pursuant to the statutes and governing rules for NAACP and civil rights.

Management answered questions about elevator maintenance with new provider and contract; pest control with new contract increasing from 12 to 29 regular clients, washers, and dryers seemingly inadequate to the task, apartment upkeep including paint and carpeting, USPS delivery, cameras, safety and security personnel and certain rules and directives that cause problems and misunderstandings.

Looking forward, there likely will be another meeting soon that can assist residents in creating a 'tenant association' to improve communication and make for a more neighborly sense of independent residential life. Additionally, while there were some statements from the audience before any questions were raised indicating a lack of racial issues, a number of residents are completing HUD statements alleging lack of communication for some tenants, unequal treatment by staff, and disrespect for people of color, including threats of eviction that bear further investigation and response to regional HUD.

Absent the creation of a self-governing tenant association, what do such tenants do in the absence of Fair Housing and Fair Rent groups here in the CITY? Doesn't 15

years of patience by a City Council with elimination of FAIRness demand some action on your part? Will you petition the Mayor for a timeline to review the purpose and charges of such committees and re-construct these groups in Bridgeport, especially the issue of FAIRness? If you do not act, who will?

3.) **Clyde Nicholson**

Guns.

396 Madison Avenue
Bridgeport, CT 06604

Mr. Nicholson said that he was present to talk about the guns that are killing black people all over the nation. He noted that Fairfield has 107 armed officers but no black individuals had been killed in Fairfield. He reminded everyone that Black Lives Matter, but Mayor Ganim doesn't seem to notice when black people are killed in Bridgeport. He said that billions of dollars were being sent to Ukraine, but the truth is that they need the money here. He reminded everyone about what happened in Newtown could happen in Bridgeport.

Mr. Nicholson said that he was looking for a meeting with the Council to work on this problem.

4.) **Tony Barr**

Budget & Schools.

141 Pennsylvania Avenue, #8
Bridgeport, CT 06605

Mr. Tony Barr came forward and said that he was present to speak about Cecil Young, who has been coming to the Council for the last 13 years. He said that Mr. Testani had been breaking the rules in Bridgeport and Police Officers can do things wrong and still be rewarded. However, Mr. Young had been there 13 years begging the Council for justice. He said that they would be bringing this to whoever they need to.

5.) **Maria Pereira**

The People's Platform/Ordinance &
Governance.

206 Bradley Street
Bridgeport, CT 06605

Council Member Pereira came forward and said that there was an ordinance proposed by the People's Platform. She said that they wanted it to be an equal platform to the administration. However, the two things that were eliminated were the attorney and the fiscal analyst that would make sure that the Council was independent of the executive branch. She said that she had never had a constituent contact her about Council Members staff but they had contacted her about other quality of life issues.

Council Member Pereira said that there was a new law as of May 1st about having meetings in person. She said that the constituents have the right to lobby the Council Members in person. She said that she was in favor of holding the meetings in person.

Ms. Maureen Cece came forward to speak about 80 Parkway Street. She said that she was present to speak as a resident, not as the management of the residence. The Rooster River is highly polluted and the rainwater flows down the street into the river. There is a poor drainage system and it is a health care issue. It is a danger to those who are immune compromised. She said that she was pleading with the Council to do something about this flooding issue.

Ms. Cece thanked the staff who helped her at City Hall to come here to speak about this. A Zoom meeting is not an option for her. The Council Members need to find the funding for the project so they don't end up with lives washed away.

Ms. Ellie Gonzalez came forward to address the Council Members about the children that were in the Police Academy. They have been meeting all over the City and now they are meeting in Fairfield. She said that this was wrong. The children need to have space. She said that there were 10 children in the program. Police Officers are leaving and going to other towns. The Council Members are elected officials and can do something to change this.

Ms. Callie Heilmann of Grovers Avenue and **Ms. Gemeem Davis** came forward to speak about the Empower Bridgeport Act. She said that the People's Platform supports the Council having their own staff that is equal to the executive branch.

Ms. Heilmann said that there were many people who were supporting the Council staff members. The Council Members will be able to get legal counsel when they need it. She thanked the Council for their time.

ADJOURNMENT

Council President Nieves closed the Public Speaking portion of the Council Meeting at 7:03 p.m.

Respectfully submitted,

Telesco Secretarial Services

**CITY OF BRIDGEPORT
CITY COUNCIL MEETING
MONDAY, MAY 2, 2022**

7:00 PM

City Council Chambers, City Hall - 45 Lyon Terrace

Bridgeport, Connecticut

CALL TO ORDER.

Mayor Ganim called the Regular Meeting of the City Council to order at 7:06 p.m.

PRAYER

Mayor Ganim asked Council Member Smith to lead those present in prayer.

PLEDGE OF ALLEGIANCE

Mayor Ganim asked Council Member Newton to lead those present in reciting the Pledge of Allegiance.

ROLL CALL

The City Clerk Lydia Martinez called the roll.

130th District: Scott Burns, Matthew McCarthy
131st District: Jorge Cruz, *Tyler Mack*
132nd District: *Marcus Brown*, Rolanda Smith
133rd District: Aikeem Boyd, Jeanette Herron
134th District: Michelle Lyons, AmyMarie Vizzo-Paniccia
135th District: Mary McBride-Lee, Rosalina Roman-Christy
136th District: Frederick Hodges, Alfredo Castillo
137th District: Aidee Nieves, Maria Valle
138th District: Maria Pereira, Michele Small
139th District: *Wanda Simmons*, Ernest Newton

Council Member Newton stated that Council Member Simmons was not present due to illness. It was also stated that Council Member Brown was delayed at work and Council Member Boyd was enroute from Hartford.

MINUTES FOR APPROVAL:

City of Bridgeport
City Council Meeting
Regular Meeting
May 2, 2022

• April 4, 2022

**** COUNCIL MEMBER NEWTON MOVED THE MINUTES OF THE APRIL 4, 2022 MEETING.**

**** COUNCIL MEMBER HERRON SECONDED.**

**** THE MOTION TO APPROVE THE MINUTES OF THE APRIL 4, 2022 MEETING PASSED UNANIMOUSLY.**

PUBLIC HEARING(S) TO BE ORDERED BY THE FULL COUNCIL:

73-21 Request from OPED to Order a Public Hearing for May 16, 2022 at 7:00 p.m. re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Tax Credit Program Applications.

**** COUNCIL MEMBER HERRON MOVED AGENDA ITEM 73-21 REQUEST FROM OPED TO ORDER A PUBLIC HEARING FOR MAY 16, 2022 AT 7:00 P.M. RE: PROPOSED RESOLUTION APPROVING PROGRAMS FOR CONNECTICUT NEIGHBORHOOD ASSISTANCE TAX CREDIT PROGRAM APPLICATIONS.**

**** COUNCIL MEMBER NEWTON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

73-21 Communication from OPED re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Tax Credit Program Applications, referred to Economic and Community Development and Environment Committee.

74-21 Communication from City Attorney re: Proposed Settlement of Pending Litigation in the Matter of Ronald Mercado and James Geremia – Case #3:20-cv-01783 (SALM), referred to Miscellaneous Matters Committee.

75-21 Communication from Engineering re: Proposed Memorandum of Understanding (MOU) with the Town of Fairfield concerning the Rooster River Watershed Project, referred to Contracts Committee.

76-21 Communication from City Attorney re: Proposed Settlement of Pending Litigation in the Matter of Dagmar Linsert – Docket No. FBT-CV-19-6091557-S, referred to Miscellaneous Matters Committee.

**** COUNCIL MEMBER NEWTON MOVED THE FOLLOWING COMMUNICATIONS TO BE REFERRED TO COMMITTEES:**

73-21 COMMUNICATION FROM OPED RE: PROPOSED RESOLUTION APPROVING PROGRAMS FOR CONNECTICUT NEIGHBORHOOD ASSISTANCE TAX CREDIT PROGRAM APPLICATIONS, REFERRED TO

ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

74-21 COMMUNICATION FROM CITY ATTORNEY RE: PROPOSED SETTLEMENT OF PENDING LITIGATION IN THE MATTER OF RONALD MERCADO AND JAMES GEREMIA – CASE #3:20-CV-01783 (SALM), REFERRED TO MISCELLANEOUS MATTERS COMMITTEE.

75-21 COMMUNICATION FROM ENGINEERING RE: PROPOSED MEMORANDUM OF UNDERSTANDING (MOU) WITH THE TOWN OF FAIRFIELD CONCERNING THE ROOSTER RIVER WATERSHED PROJECT, REFERRED TO CONTRACTS COMMITTEE.

76-21 COMMUNICATION FROM CITY ATTORNEY RE: PROPOSED SETTLEMENT OF PENDING LITIGATION IN THE MATTER OF DAGMAR LINSERT – DOCKET NO. FBT-CV-19-6091557-S, REFERRED TO MISCELLANEOUS MATTERS COMMITTEE.

**** COUNCIL MEMBER LYONS SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

***60-21 Economic and Community Development and Environment Committee Report re: Grant Submission: Environmental Task Force Community Environmental Benefits Fund – Fitness Courts (#22398).**

***61-21 Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Economic and Community Development Urban Act Grant Program – Remington Arms Demolition and Remediation Phase II (#22215).**

***66-21 Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Public Health – Heart Health Disease and Stroke Prevention Program.**

***68-21 Economic and Community Development and Environment Committee Report re: Grant Submission: National Association of County and City Health Officials (NACCHO) Medical Reserve Corps (MRC) COVID-19 Response, Innovate, Sustain and Equip (RISE) Awards (#22397).**

***19-21 Miscellaneous Matters Committee Report re: Appointment of Denese Taylor-Moye (D) to the Parks Commission.**

***39-21 Miscellaneous Matters Committee Report re: Appointment of Mary F. Gaits (R) to the Zoning Board of Appeals.**

***62-21 Miscellaneous Matters Committee Report re: Settlement of Pending Litigation in the Matter of Shannon L. Calhoun v. Christopher J. Borona, et al – Docket No. 3:18-cv-1203 (AWT).**

Mayor Ganim asked if any Council Member wished to remove an item from the Consent Calendar. Council Member Pereira requested that Agenda Items 19-21, 39-21 and 62-21 be removed.

**** COUNCIL MEMBER BURNS MOVED THE REMAINING CONSENT CALENDAR ITEMS:**

***60-21 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: ENVIRONMENTAL TASK FORCE COMMUNITY ENVIRONMENTAL BENEFITS FUND – FITNESS COURTS (#22398).**

***61-21 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: STATE OF CONNECTICUT DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT URBAN ACT GRANT PROGRAM – REMINGTON ARMS DEMOLITION AND REMEDIATION PHASE II (#22215).**

***66-21 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH – HEART HEALTH DISEASE AND STROKE PREVENTION PROGRAM.**

***68-21 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) MEDICAL RESERVE CORPS (MRC) COVID-19 RESPONSE, INNOVATE, SUSTAIN AND EQUIP (RISE) AWARDS (#22397).**

**** COUNCIL MEMBER LYONS SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

19-21 Miscellaneous Matters Committee Report re: Appointment of Denese Taylor-Moye (D) to the Parks Commission.

**** COUNCIL MEMBER VIZZO-PANICCIA MOVED AGENDA ITEM 19-21 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: APPOINTMENT OF DENESE TAYLOR-MOYE (D) TO THE PARKS COMMISSION.**

**** COUNCIL MEMBER HERRON SECONDED.**

Council Member Pereira stated that on December 2, 2021, Mayor Ganim issued a press release about all the Board and Commission vacancies in which he stated the candidates should “not currently hold or have held a public office or a role in an organization with the primary purpose of influencing legislation”. She pointed out that Ms. Taylor-Moye had been on the Council until November 2021. She asked how Ms. Taylor-Moye could be considered for the position.

Council Member Pereira said that there are people who have applied for vacant spots and never gotten a response. Those who have been recently elected officials should not be put on Committees or Boards.

Council Member Newton said that there are those on the Council who seem to act as judge and jury. Ms. Taylor-Moye had served on the Council for many years. He pointed out that they cannot discriminate against those that had previously served. Ms. Taylor-Moye has the qualifications. He added that Ms. Taylor-Moye would be a great person to add to the Parks Commission. The City Council has no jurisdiction other than approving or deny the candidate.

Council Member Vizzo-Paniccia said that they had asked for clarification from Ms. Vickers. Council Member Vizzo-Paniccia said that Ms. Taylor-Moye had been approved by the entire Miscellaneous Matters Committee because Ms. Taylor-Moye would be a good addition to the Parks Commission.

Council Member McBride-Lee said that she was in support of Ms. Taylor-Moye. She was a good Council Member and loves Bridgeport. She will make an excellent Park Commissioner. She will continue to give back to the City. Council Member McBride-Lee totally supports the appointment of Ms. Taylor-Moye as a Parks Commissioner.

**** THE MOTION TO APPROVE AGENDA ITEM 19-21 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: APPOINTMENT OF DENESE TAYLOR-MOYE (D) TO THE PARKS COMMISSION PASSED WITH FIFTEEN (15) IN FAVOR (BURNS, MCCARTHY, CRUZ, SMITH, BOYD, HERRON, LYONS, VIZZO-PANICCIA, MCBRIDE-LEE, ROMAN-CHRISTY, CASTILLO, HODGES, NIEVES, VALLE, AND NEWTON) AND TWO (2) OPPOSED (PEREIRA AND SMALL).**

39-21 Miscellaneous Matters Committee Report re: Appointment of Mary F. Gaits (R) to the Zoning Board of Appeals.

**** COUNCIL MEMBER VIZZO-PANICCIA MOVED AGENDA ITEM 39-21 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: APPOINTMENT OF MARY F. GAITS (R) TO THE ZONING BOARD OF APPEALS.
** COUNCIL MEMBER HERRON SECONDED.**

Council Member Pereira stated that a roll call vote was required for this item. A roll call vote was taken.

**** THE MOTION TO APPROVE AGENDA ITEM 39-21 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: APPOINTMENT OF MARY F. GAITS (R) TO THE ZONING BOARD OF APPEALS PASSED UNANIMOUSLY.**

62-21 Miscellaneous Matters Committee Report re: Settlement of Pending Litigation in the Matter of Shannon L. Calhoun v. Christopher J. Borona, et al – Docket No. 3:18-cv-1203 (AWT).

**** COUNCIL MEMBER VIZZO-PANICCIA MOVED AGENDA ITEM 62-21 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: SETTLEMENT OF PENDING LITIGATION IN THE MATTER OF SHANNON L. CALHOUN V. CHRISTOPHER J. BORONA, ET AL – DOCKET NO. 3:18-cv-1203 (AWT).
** COUNCIL MEMBER CASTILLO SECONDED.**

Council Member Pereira said that they were being asked to approve a \$140,000 settlement and the information is not available because it is a federal case. She said that since she had been on the Council, there has been over \$2 million in settlements. It is an embarrassment to the City, the State and the nation.

Council Member Vizzo-Paniccia said that this had been discussed in Committee and those who were not in Executive Session can call the City Attorney's Office for an appointment to review all the information.

Council Member Newton reminded everyone that there was a time when the Council Members could attend Executive Sessions. However, that changed, but the Council can go into caucus. He said it was wrong to deny the settlement for the victim because the Police Department made a mistake. If it goes to trial, the cost will be even higher if the judgement is against the City.

Council Member McBride-Lee said that she will be voting yes because she has some confidence in the Miscellaneous Matters Committee but added she would like to see the officers take responsibility for their actions.

Council Member Hodges asked if there was a list of the suits that have been filed against the City because of the Police Department. He was told that one could be compiled.

**** THE MOTION TO APPROVE AGENDA ITEM 62-21 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: SETTLEMENT OF PENDING LITIGATION**

IN THE MATTER OF SHANNON L. CALHOUN V. CHRISTOPHER J. BORONA, ET AL – DOCKET NO. 3:18-cv-1203 (AWT) PASSED WITH SIXTEEN (16) IN FAVOR (BURNS, MCCARTHY, CRUZ, SMITH, BOYD, HERRON, LYONS, VIZZO-PANICCIA, MCBRIDE-LEE, ROMAN-CHRISTY, CASTILLO, HODGES, NIEVES, VALLE, SMALL AND NEWTON) AND ONE (1) OPPOSED (PEREIRA).

**** COUNCIL MEMBER BURNS MOVED TO SUSPEND THE RULES TO ADD AGENDA ITEM 44-21 THE PROPOSED FIVE – YEAR CAPITAL PLAN FOR FISCAL YEAR 2023–2027 TO THE AGENDA.**

**** COUNCIL MEMBER HERRON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER BURNS MOVED TO AMEND AGENDA ITEM 44-21 COMMUNICATION FROM MAYOR RE: PROPOSED FIVE – YEAR CAPITAL PLAN FOR FISCAL YEAR 2023–2027 BY SUBSTITUTION.**

**** COUNCIL MEMBER HERRON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER BURNS MOVED AGENDA ITEM 44-21 COMMUNICATION FROM MAYOR RE: PROPOSED FIVE – YEAR CAPITAL PLAN FOR FISCAL YEAR 2023–2027 AS AMENDED.**

**** COUNCIL MEMBER NEWTON SECONDED.**

Council Member Burns said that the Committee had worked hard on this Capital Budget and appreciated the cooperation of the Board of Education regarding the reallocation of funding for some Capital Projects. He reviewed the changes to the proposed bond amounts.

Council Member Newton noted that there had been funds allocated for projects that had not been done yet and rather than have the money sitting there, the Committee decided to re-allocate that funding for other projects. He also thanked the Board of Education regarding their use of some Federal dollars for Capital Projects, which helped with funding for other Capital projects that need to be done.

Council Member Newton noted that there had been claims that Bridgeport was the highest taxed City in the State. He said that Hartford had a mill rate of 74.29; New Haven had a mill rate of 42.98; Waterbury had a mill rate of 60.12; Stamford had a mill rate of 26.05 and Norwalk had a mill rate of 23.15. Bridgeport's mill rate is 43.25. It is not the highest taxed city in the State.

Council Member Pereira said that in her years on the Council, this was the cleanest Capital Plan she had seen. For the record, she objects to certain items that are being bonded for 20 years of debt. She went on to list a number of items including the Nutrition Center and street paving. However, since there is funding for flood control, she will be supporting the Plan. Her constituents have experienced four major floods since July 2020 and some lost all their belongings and others had four feet of water in their basements.

Council Member Lyons said that she was in agreement with Council Member Pereira regarding the flooding issues.

Council Member McCarthy said that the Police Headquarters need to be replaced. They have talked about this for years and years. Now it is on the Capital Plan and the project can move forward.

**** THE MOTION TO APPROVE AGENDA ITEM 44-21 COMMUNICATION FROM MAYOR RE: PROPOSED FIVE – YEAR CAPITAL PLAN FOR FISCAL YEAR 2023–2027 AS AMENDED COMMUNICATION FROM MAYOR RE: PROPOSED FIVE – YEAR CAPITAL PLAN FOR FISCAL YEAR 2023–2027 AS AMENDED PASSED UNANIMOUSLY.**

ADJOURNMENT

**** COUNCIL MEMBER NEWTON MOVED TO ADJOURN**

**** COUNCIL MEMBER HERRON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

The meeting adjourned at 7:43 p.m.

Respectfully submitted

Telesco Secretarial Services



City of Bridgeport
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT

Margaret E. Morton Government Center
999 Broad Street, Bridgeport, Connecticut 06604

JOSEPH P. GANIM
Mayor

THOMAS GILL
Director

COMM. #73-21 Ref'd to ECD & ENVIRONMENT COMMITTEE
on May 2, 2022

April 20, 2022

City Clerk
45 Lyon Terrace
Bridgeport, CT 06604

Re: *Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program – For Referral to City Council Meeting of May 12, 2022.*

Required Public Hearing - Neighborhood Assistance Act Program Applications – Full Council Meeting of May 16, 2022

Dear City Clerk and Honorable Members of the City Council:

OPED requests the City Council's action on the attached resolution approving programs for the 2022 Connecticut Neighborhood Assistance Act Tax Credit Program. This item is for referral to the May 18, 2022, meeting of the Economic and Community Development and Environment Committee.

OPED also requests that the Council order a public hearing on these 2022 Neighborhood Assistance Act Program Applications for its meeting of May 16, 2022.

That night of June 06, 2022, OPED request the Council's final vote approving this resolution and the programs it references.

Truly Yours,

Max Perez,
Director of Business Development and NAA Coordinator

CC: Tom Gill, Director
Bill Coleman, Deputy Director
Vincent Mobilio, Economic Development Associate

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CITY CLERK'S OFFICE
22 APR 20 AM 9:46

**A Resolution Approving Programs
for the
State of Connecticut Neighborhood Assistance Act Tax Credit Program**

Whereas, the Connecticut Neighborhood Assistance Act (“NAA”) Tax Credit Program, pursuant to Connecticut General Statute §12-630aa et. seq. (the “Statute”) provides a tax credit to business firms that make cash investments of at least \$250 (two-hundred-fifty) dollars to certain qualifying community programs conducted by tax exempt or municipal agencies;

Whereas, the cash investments must be made in a community program that is proposed and conducted by a tax exempt or municipal agency and must be approved by both the municipality in which the program is conducted and by the Connecticut Department of Revenue Services (“DRS”);

Whereas, the City’s Office of Planning and Economic Development (“OPED”) is the designated office for overseeing the implementation of the 2022 Neighborhood Assistance Act Tax Credit Program;

Whereas, tax exempt entities and municipal agencies desiring to obtain benefits under the NAA must complete Form NAA-01, Connecticut Neighborhood Assistance Act Program Proposal, Parts I, II, and III and submit the form to OPED, which must then review and present the proposals to the Bridgeport City Council for approval, after which OPED may complete the corresponding Form NAA-01 Part IV for submittal to DRS on or before July 1 of each year;

Whereas, prior to OPED being authorized to submit Form NAA-01 Part IV to DRS, the Bridgeport City Council must vote to approve the programs;

Whereas, the attached list of organizations and programs represents the City’s diversity and represents a spectrum of accomplished non-profit organizations pursuing innovative and effective programs;

Whereas, the Bridgeport City Council received this attached list of program proposals as an OPED submittal item on its City Council Agenda of May 2, 2022;

Whereas, the Bridgeport City Council reviewed the list and the OPED submittal at the May 18th, 2022 meeting of its Economic and Community Development and Environment Committee;

Whereas, the Bridgeport City Council held a duly noticed public hearing on all program proposals at its meeting of May 16, 2022;

Whereas, the Bridgeport City Council finds that these program proposals are worthy of support;

Now therefore be it resolved that the Bridgeport City Council hereby approves the attached list of program proposals and respective organizations for submittal by the City’s Office of Planning and Economic Development to the Connecticut Department of Revenue Services pursuant to the requirements of the 2022 Neighborhood Assistance Act.

Be it further resolved that the Mayor or the Director of OPED, as may be required by the Connecticut Department of Revenue Services or by the Statute, subject to the final review and approval of the City Attorney’s Office as to form and content, is further authorized to execute any and all other documents, and to do any and all other things necessary in furtherance of and consistent with this resolution in the best interests of the City.

CITY OF BRIDGEPORT
2022 Connecticut Neighborhood Assisted Act
Organization Program Amount

1. **Burroughs Community Center Inc.** – Install energy conservation measures HVAC
\$150,000.00

2. **Junior Achievement of Western CT, Inc.** - Junior Achievement literacy, works readiness
\$80,000.00

3. **Bridgeport Neighborhood Trust** – Housing portfolio energy improvement plan
\$150,000.00

4. **Habitat for Humanity of Coastal Fairfield County** - Habitat CFC Program
\$150,000.00

5. **Hall Neighborhood House, Inc.** - Hall Senior Center
\$25,000.00

6. **Cardinal Shehan Center** - Computer, Arts, Stem & Cooking Program
\$25,000.00

7. **Bridgeport Economic Development Corporation** - Bridgeport Brownfields Reclamation
\$50,000.00

8. **Connecticut Zoological Society** - Greenhouse New skin and framing
\$150,000.00

9. **McGivney Community Center** - McGivney Youth Programs
\$40,000.00

10. **Boys Club & Girls Club of Bridgeport, CT** - Orcutt Club Programs Administration
\$150,000.00

11. **Boys Club & Girls Club of Bridgeport, CT** - Energy Conservation Green Projects
\$150,000.00
12. **Bridgeport Public Education Fund, Inc.** - Mentoring for Academics Achievement
\$50,000.00
13. **Wakeman Memorial Association** – Energy Efficient updates
\$9,309.00
14. **Mercy Learning Center of Bridgeport**-Literacy & life skills
\$150,000.00
15. **Bridgeport Caribe Youth League, Inc**- Workforce Technology Program
\$150,000.00
16. **Bridgeport Caribe Youth League, Inc**-Energy Efficient repair, and upgrades
\$150,000.00
17. **University of Bridgeport**- Adding Energy Effectiveness
\$150,000.00
18. **University of Bridgeport**- Jobs for Bridgeport
\$150,000.00
19. **Mutual Housing Partners**- Clinton Commons Efficiency Upgrades
\$118,900.00
20. **The Center for Family Justice, Inc.** CF JProgram expansion Project.
\$150,000.00
21. **Marrakech, Inc** – Boiler Replacement
\$15,000.00
22. **The West Cornwall Public Library Asst**- Boiler Replacement Windows & energy lighting
\$93,500.00
23. **Hispanic Health Council** – Retrofit Energy Efficiency
\$150,000.00

24. **Greater Bridgeport Symphony - Adding Energy Effectiveness**

\$150,000.00

25. **Bridgeport Public Education Fund-Support for low-income student**

\$150,000.00

26. **Bridgeport Public Education Fund – Energy Efficient repairs**

\$150,000.00

27. **Bridgeport Rescue Mission – Window & Roof Replacement Project**

\$150,000.00

2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *For Further 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 Audit: 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. This audit must be submitted to the municipality no later than three months after the program completion date.

For Further Information

Email inquiries to:

• NAAProgram@ct.gov

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

• **860-297-5687**

• **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)

2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *For Further 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.

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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.

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

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- NAAProgram@ct.gov

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **860-297-5687**
- **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)



Municipality: Bridgeport

Form NAA-01
2022 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: _____
Burroughs Community Center, Inc

Address: 2470 Fairfield Ave, Bridgeport, CT 06605

Federal Employer Identification Number: 06-1418097

Program title: Furnish and install energy conservation measures and HVAC Building Management System

Name of contact person: Michael Quan

Telephone number: (203) 334-0293

Email address: michael@burroughscenter.org

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 Burroughs Center has been a resource for the Bridgeport Community for over 26 years and is the home for 5 community nonprofit organizations. Annually 30,000 neighbors are served and receive support to obtain the most vital resources needed. The scope of this program will allow Burroughs to make a meaningful investment that will take us through the next 26 years with significant energy savings and operating cost reductions. This program outlines a range of energy saving strategies leveraging a variety of funding sources. The NAA grant program will contribute the vital funding that will allow Burroughs to realize the maximum energy efficiency possible using solar, LED lighting and HVAC.

Need for program: _____

The existing HVAC/mechanical system is aging and obsolete. It has been 26 years since the building underwent a complete renovation. While the upgrades and renovations at that time were state of the art, forward thinking, and set the organization up to thrive for decades, the mechanicals have now surpassed their life expectancy. By reinvesting in our energy infrastructure, we will be positioned to thrive for an additional 26+ years. This holistic energy program will drastically reduce our operating costs and establish Burroughs as a beacon of sustainability in the community.

Neighborhood area to be served: _____

Burroughs provides services to individuals and families in the Greater Bridgeport area. Performance data shows that 39% of Burroughs participants live below the poverty level, earning an adjusted gross income of \$28,215 annually. Our neighbors served are faced with many barriers; including income, language, technology, and systemic inequalities. Burroughs provides access to opportunities for our neighbors to break down barriers and achieve success.

Plan to implement the program: _____

The Burroughs Center has structured a comprehensive strategy to address the overall financial and operational execution of the plan. The work will have long term impact and achieve immediate and future energy savings for the organization. A planning committee consisting of Burroughs Board members and staff, energy efficiency consultants, and community leaders have investigated all available utility incentives and federal grant opportunities. Funding from the Neighborhood Assistance Act will be an important last piece of our sustainability plan.

Timetable:

Program start date: June 1 2022

Program completion date: July 31 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>United Illuminating Incentives</u>	<u>\$40,000.00</u>
b) <u>COVID / SAMHSA Grant</u>	<u>\$29,000.00</u>
c) <u>ZRECS / ITC</u>	<u>\$26,000.00</u>
d) _____	_____
Total Funding:	<u>\$245,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>HVAC Controls and moitoring</u>	<u>\$75,000.00</u>
b) <u>LED Lighting throughout the building</u>	<u>\$40,000.00</u>
c) <u>Solar Energy with roof upgrade</u>	<u>\$95,000.00</u>
d) <u>Heat Pump / New Boiler</u>	<u>\$35,000.00</u>
Administrative expenses - itemized description:	
a) <u>None</u>	_____
b) _____	_____
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$245,000.00</u>

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 Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>September 1, 2023</u> Date</p>

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning 7/1/2020 and ending 6/30/2021

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

C Name of organization BURROUGHS COMMUNITY CENTER INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2470 FAIRFIELD AVENUE
 City or town State ZIP code
BRIDGEPORT CT 06605
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
06-1418097

E Telephone number
(203) 334-0293

G Gross receipts \$ 343,831

F Name and address of principal officer:
MICHAEL QUAN 2470 FAIRFIELD AVENUE, BRIDGEPORT, CT 06605

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

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

J Website: www.burroughscc.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1994 **M** State of legal domicile: CT

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE RESIDENTS OF BRIDGEPORT, CT WITH PROGRAM OPPORTUNITIES AND FACILITY RESOURCES TO PROMOTE INDIVIDUAL GROWTH AND COMMUNITY COHESIVENESS.</u>		
	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)	<u>3</u>	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<u>6</u>	9
	6 Total number of volunteers (estimate if necessary)	<u>7a</u>	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7b</u>	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <u>246,190</u>	Current Year <u>211,604</u>
	9 Program service revenue (Part VIII, line 2g)	<u>142,065</u>	<u>117,991</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>346</u>	<u>235</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>33,914</u>	<u>14,001</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>422,515</u>	<u>343,831</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>308,031</u>	<u>298,866</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>16,585</u>	<u>195,193</u>	<u>177,502</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>503,224</u>	<u>476,368</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>-80,709</u>	<u>-132,537</u>	
19 Revenue less expenses. Subtract line 18 from line 12		<u>1,369,574</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <u>1,379,331</u>	End of Year <u>1,237,120</u>
	21 Total liabilities (Part X, line 26)	<u>9,757</u>	<u>83</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,369,574</u>	<u>1,237,037</u>

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 _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name <u>MICHAEL SOLAKIAN</u>	Preparer's signature <u>MICHAEL SOLAKIAN</u>	Date <u>12/15/2021</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01260810</u>
Firm's name ▶ <u>SOLAKIAN & COMPANY, LLC</u>		Firm's EIN ▶ <u>46-1036695</u>		
Firm's address ▶ <u>580 JOHNS PASS AVENUE, MADEIRA BEACH, FL 33708</u>		Phone no. <u>(203) 215-6541</u>		

May the IRS discuss this return with the preparer shown above? See instructions Yes No



Municipality: Bridgeport

Form NAA-01
2022 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: _____

Junior Achievement of Greater Fairfield County, Inc.

Address: 835 Main Street, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0644315

Program title: Junior Achievement's Financial Literacy & Work Readiness Programs

Name of contact person: Laura Stern

Telephone number: (203) 382-0180

Email address: lstern@jagfc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 80,000.00

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): Supplemental financial literacy and work readiness programs

Description of program: _____
Junior Achievement (JA) is dedicated to inspiring and preparing young people with the knowledge and skills they need to succeed in a global economy. JA's K-12 programs focus on three pathways: financial literacy, work and career readiness, and entrepreneurship. Through relevant and innovative programs taught by volunteer role models, we provide the linkage and pathways from education to workforce. Program content is customized to meet local needs while being aligned with state and national academic standards. All programs are provided free of charge to schools and students.

Need for program: _____
Bridgeport publishes its student population data as 71.5% low income, 28% higher than the state average, as measured by eligibility for free or reduced-price meals; school population is 88% minority; and its high school graduation rate for students is 76%, 12.5% below state average (CT Dept. of Education). Over 50% of US employers recognize that talent shortages impact their ability to serve clients and customers. JA's programs teach personal finance, career readiness, and entrepreneurship. We help students set goals and secure the skills necessary to achieve them.

Neighborhood area to be served: _____
The Bridgeport school population in grades K through 12.

Plan to implement the program: _____
JA engages volunteers from the business community and community at-large to deliver our curricula while sharing their own career and life experiences with students. Our programs are grade-level appropriate and follow the common core curriculum. All programs have been redesigned to accommodate current learning scenarios, and we offer programs via three delivery models: 1) In-person, 2) Virtual, 3) Independent, self-guided.

Timetable:

Program start date: 7/1/2022

Program completion date: 6/30/2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$80,000.00</u>
Other funding sources - itemized sources:	
a) <u>Corporate, foundations, individual gifts</u>	<u>\$135,369.86</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$215,369.86

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries, benefits, payroll taxes</u>	<u>\$154,358.66</u>
b) <u>Program materials and supplies</u>	<u>\$4,828.25</u>
c) <u>Travel, mileage, training</u>	<u>\$1,251.77</u>
d) <u>Scholarships, awards, recognition</u>	<u>\$983.53</u>

Administrative expenses - itemized description:	
a) <u>Insurance, License fees</u>	<u>\$29,730.40</u>
b) <u>Overhead - rent, utilities, equipment</u>	<u>\$5,346.84</u>
c) <u>Operating costs - IT, telephone, office supplies, postage/frgt</u>	<u>\$14,940.76</u>
d) <u>Marketing & development, staff & board development</u>	<u>\$5,856.49</u>

Total Proposed Expenditures: \$217,296.70

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 Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;">Yes No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

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.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

Form header section containing B (Check if applicable), C (Name of organization), D (Employer identification number), E (Telephone number), F (Name and address of principal officer), G (Gross receipts), H(a) and H(b) (Subordinates), I (Tax-exempt status), J (Website), K (Form of organization), L (Year of formation), M (State of legal domicile).

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission or most significant activities. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7. Number of voting members, independent voting members, individuals employed, and volunteers. 7a-7b. Total unrelated business revenue and net unrelated business taxable income. 8-12. Revenue (Contributions, Program service, Investment, Other, Total). 13-19. Expenses (Grants, Benefits, Salaries, Fundraising, Other, Total, Revenue less expenses). 20-22. Net Assets or Fund Balances (Total assets, Total liabilities, Net assets or fund balances).

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.

Signature block for officer: Signature of officer (BERNADINE VENDITTO), Date (11/21/2021), Title (PRESIDENT).

Preparer information: Print/Type preparer's name (BRIAN C WHITE), Preparer's signature, Date (11/21/2021), Check self-employed, PTIN (P00058320), Firm's name (NANAVATY DAVENPORT STUDLEY WHITE), Firm's EIN (06-1402749), Firm's address (123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470), Phone no. (203-426-8500).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)



Municipality: Bridgeport

Form NAA-01
2022 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: _____
Bridgeport Neighborhood Trust, Inc. d/b/a Building Neighborhoods Together

Address: 570 State Street, Bridgeport, CT 06604

Federal Employer Identification Number: 22-2809353

Program title: BNT Housing Portfolio Energy Improvement Plan

Name of contact person: Charles Griggs

Telephone number: (203) 290-4255

Email address: charles@bntweb.org

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: _____

BNT is the most active nonprofit developer, owner and manager of affordable housing in Bridgeport. BNT has a portfolio of approximately \$50 million in new and renovated housing where vacant or abandoned properties once existed. BNT's housing stock includes over 20 buildings housing over 400 tenants. BNT has significant energy improvement needs which include the installation of solar panels on some of its largest apartment buildings, and HVAC upgrades and improvements across its housing portfolio.

Need for program: _____

Given the high and growing utility cost of maintaining BNT's affordable housing portfolio, the addition of solar panels and other HVAC energy improvements is highly needed.

Neighborhood area to be served: _____

Greater downtown Bridgeport

Plan to implement the program: _____

Contract proposals would be obtained as soon as funds are committed by NAA corporate funders. Upgrades would be completed by November 2023.

Timetable:

Program start date: January 4, 2023

Program completion date: August 30, 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Property Reserves & Other</u>	<u>\$25,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$175,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Energy Conservation Measures</u>	<u>\$175,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$175,000.00

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 Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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Form **990**

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

2020

Open to Public Inspection

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 2020 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
BRIDGEPORT NEIGHBORHOOD TRUST
Doing business as

D Employer identification number
22-2809353

E Telephone number
203-290-4255

F Name and address of principal officer: DORIS LATTORE
SAME AS C ABOVE

G Gross receipts \$ 3,958,474.

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

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

J Website: WWW.BNTWEB.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986 **M State of legal domicile:** CT

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BRIDGEPORT NEIGHBORHOOD TRUST WORKS TO END HOUSING INSECURITY, INCOME INEQUALITY AND HOMELESSNESS		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	24
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	927,404.	1,877,783.
	9 Program service revenue (Part VIII, line 2g)	1,851,518.	2,078,064.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,393.	2,419.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,001.	-10,792.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,857,316.	3,947,474.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
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)		1,302,278.	1,275,366.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,576,699.	2,740,769.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,878,977.	4,016,135.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,021,661.	-68,661.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,108,038.	End of Year 32,086,902.
	21 Total liabilities (Part X, line 26)	8,363,070.	12,410,595.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,744,968.	19,676,307.

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: DORIS LATTORE, INTERIM EXECUTIVE OFFICER
Date: _____

Print/Type preparer's name: MICHAEL PRUELL, CPA
Preparer's signature: MICHAEL PRUELL, CPA
Date: 11/15/21
Check if self-employed: PTIN: P01585061

Firm's name: AAFCPAS, INC.
Firm's address: 50 WASHINGTON STREET, WESTBOROUGH, MA 01581
Firm's EIN: 04-2571780
Phone no.: 508-366-9100



Municipality: Bridgeport

Form NAA-01
2022 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: _____

Habitat for Humanity of Coastal Fairfield County

Address: 1542 Barnum Avenue, Bridgeport, CT 06610

Federal Employer Identification Number: 22259707

Program title: Habitat CFC Program

Name of contact person: Kristen Alvanson

Telephone number: (203) 333-2642

Email address: k Alvanson@habitatcfc.org

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: _____

Habitat CFC seeks to build community and to improve lives by partnering with low-income families, community volunteers and donors to build decent and affordable homes. Since 1985, we have dedicated 277 homes helping over 1,000 family members in Fairfield County. We sell homes to families earning typically between 45% and 70% of the area median income and provide a 30 year mortgage with no down payments and with zero interest. Habitat CFC is a construction company with a green focus. We incorporate energy efficient building practices into our construction; 100% of our homes receive Energy Star certification.

Need for program: _____

Through Habitat homeownership, a family is transitioned from substandard and economically burdened housing into a home that substantially improves their living environment and ensures that the family will no longer spend more than 30% of their income on housing. Green building makes the houses we build more affordable for our homeowners, whose utility bills are lower. Placing children in new homes can have a positive effect on their health by removing them from substandard and potentially unhealthy living conditions. Over half of Bridgeport's homes were built prior to 1950, increasing the likelihood of lead poisoning in old homes.

Neighborhood area to be served: _____

Habitat CFC covers all of Coastal Fairfield County, but our work has been mainly focused in Bridgeport and largely concentrated in the East End and East Side, although we have built homes throughout the city. We prefer to build in neighborhoods where there are existing Habitat homes or where we can build clusters of Habitat homes to help further strengthen a neighborhood. The neighborhoods in which we build generally have a high percentage of minorities and our homeowners typically match the demographics of the neighborhood. It is clear that a new Habitat home tends to be the seed that begins to turn an entire neighborhood around. Other

Plan to implement the program: _____

Habitat CFC will build at least 9 decent, affordable homes for hardworking families in 2022. While the pandemic has slowed us down, we are continuing to build and look forward to increasing production as we are able to allow more volunteers on site. In order to reach our goal, we rely on every Habitat CFC department to play its part in making it happen. Our Construction Department keeps the building on schedule. Our Family Services Department works with future homeowner families throughout the process. Our Development Department works to secure funds needed to operate. And our Volunteer Services Department facilitates

Timetable:

Program start date: 1/1/2021

Program completion date: 12/31/2021

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Mortgage Receipts</u>	<u>\$966,000.00</u>
b) <u>Donor Contributions</u>	<u>\$1,280,000.00</u>
c) <u>ReStore Net</u>	<u>\$500,000.00</u>
d) <u>Other</u>	<u>\$604,000.00</u>
	<u>\$3,500,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Direct Construction</u>	<u>\$1,320,000.00</u>
b) <u>Program Compensation</u>	<u>\$1,255,280.00</u>
c) <u>Other Compensation</u>	<u>\$221,520.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Interest</u>	<u>\$30,000.00</u>
b) <u>Insurance, Legal and Accounting</u>	<u>\$220,400.00</u>
c) <u>Rent</u>	<u>\$208,000.00</u>
d) <u>Other</u>	<u>\$244,800.00</u>

Total Proposed Expenditures:

\$3,500,000.00

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: _____ City of Bridgeport
Mailing address: _____ Margaret E. Morton Government Center, 999 Broad St. Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>2037272707</u>
Fax number: <u>2035763979</u>
Email address: <u>max.perez@bridgeport.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;">Yes No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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Description of Program

Habitat for Humanity of Coastal Fairfield County (Habitat CFC) is a nonprofit organization headquartered in Bridgeport that builds communities and improves lives by eliminating substandard housing and creating affordable homeownership possibilities by partnering with families in Fairfield County. Habitat CFC has a well-earned reputation for success in transforming abandoned properties into homes for taxpaying, contributing community members throughout the region. We build not only new homes, but recycle homes from homeowners who have sold houses back to us when their life circumstances change. Since 1985, we have dedicated 277 homes helping over 1,000 family members in Fairfield County.

Habitat CFC’s strategic approach is more than just building homes for hardworking families, we are a “green” construction company, family services agency, non-profit financial institution, an affordable housing advocate and a community service project provider for thousands of people each year. We also operate a ReStore in Stratford, CT. The ReStore is a nonprofit home improvement and donation center that sells quality new and used furniture, appliances, home accessories and building materials to the public at low cost. We are protecting the environment by keeping furniture and other items out of landfills. All of the net proceeds from the ReStore are channeled back into the community to build more Habitat CFC homes.

Habitat CFC utilizes a nationally-proven model of partnering with and supporting low-income families through each step of the process toward homeownership. The goal is not simply to build and sell a house, but rather to educate, empower and engage with partner families so that their home might be a source of long-term financial health, stability and pride for years to come.

Habitat CFC sells homes to families earning typically between 45% and 70% of the area median income. Habitat CFC sells the homes to families and provides a 30 year mortgage with no down payments and with zero interest. No purchaser will pay more than 30% of their income for the mortgage, taxes, insurance and utilities. The homes are deed restricted to ensure their affordability for 40 years. The homes are also energy efficient and Energy Star rated. Habitat CFC has a proud, 37 year history of creating affordable housing in this model, with a success rate that exceeds 95%.

Habitat CFC looks to expand affordable housing opportunities by fostering the creation of affordable homeownership properties in Bridgeport for families that would never be able to purchase a home through traditional channels. Families who purchase Habitat homes must be willing and able to give sweat equity hours of service to our program, including participation in educational programs that are designed to teach homeownership, household budgeting, civic engagement and other skills intended to create successful, responsible, community-minded homeowners. When possible, the majority of the time given by our participating families is typically devoted to working alongside our staff and volunteers building their own houses, which we believe prepares them well to both appreciate and care

for their new homes. Based on our track record, we can safely say that the future homeowners will be long-term residents of these homes and actively engaged participants in their communities. They will enjoy healthier lives; their children will achieve improved educational outcomes; they will enhance the local economy and will contribute to safer and more stable neighborhoods.

Habitat's model is simple, but effective. The organization engages volunteers in building decent, quality affordable homes on abandoned and/or blighted properties. Properties that are burdens on the stretched budgets of municipalities are transformed into new homes with taxpaying, involved homeowners. One or two new houses not only change the lives of the homeowners, but help lift entire neighborhoods from dangerous areas in disrepair to communities in which proud neighbors begin to welcome and look after each other.

Habitat CFC is a construction company with a green focus. We incorporate energy efficient building practices into our construction; 100% of our homes receive Energy Star certification. Our new construction houses are all Energy Star certified by a third party rater. All homes completed in the last few years meet this standard and all future homes will be Energy Star certified.

Habitat CFC –Energy Efficiency Building Procedures

All HFHCFC homes are evaluated by a third-party HERS rater and receive Energy Star v 3.0 Certifications. We also work with the Connecticut Energy Efficiency Fund for additional certification and small rebates. These raters confirm each of the seven items below as part of their normal inspections.

1. Insulation: All insulation meets or exceeds local building codes. This is done to minimize utility costs for our low income homeowners. The ceiling of the unconditioned basement has R-30 fiberglass batts. The exterior walls are 2x6 construction, 24" on center. Close attention is paid to air sealing at all the building material seams, and R-21 fiberglass batts are used in the walls. The ceiling of the second floor (floor of attic) is air sealing with closed cell foam and has 20 inches of loose blown cellulose insulation to achieve an R-60 rating. Raised heel trusses are used to ensure at least 75% of attic R-value is maintained to the outside edge of the wall assembly. A minimum of 3 inches (R-21) of high expansion closed

cell spray foam is used to seal all rim bands and sill plates, where the majority of air leakage would otherwise occur.

2. Plumbing fixtures: Toilets, the kitchen faucet, bathroom faucets, and the showerhead meet the water-conserving criteria listed in the application. American Standard toilet #4021 is 1.28 gpf. Delta bath sink faucet #2520 is 1.5 gpm at 60 lbs. Delta kitchen faucet #400 is 1.8 gpm at 60 lbs. Moen showerhead # 6307EPBN is 1.75 gpm. All fixtures meet EPA's criteria for WaterSource and/or CalGreen Standards.
3. Boiler: HFHCFC uses a HTP EFT-55 natural gas boiler with a SuperStor 45 gal indirect hot water storage tank. The boiler has a 97% AFUE rating. Hot water baseboard heating on 2 zones is used in each home.
4. Ventilation: Each of the two bathroom exhaust fans is an Energy Star listed Panasonic fan (model # FV08VKML3) that is set to run continuously at a low speed and switching to a higher speed for 30 minutes when the fan's motion detector detects occupancy use. The kitchen exhaust fan runs has manual high and low speed settings. We are planning on adding the use of an ERV system as our next enhancement.
5. Windows: we use only low-E, argon-filled windows with foam-filled vinyl sashes. The U-Factor is 0.28.
6. Appliances: HFHCFC uses Energy Star Qualified appliances from Whirlpool for each home – 4.0 cu. ft. clothes washer Model # WTW5500XW, 18 cu. ft. refrigerator Model # W8TXEWFYQ, and, if desired as an option by the homeowner, a dishwasher Model # WDF510PAYW.
7. Lighting: As part of the commitment to the Connecticut Energy Efficiency Fund (verified by the 3rd party HERS rater), HFHCFC uses LED bulbs and appropriate fixtures throughout the house. The specific models are chosen by the future homeowners to allow them style preferences.

In 2010, Habitat CFC committed to build 100% of our homes to receive Energy Star certification, as determined by an independent third party rater approved by the EPA. The most important component of an Energy Star evaluation is the HERS score. As HERS scores move lower, better performance has been achieved, meaning that future energy costs will be lower for the homeowner. HERS scores are very comprehensive, based on a wide range of factors, including things such as air tightness, air quality, energy efficiency, quality of windows, etc.

The US Department of Energy reports that a typical resale home scores 130 on the HERS Index while a typical new home without an emphasis on Energy Star might score 100. We see in marketing brochures that several major builders in the US tout scores of 61 – 67. A home with a HERS Index score of 70 is 30% more energy efficient than that typical new home with a score of 100. Habitat CFC HERS scores are currently rating at 49-52.

The green features, which either directly or indirectly conserve energy include:

Sustainable Construction

- LP Smartside composite wood siding, sourced from small fast-growing trees with zero waste
- Foundation concrete has fly ash content

Material Conservation

- Panelized wall construction and prefabricated roof trusses minimize wood waste
- Habitat operates the ReStore, which sells used or odd lot building materials and gently used furniture. Each year, ReStore sells more than \$1,500,000 of these materials, eliminating over 800 tons of potential landfill.

Water Conservation and management

- Low flow toilets and showers
- Infiltrators to capture storm water run off

Need for Program

Through Habitat homeownership, a family is transitioned from substandard and economically burdened housing into a home that substantially improves their living environment and ensures that the family will no longer spend more than 30% of their income on housing. Green building makes the houses we build more affordable for our homeowners, whose utility bills are lower. Placing children in new homes can have a positive effect on their health by removing them from substandard and potentially unhealthy living conditions. Over half of Bridgeport's homes were built prior to 1950, increasing the likelihood of lead poisoning in old homes.

Benefits to the City of Bridgeport and the surrounding neighborhood are both direct and indirect.

- Habitat homeowners pay more than \$800,00 annually in local real estate taxes on formerly blighted, tax delinquent properties and school taxes.
- In our history, we have found that these new tax paying homeowners have helped to achieve lasting change in struggling neighborhoods by replacing formerly blighted properties and increasing the number of owned vs. absentee landlord residences.
- Habitat CFC homeowners attend their Neighborhood Revitalization Zone meetings as preparation to moving into the neighborhood to acquaint themselves with their City Council Representatives and the issues of the community.
- Often their presence in the neighborhood provides the hope for the future that inspires neighbors to better maintain their own properties and get involved in their own community advocacy.
- Local research with Sacred Heart University confirms the national findings that homeowners' children get better grades, are more likely to graduate from high school

- and college, and less likely to become teen parents.
- Habitat CFC's Family Services has a well-developed Family Services team. This team is available to assist our families before and after their moves into their new homes. The team conducts future homeowner workshops in Home Security, Conflict Management, Financial Literacy/Budgeting and Predatory Lending. It actively works with homeowners to build neighborhoods and to teach them how to be successful homeowners.

Neighborhood areas to be served

Habitat CFC covers all of Coastal Fairfield County, but our work has been mainly focused in Bridgeport and largely concentrated in the East End and East Side, although we have built homes throughout the city. We prefer to build in neighborhoods where there are existing Habitat homes or where we can build clusters of Habitat homes to help further strengthen a neighborhood. The neighborhoods in which we build generally have a high percentage of minorities and our homeowners typically match the demographics of the neighborhood. It is clear that a new Habitat home tends to be the seed that begins to turn an entire neighborhood around. Other homeowners begin to improve their properties and neighbors begin to pay attention to what is happening on their streets. Others begin to invest in the neighborhoods in which we build.

Plan to implement the program

Habitat CFC will build at least 9 decent, affordable homes for hardworking families in 2022. While the pandemic has slowed us down, we are continuing to build and look forward to increasing production as we are able to allow more volunteers on site. In order to reach our goal, we rely on every Habitat CFC department to play its part in making it happen. Our Construction Department keeps the building on schedule. Our Family Services Department works with future homeowner families throughout the process. Our Development Department works to secure funds needed to operate. And our Volunteer Services Department facilitates volunteer opportunities throughout the year.

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

2020

Open to Public Inspection

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 **2020** calendar year, or tax year beginning and ending

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 HABITAT FOR HUMANITY OF COASTAL FAIRFIELD COUNTY, INC.		D Employer identification number ** - ***7077
	Doing business as		E Telephone number (203) 333-2642
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06610		G Gross receipts \$ 4,162,876.
F Name and address of principal officer: CATHY COLLINS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
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: ▶ WWW.HABITATCFC.ORG			
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: 1985 M State of legal domicile: CT

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES HOME OWNERSHIP TO RESPONSIBLE LOW-INCOME FAMILIES THROUGH NEW		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	9500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,101,403.	1,088,574.
	9 Program service revenue (Part VIII, line 2g)	3,798,483.	2,221,692.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,948.	5,242.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	792,853.	783,855.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,719,687.	4,099,363.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	1,716,922.	1,745,994.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 266,335.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,563,850.	2,603,512.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,280,772.	4,349,506.	
19 Revenue less expenses. Subtract line 18 from line 12	-561,085.	-250,143.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,346,291.	End of Year 10,271,690.
	21 Total liabilities (Part X, line 26)	4,440,010.	3,615,552.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,906,281.	6,656,138.

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			
	CATHY COLLINS, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EDWARD G. SULLIVAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00579546
	Firm's name ▶ WHITTLESEY PC	Firm's EIN ▶ ** - ***3326		Phone no. 860.522.3111	
	Firm's address ▶ 280 TRUMBULL ST 24TH FL HARTFORD, CT 06103				



Municipality: Bridgeport

Form NAA-01
2022 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: _____
Hall Neighborhood House, Inc.

Address: _____
52-George-E-Pipkin's-Way-Bridgeport-CT-06608

Federal Employer Identification Number: 06-0676851

Program title: Hall Senior Center

Name of contact person: Robert Dzurenda

Telephone number: (203) 345-2040

Email address: rdzurenda@hnhonline.org

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

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes No</p> <p>If Yes, attach a copy of the first page of your most recent return.</p> <p>If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>

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): Senior-Citizens-60-years-and-older

Description of program: _____

Financial assistance is requested from the Neighborhood Assistance Act grant program to fund Hall Senior Center which is open Monday through Friday 8:30am to 3:30pm. Hall Senior Center serves over 100 people, offering free continental breakfast and hot lunch daily; daily exercise, recreational and therapeutic activities like yoga & Tai Chi; shopping trips; and weekly health assessments monitored by Public Health RN/PhD Linda Strong of Sacred Heart University's College of Nursing students. Hall also offers Caregiver Support Individual and Group Thereapy Sessions for caregivers of seniors.

Need for program: _____

All of Hall's seniors live on fixed incomes, over 85% of which are of low income status (below 100% of Federal Poverty Level) and cannot afford to prepare nutritious meals each day. They need help accessing community and government benefits. Hall is awarded Title III federal funds that must be matched. This NAA grant would aid in offering those matching dollars, and the NAA support will help to cover the spending gap.

Neighborhood area to be served: _____

The participants of Hall Senior Center live in Bridgeport's East Side, East End, and other Bridgeport neighborhoods.

Plan to implement the program: _____

Hall Senior Center is open 48 weeks per year and is staffed by a Senior Center Manager. We are currently in the process of hiring an assistant. The center is open Monday through friday 8:30am-3:30pm. Seniors are offered daily breakfast & lunch. Health and wellness checks such as blood pressure and blood sugar screenings performed by clinical nurses and nursing students from SHU every Tuesday and Wednesday. Balance classes, yoga, Tai Chi, and recreation are also offered. The programming keeps the older clients cognitively fit and emotionally healthy.

Timetable:

Program start date: 1/1/2023

Program completion date: 12/31/2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$25,000.00</u>
Other funding sources - itemized sources:	
a) <u>le III Federal Funds for Senior Center & Family Caregiver</u>	<u>\$65,941.00</u>
b) <u>Other</u>	<u>\$1,000.00</u>
c) <u>New Grants</u>	<u>\$20,000.00</u>
d) <u>Fund Raisers/Private Donors</u>	<u>\$28,900.00</u>
Total Funding:	<u>\$140,841.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries, employer FICA, Unemployment, Workers Comp</u>	<u>\$73,400.00</u>
b) <u>Training, conferences, public transportation, field trips, cont</u>	<u>\$4,000.00</u>
c) <u>Food, office supplies, kitchen/program,maintenance supplies</u>	<u>\$14,600.00</u>
d) <u>Other Program Enrichment</u>	<u>\$31,641.00</u>
Administrative expenses - itemized description:	
a) <u>Copier/printer; general maineneance; utilities, rent, taxes</u>	<u>\$12,500.00</u>
b) <u>Computer server/software upgrade</u>	<u>\$1,500.00</u>
c) <u>communication, property liability insurance, fingerprinting/cr</u>	<u>\$2,500.00</u>
d) <u>Audit</u>	<u>\$700.00</u>
Total Proposed Expenditures:	<u>\$140,841.00</u>

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: _____ Magaret E. Morton Government Center
Mailing address: _____ 999 Broad Street, Brigeport, CT 06604
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>203-576-3796</u>
Fax number: <u>203-576-3979</u>
Email address: <u>max.perez@bridgeportct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>3/31/2023</u></p> <p style="text-align: center;">Date</p>
--

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

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 2020 calendar year, or tax year beginning **10/01**, 2020, and ending **9/30**, 2021

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 HALL NEIGHBORHOOD HOUSE, INC. 52 GEORGE E. PIPKIN'S WAY BRIDGEPORT, CT 06608	D Employer identification number 06-0676851
		E Telephone number

F Name and address of principal officer: CAROL DONNELLY SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: ▶ HNONLINE.ORG	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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: 1901 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE SERVICES THAT WILL EDUCATE, ENRICH AND EMPOWER THE LIVES OF RESIDENTS OF ALL AGES IN BRIDGEPORT AND THE SURROUNDING COMMUNITIES.</u>		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5	106
	6 Total number of volunteers (estimate if necessary).....	6	550
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	4,357,209.	4,453,370.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	246,845.	226,763.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	2,681.	5,578.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	143,058.	681,839.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	4,749,793.	5,367,550.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	2,970,044.	2,870,816.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 102,306.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	1,759,644.	1,715,963.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	4,729,688.	4,586,779.	
19 Revenue less expenses. Subtract line 18 from line 12.....	20,105.	780,771.	
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).....	9,809,436.	10,491,913.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	3,306,114.	3,189,233.

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 ROBERT L. DZURENDA	Date EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT J BAILEY, CPA	Preparer's signature ROBERT J BAILEY, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00080579
	Firm's name ▶ HOPE & HERNANDEZ, P.C.	Firm's EIN ▶ 06-0993320		Phone no. 203-334-8035	
	Firm's address ▶ 2600 MAIN STREET BRIDGEPORT, CT 06606				

May the IRS discuss this return with the preparer shown above? See instructions. Yes No



Municipality: Bridgeport

Form NAA-01
2022 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: _____

Cardinal Shehan Center

Address: 1494 Main Street
Bridgeport, CT 06604

Federal Employer Identification Number: 06-1101081

Program title: Computer, Arts, STEM, & Cooking Programs (CASC)

Name of contact person: Lorraine Gibbons

Telephone number: (203) 336-4468

Email address: lgibbons@shehancenter.org

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: _____

As part of the Cardinal Shehan Center's After School & Saturday Program, we will enrich the lives of underserved children in Bridgeport, CT with the following: 1) Computer Program: children will learn how to use Microsoft Office and the Google Suite, and safe internet navigation. 2) Arts Program: children will engage in arts & crafts, drawing, photography, painting, and learn how to express themselves creatively. 3) STEM Program: hands-on projects relating to science, technology, engineering, and math, as well as invent their own creations including robots in the Lego League. 4) Cooking Program: teaches culinary arts, nutrition, and safety.

Need for program: _____

The provision of enriching and educational activities during after school hours when families are at work is critical, especially throughout the COVID-19 pandemic. Studies show that after school programs can increase academic performance, reduce risky behavior, and provide a safe environment. Academic enrichment and social expression is especially important after a year of distance learning. Providing enrichment opportunities gives youth the chance to learn new skills, unleash their potential, grow confidence, and develop healthy habits as they continue to grow and develop.

Neighborhood area to be served: _____

The Cardinal Shehan Center is located in The Hollow neighborhood of Bridgeport. This is one of Bridgeport's most impoverished and densely populated neighborhoods. While the Cardinal Shehan Center is located in this neighborhood, and serves many children from the neighborhood, children participate in this program from across the City of Bridgeport.

Plan to implement the program: _____

The programs are included in the After School & Saturday Program and are held from September through June from 2:00-5:30pm. We advertise the programs by distributing flyers to schools, through social media, attending community events, and through our already participating families. The Center's Program Directors hire and train the necessary staff to ensure that all needs are being met and outcomes are being achieved.

Timetable:

Program start date: September 2022

Program completion date: June 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$25,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$25,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Art Supplies (photo chemicals/paper, arts/crafts materials)</u>	<u>\$5,000.00</u>
b) <u>STEM supplies (experiment supplies)</u>	<u>\$2,000.00</u>
c) <u>Robot Kits, computer maintenance</u>	<u>\$5,000.00</u>
d) <u>Cooking ingredients</u>	<u>\$5,000.00</u>

Administrative expenses - itemized description:	
a) <u>Staff: Computer Instructor</u>	<u>\$2,000.00</u>
b) <u>Staff: Art/Photo Instructor</u>	<u>\$2,000.00</u>
c) <u>Staff: STEM Instructor</u>	<u>\$2,000.00</u>
d) <u>Staff: Cooking Instructor</u>	<u>\$2,000.00</u>

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 Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Name of organization: CARDINAL SHEHAN CENTER, INC.
Coping business as:
Number and street (or P.O. box if mail is not delivered to street address): 1494 MAIN STREET
City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604
F Name and address of principal officer: LORRAINE GIBBONS
SAME AS C ABOVE

J Website: WWW.SHEHANCENTER.ORG
K Form of organization: [X] Corporation [] Trust [] Association [] Other
L Year of formation: 1964
M State of legal domicile: CT

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1. Summary of mission (TO ENRICH LIVES THROUGH LEARNING...), 2. Check this box, 3-6. Total number of individuals employed (61), 7a. Total unrelated business revenue (1,685,160), 8. Contributions and grants (983,396), 9. Program service revenue (189,977), 10. Investment income (412,649), 11. Other revenue (79,666), 12. Total revenue (3,300,000), 13. Grants and similar amounts paid (89,127), 14. Benefits paid to or for members (755,404), 15. Salaries, other compensation, employee benefits (531,022), 16a. Professional fundraising fees (1,584,480), 16b. Total expenses (1,799,603), 17. Other expenses (70,680), 18. Total expenses (506,087), 19. Revenue less expenses (8,372,120), 20. Total assets (8,925,526), 21. Total liabilities (553,406), 22. Net assets or fund balances (8,372,120).

Part II Signature Block

Signature of officer: LORRAINE GIBBONS, EXECUTIVE DIRECTOR
Preparer's name: JAMES G. WOODS
Firm's name: VENMAN & CO. LLC, CPA'S
Firm's address: 375 BRIDGEPORT AVENUE, SHELTON, CT 06484



Municipality: BRIDGEPORT

Form NAA-01
2022 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: _____
BRIDGEPORT ECONOMIC DEVELOPMENT CORPORATION

Address: 10 MIDDLE STREET, 14th FLOOR
BRIDGEPORT, CT 06604

Federal Employer Identification Number: 23-7374878

Program title: Bridgeport Brownfields Reclamation Partnership

Name of contact person: Edward Lavernoich

Telephone number: (203) 335-3800

Email address: lavernoich@brbc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 50,000.00

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, attach a copy of the first page of your most recent return.</p> <p>If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
--

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): Neighborhood assistance; assessment and remediation of brownfields.

Description of program: _____

Technical assistance and project management for the assessment, remediation, and redevelopment of contaminated properties/brownfields in Bridgeport's low income neighborhoods. Collaboration and partnership with the City of Bridgeport government, Neighborhood Revitalization Zones, other neighborhood groups, and MetroCOG (regional planning agency). Current project priorities throughout 2022 and early 2023 include: the Bridgeport Brass Redevelopment Planning Project, a partnership with the City of Bridgeport, MetroCOG, CT DECD, and private property owners; and Mt. Growmore, a partnership with the East End NRZ.

Need for program: _____

Despite a generation of redevelopment successes, Bridgeport still has numerous properties where current and potential use is affected by real or perceived hazardous waste contamination; these properties are commonly known as brownfields. Residents and neighborhood organizations lack the background to identify, access and manage the resources that are available to assess and remediate these properties. In addition, many existing funding sources for assessment and remediation do not provide adequate, or in some cases any, funding for the project management of these activities. The City government lacks capacity to fully staff these activities.

Neighborhood area to be served: _____

Primarily, the State-designated Bridgeport Urban Enterprise Zone, with certain other census tracts. Census tracts where these activities may occur include: 702,703,704,705,706,707,708,709,710,711,712,713,714,715, 716,717,732,733,735,736,737,738,739,740,741,742,743, 744.

Bridgeport residents are expected to benefit from these activities, via improved economic activity throughout Bridgeport and the region.

Plan to implement the program: _____

Ongoing communication with City officials to identify properties where assessment and/or remediation funding has been obtained, but have not been addressed due to lack of a local capacity. Manage existing/ funded projects while seeking additional resources when needed. Meet with Neighborhood Revitalization Zones or other neighborhood groups to identify properties requiring assessment or remediation of known contamination. Inform and engage local constituencies in remediation and redevelopment. Coordinate with MetroCOG, which has consistently competed for and received US EPA Assessment Grant funding.

Timetable:

Program start date: July 1, 2022, but ongoing/ continual

Program completion date: June 30, 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	\$50,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

a) <u>Personnel and office overhead</u>	\$40,000.00
b) <u>Accounting, audit and legal expenses</u>	\$10,000.00
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$50,000.00

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: _____ City of Bridgeport, Office of Planning and Economic Development
Mailing address: _____ Maragaret E. Morton Center 999 Broad Street Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>203 576-3976</u>
Fax number: <u>203 576-3979</u>
Email address: <u>max.perez @ bridgeportct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

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.

Open to Public Inspection

A For the 2020 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
BRIDGEPORT ECONOMIC DEVELOPMENT CORP
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10 MIDDLE STREET-14TH FLOOR
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06604

D Employer identification number
23-7374878

E Telephone number
203-335-3800

F Name and address of principal officer: **EDWARD LAVERNOICH**
10 MIDDLE STREET, 14TH FLOOR, BRIDGEPORT, CT

G Gross receipts \$ **105,928.**

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: ▶ **WWW.BRBC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1974** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: IS A COMMUNITY BASED ORGANIZATION THAT DEVELOPS AND MANAGES PROGRAMS AND PROJECTS THAT						
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					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					12
5	Total number of individuals employed in calendar year 2020 (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.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b					0.
		Prior Year		Current Year			
8	Contributions and grants (Part VIII, line 1h)	207,208.		97,406.			
9	Program service revenue (Part VIII, line 2g)	0.		4,000.			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.		0.			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2.		4,522.			
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,210.		105,928.			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.		0.			
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)	88,505.		71,788.			
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.			
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.		0.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,293.		111,066.			
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	177,798.		182,854.			
19	Revenue less expenses. Subtract line 18 from line 12	29,412.		-76,926.			
		Beginning of Current Year		End of Year			
20	Total assets (Part X, line 16)	209,688.		143,969.			
21	Total liabilities (Part X, line 26)	16,799.		28,006.			
22	Net assets or fund balances. Subtract line 21 from line 20	192,889.		115,963.			

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: **EDWARD LAVERNOICH, PRESIDENT** Date

Print/Type preparer's name: **SANDRA D. CALLANAN** Preparer's signature: Preparer's date: **11/09/21** Check if self-employed PTIN: **P01200948**

Firm's name: **CIRONEFRIEDBERG, LLP** Firm's EIN: **06-1533315**

Firm's address: **6 RESEARCH DRIVE, #450 SHELTON, CT 06484** Phone no.: **203-366-5876**



Municipality: Bridgeport

Form NAA-01
2022 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: _____

Connecticut's Zoological Society- Connecticut's Beardsley Zoo

Address: 1875 Noble Ave, Bridgeport, CT 06610

Federal Employer Identification Number: 23-7068821

Program title: Greenhouse- New Skin and Framing

Name of contact person: Jessica Summers

Telephone number: (203) 394-6573

Email address: jsummers@beardsleyzoo.org

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

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, attach a copy of the first page of your most recent return.</p> <p>If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
--

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: _____

Installation of new greenhouse system that includes new skin and framing--The new standard in greenhouses is an insulated, double-pane unit with argon glass and a stainless-steel spacer. Proper glazing material decreases energy loss while allowing the natural spectrum of light inside to facilitate the healthy growth of the plants within. The frames are constructed to help minimize energy transfers and therefore regulate the temperature needs of an active greenhouse.

Need for program: _____

In 1969, an Ickes-Braun greenhouse was erected on the north side of the potting shed at the Zoo. Since that time, vast improvements have been made in the way of greenhouse construction materials that reduce energy consumption and optimize the efficiency of a greenhouse. It is the Zoo's goal to bring the north side greenhouse up to today's conservation standards, thereby increasing efficiency, and reducing waste and energy consumption.

Neighborhood area to be served: _____

City-wide

Plan to implement the program: _____

Once funding is complete, the Zoo will replace the north side greenhouse windows (skin) and frames with insulated, double pane units with argon glass with stainless-steel spacers. Construction to be completed by December 2023.

Timetable:

Program start date: October 2022

Program completion date: December 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Corporate Support</u>	<u>\$50,000.00</u>
b) <u>Foundation and Individual Support</u>	<u>\$250,000.00</u>
c) <u>Zoo Endowment and Operations Support</u>	<u>\$250,000.00</u>
d) <u>Grant Support</u>	<u>\$500,000.00</u>
Total Funding:	<u>\$1,200,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Engineering Cost</u>	<u>\$15,000.00</u>
b) <u>Site Prep</u>	<u>\$75,000.00</u>
c) <u>Construction and Labor</u>	<u>\$350,000.00</u>
d) <u>Materials</u>	<u>\$750,000.00</u>
Administrative expenses - itemized description:	
a) <u>Staff</u>	<u>\$10,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$1,200,000.00</u>

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: _____

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

Date	

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.

A For the 2019 calendar year, or tax year beginning 2019, and ending 20

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 CONNECTICUT ZOOLOGICAL SOCIETY, INC. Doing business as		D Employer identification number 23-7068821
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (203) 332-6565
	1875 NOBLE AVENUE City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06610		
	F Name and address of principal officer GREGG DANCHO 1875 NOBLE AVENUE, BRIDGEPORT, CT 06610		G Gross receipts \$ <u>6,815,908.</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list (see instructions)</small>
	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: ▶ WWW.BEARDSLEYZOO.ORG/		H(c) Group exemption number ▶	
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: M State of legal domicile:	

Part I Summary

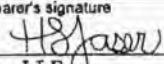
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	31.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	98.
	6	Total number of volunteers (estimate if necessary)	6	604.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	150,335.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	
	Revenue			
Expenses	8	Contributions and grants (Part VIII, line 1h)	1,568,057.	3,020,715.
	9	Program service revenue (Part VIII, line 2g)	1,630,478.	1,838,126.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,712.	166,763.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	199,998.	132,534.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,464,245.	5,158,138.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	1,684,766.	1,687,572.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>345,754.</u>		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,299,417.	1,284,195.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,984,183.	2,971,767.
	19	Revenue less expenses. Subtract line 18 from line 12	480,062.	2,186,371.
			Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,913,912.	10,948,398.	
21	Total liabilities (Part X, line 26)	879,847.	651,209.	
22	Net assets or fund balances. Subtract line 21 from line 20	8,034,065.	10,297,189.	

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 GREGG DANCHO Type or print name and title	Date 11/06/2020 ZOO DIRECTOR
	Preparer's name HEATHER SMITH-JASER CPA Preparer's signature  Date 11/06/2020 Check <input type="checkbox"/> if self-employed PTIN P00836752	
Firm's name ▶ <u>PKF O'CONNOR DAVIES, LLP</u> Firm's address ▶ <u>FOUR CORPORATE DR. SUITE 488 SHELTON, CT 06484</u>		Firm's EIN ▶ <u>27-1728945</u> Phone no. <u>203-929-3535</u>

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



Municipality: Bridgeport

Form NAA-01
2022 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: _____

McGivney Community Center

Address: Mailing: P.O. Box 5220, Bridgeport, CT 06610
Site: 338 Stillman Street, Bridgeport, CT 06608

Federal Employer Identification Number: _____

Program title: McGivney's Youth Program

Name of contact person: Lorraine Gibbons

Telephone number: (203) 333-2789

Email address: lgibbons@mcgivney.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 40,000.00

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: _____

Since 1992, the McGivney Community Center has been fulfilling its mission to provide stimulating and enriching programs that foster academic success and self-esteem to the youth of Bridgeport. McGivney's After School Program and Summer Camp provide underserved Bridgeport youth with access to resources through academic support, enrichment activities, recreation, character building, teamwork, and social interaction. The NAA's support will help supplement the cost of part-time staff salaries, as well as program supplies and special events to provide top quality programming to families.

Need for program: _____

There is a great need for quality and affordable out-of-school programming for children year-round in Bridgeport. At McGivney, 93% of our members fall into the extremely low, very low, and low income limits as determined by HUD. The McGivney Community Center understands the impact of poverty and the needs of our families, which has made us a pillar of support in the Bridgeport community. We are committed to providing our children with resources and opportunities that might not be available otherwise to transformatively change their lives.

Neighborhood area to be served: _____

The McGivney Community Center serves children from across the City of Bridgeport, Connecticut. The Center is located on the East Side of Bridgeport, and many of the youth that attend the After School Program and Summer Camp live within the neighborhood.

Plan to implement the program: _____

Each year through collaborative partnerships, social media, and the help of our families and alumnae, McGivney continues to grow in the number of children it is able to serve. The After School Program runs from September to June and Summer Camp runs for 7 weeks from late June to early August. The McGivney Community Center is committed to serving our community, supporting our families, and helping to cultivate future leaders.

Timetable:

Program start date: 7/1/2022

Program completion date: 6/30/2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$40,000.00</u>
Other funding sources - itemized sources:	
a) <u>City of Bridgeport- Youth Service Bureau</u>	<u>\$7,500.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Total Funding:	<u>\$7,500.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Part Time Staff/Instructors</u>	<u>\$58,000.00</u>
b) <u>Program Supplies</u>	<u>\$5,500.00</u>
c) <u>Special Events</u>	<u>\$6,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Telephone</u>	<u>\$4,500.00</u>
b) <u>Insurance</u>	<u>\$4,200.00</u>
c) <u>Electric</u>	<u>\$12,000.00</u>
d) <u>Gas</u>	<u>\$6,000.00</u>
Total Proposed Expenditures:	<u>\$96,200.00</u>

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 Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

Return of Organization Exempt From Income Tax

2020

Under section 501(c), 527, or 529(e)(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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 7/01, and ending 6/30, 2020, and ending 6/30, 2020

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

C MCGIVNEY COMMUNITY CENTER, INC, 338 STILLMAN STREET, BRIDGEPORT, CT 06610

D Employee identification number: 22-3059815

E Telephone number: (203) 333-2789

F Name and address of principal officer: SAME AS C ABOVE

G Gross receipts \$ 583,869

H(a) Is this a group return for subsidiaries? Yes No

H(b) Are all subsidiaries excluded? Yes No

H(c) If "No," attach a list for subsidiaries

H(d) Group exemption number: 0928

I Tax exempt status: 501(c)(3) () • (initial no.)

J Website: WWW.MCGIVNEY.ORG

K Form of organization: Corporation

L Year of formation: 1990

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities to provide to the youths of the community stimulating and enriching programs that foster academic success and self-esteem.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of independent voting members of the governing body (Part VI, line 1a): 3

4 Number of independent voting members of the governing body (Part VI, line 1b): 4

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a): 23

6 Total number of volunteers (estimate if necessary): 0

7a Total unrelated business revenue from Part VIII, column (C), line 12: 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11: 0

8 Contributions and grants (Part VIII, line 1c): 607,950

9 Program service revenue (Part VIII, line 2d): 47,114

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d): 12,441

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11b): 115,295

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12): 782,800

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3): 307,834

14 Benefits paid to or for members (Part IX, column (A), line 4): 171,544

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10): 527,918

16a Professional fundraising fees (Part IX, column (A), line 11e): 254,862

16b Total fundraising expenses (Part IX, column (D), line 2b): 51,074

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e): 171,544

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2b): 527,918

19 Revenue less expenses. Subtract line 18 from line 12: 254,882

20 Total assets (Part X, line 16): 1,384,173

21 Total liabilities (Part X, line 2b): 302,703

22 Net assets or fund balances. Subtract line 21 from line 20: 1,081,470

Net Assets or Fund Balances

Part II Signature Block

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

Signature of officer: LORRAINE GIBBONS

Signature of preparer: MICHAEL A. MALETTA CPA

Date: 11/24/21

Preparer's name: MALETTA & COMPANY

Preparer's address: 43 ENTERPRISE DRIVE, BRISTOL, CT 06010

Preparer's EIN: 061209905

Preparer's phone: 8605826713

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)



Municipality: Bridgeport, CT

Form NAA-01

2022 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: _____
Boys' and Girls' Club of Bridgeport, CT Inc.

Address: 102 Pak Street Bridgeport, CT 06608

Federal Employer Identification Number: 06-0669105

Program title: Program and Administrative

Name of contact person: Robert Keeley

Telephone number: (203) 913-2373

Email address: lerrichett.bagcbpt@gmail.com

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 Boys' Club and Girls' Club was built in 1930 and is in need of upgrades and repairs. The club is in need of an elevator, new fire escape, new doors and windows and new security and fire systems.

Need for program: _____

The club needs to reduce the cost of heating by replacing doors and windows. The club also needs to replace the fire escape, and security and fire system for the safety of the children. The club also need an elevator for any individuals that need assistance.

Neighborhood area to be served: _____

East side of Bridgeport

Plan to implement the program: _____

Timetable:

Program start date: October 1, 2022

Program completion date: September 30, 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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) _____

b) _____

c) _____

d) _____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Programs for youths and administrative costs \$300,000.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$300,000.00

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

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 07/01, 2019, and ending 06/30, 2020

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

C Name of organization BOYS CLUB & GIRLS CLUB OF BRIDGEPORT INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
102 PARK STREET
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06608

D Employer identification number
06-0669105

E Telephone number
203-275-8925

F Name and address of principal officer ROBERT KEELEY

G Gross receipts \$ 143049

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: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1930 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CULTURAL ENRICHMENT, PERSONAL EDUCATION AND SOCIAL RECREATION PROGRAMS.</u>		
	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	<u>11</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>11</u>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	<u>3</u>
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 39	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>221934</u>	<u>139750</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>554</u>	<u>3299</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>222488</u>	<u>143049</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>106790</u>	<u>138233</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2283</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>118328</u>	<u>98878</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>225118</u>	<u>237111</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-2630</u>	<u>-94062</u>	
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)	<u>691350</u>	<u>602490</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>18228</u>	<u>27192</u>

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
ROBERT KEELEY, EXECUTIVE DIRECTOR
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name KEVIN M LAING Preparer's signature _____ Date 05/15/2021 Check if self-employed PTIN P01896941

Firm's name ▶ KML ACCOUNTING AND TAX SERVICE LLC Firm's EIN ▶ 81-0981258

Firm's address ▶ 18 PLASKON DR 06484- Phone no. 203-914-0832

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

For Paperwork Reduction Act Notice, see the separate instructions.
QNA

Cat. No. 11282Y

Form **990** (2019)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization
BOYS CLUB & GIRLS CLUB OF BRIDGEPORT INC

Employer identification number
06-0669105

Name and title of officer
ROBERT KEELEY - EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) 1b 143049
- 2a Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) 2b _____
- 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3b _____
- 4a Form 990-PF check here **b Tax based on investment income** (Form 990-PF, Part VI, line 5) 4b _____
- 5a Form 8868 check here **b Balance Due** (Form 8868, line 3c) 5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KML ACCOUNTING AND TAX SERVICE LLC to enter my PIN 19105 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0657277777
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ KML ACCOUNTING AND TAX SERVICE LLC
KEVIN M LAING

Date ▶ 05/15/2021

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**



Municipality: Bridgeport, CT

Form NAA-01

2022 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: _____

Boys' and Girls' Club of Bridgeport, CT Inc.

Address: 102 Pak Street Bridgeport, CT 06608

Federal Employer Identification Number: 06-0669105

Program title: Energy Conservation and Green-projects like windows heating etc

Name of contact person: Robert Keeley

Telephone number: (203) 913-2373

Email address: lerrichett.bagcbpt@gmail.com

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 Boys' Club and Girls' Club was built in 1930 and is in need of upgrades and repairs. The club is in need of an elevator, new fire escape, new doors and windows and new security and fire systems.

Need for program: _____
The club needs to reduce the cost of heating by replacing doors and windows. The club also needs to replace the fire escape, and security and fire system for the safety of the children. The club also need an elevator for any individuals that need assistance.

Neighborhood area to be served: _____
East side of Bridgeport

Plan to implement the program: _____

Timetable:

Program start date: October 1, 2022

Program completion date: September 30, 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Elevator, doors & windows, security and fire systems, and</u>	<u>\$300,000.00</u>
b) <u>Elevator, doors & windows, security and fire systems, and</u>	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$300,000.00

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

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 07/01, 2019, and ending 06/30, 2020

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

C Name of organization BOYS CLUB & GIRLS CLUB OF BRIDGEPORT INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
102 PARK STREET
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06608

D Employer identification number
06-0669105

E Telephone number
203-275-8925

F Name and address of principal officer ROBERT KEELEY

G Gross receipts \$ 143049

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: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1930 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CULTURAL ENRICHMENT, PERSONAL EDUCATION AND SOCIAL RECREATION PROGRAMS.</u>		
	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	<u>11</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>11</u>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	<u>3</u>
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 39	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>221934</u>	<u>139750</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>554</u>	<u>3299</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>222488</u>	<u>143049</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>106790</u>	<u>138233</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2283</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>118328</u>	<u>98878</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>225118</u>	<u>237111</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-2630</u>	<u>-94062</u>	
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)	<u>691350</u>	<u>602490</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>18228</u>	<u>27192</u>

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 ROBERT KEELEY, EXECUTIVE DIRECTOR Date _____
 ▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KEVIN M LAING Preparer's signature _____ Date 05/15/2021 Check if self-employed PTIN P01896941
 Firm's name ▶ KML ACCOUNTING AND TAX SERVICE LLC Firm's EIN ▶ 81-0981258
 Firm's address ▶ 18 PLASKON DR 06484- Phone no. 203-914-0832

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

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization: BOYS CLUB & GIRLS CLUB OF BRIDGEPORT INC Employer identification number: 06-0669105

Name and title of officer: ROBERT KEELEY - EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) 1b 143049
- 2a Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) 2b _____
- 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3b _____
- 4a Form 990-PF check here **b Tax based on investment income** (Form 990-PF, Part VI, line 5) 4b _____
- 5a Form 8868 check here **b Balance Due** (Form 8868, line 3c) 5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KML ACCOUNTING AND TAX SERVICE LLC to enter my PIN 19105 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0657277777
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ KML ACCOUNTING AND TAX SERVICE LLC Date ▶ 05/15/2021
KEVIN M LAING

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01
2022 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: Wakeman Memorial Association (aka Wakeman Boys & Girls Club)

Address: 2414 Fairfield Avenue, Bridgeport, CT 06605

Federal Employer Identification Number: 06-0662198

Program title: Smilow-Burroughs Clubhouse Energy Efficient Updates

Name of contact person: Margaret Reynolds

Telephone number: 203-908-3381 x 206

Email address: margaret@wakemanclub.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 9,309.00

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:

In June 2011, following a \$7 million capital campaign, Wakeman Boys & Girls Club opened its second Clubhouse but first Clubhouse in Bridgeport. The Smilow-Burroughs Clubhouse is a 23,000 square foot, LEED-certified building provides quality programs for more than 400 1st– 12th graders annually. Fall 2021, WBGC started a new football program for the Bridgeport youth with over 95 - 3rd through 8th grade boys participating.

WBGC now serves 3,200 Kindergarten – 12th graders through the Smilow-Burroughs Clubhouse in Bridgeport, the Southport Clubhouse, McKinley Elementary School in Fairfield, and Holland Hill Elementary School in Fairfield. Fall 2021, WBGC became the before school and after school provider at McKinley Elementary School. WBGC offers more than 100 programs annually in three core areas: Academic Success, Good Character & Citizenship, and Healthy Lifestyles. Additionally, WBGC is rebuilding the former North End Boys & Girls Club, a \$25 million undertaking, in Bridgeport and broke ground in March 2022.

Need for program:

We have three energy efficient projects that will benefit the environment and those we serve. First, we would like to install 6 new LED flood light fixtures replacing the existing fixtures on the front of the building. The new flood lights will provide great light for members, visitors and staff coming and going from the building in the early morning and after dark while conserving energy.

The installation of blinds will save energy and lower expenses with heating and cooling which will allow us to keep membership and program fees affordable for families.

Additionally, with the energy and activity of the youth we serve, there is a need to keep them healthy and hydrated along with a goal to reduce the use of disposable water bottles at the Club and reduce sharing of germs. To achieve these goals, we would like to install two water bottle filling machines, one on each floor, which will allow our members to hydrate while taking care of the environment in a more hygienic way.

Neighborhood area to be served:

The Smilow-Burroughs Clubhouse provides over 400 1st through 12th grade at risk youth in the West End of Bridgeport with the opportunity to participate in impactful educational and enrichment programs that support long-term academic success, including successful high school graduation with a plan for college and career. The Club is open every day after school, on half days and the 20 school days off. Fees for the After School Program and Summer Camp are tiered for families to pay only what they can afford.

At the Smilow-Burroughs Clubhouse, members are immersed in academic programming and children are required to complete homework daily. Members who are struggling academically are matched with volunteer tutors. In areas where many Bridgeport students have difficulty -- literacy, science, and math -- educational programming is provided to support these subjects. Career Explorations, Digital Futures, Book Club, STEM Mentoring, diplomas2Degrees, and Junior Achievement are just a few programs that provide access to opportunities for underserved members.

Plan to implement the program:

Completion of the projects will not interfere with the activities at the Club and will commence once funding is received.

Timetable:

Program start date: 1/3/23

Program completion date: 7/31/23

The program completion date must not be more than two years from the program start date. A certified post-project audit 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 \$9,309.00

Other funding sources - itemized sources:

a) N/A _____

b) _____

c) _____

d) _____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Two Water Bottle Filling Machines (installation, carpentry, electrical) \$3,800.00

b) LED Flood Light Replacement \$2,749.00

c) Window Blinds (16) and Installation \$2,760.00

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$9,309.00

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 Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

Form **990**

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

2020

Open to Public Inspection

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 2020 calendar year, or tax year beginning **AUG 1, 2020** and ending **JUL 31, 2021**

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 WAKEMAN MEMORIAL ASSOCIATION, INC		D Employer identification number 06-0662198
	Doing business as		E Telephone number (203)908-3381
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,742,501.
	268 POST ROAD 2ND FLOOR		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 FAIRFIELD, CT 06824		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: SABRINA E. SMELTZ 268 POST ROAD, 2ND FLOOR, FAIRFIELD, CT 068		H(c) Group exemption number ▶	
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: ▶ WWW.WAKEMANCLUB.ORG			
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: 1920 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>COMMUNITY YOUTH SERVICES</u>	
	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)	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	31
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	180
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,774,147. Current Year 4,758,254.
	9 Program service revenue (Part VIII, line 2g)	456,915. 588,055.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,864. 318,395.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,048. 63,444.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,364,878. 5,728,148.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	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)	1,587,336. 1,903,133.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 408,408.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	926,826. 934,729.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,514,162. 2,837,862.	
19 Revenue less expenses. Subtract line 18 from line 12	1,850,716. 2,890,286.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,387,888. End of Year 16,157,524.
	21 Total liabilities (Part X, line 26)	404,501. 471,080.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,983,387. 15,686,444.

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			
	SABRINA E. SMELTZ, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOSEPH V. BARRANCA, CPA	Preparer's signature JOSEPH V. BARRANCA,	Date 03/10/22	Check <input type="checkbox"/> if self-employed	PTIN P00591111
	Firm's name ▶ CAPOSSELA, COHEN, LLC	Firm's EIN ▶ 06-1415579	Firm's address ▶ 368 CENTER STREET SOUTHPORT, CT 06890		
Phone no. 203.254.7000					

May the IRS discuss this return with the preparer shown above? See instructions Yes No



Municipality: _____

Form NAA-01
2022 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: _____

Mercy Learning Center of Bridgeport, Inc.

Address: 637 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 22-2859879

Program title: Literacy and Life Skills Program

Name of contact person: Jane E. Ferreira, President and CEO

Telephone number: (203) 334-6699

Email address: jane.ferreira@mercylearningcenter.org

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: _____

Mercy Learning Center of Bridgeport, Inc. (MLC) provides basic literacy and life skills training to women with low income. Through instruction and holistic support services, the Literacy and Life Skills Program provides women with the opportunity to learn English, advance their education, earn a high school diploma, and attain essential life skills like financial and health literacy. The program is open to women from ages 17 and older and all the services are free.

Need for program: _____

According to the Connecticut Women and Girls Data Platform, over 1 in 5 women in Bridgeport do not have a high school diploma. Without adequate education, it is virtually impossible for a woman to support herself and her family and maintain economic independence. Additionally, several studies have found that educating mothers is the best way to boost children's academic success. A study by the National Institute of Health concluded that "a mother's reading skill is the greatest determinant [of a child's success], making educating a mother a sensible strategy for improving success indicators in all areas of family and community life.

Neighborhood area to be served: _____

Bridgeport, CT

Plan to implement the program: _____

See attached

Timetable:

Program start date: 7/1/2022

Program completion date: 6/30/2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Private Foundations</u>	<u>\$838,000.00</u>
b) <u>Corporate, Local Organizations</u>	<u>\$299,000.00</u>
c) <u>Government Grant</u>	<u>\$160,000.00</u>
d) <u>Individual Donations, Special Events, Investment Income</u>	<u>\$1,673,650.00</u>
Total Funding:	<u>\$2,970,650.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Personnal</u>	<u>\$2,260,150.00</u>
b) <u>Management and Occupancy</u>	<u>\$169,900.00</u>
c) <u>Instructional Programming</u>	<u>\$164,200.00</u>
d) <u>Outreach</u>	<u>\$259,800.00</u>
Administrative expenses - itemized description:	
a) <u>Board/Staff Professional Development</u>	<u>\$3,500.00</u>
b) <u>Insurances</u>	<u>\$46,200.00</u>
c) <u>Fundraising/Development/Marketing</u>	<u>\$29,900.00</u>
d) <u>Professional Services</u>	<u>\$37,000.00</u>
Total Proposed Expenditures:	<u>\$2,970,650.00</u>

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 Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>



MERCY LEARNING CENTER

President and
Chief Executive Officer

Jane E. Ferreira

Board of Directors

Allison Allott, *Secretary*

Gary Anderson

Tammy Barry, *Chair*

Gina Beranek

Mary Butala

Hayes B. Clark, *Vice Chair*

Roseanna Coleman, *Treasurer*

Theanne Chivily Feldman

Jane E. Ferreira

Michael Ian

Caitlin Ludlow

Antoinette Farrugia Moro

Stella Seo

Eric Speer

Brian J. Wenzel, Sr.

April, 18, 2022

Max Perez
Director of Business Development
City of Bridgeport, Office of Planning & Economic Development
999 Broad Street
Bridgeport, CT 06604

Dear Max,

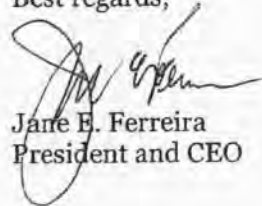
On behalf of the women and children enrolled at Mercy Learning Center, I thank the Neighborhood Assistance Act Program for its past generous support of MLC's Literacy and Life Skills Program. Your belief in the importance of women's education is truly making a difference for the hundreds of women who are enrolled at Mercy Learning Center.

Due to historical support like yours, Mercy Learning Center has been able to weather the COVID-19 pandemic successfully by keeping students stabilized, housed, and enrolled in classes. This is a critically important time for women's literacy, which I know that you and your colleagues understand.

We are hopeful that the Neighborhood Assistance Act Program will again lend support to MLC by providing \$150,000 in NAA funding towards our 2022-2023 Literacy and Life Skills Program. Each year, our students receive educational instruction and computer training from tutors and staff while attending life skills workshops that help our students thrive outside of MLC. They also have access to career and college counseling and social services to ensure there are no obstacles to keep them from continuing their studies and accomplishing their goals. The result of this holistic education is truly transformative for women and, in turn, their families.

Thank you in advance for considering the enclosed proposal. Please do not hesitate to contact me if I can provide any additional information.

Best regards,



Jane E. Ferreira
President and CEO

637 Park Avenue • Bridgeport, CT 06604 • Tel: 203.334.6699 • Fax: 203.332.6852

E-mail: info@mercylearningcenter.org • www.mercylearningcenter.org

"Educate a woman...Educate a family"



Mercy Learning Center of Bridgeport, Inc. Literacy and Life Skills Program Implementation

Mercy Learning Center serves women with low income from the Greater Bridgeport area who have yet to earn a high school diploma. Over 20% of women in Bridgeport do not have high school diplomas and nearly half of households in the city speak a language other than English at home. The Literacy and Life Skills Program runs year-round.

During the 2020-2021 program year, MLC enrolled 518 women.

- The majority of women possessed very low income, such that 92% of students reported an annual household income below \$40,000 per year.
- 100% of women were the mothers or primary caregivers of children under the age of 18.
- The women represented 42 different countries of origin and identified themselves as 73% Hispanic/Latina, 19% Black/African American, 2% Asian, and 6% White.
- All of the women functioned below the intermediate level (roughly 4th grade) in reading upon enrollment.

All of MLC's adult learners struggle with a host of poverty-related issues and have made the courageous decision to empower themselves by obtaining an education and a better quality of life.

The Literacy and Life Skills Program

Approach

Mercy Learning Center's approach to educating women is rooted in a belief that all women are capable of achieving their goals when given comprehensive and caring instruction and support. Each student is interviewed and evaluated upon enrollment and an individualized education plan is crafted in partnership with the student. Staff and volunteers work together to ensure that each woman sets clear goals, progresses toward those goals, and receives holistic support to help eliminate barriers to success. Mercy Learning Center maintains high standards for its students, staff, and volunteers.

While MLC's enrollment continues to increase, its personalized approach remains vital to its impact. Each student receives direct support from several staff members, all of whom collaborate to ensure that women's educational, social, emotional and basic needs are met. MLC pushes women to dream and succeed, while understanding that they come to the Center burdened with tremendous challenges. This combination of quality adult education, comprehensive support services, and strong relationships propels the women at MLC to achieve goals they never thought possible.

Part-Time Program Track

Mercy Learning Center's original Literacy and Life Skills Part-Time Program is entering its 34th year of operation and served 284 women in 2020-2021. Each student is matched with a volunteer tutor and taught basic skills throughout the course of an academic year.

In 2020-2021, the Part-Time Program was reconfigured to adhere to social distancing protocol. Approximately half the typical number of students were served, and instruction time was doubled to total eight hours per week. A smaller number of volunteer tutors taught groups of between one and five students, while certified teachers taught groups of approximately fifteen students in a modified classroom setting. This model continues for the 2021-2022 academic year.

Each part-time student receives computer instruction for a minimum of four hours weekly, focused on basic computer literacy and employment preparation. Periodically, mandatory life skills workshops about a variety of topics including nutrition, emergency preparedness, and basic financial literacy are facilitated by different staff members. A Learning Specialist, Curriculum Manager, Part-Time Program Coordinator, Part-Time Program Assistant, and an Administrative Assistant work cohesively to recruit, test, enroll, place and support students, as well as to attract and retain the volunteer tutors. Students with jobs gravitate toward the Part-Time Program due to its flexibility and the opportunity to cultivate meaningful, multi-faceted relationships with tutors.

Academic supplies and books are of no cost to students. Accessibility of these materials means that students can focus on educational progress rather than working or addressing other basic needs. The MLC Part-Time Program ensures rates of adult illiteracy in Bridgeport will continue to decrease. Students will be able to achieve high school equivalency, acquire employment with reasonable wages, and contribute positively to the greater Bridgeport community.

Full-Time Program Track

The Literacy and Life Skills Intensive Study program provides women with full time classroom instruction. Women enrolled in the program attend MLC Monday through Friday from 9am to 2pm for the duration of the school year and learn in a classroom environment taught by certified teachers. Fifteen women comprise each class level (decreased from 25-30 in 2020-2021 due to social distancing), including English Language Acquisition, Adult Basic Education (levels I, II, III) and GED®. All Intensive Study students receive five hours per week of computer instruction in basic to advanced computer literacy and employment preparation. Intensive Study students are invited to participate in life skills workshops and to benefit from a series of discussions regarding topics including health, parenting, financial literacy, safety, and art appreciation. Practical skills for employment and transitioning to post-secondary education become major foci as women enter more advanced classes.

The curriculum serves adult learners (seventeen years of age and older), and covers math, reading, civics/social studies, science, writing, computer technology, and family literacy. Relevant scenarios including doctor visits, grocery shopping, communicating with a landlord, and navigating public transportation are utilized in order to teach subject areas. Along the way, these students build friendships and knowledge about different cultures.

Support Services

The majority of Mercy Learning Center students experience financial stress, employment and housing insecurity, complicated family dynamics, and cultural and communication barriers that impede their ability to learn. MLC provides support services to ensure that students can focus on educational achievement rather than on basic needs. Support services are available to all enrolled women and their families and include:

- **Social Services:** MLC's full-time Case Workers provide students with any resources or referrals they need, including legal assistance, health appointments, financial advice, medical supplies, food, clothing, and diapers.
- **Career and College Counseling:** MLC's Career and College Counselor works with students to improve their interviewing skills, locate employment opportunities, and sustain employment. The Counselor also works closely with students transitioning to post-secondary education or job training programs, including securing scholarships and navigating the application process.
- **Early Childhood Education Program:** Mercy Learning Center provides childcare for children aged three months to four years in a licensed Early Childhood Education Program (ECEP). The ECEP provides a safe and nurturing space for children so that mothers can focus on their own learning, promotes a multi-generational approach to learning, and ensures that children are prepared for English-dominant kindergarten programs.
- **Life Skills Workshops and Enrichment Opportunities:** MLC offers both required and optional life skills workshops regarding topics including financial literacy, nutrition, parenting and family concerns, safety, legal interactions, and housing issues. Enrichment opportunities include field trips to museums and local attractions, yoga, knitting, and other activities.

All programs and services at Mercy Learning Center are offered at no cost to participants.

Outcomes

Mercy Learning Center's motto, "Educate a Woman... Educate a Family" speaks to the life-changing impact that its programs have on generations of family members. MLC students work diligently each day, often balancing two part time jobs, a household, and their studies. Increasing their educational functioning levels through their work with instructors and tutors provides MLC's students with essential workforce skills and increased employability. According to the Connecticut Women and Girls Data Platform, women with a high school diploma earned 37% more per year on average than women without a high school diploma. This disparity widens with additional degrees. Further, mothers' education levels are proven to have a profound effect on children's educational achievement and health outcomes.

The desired outcomes for women enrolled at the English Language Learner level are to:

- Become fluent in English
- Advance basic education skills in order to support and assist their children in their own educational careers
- Gain the confidence and life skills to successfully navigate social systems (employment, health, education, housing, legal, civic)
- Gain and maintain living wage employment (if seeking) and/or secure more economic stability
- Earn a high school equivalency diploma through either the GED® or the NEDP®
- Transition successfully to college, other post-secondary education, or job training programs

The desired outcomes for women enrolled at the Adult Basic Education level are to:

- Advance basic education skills in order to support and assist their children with their own educations.

- Earn a high school equivalency diploma through either the GED® or the NEDP®.
- Gain the confidence and life skills to successfully navigate social systems (employment, health, transportation, education, housing, legal, and civic).
- Gain and maintain living wage employment (if seeking) and/or secure more economic stability.
- Transition successfully to college or other post-secondary education or job training programs.

The desired outcomes for the children enrolled in the Early Childhood Education Program are to:

- Be read to every day by their mother or caregiver.
- Become English-fluent and demonstrate school readiness by the time they complete preschool.
- Transition into a magnet school or other high-performing school for kindergarten.

Evaluation

The impact of Mercy Learning Center's programs is measured by tracking both short-term and long-term outcomes. Academic progress is measured while women are actively enrolled in the program. Both during enrollment and after graduation, women's life skills achievements are tracked—including employment, post-secondary education, citizenship and community participation, and family-related accomplishments.

The following evaluation measures are used to assess student outcomes and program impact:

- **Comprehensive Adult Student Assessment System (CASAS):** A nationally recognized testing program that evaluates students' reading and math abilities, CASAS is used three times per year to evaluate student progress, chart improvement, reevaluate student competencies and assess program efficacy in a quantifiable manner.
- **Tracking student and graduate achievements:** Achievements include milestones that contribute to a woman's overall well-being and self-sufficiency such as: getting a new job, earning a job promotion, obtaining a professional certification, gaining college acceptance and scholarships, graduating from college, obtaining U.S. citizenship, getting a driver's license, etc.
- **Surveys and evaluations:** Mercy Learning Center also evaluates its programs and impact through ongoing informal conferences with students, tutors, volunteers, and staff. Surveys are distributed and survey workshops are held for students and volunteers each May. All staff members complete program evaluations each December and May.

Accomplishments

Progress is depicted in a variety of ways among the diverse group of women Mercy Learning Center serves. Women who come to MLC with little or no English language proficiency demonstrate progress when they are able to explain their symptoms to a doctor independently. Students who work in minimum wage positions realize success when they receive promotions with higher wages. The women who work toward completing their high school education achieve success upon graduation.

During the 2020-2021 program year, 56 MLC alumnae were enrolled in certification programs and many received scholarships. Two graduates earned bachelor's degrees, three earned associate's degrees, and four earned college certificates. Additionally, 33 students reported

finding new jobs and 14 students passed the U.S. Citizenship exam. In 2020-2021, nine women earned high school diplomas in the GED® and NEDP® programs. Cumulatively, MLC has graduated 391 women. All of these achievements were possible despite the COVID-19 pandemic, which forced MLC to transition its educational programming online as of the beginning of March 2020. Few students were able to participate due to accessibility challenges, which were remedied with a laptop loaning program at the start of the 2020-2021 academic year.

As a cohesive community, Mercy Learning Center students have a high rate of success. Mercy Learning Center's Adult Basic Education, GED®, and NEDP® students advance at rates that are double federal and state guidelines, while MLC's English Language Learning students score nearly fifty percent higher than federal and state benchmarks. MLC's English Language Learning program ranks in the top one percent of adult education programs across the state of Connecticut.

Each of these achievements strengthens the Bridgeport community by affecting an increase in educated and skilled workers, engaged parents who advocate for their children's education, and increased economic stability and independence among families.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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 <p align="center">MERCY LEARNING CENTER OF BRIDGEPORT, INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">637 PARK AVENUE</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">BRIDGEPORT, CT 06604</p> F Name and address of principal officer: JANE E. FERREIRA <p align="center">637 PARK AVENUE, BRIDGEPORT, CT 06604</p>	D Employer identification number <p align="center">22-2859879</p>
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		E Telephone number <p align="center">203-334-6699</p>
J Website: WWW.MERCYLEARNINGCENTER.ORG		G Gross receipts \$ 4,205,734. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 ▶
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: 1987 M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE CENTER EDUCATES LOW INCOME, UNDEREDUCATED WOMEN FROM PRE-LITERACY THROUGH HIGH SCHOOL	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 55
	6 Total number of volunteers (estimate if necessary)	6 105
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)		0. 0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		130,575. 178,702.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,547. 0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,956,975. 4,016,631.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	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)	1,795,793. 1,820,366.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	180,964.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	538,198. 506,233.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,764,488. 2,962,229.	
19 Revenue less expenses. Subtract line 18 from line 12	192,487. 1,054,402.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,294,403. 10,114,620.
	21 Total liabilities (Part X, line 26)	389,171. 44,388.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,905,232. 10,070,232.

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 JANE E. FERREIRA, PRESIDENT & CEO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name JENNIFER BULL	Preparer's signature JENNIFER BULL
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Date 09/28/21
	Firm's address ▶ FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484-6241	Check if self-employed <input type="checkbox"/> PTIN P00448361
		Firm's EIN ▶ 27-1728945
		Phone no. 203-929-3535

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01

2022 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: _____
Bridgeport Caribe Youth League, Inc

Address: 1067 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 20-0421577

Program title: Workforce Technology Program

Name of contact person: John Torres, Executive Director

Telephone number: 203-913-0073

Email address: jtorres@bcyl.org

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

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: _____
 BCYL functions as a unique social and economic development organization. The purpose of this program is to provide pre-vocational and vocational education programs for 100 local residents, so that they may be more prepared for employment in this region.

Need for program: _____
 There is a growing disconnect between a diverse local population and the workforce opportunities in the region. There's a great need for basic and pre-vocational education to connect the large population of unemployed, unskilled residents to existing jobs and future opportunities in higher education. Our collaborating social service agencies are seeing hundreds of new clients monthly who need the types of training to be funded by this proposal.

Neighborhood area to be served: _____
 Bridgeport Labor Market Area (as described by the CT DOL)

Plan to implement the program: _____
 John Torres, BCYL Executive Director - Overall management of agency, coordination of the program
 University of Bridgeport - Training in vocational areas and ESL

Timetable:

Program start date: 12/01/22 Funds will be awarded as received _____

Program completion date: 12/31/24 _____

The program completion date must not be more than two years from the program start date. A certified post-project audit 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 _____

Other funding sources - itemized sources:

a) _____ _____

b) _____ _____

c) _____ _____

d) _____ _____

Total Funding: 150,000 _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Tuition 150,000 _____

b) _____ _____

c) _____ _____

d) _____ _____

Administrative expenses - itemized description:

a) _____ _____

b) _____ _____

c) _____ _____

d) _____ _____

Total Proposed Expenditures: 150,000 _____

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: _____
City of Bridgeport

Mailing address: _____
999 Broad Street, Suite 2, Bridgeport, CT 06604

Name of municipal liaison: Max Perez

Telephone number: 203-727-2707

Fax number: _____

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

3/31/24 if funding is received

Date

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization: BRIDGEPORT CARIBE YOUTH LEADERS INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1067 PARK AVENUE
 City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604

D Employer identification number: 20-0421577

E Telephone number: (203) 913-0073

F Name and address of principal officer:
 JOHN TORRES
 1067 PARK AVENUE
 BRIDGEPORT, CT 06604

G Gross receipts \$ 685,822

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: WWW.BCYL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2003 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO FOSTER, IN THE CHILDREN OF THE COMMUNITY, THE IDEALS OF GOOD SPORTSMANSHIP, TEAMWORK, PRIDE, INTEGRITY, COMMITMENT AND RESPECT FOR AUTHORITY, SO THAT THEY MAY BE STRONGER AND HAPPIER CHILDREN AND WILL GROW TO BE GOOD, DECENT, HEALTHY AND TRUSTWORTHY LEADERS IN OUR COMMUNITY.

2 Check this box 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	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	18
6 Total number of volunteers (estimate if necessary)	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	514,943	585,508
9 Program service revenue (Part VIII, line 2g)	62,524	61,748
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501	2,844
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,962	-13,360
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,006	636,740
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,029	70,221
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)	157,642	218,046
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶25,314		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	309,266	305,811
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	525,937	594,078
19 Revenue less expenses. Subtract line 18 from line 12	48,069	42,662

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	547,619	599,529
21 Total liabilities (Part X, line 26)	14,719	22,144
22 Net assets or fund balances. Subtract line 21 from line 20	532,900	577,385

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.

Signature of officer: ANNETTE SEGARRA-NEGRON TREASURER
 Date: 2020-11-16
 Type or print name and title

Print/Type preparer's name: PKF O'CONNOR DAVIES LLP
Preparer's signature:
Date: 2020-11-13
Check if self-employed
Firm's EIN: 27-1728945
Firm's address: 3001 SUMMER STREET 5TH FLOOR EAST STAMFORD, CT 06905
Phone no.: (203) 323-2400

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

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01

2022 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: _____
Bridgeport Caribe Youth League, Inc

Address: 1067 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 20-0421577

Program title: Energy Efficient Repairs and Upgrades

Name of contact person: John Torres, Executive Director

Telephone number: 203-913-0073

Email address: jtorres@bcyl.org

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

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 purpose of this grant is to provide energy construction upgrades to the buildings on the University of Bridgeport campus which are used to support the recreation and education programs for BCYL. This, in turn, will assist in saving funds to be redirected to other programmatic needs.

Need for program: _____

The University of Bridgeport is a 98-year-old institution which is comprised of many older buildings that were built before modern construction programs were in place. Many of these buildings do not meet current energy standards and are very expensive to run.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

As funds are received, work will be bid on and commence on UB properties according to the correct job specs and estimates.

John Torres, BCYL - Executive Director - Coordination of Caribe Programs

Bryant Harrell, UB - Oversight of work according to job specifications

Timetable:

Program start date: 12/31/22 Funds will be awarded as received

Program completion date: 12/31/24

The program completion date must not be more than two years from the program start date. A certified post-project audit 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

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: 150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Contracts for Energy Efficient Upgrades 150,000

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: 150,000

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:	_____
City of Bridgeport	_____
Mailing address:	_____
999 Broad Street, Suite 2, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez _____
Telephone number:	203-727-2707 _____
Fax number:	_____
Email address:	max.perez@bridgeportct.gov _____

<p align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><small>3/31/24 if funding is received</small></p> <p align="center">_____</p> <p align="center">Date</p>

990
Form 990
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 01-01-2019, and ending 12-31-2019

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

C Name of organization: BRIDGEPORT CARIBE YOUTH LEADERS INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1067 PARK AVENUE
 City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604

D Employer identification number: 20-0421577

E Telephone number: (203) 913-0073

F Name and address of principal officer: JOHN TORRES, 1067 PARK AVENUE, BRIDGEPORT, CT 06604

G Gross receipts: \$ 665,822

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: WWW.BCYL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2003 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO FOSTER, IN THE CHILDREN OF THE COMMUNITY, THE IDEALS OF GOOD SPORTSMANSHIP, TEAMWORK, PRIDE, INTEGRITY, COMMITMENT AND RESPECT FOR AUTHORITY, SO THAT THEY MAY BE STRONGER AND HAPPIER CHILDREN AND WILL GROW TO BE GOOD, DECENT, HEALTHY AND TRUSTWORTHY LEADERS IN OUR COMMUNITY.

2 Check this box 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	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	18
6 Total number of volunteers (estimate if necessary)	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	514,943	585,508
9 Program service revenue (Part VIII, line 2g)	62,524	61,748
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501	2,844
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,962	-13,360
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,006	636,740
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,029	70,221
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)	157,642	218,046
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,314		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	309,266	305,811
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	525,937	594,078
19 Revenue less expenses. Subtract line 18 from line 12	48,069	42,662

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	547,619	599,529
21 Total liabilities (Part X, line 26)	14,719	22,144
22 Net assets or fund balances. Subtract line 21 from line 20	532,900	577,385

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.

Signature of officer: ANNETTE SEGARRA-NEGRON TREASURER
 Date: 2020-11-16

Paid Preparer Use Only

Print/Type preparer's name: PKF O'CONNOR DAVIES LLP
 Preparer's signature: [Signature]
 Date: 2020-11-13
 Check if self-employed
 PTIN: P00543209
 Firm's name: PKF O'CONNOR DAVIES LLP
 Firm's EIN: 27-1728945
 Firm's address: 3001 SUMMER STREET 5TH FLOOR EAST
 Phone no.: (203) 323-2400
 STAMFORD, CT 06905

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01

2022 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: _____
University of Bridgeport

Address: 126 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0646936

Program title: Adding Energy Effectiveness

Name of contact person: Elena Cahill

Telephone number: 203-576-2389

Email address: ecahill@bridgepor

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

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 purpose of this grant application is to purchase and install energy efficient building systems for all of UB's older buildings. The systems include new windows, new insulated roof, new insulation, new HVAC and boiler systems. In addition, funding can be used to promote energy effectiveness and construction as model projects to interested partners to support these efforts in other places in the State of Connecticut.

Need for program: _____

The current building budgets do not include funds to provide higher energy efficiencies. These enhancements will save the institution money throughout the life of the building.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

Eleña Cahill, VP of Innovation, Strategy and Advancement - Overall administration of the grant including matching all funds received to specific project requests as envisioned on this project.
Bryant Harrell, VP for Physical Facilities, Information Technology and Security - Oversight of the contract and contractors who will perform the redesign and installation of this project.

Timetable:

Program start date: 12/31/22 Funds will be awarded as received _____

Program completion date: 12/31/24 _____

The program completion date must not be more than two years from the program start date. A certified post-project audit 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
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: 150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>New energy efficient systems</u>	<u>150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: 150,000

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:	_____
City of Bridgeport	_____
Mailing address:	_____
999 Broad Street, Suite 2, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez _____
Telephone number:	203-727-2707 _____
Fax number:	_____
Email address:	max.perez@bridgeportct.gov _____

<p align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center">3/31/24</p> <p align="center">_____</p> <p align="center">Date</p>

Form 990
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 07-01-2019, and ending 06-30-2020

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

C Name of organization: UNIVERSITY OF BRIDGEPORT
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 126 PARK AVE WAHLSTROM LIBRARY7TH
 City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604

D Employer identification number: 05-0646936
E Telephone number: (203) 576-4690
G Gross receipts \$ 161,788,435

F Name and address of principal officer: STEPHEN HEALEY, 126 PARK AVE WAHLSTROM LIBRARY7TH, BRIDGEPORT, CT 06604

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: ▶ HTTP://WWW.BRIDGEPORT.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1927 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE UNIVERSITY OF BRIDGEPORT (THE UNIVERSITY) OFFERS CAREER ORIENTED UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES AND PROGRAMS FOR PEOPLE SEEKING PERSONAL AND PROFESSIONAL GROWTH. THE UNIVERSITY PROMOTES ACADEMIC EXCELLENCE, PERSONAL RESPONSIBILITY, AND COMMITMENT TO SERVICE. DISTINCTIVE CURRICULA IN AN INTERNATIONAL, CULTURALLY DIVERSE, SUPPORTIVE LEARNING ENVIRONMENT PREPARE GRADUATES FOR LIFE AND LEADERSHIP IN AN INCREASINGLY INTERCONNECTED WORLD. THE UNIVERSITY IS INDEPENDENT AND NON-SECTARIAN.

2 Check this box 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	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,999
6 Total number of volunteers (estimate if necessary)	6	29
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	156,059
7b Net unrelated business taxable income from Form 990-T, line 39	7b	122,385

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,494,260	5,887,781
9 Program service revenue (Part VIII, line 2g)	132,114,953	127,489,067
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697,695	695,118
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,372,113	16,327,182
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,679,021	150,399,148
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,380,039	44,130,797
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)	55,574,935	52,582,531
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,178,843		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,111,104	46,929,658
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	147,066,078	143,642,986
19 Revenue less expenses. Subtract line 18 from line 12	-8,387,057	6,756,162

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	137,344,288	128,448,654
21 Total liabilities (Part X, line 26)	88,736,977	74,650,418
22 Net assets or fund balances. Subtract line 21 from line 20	48,607,311	53,798,236

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.

 Signature of officer: _____ Date: 2021-05-17
 STEPHEN HEALEY INTERIM PRESIDENT
 Type or print name and title

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN P00431862

Firm's name ▶ MARCUM LLP Firm's EIN ▶ 11-1986323

Firm's address ▶ 555 LONG WHARF DRIVE Phone no. (203) 781-9600
 NEW HAVEN, CT 06511

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01
2022 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: _____
University of Bridgeport

Address: 126 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0646936

Program title: Jobs for Bridgeport

Name of contact person: Elena Cahill

Telephone number: 203-576-2389

Email address: ecahill@bridgepor

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

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 University of Bridgeport seeks to enhance its work as a community centered, workforce focused institution of higher learning. It seeks to provide education and training leading to employment as a foundation for lifelong learning. Most of the UB college students for this programs will come from referrals from many local community based organizations and many of these are very low income students and need tuition assistance.

Need for program: _____

The Bridgeport labor market area continues to experience a chronic period of unemployment. At the same time, job training funds in the area have decreased, creating great needs for retaining our unemployed or under employed workforce.

Neighborhood area to be served: _____

Bridgeport area

Plan to implement the program: _____

University of Bridgeport - Training in vocational areas and ESL.

Timetable:

Program start date: 12/31/22 Funds will be awarded as received _____

Program completion date: 12/31/24

The program completion date must not be more than two years from the program start date. A certified post-project audit 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

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: 150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Tuition 150,000

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: 150,000

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:	_____
City of Bridgeport	_____
Mailing address:	_____
999 Broad Street, Suite 2, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez _____
Telephone number:	203-727-2707 _____
Fax number:	_____
Email address:	max.perez@bridgeportct.gov _____

<p align="center">Post-Project Audit</p> <p align="center">Is a post-project audit required for this proposal?</p> <p align="center"><input checked="" type="checkbox"/> Yes No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><small>3/31/24 if funding is received</small></p> <p align="center">_____</p> <p align="center">Date</p>

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization: UNIVERSITY OF BRIDGEPORT
 Doing business as:

D Employer identification number: 06-0646936

E Telephone number: (203) 576-4690

G Gross receipts \$ 161,788,435

F Name and address of principal officer:
 STEPHEN HEALEY
 126 PARK AVE WAHLSTROM LIBRARY7TH
 BRIDGEPORT, CT 06604

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: ▶ HTTP://WWW.BRIDGEPORT.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1927 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE UNIVERSITY OF BRIDGEPORT (THE UNIVERSITY) OFFERS CAREER ORIENTED UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES AND PROGRAMS FOR PEOPLE SEEKING PERSONAL AND PROFESSIONAL GROWTH. THE UNIVERSITY PROMOTES ACADEMIC EXCELLENCE, PERSONAL RESPONSIBILITY, AND COMMITMENT TO SERVICE. DISTINCTIVE CURRICULA IN AN INTERNATIONAL, CULTURALLY DIVERSE, SUPPORTIVE LEARNING ENVIRONMENT PREPARE GRADUATES FOR LIFE AND LEADERSHIP IN AN INCREASINGLY INTERCONNECTED WORLD. THE UNIVERSITY IS INDEPENDENT AND NON-SECTARIAN.

2 Check this box 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	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,999
6 Total number of volunteers (estimate if necessary)	6	29
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	156,059
7b Net unrelated business taxable income from Form 990-T, line 39	7b	122,385

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,494,260	5,887,781
9 Program service revenue (Part VIII, line 2g)	132,114,953	127,489,067
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697,695	695,118
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,372,113	16,327,182
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,679,021	150,399,148
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,380,039	44,130,797
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)	55,574,935	52,582,531
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,178,843		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,111,104	46,929,658
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	147,066,078	143,642,986
19 Revenue less expenses. Subtract line 18 from line 12	-8,387,057	6,756,162

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	137,344,288	128,448,654
21 Total liabilities (Part X, line 26)	88,736,977	74,650,418
22 Net assets or fund balances. Subtract line 21 from line 20	48,607,311	53,798,236

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: 2021-05-17
 STEPHEN HEALEY INTERIM PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00431862
Firm's name ▶ MARCUM LLP			Firm's EIN ▶ 11-1986323	
Firm's address ▶ 555 LONG WHARF DRIVE NEW HAVEN, CT 06511			Phone no. (203) 781-9600	



Municipality: Bridgeport

Form NAA-01

2022 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: _____
Mutual Housing Association of Southwestern Connecticut Inc. dba CT Housing Partners

Address: 1235 Huntington Turnpike, Trumbull CT 06611

Federal Employer Identification Number: 22-3035152

Program title: Clinton Commons (91 Clinton Avenue) Energy Efficiency Upgrades

Name of contact person: Steve Gulick (Ext 1730)

Telephone number: (203) 359-4960

Email address: sgulick@cthousingpartners.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 118,900.00

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: See Attachment

Need for program: See Attachment

Neighborhood area to be served: See Attachment

Plan to implement the program: See Attachment

Timetable:

Program start date: June 2022

Program completion date: May 2024

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	\$118,900.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$118,900.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>High Efficiency Boilers and Water Heaters</u>	<u>\$105,000.00</u>
b) <u>Replace Rotted Doors w/Energy Efficient Doors</u>	<u>\$2,400.00</u>
c) <u>Install Energy Efficient Lighting</u>	<u>\$8,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Project Supervision</u>	<u>\$3,500.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$118,900.00

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: _____ <u>City of Bridgeport</u>
Mailing address: _____ <u>999 Broad Street, Bridgeport CT 06604</u>
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>(203) 576-3976</u>
Fax number: <u>(203) 576-3979</u>
Email address: <u>max.perez@bridgeportct.gov</u>

Post-Project Audit
Is a post-project audit required for this proposal?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , date post-project audit due:

Date

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 2020, and ending 2020

B Check if applicable:	C	D Employer identification number	
<input type="checkbox"/> Address change	MUTUAL HOUSING ASSOCIATION OF SOUTHWESTERN CT, INC. 1235 HUNTINGTON TURNPIKE TRUMBULL, CT 06611	22-3035152	
<input type="checkbox"/> Name change		E Telephone number	(203) 359-6940
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated		G Gross receipts \$	4,898,410.
<input type="checkbox"/> Amended return		F Name and address of principal officer:	
<input type="checkbox"/> Application pending	SAME AS C ABOVE	H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. See instructions.	
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:	CTHOUSINGPARTNERS.ORG
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:	1996
		M State of legal domicile:	CT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O	
Activities & Governance	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	331,596.	976,488.
	9 Program service revenue (Part VIII, line 2g)	1,337,432.	1,348,194.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,564.	-802,460.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,497.	48,528.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,876,089.	1,570,750.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	638,733.	942,112.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	3,417.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,548,357.	2,013,874.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,187,090.	2,955,986.
19 Revenue less expenses. Subtract line 18 from line 12	-311,001.	-1,385,236.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	19,018,810.	16,448,869.
	21 Total liabilities (Part X, line 26)	4,247,808.	3,063,103.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,771,002.	13,385,766.

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	
	RENEE DOBOS	EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JASON D. GEEL CPA	JASON D. GEEL CPA	11/11/21
	Firm's name	Check <input type="checkbox"/> if PTIN self-employed	
	Firm's address	P01664437	
	MALETTA & COMPANY	Firm's EIN ▶ 061209905	
	43 ENTERPRISE DRIVE	Phone no. 8605826715	
	BRISTOL, CT 06010		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 01/19/21 Form 990 (2020)



Municipality: Bridgeport

Form NAA-01

2022 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 Center for Family Justice, Inc.

Address: 753 Fairfield Avenue, Bridgeport, CT 06604-3727

Federal Employer Identification Number: 06-0646991

Program title: CFJProgramExpansion&RenovationProject

Name of contact person: Catherine Burns

Telephone number: (203) 993-8133

Email address: cburns@centerforfamilyjustice.org

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 Center for Family Justice is planning to expand our programs and renovate space to accommodate the 25% increase in domestic violence victims that we have witnessed in the wake of the Covid-19 pandemic. We plan to accommodate this increase in services with additional staff. Many of our partner agencies' offices (who were working remotely during the lockdown) are being used now by new staff. We would like our partners to return on-site once we are able to accommodate office space for new staff.

Need for program: _____

Expansion of our facility in Bridgeport will help further address domestic and sexual violence and child abuse that are endemic among all socio-economic, racial, and ethnic groups. Indeed, 98% of victims of domestic violence are also victims of financial abuse meaning their abusers do not allow them to work and/or access family financial assets. When victims come to The Center for Family Justice seeking emergency housing, many are fearful for their lives and have nothing but the clothes on their backs. Many clients bring their children with them. The trauma endured by these families can cause devastating effects. If we can provide a safe, nurturing place where basic needs, mental health, wellness, and self-sufficiency coaching can be

Neighborhood area to be served: _____

The Greater Bridgeport area - which includes Trumbull, Stratford, Monroe, Fairfield and Easton.

Plan to implement the program: _____

Our intention is to begin the renovation as soon as November 1, 2022 and conclude September 30, 2023.

Timetable:

Program start date: November 1, 2022

Program completion date: September 30, 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Sen. Murphy Member Directed Spending FY23(applied)</u>	<u>\$2,200,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$2,350,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>SecuritySytemUpgrades</u>	<u>\$70,000.00</u>
b) <u>HVAC System</u>	<u>\$250,000.00</u>
c) <u>Environmental:AsbestosRemediation/ADA Ramp Outside</u>	<u>\$100,000.00</u>
d) <u>Gen'l Construction/Tech&Data/Architect/Construction Mgr:</u>	<u>\$1,930,000.00</u>

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$2,350,000.00

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 Audit</p> <p style="text-align: center;">Is a post-project audit 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 audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

THE CENTER FOR FAMILY JUSTICE INC.

06-0646991

Name and title of officer or person subject to tax

**DEBRA GREENWOOD
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>4,570,189.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06298812345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MaF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

10/28/2021

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20



Municipality: BRIDGEPORT

Form NAA-01
2022 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: _____
Marrakech, Inc.

Address: 6 Lunar Drive, Woodbridge, CT 06525

Federal Employer Identification Number: 23-7148533

Program title: Boiler Replacement at 2 Anton Circle, Bridgeport

Name of contact person: Lauri MacLean

Telephone number: (203) 389-2970

Email address: lmaclean@marrakechinc.org

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: _____
Replacement of 25 year old boiler with new upgraded energy efficient model.

Need for program: _____
2 Anton Circle is a group home that Marrakech owns that provides safe and affordable housing for the individuals we support. The boiler is 25 years old and therefore at risk of a breakdown. A new unit would ensure the well being of the individuals we support and improve the comfort of the residents while reducing monthly fuel costs.

Neighborhood area to be served: _____
2 Anton Circle, Bridgeport 06606

Plan to implement the program: _____
A scope of work for the new boiler unit will be developed by the Vice President of Plant Operations, Edgar Graham. Local contractors will be invited to bid on the project. Marrakech, Inc. procurement policy requires at least three bids for capital improvement projects. Once a contractor has been chosen, the Vice President of Plant Operations will oversee the project to ensure that the work performed meets the appropriate workmanship standards as detailed in the scope of work.

Timetable:

Program start date: April 1, 2023

Program completion date: April 30, 2023

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	<u>\$15,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$15,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>New boiler</u>	<u>\$15,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>N/A</u>	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$15,000.00

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: _____ CITY OF BRIDGEPORT _____
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604 _____
Name of municipal liaison: MAX PEREZ, DIRECTOR OF BUSINESS DEVELOPMENT _____
Telephone number: 203-576-2976 _____
Fax number: 203-576-3979 _____
Email address: MAX.PEREZ@BRIDGEPORTCT.GOV _____

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

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.

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

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

C Name of organization: **MARRAKECH, INC.**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **6 LUNAR DRIVE**
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **WOODBIDGE CT 06525**

D Employer identification number: **23-7148533**

E Telephone number: **203-389-2970**

G Gross receipts \$: **8,764,685**

F Name and address of principal officer:
HEATHER I. LATORRA
6 LUNAR DRIVE
WOODBIDGE CT 06525

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)

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

J Website: **WWW.MARRAKECHINC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1972**

M State of legal domicile: **CT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: VOCATIONAL TRAINING FOR THE DEVELOPMENTALLY DISABLED PERSONS.			
	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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	b Net unrelated business taxable income from Form 990-T, line 39			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	792,073	331,836
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,827,235	8,243,921
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-18,750
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,651,656	8,568,239
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,125,804	4,982,260
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,927		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,876,307	3,607,889
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,002,111	8,590,149	
	19 Revenue less expenses. Subtract line 18 from line 12	649,545	-21,910	
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)	15,014,490	15,857,738
	22	Net assets or fund balances. Subtract line 21 from line 20	7,699,180	8,564,338
		7,315,310	7,293,400	

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: **HEATHER I. LATORRA** CEO
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTOPHER B. CONLEY**
 Preparer's signature: _____
 Date: **05/13/21**
 Check if self-employed
 PTIN: **P00936552**

Firm's name: **GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC**
 Firm's EIN: **06-0971998**
 Firm's address: **505 MAIN ST MIDDLETOWN, CT 06457-2809**
 Phone no.: **860-347-5689**



Municipality: LITCHFIELD COUNTY

Form NAA-01

2022 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 WEST CORNWALL
PUBLIC LIBRARY ASSOCIATION

Address PO Box 4 WEST CORNWALL, CT 06796

Federal Employer Identification Number: 06-6206723

Program title Replacement of windows, furnace, 2018 tank insulation & new energy
efficient lighting

Name of contact person LIBBY MITCHELL

Telephone number: 203 - 536 - 1712

Email address westcornwallunion@gmail.com

Total NAA funding requested (\$250 minimum \$150,000 maximum) \$ 93,500.00

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 library is interested in making a sustainable building at 415 Sharon Goshen Turnpike. We are interested in upgrading all the systems, adding solar and creating a space as a holistic model for other buildings in our historic town.

Need for program: The antiquated heating system as well as old lighting + windows make the current building exceedingly energy inefficient.

Neighborhood area to be served: West Cornwall, CT is a historic town with the nationally registered covered bridge.

Plan to implement the program: The executive director of the library has experience managing building projects. She will ask for bids, investigate the most cost effective + energy efficient solutions and create a holistic plan for the building to be a model of energy conservation.

Timetable

Program start date August / September 2022
Program completion date November 2022

The program completion date must not be more than two years from the program start date. A certified post-project audit 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	\$78,250
Other funding sources - itemized sources:	
a) Eversource Utility incentives	\$4,000
b) Solar Tax Credits	\$11,250
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) New Boiler	_____
b) LED Lighting Upgrade	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$93,500

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:	<u>TOWN OF CORNWALL FIRST SELECTMAN'S OFFICE</u>
Mailing address:	<u>26 PLAIN STREET</u> <u>CORNWALL, CT 06753</u>
Name of municipal liaison:	<u>LIBBY MITCHELL</u>
Telephone number:	<u>203 - 536 - 1712</u>
Fax number:	<u>- - N/A</u>
Email address:	<u>westcornwallunion@gmail.com</u>

Post-Project Audit
Is a post-project audit required for this proposal?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, date post-project audit due

Date

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2020

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/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2020 or tax year beginning

2020, and ending

20

Name of foundation

The West Cornwall Public Library Association Inc

Number and street (or P.O. box number if mail is not delivered to street address)

P.O. Box 4

City or town, state or province, county, and ZIP or foreign postal code

West Cornwall CT 06796

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 524,912.
J Accounting method: Cash Accrual
(Part I, column (d), must be on cash basis.)

A Employer identification number

B Telephone number (see instructions)

2035361712

C If exemption application is pending, check here ▶

D 1 Foreign organizations, check here ▶

2 Foreign organizations meeting the 85% test, check here and attach computation ▶

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶

F If the foundation is in a 60-month termination under section 507(c)(1)(B), check here ▶

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) [see instructions].)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	7,734.			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	13,656.			
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			24,024.	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances	11,285.			
b Less: Cost of goods sold	5,869.				
c Gross profit or (loss) (attach schedule)	5,420.				
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	26,810.		24,024.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	5,225.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	273.		100.	
	c Other professional fees (attach schedule)	55.			
	17 Interest				
	18 Taxes (attach schedule) (see instructions) See Stmt	100.			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	36,631.			
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) See Stmt	3,591.			
	24 Total operating and administrative expenses. Add lines 13 through 23	46,477.		100.	
	25 Contributions, gifts, grants paid				
26 Total expenses and disbursements. Add lines 24 and 25	46,477.		100.		
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-19,667.				
b Net investment income (if negative, enter -0-)			23,924.		
c Adjusted net income (if negative, enter -0-)					

For Paperwork Reduction Act Notice, see instructions.

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01
2022 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: _____
Hispanic Health Council

Address: 175 Main Street, Hartford, CT 06106

Federal Employer Identification Number: 06-1527685

Program title: Retrofit for Energy Efficiency

Name of contact person: Kenenth Barela

Telephone number: 860-527-0856 ext 1300

Email address: kennethb@hispanichealthcouncil.org

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

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 purpose of this grant is to provide energy construction upgrades to the building on the University of Bridgeport campus which are used to support programs for the Hispanic Health Council. This, in turn, will assist in saving funds to be redirected to other programmatic needs.

Need for program: _____

The University of Bridgeport is a 98 year old institution which is made up of many older buildings that were built long before modern energy construction was in place. Many of these buildings do not meet current energy standards and are very expensive to run.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

As funds are received, work will be bid on and commence on UB properties according to the correct job specs and estimates.

Kenneth Barela, CEO - Coordination of programs and UB operations

Bryant Harrell, UB - Oversight of work according to job specifications

Timetable:

Program start date: 1201/02 Funds will be awarded as received _____

Program completion date: 12/31/24

The program completion date must not be more than two years from the program start date. A certified post-project audit 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
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Contracts for energy efficient upgrades	\$150,000
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$150,000

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: _____
City of Bridgeport _____

Mailing address: _____
999 Broad Strett, Suite 2, Bridgeport, CT 06604 _____

Name of municipal liaison: Max Perez _____

Telephone number: 203-727-2707 _____

Fax number: _____

Email address: max.perez@bridgeportct.gov _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

3/31/24 if funding is received

Date

Form **990**
 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
2018
 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization: HISPANIC HEALTH COUNCIL FOUNDATION INC
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 175 MAIN STREET
 City or town, state or province, country, and ZIP or foreign postal code: HARTFORD, CT 06106

D Employer identification number: 06-1527685

E Telephone number: (860) 527-0856

F Name and address of principal officer: JOSE ORTIZ, 175 MAIN STREET, HARTFORD, CT 06106

G Gross receipts \$ 232,861

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)(2) (insert no) 4947(a)(1) or 527

J Website: WWW.HISPANICHEALTH.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation 1998 **M** State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE HISPANIC HEALTH COUNCIL FOUNDATION, INC HOLDS AND MAINTAINS PROPERTY FOR THE HISPANIC HEALTH COUNCIL, INC (A NOT FOR PROFIT ORGANIZATION) WHICH PROVIDES HEALTH CARE AND HUMAN SERVICES

2 Check this box 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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	43,457	77,149
9 Program service revenue (Part VIII, line 2g)	191,593	155,712
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	235,050	232,861
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,716
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	489,396	423,766
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	489,396	523,482
19 Revenue less expenses Subtract line 18 from line 12	-254,346	-290,621

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,193,611	3,724,966
21 Total liabilities (Part X, line 26)	1,204,629	1,026,605
22 Net assets or fund balances Subtract line 21 from line 20	2,988,982	2,698,361

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

Signature of officer: JOSE ORTIZ, CEO
 Date: 2020-02-27

Paid Preparer Use Only

Print/Type preparer's name: MAWC LLC
 Preparer's signature: [Signature]
 Date: 2020-02-27
 Check if self-employed
 PTIN: P01062158
 Firm's EIN: 03-0500350
 Firm's address: 166 ROUTE 81, KILLINGWORTH, CT 06419
 Phone no: (860) 663-0110

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01

2022 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: _____
Greater Bridgeport Symphony

Address: 446 University Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-6012460

Program title: Greater Bridgeport Symphony Adding Energy Effectiveness

Name of contact person: Mark Halstead

Telephone number: 203-576-0263

Email address: mark@gbs.org

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

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 purpose of this grant is to provide energy construction upgrades to the building on the University of Bridgeport campus which are used to support office of the Greater Bridgeport Symphony. This, in turn, will assist in saving funds to be redirected to other programmatic needs.

Need for program: _____

The University of Bridgeport is a 98 year old institution which is made up of many older buildings that were built long before modern energy construction was in place. Many of these buildings do not meet current energy standards and are very expensive to run.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

As funds are received, work will be bid on and commence on UB properties according to the correct job specs and estimates.

Mark Halstead, GBS - Coordination of programs

Bryant Harrell, UB - Oversight of work according to job specifications

Timetable:

Program start date: 12/01/22 Funds will be awarded as received _____

Program completion date: 12/31/24

The program completion date must not be more than two years from the program start date. A certified post-project audit 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
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Contracts for energy efficient upgrades</u>	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$150,000

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:	_____
City of Bridgeport	_____
Mailing address:	_____
999 Broad Strett, Suite 2, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez _____
Telephone number:	203-727-2707 _____
Fax number:	_____
Email address:	max.perez@bridgeportct.gov _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

No

If Yes, date post-project audit due:

3/31/24 if funding is received

Date

086
383

2949311417712

2004

EXTENDED TO MARCH 15, 2021

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

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning **MAY 1, 2019** and ending **APR 30, 2020**

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

C Name of organization
GREATER BRIDGEPORT SYMPHONY SOCIETY INC

D Employer identification number
06-6012460

E Telephone number
203-576-0263

G Gross receipts
396,017.

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: **WWW.BPTSVM.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1946** **M** State of legal domicile: **CT**

ENVELOPE POSTMARK DATE DEC 21 2020

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities PRESENTS ORCHESTRA CONCERTS THROUGH THE GREATER BRIDGEPORT SYMPHONY ORCHESTRA AND EDUCATIONAL			
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)		28
4	Number of independent voting members of the governing body (Part VI, line 1b)		27
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		112
6	Total number of volunteers (estimate if necessary)		0
7a	Total unrelated business revenue from Part VIII, column (C), line 12		5,465.
7b	Net unrelated business taxable income from Form 990-T, line 39		-3,847.
Revenue			
8	Contributions and grants (Part VIII, line 1h)	313,089.	309,394.
9	Program service revenue (Part VIII, line 2g)	181,576.	79,040.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	667.	4,558.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,486.	2,927.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	525,818.	395,919.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
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)	269,863.	163,085.
16a	Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) 9,649.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	274,952.	226,697.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	544,815.	389,782.
19	Revenue less expenses. Subtract line 18 from line 12	-18,997.	6,137.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	210,509.	244,911.
21	Total liabilities (Part X, line 26)	18,250.	59,300.
22	Net assets or fund balances. Subtract line 21 from line 20	192,259.	185,611.

RECEIVED
JAN 04 2021
OGDEN, UT
IRS-OSC

SCANNED JUL 22 2021

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: **Robert H. Flemming** Signature of officer Date: **12/19/2020**
ROBERT FLEMMING, TREASURER Type or print name and title

Paid: **KYLE HAMILTON** Preparer's name Date: **12/19/2020** Check PTIN: **P00950492**
KYLE HAMILTON CONSULTING LLC Firm's name Firm's EIN: **46-5134980**
266 BROAD STREET Firm's address Phone no.: **203-517-6530**
MILFORD, CT 06460

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
832001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

079

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01
2022 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: _____
Bridgeport Public Education Fund

Address: 446 University Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-1379383

Program title: Support for Low Income Students at the University of Bridgeport

Name of contact person: Faith Villegas

Telephone number: 203-331-0551

Email address: fvillegas@bpef.org

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

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: _____

BPEF functions as a unique organization focused on collegiate credentials for graduates of Bridgeport Public Schools. The purpose of this program is to provide pre-collegiate and collegiate education programs for up to 100 local residents of the University of Bridgeport, so that they may eventually be more prepared for employment in this region.

Need for program: _____

There is a growing disconnect between a diverse local population and the education and workforce opportunities in the region. Working in partnership with the University of Bridgeport, we hope to secure scholarships to support Bridgeport Public School graduates in focused programs at the University. Many of our students elect to stay home for college, and the proximity and mission of the University of Bridgeport provides critical opportunities for success for these graduates.

Neighborhood area to be served: _____

Bridgeport Labor Market Area (as described by the CT DOL)

Plan to implement the program: _____

Elena Cahill, VP, UB - Training in vocational areas and ESL
Faith Villegas, BPEF, Executive Director - Overall management of agency, coordination of the program

Timetable:

Program start date: 12/31/22 Funds will be awarded as received

Program completion date: 12/31/24

The program completion date must not be more than two years from the program start date. A certified post-project audit 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

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Tuition \$150,000

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$150,000

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:	_____
City of Bridgeport	_____
Mailing address:	_____
999 Broad Street, Suite 2, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez _____
Telephone number:	203-727-2707 _____
Fax number:	_____
Email address:	max.perez@bridgeportct.gov _____

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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

C Name of organization
BRIDGEPORT PUBLIC EDUCATION FUND INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
446 UNIVERSITY AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06604

D Employer identification number
06-1379383

E Telephone number
(203) 331-0551

G Gross receipts \$ 224,384

F Name and address of principal officer:
FAITH VILLEGAS
446 UNIVERSITY AVENUE
BRIDGEPORT, CT 06604

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: ▶ WWW.BPEF.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1993 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO INCREASE INVOLVEMENT OF THE GREATER BRIDGEPORT COMMUNITY IN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM; TO ORGANIZE AND SOLICIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHOOL SYSTEM; TO ACT AS A CATALYST FOR THE DEVELOPMENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEARNING FOR THE BRIDGEPORT PUBLIC SCHOOL SYSTEM; TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE, AND EFFECTIVE, AND TO RECOGNIZE THEM FOR SUCH ACHIEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDREN'S EDUCATIONAL PROCESS; TO STRENGTHEN COMMUNICATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIES AND TO INCREASE PUBLIC AWARENESS OF EXCELLENCE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE CHALLENGES FACED BY URBAN EDUCATION AND THEIR PLACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION TO THE GREATER BRIDGEPORT COMMUNITY REGARDING CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PROMOTE CHANGE IN THE BRIDGEPORT SCHOOLS.

Activities & Governance

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)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	29
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	346,460	213,860
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	328	912
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	346,788	214,772
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,389	41,758
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)	190,035	137,022
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,366		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	126,607	99,206
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	368,031	277,986
19 Revenue less expenses. Subtract line 18 from line 12	-21,243	-63,214
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	488,133	437,850
21 Total liabilities (Part X, line 26)	22,016	23,785
22 Net assets or fund balances. Subtract line 21 from line 20	466,117	414,065

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.

Signature of officer: _____ Date: 2020-11-12

FAITH VILLEGAS EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name: ▶ CIRONEFRIEDBERG LLP Firm's EIN: ▶ 06-1533315

Firm's address: ▶ 6 RESEARCH DRIVE 450 SHELTON, CT 06484 Phone no. (203) 366-5876

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01
2022 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: _____
Bridgeport Public Education Fund

Address: 446 University Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-1379383

Program title: Bridgeport Public Education Fund Energy Efficient Repairs and Upgrades

Name of contact person: Faith Villegas

Telephone number: 203-331-0551

Email address: fvillegas@bpef.org

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

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 purpose of this grant is to provide energy construction upgrades to the building son the University of Bridgeport campus which are used to support the offices of the BPEF. This, in turn, will assist in saving funds to be redirected to other programmatic needs.

Need for program: _____
The University of Bridgeport is a 98 year old institution which is made up of many older buildings that were built long before modern construction programs were in place. Many of these buildings do not meet current energy standards and are very expensive to run.

Neighborhood area to be served: _____
Bridgeport

Plan to implement the program: _____
As funds are received, work will be bid on and commence on UB properties according to the correct job specs and estimates.
Faith Villegas, Executive Director - Coordination of programs
Bryant Harrell, UB - Oversight of work according to job specifications

Timetable:

Program start date: 12/01/22 Funds will be awarded as received _____

Program completion date: 12/31/24

The program completion date must not be more than two years from the program start date. A certified post-project audit 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
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Contracts for energy efficient upgrades</u>	<u>\$150,000</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$150,000

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:	_____
City of Bridgeport	_____
Mailing address:	_____
999 Broad Strett, Suite 2, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez _____
Telephone number:	203-727-2707 _____
Fax number:	_____
Email address:	max.perez@bridgeportct.gov _____

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><small>3/31/24 if funding is received</small></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

Form **990**
 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 01-01-2019, and ending 12-31-2019

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

C Name of organization: BRIDGEPORT PUBLIC EDUCATION FUND INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): 446 UNIVERSITY AVENUE Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604

D Employer identification number: 06-1379383

E Telephone number: (203) 331-0551

F Name and address of principal officer: FAITH VILLEGAS, 446 UNIVERSITY AVENUE, BRIDGEPORT, CT 06604

G Gross receipts \$ 224,384

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: ▶ WWW.BPEF.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1993 **M** State of legal domicile: CT

Part Summary

1 Briefly describe the organization's mission or most significant activities:
 TO INCREASE INVOLVEMENT OF THE GREATER BRIDGEPORT COMMUNITY IN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM; TO ORGANIZE AND SOLICIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHOOL SYSTEM; TO ACT AS A CATALYST FOR THE DEVELOPMENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEARNING FOR THE BRIDGEPORT PUBLIC SCHOOL SYSTEM; TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE, AND EFFECTIVE, AND TO RECOGNIZE THEM FOR SUCH ACHIEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDREN'S EDUCATIONAL PROCESS; TO STRENGTHEN COMMUNICATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIES AND TO INCREASE PUBLIC AWARENESS OF EXCELLENCE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE CHALLENGES FACED BY URBAN EDUCATION AND THEIR PLACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION TO THE GREATER BRIDGEPORT COMMUNITY REGARDING CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PROMOTE CHANGE IN THE BRIDGEPORT SCHOOLS.

2 Check this box 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	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	29
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	346,460	213,860
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	328	912
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	346,788	214,772
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,389	41,758
	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)	190,035	137,022
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,366		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	126,607	99,206
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	368,031	277,986	
19 Revenue less expenses. Subtract line 18 from line 12	-21,243	-63,214	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	488,133	437,850
	21 Total liabilities (Part X, line 26)	22,016	23,785
22 Net assets or fund balances. Subtract line 21 from line 20	466,117	414,065	

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: 2020-11-12
 FAITH VILLEGAS EXECUTIVE DIRECTOR
 Type or print name and title

Preparer's Information

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01200948
Firm's name ▶ CIRONEFRIEDBERG LLP			Firm's EIN ▶ 06-1533315	
Firm's address ▶ 6 RESEARCH DRIVE 450 SHELTON, CT 06484			Phone no. (203) 366-5876	



Municipality: Bridgeport

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: _____
Bridgeport Rescue Mission

Address: 725 Park Avenue, Bridgeport, CT

Federal Employer Identification Number: 06-1362705

Program title: Window & Roof Replacement Project

Name of contact person: Lisa Chester

Telephone number: (203) 333-4084

Email address: lisa.chester@BridgeportRescueMission.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 157,650.00

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 Project will allow for much needed window and roof replacement of both our Main Campus and Barnum Ave locations.

Need for program: _____
Old, aging, ineffeciet infrastructure

Neighborhood area to be served: _____
Park Avenue and Barnum Avenue locations.

Plan to implement the program: _____

Timetable:

Program start date: 9/1/2022

Program completion date: 12/1/2022

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 _____

Other funding sources - itemized sources:

a) Individual donors _____

b) _____

c) _____

d) _____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) See Attachment _____

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures:

\$157,650.00

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: _____

Post-Project Review
Is a post-project review required for this proposal?
Yes No
If Yes , date post-project review due:
_____ Date



BRIDGEPORT RESCUE MISSION

Expanding Hope. Rebuilding Lives.

Neighborhood Assistance Act Tax Credit Project Expenditures

Main Campus – Located at 725 Park Avenue, Bridgeport, CT	
• Facility Roof Replacement	\$57,400
Guest House for Women and Children – Located at Barnum Ave	
• Replace windows on 1 st & 2 nd Floor	\$74,750
• Fix roof and partial replacement	\$25,500
Total NAA Tax Credit Requested:	<u>\$157,650</u>

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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.

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

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

C Name of organization: **Bridgeport Rescue Mission Inc.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
 PO Box 9057
 City or town, state or province, country, and ZIP or foreign postal code: **Bridgeport, CT 06601**

D Employer identification number: **06-1362705**

E Telephone number: **203-333-4087**

F Name and address of principal officer: **Frank Williams**
 same as C above

G Gross receipts \$: **8,962,981.**

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: ▶ www.bridgeportrescuemission.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1993 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To embrace the urban poor with the compassion of Christ, giving hope & healing for a changed life.			
	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)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	67	
	6	Total number of volunteers (estimate if necessary)	5964	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	b Net unrelated business taxable income from Form 990-T, line 38	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,449,584.	8,876,477.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,523.	5,169.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26,884.	-4,354.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,418,177.	8,877,292.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,529,516.	2,261,249.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,060,541.	2,375,124.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63,076.	39,650.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,130,578.	1,502,772.	1,500,772.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,155,905.	6,176,795.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	262,272.	2,700,497.	
19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,523,756.	7,125,237.
	21	Total liabilities (Part X, line 26)	393,138.	2,295,621.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,130,618.	4,829,616.

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: **Bea Jamarillo, Chief Financial Officer** Date: _____

Paid Preparer Use Only Print/Type preparer's name: **Sara Tibbott** Preparer's signature: *Sara Tibbott* Date: **7/15/2020** Check if self-employed PTIN: **P01486965**

Firm's name: **Capin Crouse, LLP** Firm's EIN: **36-3990892**

Firm's address: **1330 Avenue of the Americas, Suite 23A** Phone no.: **212-653-0681**

New York, NY 10019

CITY OF BRIDGEPORT
OFFICE OF THE CITY ATTORNEY

999 Broad Street
Bridgeport, CT 06604-4328

CITY ATTORNEY
R. Christopher Meyer

DEPUTY CITY ATTORNEY
John P. Bohannon, Jr.

ASSOCIATE CITY ATTORNEYS

Michael C. Jankovsky
Richard G. Kascak, Jr.
Bruce L. Levin
John R. Mitola
Lawrence A. Ouellette, Jr.
Dina A. Scalo
Eroll V. Skyers
Tyisha S. Toms



Telephone (203) 576-7647
Facsimile (203) 576-8252

22 APR 25 PM 12:00
CITY OF BRIDGEPORT
OFFICE OF THE CITY ATTORNEY

April 25, 2022

The Honorable City Council
City of Bridgeport
45 Lyon Terrace
Bridgeport, CT 06604

Re: REFERRAL TO MISCELLANEOUS MATTERS COMMITTEE:

Proposed Settlement of Pending Litigation in the Matter of Ronald Mercado and James Geremia v. City of Bridgeport - Case# 3:20-cv-01783 (SALM)

Dear Councilpersons:

- a. **Submission Title:** Request for Litigation Settlement Approval.
- b. **Submitting Entity:** Office of the City Attorney.
- c. **Contact Person:** Associate City Attorney John R. Mitola – contact info above.
- d. **Approval Deadline:** Thirty (30) days from release to avoid statutory interest charges.
- e. **Case Summary:** The plaintiff, James Geremia, is a Police Officer with the City of Bridgeport Police Department. He brings his case pursuant to the Americans with Disabilities Act, Title VII of the Civil Rights Act of 1964 and Conn. Gen. Stat. Sec. 46a-60 alleging disability discrimination, race discrimination, color discrimination and gender discrimination as well as retaliation.
- f. **Council Action Requested:** Approval of request for settlement.
- g. **Financial Impact Analysis:** Total cost to the City will be a total of \$45,000.00 to James Geremia. This amount includes attorney's fees paid to his legal counsel.
- h. **Funding Budget-Line:** The settlement payment will be made from the City Attorney Office Operating Budget Line-Item "*Personal Property Claims Atty. #01-01-006-060-000-53010*" as well as from Payroll Funds from police payroll accounts. (50% of said amount attributable as "lost wages").

Page Two

i. Proposed Motion: Motion to authorize and approve payment of \$45,000.00 in full and final settlement of the claim of James Geremia in the matter of *Ronald Mercado and James Geremia v. City of Bridgeport* – Case#3:20-cv-01783 (SALM).

Kindly place this matter on the agenda for the next City Council meeting for referral to the Miscellaneous Matters Committee only. Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "R. Christopher Meyer". The signature is fluid and cursive, with the first name "R." and the last name "Meyer" clearly legible.

R. Christopher Meyer
City Attorney

cc: Lydia Martinez, City Clerk
John R. Mitola, Esq.
Kathleen Ranger, Legal Secretary



**CITY OF BRIDGEPORT
ENGINEERING DEPARTMENT**

CITY HALL - 45 Lyon Terrace
Bridgeport, Connecticut 06604-4023
Telephone (203) 576-7211
Fax (203) 576-7154

JOSEPH P. GANIM
Mayor

JON URQUIDI
City Engineer

COMM. 75-21 Ref'd to Contracts Committee on 05/02/2022.

April 26, 2022

Frances Ortiz
City Clerk
City of Bridgeport
45 Lyon Terrace
Bridgeport, CT 06604

Re: RESOLUTION – ROOSTER RIVER WATERSHED PROJECT

Dear Ms. Ortiz:

Enclosed please find an original resolution and FOURTEEN (14) copies regarding the above captioned matter. Please place these matters on the City Council agenda scheduled for May 2, 2022 referral to the Contracts Committee.

Sincerely,

**Jon
Urquidi**

Digitally signed by
Jon Urquidi
Date: 2022.04.26
10:34:36 -04'00'

By: Jon Urquidi, P.E.
City Engineer

cc. Associate City Attorney Michael C. Jankovsky

RECEIVED
CITY CLERK'S OFFICE
22 APR 27 AM 11:37
CITY CLERK

CITY OF BRIDGEPORT
OFFICE OF THE CITY ATTORNEY
999 Broad Street
Bridgeport, CT 06604-4328

Telephone (203) 576-7647
Facsimile (203)576-8252

CITY ATTORNEY
R. Christopher Meyer

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Michael C. Jankovsky (x1154)
Michael.Jankovsky@BridgeportCT.gov

April 26, 2022

Honorable City Council of the City of Bridgeport
City Hall
45 Lyon Terrace
Bridgeport, CT 06604

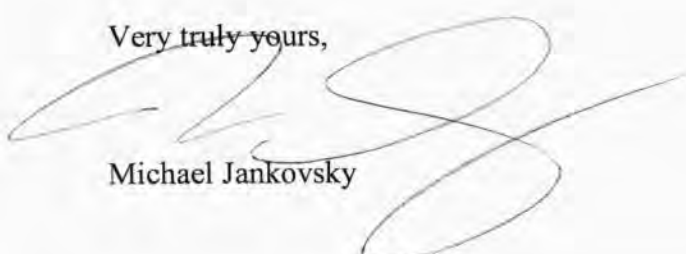
Re: Rooster River Watershed Project
Memorandum of Understanding with Fairfield
Access Agreement

Dear Honorable Councilpersons,

Jon Urquidi, City Engineer, has proposed a resolution regarding the above captioned matter. To alleviate flooding along the Rooster River, flood detention systems need to be installed on the Fairchild Wheeler Gold Course. The resolution proposes that the City enter into a Memorandum of Understanding and Access Agreement with the Town of Fairfield, regarding construction and maintenance of the detention systems.

Ken Flatto and Jon Urquidi assisted in negotiating the terms of the documents, which were drafted by the undersigned and Fairfield Town Attorney. Kindly be advised that the resolution and documents are of proper and sufficient legal form for adoption, pursuant to Ordinance 3.08.040 (Execution of contracts – consultation with city attorney).

Very truly yours,


Michael Jankovsky

CITY OF BRIDGEPORT
OFFICE OF THE CITY ATTORNEY
999 Broad Street
Bridgeport, CT 06604-4328

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Facsimile (203)576-8252

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Michael C. Jankovsky (x1154)
Michael.Jankovsky@BridgeportCT.gov

Executive Summary

Re: Rooster River Watershed Project

To: Honorable City Council
Fr: Michael Jankovsky, Esq.

Dated: April 26, 2022

BELOW is the submission data required pursuant to City Council Rule XIII, Section 15:

a. Submission Title

Rooster River Watershed Project

b. Submitting Entity

Jon Urquidi, City Engineer

c. Contact Person

Jon Urquidi: (203) 576-7211; Jon.Urquidi@BridgeportCT.gov

Ken Flatto: (203) 576-8010; Kenneth.Flatto@BridgeportCT.gov

Michael Jankovsky, esq.: cell phone (203) 260-0904; Michael.Jankovsky@BridgeportCT.gov

d. Deadline for Approval & Basis for Same

Deadline – none

e. Matter Summary

The Town of Fairfield and City of Bridgeport have an interest in alleviating flooding along the Rooster River. The Town of Fairfield engaged an engineer, who identified several potential floodwater detention areas, three of which are on Bridgeport's property at Fairchild Wheeler Golf Course. Pursuant to the Memorandum of Understanding and Access Agreement, Fairfield will retain all contractors for the Project. Fairfield agrees to indemnify Bridgeport and add the

City as an additional insured to all policies. The City of Bridgeport will pay no more than \$750,000 in ARPA funds for the engineering and construction of flood detention areas on the golf course. The Town of Fairfield will pay all other costs associated with the Project, which will be several million dollars. Bridgeport will be responsible for routine maintenance, and the municipalities will share the cost of any future repairs or extensive maintenance.

f. **City Council Action Requested**

At the May 2, 2022 Meeting – Referral of matter to the Contracts Committee.

After referral, approval for Mayor or his designee to execute the Memorandum of Understanding and Access Agreement.

g. **Financial Impact Analysis**

Bridgeport's portion of the Project will be funded entirely with ARPA funds. Golf course employees will clean debris out of detention basins during the normal course of their duties.

h. **Funding Budget-Line**

ARPA funds.

i. **Proposed Motion**

NOW, THEREFORE, be it Resolved by the City Council, that the Mayor, his designee, or the Purchasing Agent, may execute the attached Memorandum of Understanding and Property Access Agreement, and may execute such other documents which may be deemed appropriate or necessary in furtherance of the Project with the review and approval of the Office of the City Attorney.

RESOLUTION

(ROOSTER RIVER WATERSHED PROJECT)

WHEREAS, the Rooster River runs through the City of Bridgeport and Town of Fairfield; and

WHEREAS, in an effort to alleviate flooding along the river, the Town of Fairfield engaged an engineering consultant to evaluate the feasibility of creating floodwater storage/detention areas on open sites within the Rooster River Watershed; and

WHEREAS, Fairfield's engineer identified seven potential detention area sites, three of which are on Fairchild Wheeler Golf Course, which is owned by the City of Bridgeport and located in the Town of Fairfield; and

WHEREAS, Bridgeport and Fairfield agree that it is mutually beneficial and in the best interests of each municipality to develop the flood mitigation concepts at Fairchild Wheeler Golf Course, perform any additional engineering analysis, and advance the flood mitigation plans; and

WHEREAS, Bridgeport and Fairfield have prepared a Memorandum of Understanding concerning the Project (Ex. A, attached hereto), whereby Fairfield will enter into contracts for engineering and construction services and Bridgeport will agree to pay for all services and construction at Fairchild Wheeler Golf Course, in an amount not to exceed \$750,000; and

WHEREAS, Bridgeport's contribution shall be paid pursuant to an allocation approved within Bridgeport's federal ARPA funds;

WHEREAS, if costs for the portion of the Project at Fairchild Wheeler Golf Course exceed \$750,000, Fairfield will be solely responsible for the excess;

WHEREAS, in conjunction with the Memorandum of Understanding, the municipalities have prepared a Property Access Agreement (Ex. B, attached hereto), giving Fairfield, its engineers and contractors license to enter upon Fairchild Wheeler Golf Course and perform the flood mitigation plans;

WHEREAS, once the Project is completed, Bridgeport will be responsible for routine maintenance and the municipalities will share the cost of any repairs or more extensive maintenance; and

WHEREAS, Connecticut General Statutes §7-339c requires that a memorandum of understanding between municipalities must be ratified by their legislative bodies after an opportunity for public comment.

NOW, THEREFORE, be it hereby Resolved by the City Council, that the Mayor, his designee, or the Purchasing Agent, may execute the attached Memorandum of Understanding and Property Access Agreement, and may execute such other documents which may be deemed appropriate or necessary in furtherance of the Project with the review and approval of the Office of the City Attorney.

MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN THE CITY OF BRIDGEPORT AND TOWN OF FAIRFIELD
CONCERNING
THE ROOSTER RIVER WATERSHED PROJECT

This is an Agreement between the City of Bridgeport and the Town of Fairfield for the purpose of reducing flooding from the Rooster River Watershed through the design and construction of floodwater detention areas and water containment areas to reduce the frequency and severity of flooding along the Rooster River (“the Project”).

WHEREFORE, in or about 2018, Fairfield engaged the firm Milone and McBroom, subsequently known as SLR, (the “Engineering Consultant”), to evaluate the feasibility of creating floodwater storage/detention areas on open sites within the Rooster River Watershed. Seven sites were identified, including property owned by Bridgeport and known as the Fairchild Wheeler Golf Course, located within the town of Fairfield at 2390 Easton Turnpike. The Engineering Consultant proposed three potential areas within the Golf Course for the construction of a detention area.

WHEREFORE, Bridgeport and Fairfield agree that it is mutually beneficial and in the best interests of each municipality to continue the engagement of the Engineering Consultant to develop the flood mitigation concepts on Bridgeport’s property, perform any additional engineering analysis and advance the flood mitigation plans specifically as it relates to Bridgeport’s property.

NOW THEREFORE, the Parties hereby clearly and specifically identify the roles and responsibilities of Bridgeport and Fairfield as they relate to design and construction of detention areas pursuant to a Plan for Flood Mitigation within the Rooster River Watershed on property owned by Bridgeport, specifically the property known as the Fairchild Wheeler Golf Course, as follows:

1. Fairfield shall remain solely responsible for payment of the Engineering Consultant’s fees and costs.
2. Fairfield shall instruct the Engineering Consultant to invoice work solely pertaining to Fairchild Wheeler Golf Course separately and to deliver the invoices to Bridgeport.
3. Bridgeport shall pay to Fairfield the amount invoiced by the Engineering Consultant that solely pertains to work completed for Fairchild Wheeler Golf Course.
4. Fairfield shall procure through a competitive public bid process, compliant with the requirements of the American Rescue Plan Act (“ARPA”), construction

services for the entire project and enter into contract(s) for the Project including the work on Fairchild Wheeler Golf Course. Fairfield shall be responsible for payment of all services rendered and materials provided thereunder.

5. Fairfield shall ensure that Bridgeport is identified in all contracts as a third-party beneficiary and as an additional insured for all construction services and restoration work that impact Fairchild Wheeler Golf Course.
6. The construction contract(s) entered into by Fairfield shall require the contractor to separately invoice services and materials provided to Fairchild Wheeler Golf Course, which invoices shall be provided to Bridgeport. To the extent necessary, Fairfield shall seek appropriate change orders or amendments to its contract, to comply with the terms of this Agreement at its sole cost.
7. Solely with regard to construction services and materials provided at Fairchild Wheeler Golf Course, Bridgeport shall reimburse Fairfield for those services and materials delivered and invoiced.
8. Bridgeport's financial responsibilities and contribution ("Contribution") for the entire project, including but not limited to consulting engineering services, materials, and construction services, shall be limited to the aggregate and total sum of Seven Hundred and Fifty Thousand (\$750,000) Dollars. Bridgeport's Contribution shall be paid pursuant to an allocation approved within Bridgeport's federal ARPA funds. As to all Project expenses relating to Fairchild Wheeler Golf Course over the aggregate \$750,000, Fairfield shall be solely responsible and shall indemnify and hold Bridgeport harmless for any costs or expenses above its \$750,000 contribution.
9. Fairfield and Bridgeport shall work cooperatively on the Project, and Bridgeport shall not unreasonably withhold access to contractors related to the Project services.
10. This MOU shall be effective upon the date of the last signature of the authorized officials below and shall remain in effect until December 31, 2025, unless otherwise terminated.
11. It is understood that Fairfield has a budget of at least \$2 million approved for this project. It is understood that Bridgeport has an absolute budget maximum of \$750,000 approved for the Bridgeport portion of the Project.
12. Retention: All records must be retained in accordance with applicable federal, state, local and municipal laws, rules and regulations.
13. Compliance with General Statutes §7-339c:

- a. Any amendment to, termination of, or withdrawal from this MOU shall be mutual, in writing and signed by the Parties
- b. This MOU shall have no effect unless and until the legislative bodies of each municipality ratify the same after an opportunity for public comment.

14. The Within MOU may be countersigned and each signatory represents to the other authority to execute the same.

15. After the Project has been completed, Bridgeport shall be responsible for cleaning and routine maintenance of exterior, easily accessible detention area structures (not pipes) on golf course property. Both municipalities shall equally share the cost of repairs, improvements and more extensive maintenance/cleaning (pipes) of the detention system on the golf course property. Bridgeport shall not be responsible for maintenance, repair or improvement costs related to items and areas of the detention system that are not located on the Fairchild Wheeler Golf Course property.

AGREED and ACCEPTED:

CITY OF BRIDGEPORT

Joseph P. Ganim, Mayor
Or his designee

Dated: _____

TOWN OF FAIRFIELD

Brenda L. Kupchick, First Selectman
Or her designee

Dated: _____

PROPERTY ACCESS AGREEMENT

Fairchild Wheeler Golf Course

THIS AGREEMENT made as of April 2022, by and between the **City of Bridgeport**, a municipal corporation located at 45 Lyon Terrace, Bridgeport, Connecticut 06604 ("Licensor") and the **Town of Fairfield**, a municipal corporation located at 725 Old Post Road, Fairfield, Connecticut 06824 ("Licensee"), (collectively referred to herein as "Municipalities", including their respective representatives, agents, employees, contractors, occupants and tenants, as applicable) relating to access to Fairchild Wheeler Golf Course, located at 2390 Easton Turnpike, Fairfield, Connecticut ("the Property") owned by the **City of Bridgeport**.

WHEREAS, the Municipalities, simultaneous with this Agreement, are entering into Memorandum of Understanding, incorporated herein by reference, for the purpose of constructing detention areas and associated work within the Rooster River Watershed, which runs through both municipalities.

WHEREAS, the awarded Contractor will need access to the Property to construct detention basins within the Property.

NOW, THEREFORE, the Licensor and the Licensee mutually agree as follows:

1. **Right of Entry/Term.** The Licensor hereby grants to the Licensee, its representatives, agents, consultants and contractors a non-exclusive license to enter upon the Property for the term commencing upon the date first written above and expiring on December 31, 2025 ("**Term**").
2. **Scope of Activity.** The Licensee and awarded Contractor plan to conduct the activities set forth herein and may enter upon the Property for the purposes of performing the scope of activity, as identified in the Scope of Work attached hereto as **Exhibit A**.

At all times of Licensees' entry on the Property pursuant to this Agreement, they shall comply with all laws and regulations applicable to its entry upon and activities at the Property, including but not limited to contacting the Call-Before-You-Dig program as to utility locations and any state or municipal agencies and authorities (e.g.: Inland Wetland Commission(s)), having jurisdiction over the Property and/or the activities to be conducted.

3. Indemnification and Insurance.

- A. **Indemnification.** The Licensee agrees to defend, indemnify and hold harmless the Licensor from and against any and all claims, liabilities, obligations, causes of action of whatsoever kind and nature for damages, including but not limited to damage to the Property arising from work or other activities conducted thereon, including but not limited to bodily injury, personal injury, Property damage to the extent caused by the Licensee's negligence.
- B. **Insurance Requirements:** The following insurance coverage is required of the Licensee, its consultants and contractors, which shall procure, present to the Licensor, and maintain in effect for the Term without interruption the insurance coverages identified below with insurers licensed

to conduct business in the State of Connecticut and having a minimum Best's A + 15 financial rating or rating otherwise acceptable to the City.

- Commercial General Liability (occurrence form) insuring against claims or suits brought by members of the public alleging bodily injury or personal injury or property damage and claimed to have arisen out of operations conducted under this agreement. Such coverage shall be broad enough to include premises and operations, contractual liability, broad form property damage, care, custody and control, with limitations of a minimum \$1,000,000 per occurrence and \$1,000,000 combined primary and excess coverage for each occurrence/aggregate and \$300,000 property damage.
- Business Automobile Liability insuring against claims or suits brought by members of the public alleging bodily injury or personal injury or property damage and claimed to have arisen out of the use of owned, hired or non-owned vehicles in connection with business. Coverage will be broad enough to include contractual liability, with limitations of \$1,000,000 combined primary and excess coverage for each occurrence/aggregate with a combined single limit for bodily injury, personal injury and property damage.
- Workers' Compensation insuring in accordance with statutory requirements in order to meet obligations towards employees in the event of injury or death sustained in the course of employment. Liability for employee suits shall not be less than \$500,000 per claim.

Waivers of subrogation will be provided for all interested parties named herein. Licensor shall be named as loss payee as its interests may appear. Licensee, its consultants and contractors will be responsible for insuring their respective equipment, tools and materials brought to the job.

General requirements. All policies shall include the following provisions:

- Cancellation endorsement -Licensor shall receive from the insurance carriers not less than 30 days' written notice of cancellation, non-renewal or material reduction in coverage **by policy endorsement** to be given to Licensor at: Department of Public Facilities, City of Bridgeport, City Hall, 999 Broad Street, Bridgeport, Connecticut 06604.
- Certificates of Insurance—All policies will be evidenced by an original certificate of insurance on an ACORD-25S form delivered to Licensor and authorized and executed with the original stamp or signature of the insurer or a properly-authorized agent or representative reflecting all coverage required, such certificate required to be delivered to Licensor prior to any Work commencing under this Agreement.
- Additional insured—Licensee, its consultants and contractors will arrange with their respective insurance agents or brokers to name Licensor, its elected officials, officers, department heads, employees and agents on all policies of primary and excess insurance coverage as additional insured parties and as loss payee with respect to any damage to property of Licensor, as its interest may appear **by policy endorsement**. Licensee, its consultants and contractors shall submit to

Licensors upon commencement of this Agreement and periodically thereafter, but in no event less than once during each year of this Agreement, evidence of the existence of such insurance coverage in the form of original Certificates of Insurance issued by reputable insurance companies licensed to do business in the State of Connecticut and having minimum Best's A + 15 financial ratings or rating otherwise acceptable to the Licensor. Such certificates shall designate the City in the following form and manner:

The City of Bridgeport, its elected and appointed officials, officers, department heads, employees, agents, servants, successors and assigns ATIMA
Attention: Office of Planning and Economic Development
999 Broad Street
Bridgeport, Connecticut 06604

4. **Restoration of Premises.** Upon completion of the Scope of Work identified in Exhibit A, the Licensee shall immediately restore the Property to the condition in which it was found prior to Licensee's entry.
5. **Commission of Waste; Vacating Premises.** The Licensee shall not permit any deterioration or waste to be committed at the Property. The Licensor retains the right to demand, for good cause, that the Licensee remove any installations and improvements at Licensee's sole cost and expense upon written demand. The Licensee shall not permit any mechanic's lien, charge, or encumbrance to be placed upon the land in connection with, or during its entry of the Property under this Agreement and shall remove the same promptly upon written demand.
6. **Miscellaneous.**
 - (a) **Rescission.** Licensor may rescind this License at any time prior to the expiration of its Term, by written notice to Licensee.
 - (b) **Notices.** Any notice required or desired to be given under this Agreement shall be hand-delivered or sent by certified mail, postage prepaid, return receipt requested, deposited in a repository of the United States Postal Service and addressed as follows:

To Licensor:

City of Bridgeport
Public Facilities Director
999 Broad Street
Bridgeport, CT 06604

With copy to:
Office of the City Attorney
999 Broad Street
Bridgeport, CT 06604

To Licensee: Fairfield DPW Admin.
725 Old Post Road
Fairfield, CT 06824

With copy to:
Town Attorney
725 Old Post Road
Fairfield, CT 06824

- (c) **Recording.** This Agreement shall not be recorded.
- (d) **Binding Effect: Prohibition Against Assignment.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors, heirs, executors, administrators, and assigns. This agreement is personal to Licensee and is not transferable by Licensee without the prior written consent of the Licensor.
- (e) **Headings.** Headings in this Agreement are for convenience only and shall not be used to interpret or construe its provisions.
- (f) **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.
- (g) **Entire Agreement.** This Agreement represents the whole of the agreement between the parties and supersedes all prior agreements between the parties with regard to the subject matter hereof unless specifically incorporated into this instrument.

[INTENTIONALLY LEFT BLANK, SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, for adequate consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the parties hereto have caused this Agreement to be executed by their duly-authorized representatives.

**LICENSOR,
CITY OF BRIDGEPORT**

Joseph P. Ganim
Mayor or Duly Authorized designee

Date

**LICENSEE,
TOWN OF FAIRFIELD**

Brenda L. Kupchick
First Selectwoman
Duly Authorized

Date



CONCEPTUAL OPINION OF PROBABLE CONSTRUCTION COSTS

Engineer's Opinion of Construction Costs based upon Concept Design Plan PR-1B, Dated October 8, 2021

No. Item	Unit	Quantity	Unit Cost	Cost
Design and Construction of Site 7a				
1. Construction Site Preparation and Maintenance				
a. Engineering Design and Permitting	L.S.	1	\$59,000	\$59,000
b. Construction Administration	L.S.	1	\$75,000	\$75,000
c. Mobilization	L.S.	1	\$100,000	\$100,000
d. Construction Staking	L.S.	1	\$6,000	\$6,000
e. Clear and Grub	L.S.	1	\$10,000	\$10,000
f. Strip and Stockpile Topsoil	L.S.	1	\$5,000	\$5,000
2. Temporary Construction Facilities				
a. Maintenance of Sediment & Erosion Controls	L.S.	1	\$5,000	\$5,000
b. Water Control / Pumping	L.S.	1	\$25,000	\$25,000
c. Traffic and Pedestrian Control	L.S.	1	\$15,000	\$15,000
d. Construction Access Roads	L.S.	1	\$5,000	\$5,000
3. Detention Basins				
a. Place and Compact Impervious Core Berms	C.Y.	4,250	\$35	\$148,750
b. Walking Path / Seating Area on Berms	L.S.	1	\$25,000	\$25,000
c. Construct New Stream Channels	L.F.	200	\$100	\$20,000
d. Topsoil Over Berms	C.Y.	500	\$60	\$30,000
e. Cast-In-Place Concrete Weirs	C.Y.	300	\$1,100	\$330,000
5. Site Restoration				
a. Restore Area as Rough Constructed Wetland Feature	L.S.	1	\$50,000	\$50,000
b. Raise and Reconstruct Bit. Conc. Golf Cart Path	L.S.	1	\$15,000	\$15,000
c. Wetland mitigation/restoration	L.S.	1	\$50,000	\$50,000

Subtotal =	\$973,750
+25% Contingency	\$243,438
Site 7 Total	\$1,217,188

No. Item	Unit	Quantity	Unit Cost	Cost
<u>Design and Permitting of Additional Upstream Detention Area</u>	L.S.	1	\$55,000	\$55,000
<u>Evaluation of Plymouth Avenue Site for Potential Detention</u>	L.S.	1	\$20,000	\$20,000
<u>Evaluation of Valley Road Site for Potential Detention</u>	L.S.	1	\$20,000	\$20,000
Additional Items Subtotal =				\$95,000

Notes and Assumptions:

1. Assumes no environmental contamination encountered during excavation work.
2. Assumes no underground utility conflicts are encountered.
3. Does not consider costs for additional sites in golf course where detention may be feasible.
4. No costs for land acquisition or easements have been included.

Ex A

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

Table with PRODUCER (Marsh & McLennan Agency LLC) and INSURED (SLR International Corporation) information, and a table of INSURER(S) AFFORDING COVERAGE including Crum & Forster Specialty Insurance Co, Alaska National Insurance Company, Old Republic Insurance Company, and American Casualty Company.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Main table listing insurance coverages: COMMERCIAL GENERAL LIABILITY (EPK137736), AUTOMOBILE LIABILITY (6072643657), UMBRELLA LIAB (EFX119224), WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (21LWS09966, MWC31435421), and Professional Liab (EPK137736). Includes details on policy numbers, effective/expiration dates, and limits.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: Rooster River Detention Study - Fairfield, CT, SLR #141.11342.00028
The Town of Fairfield, the City of Bridgeport, and their respective officers, agents, servants, officials, employees, volunteers, boards, and commissions are included as additional insured where required in a written contract per the attached endorsements; primary & non-contributory and waiver of subrogation included per the attached endorsements; excess liability is follow form to the general liability, auto (See Attached Descriptions)

Table with CERTIFICATE HOLDER (Town of Fairfield Purchasing Department) and CANCELLATION (Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.)

DESCRIPTIONS (Continued from Page 1)

liability, employer liability, and professional liability coverages.

INSURED: SLR International Corporation

POLICY#: EPK137736

POLICY PERIOD: 12/01/2021

TO: 12/01/2022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) of Covered Operations
Blanket when specifically required in a written contract with the named insured.	Blanket when specifically required in a written contract with the named insured.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section III – Who Is An Insured** within the Common Provisions is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” cause, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to “bodily injury” or “property damage” occurring after:

3. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
4. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

INSURED: SLR International Corporation

POLICY#: EPK137736

POLICY PERIOD: 12/01/2021

TO: 12/01/2022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Person(s) or Organization(s):	Location And Description Of Completed Operations
Blanket when specifically required in a written contract with the named insured.	Blanket when specifically required in a written contract with the named insured.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section III – Who Is An Insured** within the Common Provisions is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

INSURED: SLR International Corporation

POLICY #: 6072643657

POLICY PERIOD: 12/01/2021

TO: 12/01/2022

COMMERCIAL AUTO
CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Name(s) Of Person(s) Or Organization(s): ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

INSURED: SLR International Corporation

POLICY#: 20LWS09966

POLICY PERIOD: 12/01/2021

TO: 12/01/2022



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under

a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

Any person or organization for whom the Insured has agreed by written contract to furnish this waiver.

This endorsement changes the policy to which it is attached and, unless otherwise stated, is effective on the date issued at 12:01 A.M. standard time at your mailing address shown in the policy. **The information below is required only when this endorsement is issued subsequent to commencement of the policy.**

INSURED: SLR International Corporation

POLICY #: MWC31435421

POLICY PERIOD: TO: 2/01/2021

12/01/2022

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**ANY PERSON OR ORGANIZATION FOR WHOM THE INSURED HAS AGREED
BY WRITTEN CONTRACT TO FURNISH THIS WAIVER**

CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

Telephone (203) 576-7647
Facsimile (203)576-8252

CITY ATTORNEY
R. Christopher Meyer

999 Broad Street

DEPUTY CITY ATTORNEY
John P. Bohannon, Jr.

Bridgeport, CT 06604-4328

ASSOCIATE CITY ATTORNEYS

Michael C. Jankovsky
Richard G. Kascak, Jr.
Bruce L. Levin
John R. Mitola
Lawrence A. Ouellette, Jr.
Dina A. Scalo
Eroll V. Skyers
Tyisha S. Toms



RECEIVED
CITY CLERK'S OFFICE
22 APR 27 AM 10:54

April 26, 2022

To Each City Council Member
of the City of Bridgeport
45 Lyon Terrace
Bridgeport, CT 06604

Re: **Notice of Intent to Settle: *Dagmar Linsert v. City of Bridgeport***
Docket No. FBT-CV-19-6091557-S

Dear Honorable Council Members:

The Office of the City Attorney proposes to settle the above referenced litigation, which stems from an incident on August 27, 2017 as follows. It is our professional opinion that resolving this matter for the consideration agreed to between the parties is in the best interest of the City of Bridgeport.

<u>Plaintiff</u>	<u>Nature of Claim</u>	<u>Plaintiff's Attorney</u>	<u>Settlement</u>
Dagmar Linsert	Personal Injury	Frank McCoy, Esq. McCoy & McCoy, LLC One Corporate Center, 17 th Fl 20 Church Street Hartford, CT 06103	\$15,000.00

Pursuant to the City Council's Ordinance Section 2.10.130, this office hereby provides notice of its intent to settle this matter in accordance with the terms set forth in said Section 2.10.130.

If you wish to discuss the details of this case or have any questions, please feel free to contact me. Further, if I do not hear from you within the twenty (20) day time period provided by the Ordinance, I will proceed to finalize settlement of this matter.

Thank you.

Very truly yours,

R. Christopher Meyer
City Attorney

cc: Lydia Martinez, City Clerk
Lawrence A. Ouellette, Jr., Esq.
Amanda L. Keppler, Paralegal

Item # *60-21 Consent Calendar

Grant Submission re: Environmental Task Force
Community Environmental Benefits Fund - Fitness
Courts (#22398).



Report
of
Committee
On

CEED and Environment

City Council Meeting Date: May 2, 2022

Attest: *Lydia N. Martinez*
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor Did Not Sign Report

RECEIVED
CITY CLERK'S OFFICE
22 MAY 18 PM 12:17
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. *60-21 Consent Calendar

**Resolution by the Bridgeport City Council
Regarding the
Environmental Task Force
Community Environmental Benefits Fund
Fitness Courts (#22398)**

WHEREAS, the **Environmental Task Force** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Community Environmental Benefits Fund**; and

WHEREAS, this funding will be applied towards the purchase and installation of state-of-the-art outdoor fitness facilities in Seaside Park and/or Beardsley Park; and

WHEREAS, these facilities will be integrated into new and existing City of Bridgeport public health programs with the intention of reducing obesity and promoting the use and appreciation of Bridgeport's open space; and

WHEREAS, funding from this award will be leveraged with funding from the National Fitness Campaign (NFC) and the United States Conference of Mayors (USCM) to support both the purchase of the Fitness Court Facilities and the associated public health programming; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the **Environmental Task Force** to make free, high-quality exercise options accessible to Bridgeport residents.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with the **Environmental Task Force** for the purpose of this proposal.
2. That it hereby authorizes, directs, and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to the **Environmental Task Force Community Environmental Benefits Fund** and to provide such additional information and execute such other contracts, amendments, and documents as may be necessary to administer this program.



City of Bridgeport, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. *60-21 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, *Co-Chair*

Scott Burns, *Co-Chair*

Rosalina Roman-Christy

Michelle A. Lyons

Mary A. McBride-Lee

Tyler Mack

Rolanda Smith

Item# *61-21 Consent Calendar

Grant Submission re: State of Connecticut Department of Economic and Community Development Urban Act Grant Program - Remington Arms Demolition and Remediation Phase II (#22215).



Report
of
Committee
On

DEED and Environment

City Council Meeting Date: May 2, 2022

Attest: Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor Did Not Sign Report

RECEIVED
CITY CLERK'S OFFICE
22 MAY 18 PM 12:17
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. *61-21 Consent Calendar

**A Resolution by the Bridgeport City Council
Regarding the
State of Connecticut**

**Department of Economic and Community Development Urban Act Grant Program
Remington Arms Demolition and Remediation Phase II (#22215)**

WHEREAS, the **State of Connecticut Department of Economic and Community Development** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **State of Connecticut Urban Act Grant Program**; and

WHEREAS, this funding will be utilized by the City of Bridgeport Office of Planning and Economic Development to complete the clean-up, demolition, and historic preservation work necessary to remediate the abandoned Remington Arms Complex; and

WHEREAS, this work will include the demolition of derelict structures, the removal of hazardous materials, and the preparation of the site for future redevelopment; and

WHEREAS, this funding will serve to bolster existing investments made by both the State and City government to the stabilization of the Complex's historic Shot Tower; and

WHEREAS, the State of Connecticut Bond Commission approved the use of \$10,000,000.00 Urban Act Grant Program funds at the December 21, 2021 Bond Commission Meeting; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the **Bond Commission** to jumpstart the redevelopment of a highly visible, strategically located parcel and to remove a major source of blight in this community.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with the **State of Connecticut Department of Economic and Community Development** for the purpose of this proposal.
2. That it hereby authorizes, directs, and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to the **Urban Act Grant Program** and to provide such additional information and execute such other contracts, amendments, and documents as may be necessary to administer this program.

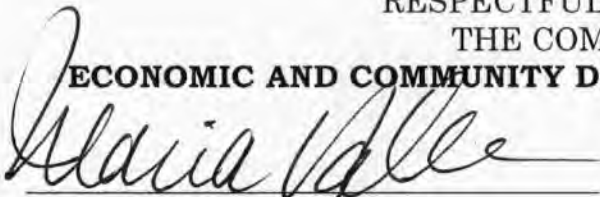


City of Bridgeport, Connecticut
Office of the City Clerk

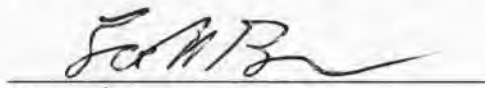
Committee on ECD and Environment
Item No. *61-21 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

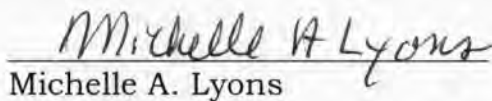


Maria I. Valle, *Co-Chair*

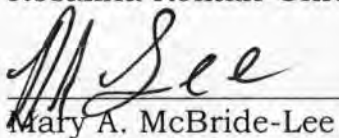


Scott Burns, *Co-Chair*

Rosalina Roman-Christy

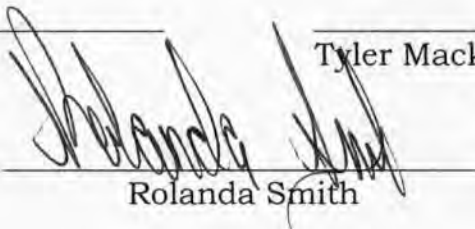


Michelle A. Lyons



Mary A. McBride-Lee

Tyler Mack



Rolanda Smith

City Council Date: May 2, 2022

Item# *66-21 Consent Calendar

Grant Submission re: State of Connecticut Department of Public Health - Heart Health Disease and Stroke Prevention Program.



Report
of
Committee
On

CEA and Environment

City Council Meeting Date: May 2, 2022

Attest:

Lydia N. Martinez

Lydia N. Martinez, City Clerk

Approved by:

Joseph P. Ganim, Mayor

Date Signed:

Please Note: Mayor Did Not Sign Report

RECEIVED
CITY CLERK'S OFFICE
22 MAY 18 PM 12:17
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. *66-21 Consent Calendar

**A Resolution by the Bridgeport City Council
Regarding the
State of Connecticut Department of Public Health
Heart Health Disease and Stroke Prevention Program**

WHEREAS, the **State of Connecticut Department of Public Health** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through an agreement with the **State of Connecticut Department of Public Health** and the City of Bridgeport; and

WHEREAS, funds under this grant will be used to conduct outreach to provide high blood pressure patient education resources, nutrition information, as well as referrals to two community health clinics; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the **State of Connecticut Department of Public Health** to support the heart disease and stroke prevention program.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with **State of Connecticut Department of Public Health** for the purpose of its **Heart Health Disease and Stroke Prevention Program**.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to the **State of Connecticut Department of Public Health** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



City of Bridgeport, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. *66-21 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, *Co-Chair*

Scott Burns
Scott Burns, *Co-Chair*

Rosalina Roman-Christy

Michelle A Lyons
Michelle A. Lyons

Mary A. McBride-Lee

Tyler Mack

Rolanda Smith ✓

City Council Date: May 2, 2022

Item # *68-21 Consent Calendar

Grant Submission re National Association of County and City Health Officials (NACCHO) Medical Reserve Corps (MRC) COVID-19 Response, Innovate, Sustain and Equip (RISE) Awards. (#22397)



**Report
of
Committee
On**

CEA and Environment

City Council Meeting Date: May 2, 2022

Attest: *Lydia N. Martinez*
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor Did Not Sign Report

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CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. *68-21 Consent Calendar

**A Resolution by the Bridgeport City Council
Regarding the
National Association of County and City Health Officials (NACCHO)
Medical Reserve Corps (MRC)
COVID-19 Response, Innovate, Sustain, and Equip (RISE) Awards (#22397)**

WHEREAS, National Association of County and City Health Officials (NACCHO) is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the Medical Reserve Corps (MRC) COVID-19 Response, Innovate, Sustain, and Equip (RISE) Awards; and

WHEREAS, this funding will be used to recruit, screen, and train volunteers for the City of Bridgeport's existing MRC unit; and

WHEREAS, funding will also be used to purchase equipment, including emergency preparedness kits, to ensure that each MRC member is prepared in the instance of a public health emergency; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the National Association of County and City Health Officials (NACCHO) Medical Reserve Corps (MRC) COVID-19 Response, Innovate, Sustain, and Equip (RISE) Awards to bolster the City's public health volunteer corps.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with the **National Association of County and City Health Officials (NACCHO)** for the purpose of the **COVID-19 Response, Innovate, Sustain, and Equip (RISE) Awards**.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to the **National Association of County and City Health Officials (NACCHO)** and to provide such additional information and execute such other contracts, amendments, and documents as may be necessary to administer this program.

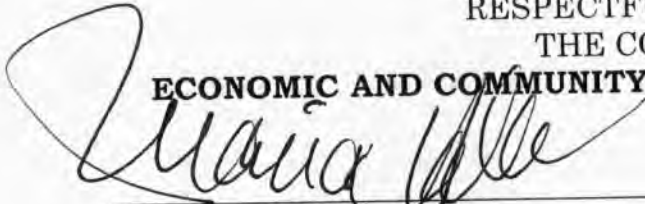


City of Bridgeport, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. *68-21 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

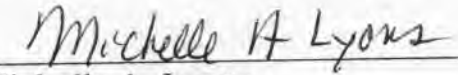


Maria I. Valle, *Co-Chair*

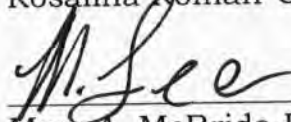


Scott Burns, *Co-Chair*

Rosalina Roman-Christy



Michelle A. Lyons



Mary A. McBride-Lee

Tyler Mack



Rolanda Smith

City Council Date: May 2, 2022

Item# *19-21 Consent Calendar

Appointment of Denese Taylor-Moye (D) to the Parks Commission.



Report
of
Committee
on

Miscellaneous Matters

City Council Meeting Date: May 2, 2022

Attest:

Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by:

Joseph P. Sarim
Joseph P. Sarim, Mayor

Date Signed:

5/11/22

RECEIVED
CITY CLERK'S OFFICE

22 MAY 11 PM 12:49

ATTORNEY
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport:

The Committee on Miscellaneous Matters begs leave to report; and recommends for adoption the following resolution:

Item No. *19-21 Consent Calendar

RESOLVED, That the following named individual be, and hereby is, appointed to the Parks Commission in the City of Bridgeport and that said appointment, be and hereby is, approved, ratified and confirmed.


NAME

TERM EXPIRES

Denese Taylor-Moye (D)
515 West Avenue
Bridgeport, CT 06604

December 31, 2022

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS



Amy Marie Vizzo-Paniccia, **Co-Chair**

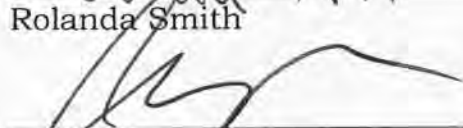
Tyler Mack, **Co-Chair**



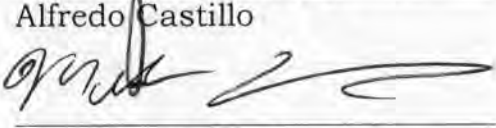
Rolanda Smith



Alfredo Castillo



Aikeem G. Boyd



Matthew McCarthy

Wanda R. Simmons

City Council Date: May 2, 2022

Item# *39-21 Consent Calendar

Appointment of Mary F. Gaits (R) to the Zoning Board of Appeals.



Report
of
Committee
on

Miscellaneous Matters

City Council Meeting Date: May 2, 2022

Attest:

Lydia N. Martinez

Lydia N. Martinez, City Clerk

Approved by:

Joseph P. Ganim, Mayor

Date Signed:

5/11/22

RECORDED
CITY CLERK'S OFFICE

22 MAY 11 PM 12:49

APPROVED
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Miscellaneous Matters begs leave to report; and recommends for adoption the following resolution:

Item No. *39-21 Consent Calendar

RESOLVED, That the following named individual be, and hereby is, appointed to the Zoning Board of Appeals in the City of Bridgeport and that said appointment, be and hereby is, approved, ratified and confirmed.

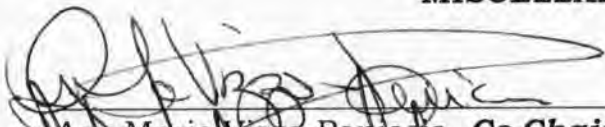
NAME

TERM EXPIRES

Mary F. Gaits (R)
100 Sunburst Road
Bridgeport, CT 06605

December 31, 2024

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

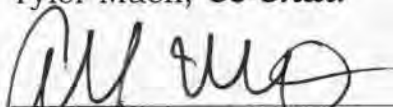


AmyMarie Wizzo-Paniccia, **Co-Chair**

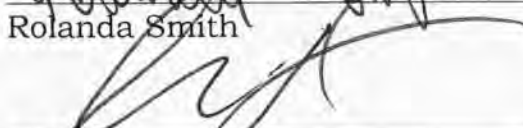
Tyler Mack, **Co-Chair**



Rolanda Smith



Alfredo Castillo



Arkeem G. Boyd

Matthew McCarthy

Wanda R. Simmons

City Council Date: May 2, 2022

Item# *62-21 Consent Calendar

Settlement of Pending Litigation in the Matter of Shannon L. Calhoun v. Christopher J. Borona, et al - Docket No. 3:18-cv-1203 (AWT).



Report
of
Committee
on

Miscellaneous Matters

City Council Meeting Date: May 2, 2022

Attest: Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor Did Not Sign Report

RECEIVED
CITY CLERKS OFFICE
22 MAY 18 PM 12:17
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Miscellaneous Matters begs leave to report; and recommends for adoption the following resolution:

Item No. *62-21 Consent Calendar

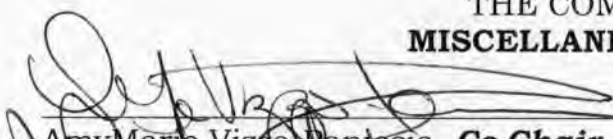
WHEREAS, a lawsuit in the following name was filed against the City of Bridgeport and/or its employees and investigation disclosed the likelihood on the part of the City for which, in the event of suit and trial, the City might be held liable, and

WHEREAS, negotiations with the Plaintiff's attorney has made it possible to settle this suit for the figure set forth below, and the City Attorney, therefore, recommends the following settlement be accepted, Now, Therefore be it

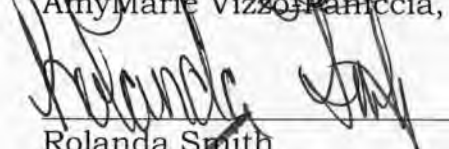
RESOLVED, That the Comptroller be, and hereby is authorized, empowered and directed to draw his order on the City Treasurer payable as follows:

<u>Name</u>	<u>Nature of Claim</u>	<u>Plaintiff's Attorney</u>	<u>Settlement</u>
Shannon L. Calhoun	Civil Rights False Arrest/Unlawful Entry	The Law Offices of Erskine D. McIntosh P.C. 3129 Whitney Avenue Hamden, CT 06518	\$140,000.00

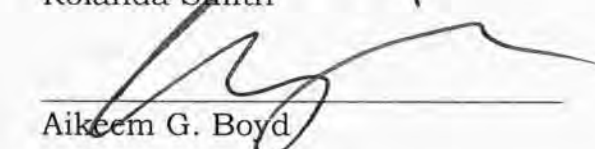
RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS



Amy Marie Vizzo-Paniccia, **Co-Chair**

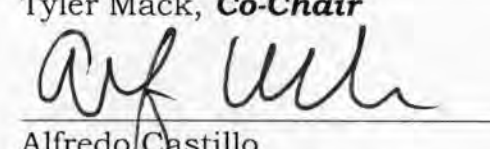


Rolanda Smith



Aikeem G. Boyd

Tyler Mack, **Co-Chair**



Alfredo Castillo



Matthew McCarthy

Wanda R. Simmons

City Council Date: May 2, 2022

Item #44-21

Five-Year Capital Plan for Fiscal Years 2023-2027.



**Report
of
Committee
on
Budget and Appropriations**

City Council Meeting Date: May 2, 2022
(Off The Floor)

Attest:

Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by:

Joseph P. Ganim
Joseph P. Ganim, Mayor

Date Signed:

Please Note: Mayor did not sign Report.

RECEIVED
CITY CLERK'S OFFICE
MAY 18 PM 12:17
MAY 18 2022



City of Bridgeport, Connecticut Office of the City Clerk

To the City Council of the City of Bridgeport.


The Committee on Budget and Appropriations begs leave to report; and recommends for adoption the following resolution:

Item No. 44-21

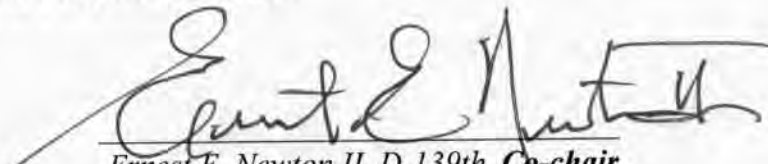
APPROVAL OF THE 2023-2027 CAPITAL PLAN

RESOLVED, That the City's Five-Year Capital Plan for Fiscal Years 2023-2027 as amended by the Budget and Appropriations Committee on (April 30, 2022) be, and the same hereby is, adopted in accordance with the Exhibit attached hereto.

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
BUDGET AND APPROPRIATIONS



Scott Burns, D-130th, Co-chair



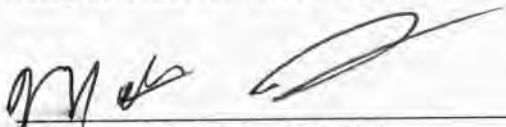
Ernest E. Newton II, D-139th, Co-chair



Mary A. McBride-Lee, D-135th



Jeanette Herron, D-133rd



Matthew McCarthy, D-130th

Tyler Mack, D-131st



Amy Marie Vizzo Paniccia, D-134th

City Council Date: May 2, 2022 (Off The Floor).

CITY OF BRIDGEPORT
OFFICE OF POLICY AND MANAGEMENT
BUDGET & APPROPRIATIONS COMMITTEE ADOPTED FY23-27 CAPITAL BUDGET PLAN AS ADOPTED ON APRIL 30, 2022

PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 BAC Adopted Capital Plan	FY2024 BAC Adopted Capital Plan	FY2025 BAC Adopted Capital Plan	FY2026 BAC Adopted Capital Plan	FY2027 BAC Adopted Capital Plan	Total BAC Adopted Capital Plan FY2023-FY2027
BOARD OF EDUCATION:							
BOE - Maintenance Veh. Cargo Vans (2 units)		100,000	0	0	0	0	100,000
BOE - Maintenance Veh. Box Truck		0					0
BOE - Maintenance Veh. Dump Truck		0	200,000				200,000
BOE - Maintenance - Sit on Forklift		0					0
BOE - Maintenance - Custodial Equipment		0	0	0	0	0	0
BOE - Maintenance - Walk Behind Pallet Jack		0		0			0
Central High School -Replace Gym Floor			400,000				400,000
New Bassick High School(City Share) Amended *	3,500,000						0
Nutrition Center-Roof Replacement (21% City Share)	554,000	88,000					88,000
Nutrition Center-Boiler Replacement		0					0
District Wide Sidewalk Concrete Repairs		190,000					190,000
Dunbar School-Elevator Repairs			0				0
Dunbar School -Resurface Playground (5-12)			125,000				125,000
Dunbar School -Pavement				0			0
Hooker School HVAC Boiler Replacement (1 unit)				0			0
Hooker School-Playground			0				0
Hooker School-Asbestos Abatement			0				0
Hooker School-Paving			0				0
Hooker School- Restrooms Upgrade			0				0
Hooker School- Stage Curtains				0			0
Hooker School - Elevator Repairs			60,000				60,000
JFK Campus-High Horizons-Exterior Door Replacement				0			0
JFK Campus-High Horizons-Loading Dock/Driveway Repairs			0				0
JFK Campus-High Horizons-Asbestos Abatement		0	0	0	0	0	0
JFK Campus-High Horizons-Restrooms Upgrades				0			0
JFK Campus-High Horizons-Student Lockers			0				0
JFK Campus-High Horizons-Boiler Replacement				0			0
Hall School- New Playground		0					0
Hall School- Masonry Pointing and Sealing				100,000			100,000
Hall School -Pavement Repairs			125,000				125,000
Hall School -Asbestos Abatement					0		0
Hall School-Exterior Door Replacement		0					0
Blackham - Asbestos Abatement		0	0	0	0	0	0
Blackham - Renovate Student/Faculty Bathrooms			0				0
Blackham - Renovate Gymnasium				0			0
Columbus - Asbestos Abatement		0	0	0	0		0
Columbus - Sidewalk Repair/Replace/Main Entrance Stairs				150,000			150,000
Columbus - Renovate Student Cafeteria (Ceiling & Floor)			0				0
Columbus - Replace 2 Boilers						300,000	300,000
Maplewood School -Gymnasium Floor Replacment			0				0
Maplewood School -Playground (Design & Construction)		0	200,000				200,000
Maplewood School -Driveway Pavement			25,000				25,000
Maplewood School -Sidewalk & Curbing			65,000				65,000
Maplewood School -Roof Replacement (21%) City Share			275,000				275,000
Aquaculture - Boiler Replacement (1)			0	0			0
Aquaculture - Conference Room VAVS			0				0
Aquaculture - Install Drop Ceiling in Engine Lab				0			0
Skane School - Asbestos Abatement			0	0	0	0	0
Skane School - Bathroom Renovation				0			0
Skane School - Paving			75,000				75,000
Sheridan School- Playground Resurfacing		0					0
Sheridan School- Exterior Doors Replacement				0			0
Sheridan School- Heating Controls						100,000	100,000
Sheridan School- Ceiling Repairs						0	0
South End - Exterior Lighting						25,000	25,000
South End - HVAC Controls					0		0
Cesar Batallia - Replace Ice Storage Syst.w/Chiller							0
Cesar Batallia - Re-Surface 2-5 &5-12 Playgrounds				125,000			125,000
Cesar Batallia - Steel Cat walk to HVAC Controls			0				0
Jettie Tisdale - Windows Repairs				0			0
Jettie Tisdale - Turf Baseball Field		800,000					800,000

02 MAY - 2 PM 1:09
 CITY CLERK'S OFFICE
 PROPOSED

CITY OF BRIDGEPORT							
OFFICE OF POLICY AND MANAGEMENT							
BUDGET & APPROPRIATIONS COMMITTEE ADOPTED FY23-27 CAPITAL BUDGET PLAN AS ADOPTED ON APRIL 30, 2022							
PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 BAC Adopted Capital Plan	FY2024 BAC Adopted Capital Plan	FY2025 BAC Adopted Capital Plan	FY2026 BAC Adopted Capital Plan	FY2027 BAC Adopted Capital Plan	Total BAC Adopted Capital Plan FY2023-FY2027
Read School- Asbestos Abatement		0	0	0	0	0	0
Read School- Exterior Doors Replacement			0				0
Curiale School-Roof Replacement(21%) City Share	378,000						0
Curiale School-Exterior Door Replacement			0				0
Curiale School-Sidewalks			100,000				100,000
Curiale School-Renovaate Entire bathrooms		75,000					75,000
Curiale School-Replace Gym Floor				80,000			80,000
Cross - Main Office HVAC System Replacement				40,000			40,000
Cross School -New Emergency Generator			0				0
Cross School Masonry Repairs			30,000				30,000
Cross School- Asbestos Abatement				0			0
JFK Multicultural- Air Handling Admin- 2 Roof Tops Units							0
JFK Multicultural - Elevator Repair/Upgrades		0					0
JFK Multicultural -Exterior Door Replacement				0			0
JFK Multicultural - Asbestos Abatement		0	0	0	0	0	0
JFK Multicultural - Restrooms Upgrades				175,000			175,000
JFK Multicultural - Playground		250,000					250,000
JFK Campus - Common Area- Elevator Repairs				200,000			200,000
JFK Campus - Common Area- Gym New Partition Drs/Bleachers			0				0
JFK Campus - Common Area- Asbestos				0			0
JFK Campus - Common Area- Paving throughout campus		750,000					750,000
JFK Campus - Common Area- Restroom Upgrades		125,000					125,000
Madison - Roof Top Heating Units Replace 4 units						50,000	50,000
Madison School - Elevator Repairs/Upgrades							0
Madison School - Playground Resurface		0	60,000				60,000
Madison School - Fire Alarm Panel			0				0
Madison School - Repointing Exterior Walls				150,000			150,000
Bryant - Masonry and Parapet							0
Bryant School HVAC Equipment Replacement				300,000			300,000
Bryant School -Seal/Replace Basement Floors			75,000				75,000
Bryant School -Resurface Interior Corridor Walls) All Floors)			300,000				300,000
Bryant School -Asphalt Work				100,000			100,000
Edison School - Boiler Replacement(2units)+ Controls				0			0
Edison School - Restroom Upgrade			0				0
Edison School - Asbestos Abatement			0	0			0
Edison School - Electrical Upgrade			100,000				100,000
Edison School - Roof Replacement (21%) City Share		200,000					200,000
Edison School - Playground							0
Park City Magnet - HVAC Equip-Replace 2 boilers							0
Park City Magnet - Asbestos Abatement		0	0	0	0	0	0
Park City Magnet - Gymnasium Floor Replacement				250,000			250,000
Park City Magnet - Renovate Student/Faculty Bathrooms			185,000	250,000			435,000
Park City Magnet - New Fire Alarm System						170,000	170,000
Barnum School-Campus- Resurface (2-5) & (5-12)playgrounds			75,000				75,000
Barnum School -New Loading Dock Entrance onto MLK Drive				40,000			40,000
Beardsley School - New Playground (2-5)		0	150,000				150,000
Beardsley School -Re-Surface Playground (5-12)			85,000				85,000
Beardsley School -Exterior Doors						75,000	75,000
Beardsley School - Asbestos Abatement				0			0
Beardsley School - Paving					100,000		100,000
Beardsley School - Electrical Upgrades		100,000	80,000				180,000
Beardsley School - Restrooms Upgrades				0			0
Beardsley School - Exterior Walls Pointing		150,000					150,000
Marin - HVAC Equipment-Replace 3 A/C Units							0
Marin - Roof Replacement (21% City Share)							0
Marin School - Elevator Repair/Upgrades							0
Marin School - Ceiling Tiles Replacement		0					0
Marin School - Exterior Doors Replacement			0				0
Marin School - HVAC Controls						0	0
Marin School - New Playground		175,000					175,000
Marin School - Paving		250,000					250,000
Hallen - Elevator Repairs/Upgrades		0					0

CITY OF BRIDGEPORT
OFFICE OF POLICY AND MANAGEMENT
BUDGET & APPROPRIATIONS COMMITTEE ADOPTED FY23-27 CAPITAL BUDGET PLAN AS ADOPTED ON APRIL 30, 2022

PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 BAC Adopted Capital Plan	FY2024 BAC Adopted Capital Plan	FY2025 BAC Adopted Capital Plan	FY2026 BAC Adopted Capital Plan	FY2027 BAC Adopted Capital Plan	Total BAC Adopted Capital Plan FY2023-FY2027
Hallen School HVAC Controls				250,000			250,000
Hallen School - Sidewalks		0					0
Hallen School - Asbestos Abatement			0	0		0	0
Hallen School - Paving- Parking Lot		100,000	0				100,000
Hallen School - Student Bathroom Renovations		0	0				0
Hallen School - Roof Replacment (21% City Share			400,000				400,000
Hallen School - Exterior Walls Pointing						50,000	50,000
Hallen School - Boiler Replacement (1 unit)				70,000			70,000
Waltersville School -Major Electrical Upgrade-Computer Lab						500,000	500,000
Waltersville School -Replace two boilers			0			0	0
Waltersville School -Heating Controls Upgrades(incl. Library)				150,000			150,000
Waltersville School -Replace 4 Exterior Doors		0					0
Winthrop School - Playground		0	100,000				100,000
Winthrop - Asbestos Abatement	0	0	0	0	0	0	0
TOTAL BOARD OF EDUCATION	4,432,000	3,353,000	3,290,000	2,430,000	100,000	1,270,000	10,443,000

CITY OF BRIDGEPORT
OFFICE OF POLICY AND MANAGEMENT
BUDGET & APPROPRIATIONS COMMITTEE ADOPTED FY23-27 CAPITAL BUDGET PLAN AS ADOPTED ON APRIL 30, 2022

PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 BAC Adopted Capital Plan	FY2024 BAC Adopted Capital Plan	FY2025 BAC Adopted Capital Plan	FY2026 BAC Adopted Capital Plan	FY2027 BAC Adopted Capital Plan	Total BAC Adopted Capital Plan FY2023-FY2027
ECONOMIC DEVELOPMENT:							
Land Management / Acquisition	0	700,000	1,000,000	0	0	1,000,000	2,700,000
City Owned Properties-Development Ready Program					1,000,000		1,000,000
Lafayette Blvd/Fairfield Ave./Redesign-(10 %City Match)	650,000	660,000					660,000
Remington Arms Site Improvement(FY20 Amendment)*	3,000,000	2,000,000					2,000,000
Site Improvement/Public Housing							0
Gateway To South End/Citywide Strategic Acquisition	1,000,000	0		1,000,000			1,000,000
Blight / Demolition / Clean Up/Property Management		0	1,000,000	0		0	1,000,000
Jetland St. Parking Garage Addition/Expansion	500,000	0	1,000,000				1,000,000
Seaview Ave Corridor/Waterfront Proj(20% city match)(Amended)*			500,000				500,000
TOTAL ECONOMIC DEVELOPMENT	5,150,000	3,360,000	3,500,000	1,000,000	1,000,000	1,000,000	9,860,000
PUBLIC FACILITIES:							
Roadway Paving, Culverts, Intersections(Amendment)*	3,000,000	3,000,000	2,000,000	2,500,000	2,000,000	2,000,000	11,500,000
Paving City-City Parking Lots		425,000	0	0	0	0	425,000
City / Neighborhood Beautification			0		0	150,000	150,000
Wonderland of Ice - Roof Replacement	1,000,000						0
Police Hq -Upper & Lower Parking Decks/Rooftop	1,336,000						0
Public Facilities Equipment	1,000,000	1,100,000	1,500,000	1,500,000	1,000,000	1,000,000	6,100,000
Muni Bldg. HVAC / Heating / Elec./ Facilities							0
City Wide Building & Security Improvements		2,700,000		0		0	2,700,000
Public Facilities Buildings at 990 Housatonic Avenue		375,000					375,000
Municipal Storm Sewer Separator System (MS4 Req.)							0
New East Side Senior Center-Old Engine 10/Putnam St.	2,500,000						0
Klein Memorial Auditorium -Masonry/Roof Replacement	1,126,000						0
Facilities Assessments /Planning Studies				150,000			150,000
Energy Conservation /Conversion Program							0
Harbor Yard Ballpark Upgrades							0
Arena Rehabilitation (Amendment)*						2,000,000	2,000,000
Producto Building Demolition/Remediation (Amended)*							0
752 East Main Street Demolition/ Rehabilitation							0
Wonderland of Ice Doors-Replacement		100,000					100,000
Street Lights Wattage Upgrade							0
FAA AARF index rapid response fire truck							0
Various Airport Improvements/Equipment's Projects	213,000	0	0	0	0	0	0
Parks Maintenance Equip(Include Golf Course)	340,000	350,000	300,000	300,000	310,000	300,000	1,560,000
Various Parks Improvements - Citywide		300,000	315,000	1,000,000	195,000	500,000	2,310,000
Public Facilities Garage							0
Barnum Museum						1,000,000	1,000,000
Bloom Bulkhead							0
Side Walks/Street scape Replacements				1,000,000		1,000,000	2,000,000
Pleasure Beach Bridge and Fishing Pier					1,000,000		1,000,000
Landfill Closure-Stewardship							0
Ferry Terminal Ramp/Loading Dock (20% City Match)							0
Citywide Signage							0
Citywide Deco Lights			500,000		0		500,000
Traffic Lights Upgrades			125,000		125,000		250,000
Perry Memorial Arch.		1,250,000	1,250,000				2,500,000
Veterans Memorial Park Improvements				0	0		0
Tennis Courts Improvement - Citywide		150,000	110,000				260,000
Kennedy Stadium		0	0	200,000		1,030,000	1,230,000
Knowlton Park							0

CITY OF BRIDGEPORT
OFFICE OF POLICY AND MANAGEMENT
BUDGET & APPROPRIATIONS COMMITTEE ADOPTED FY23-27 CAPITAL BUDGET PLAN AS ADOPTED ON APRIL 30, 2022

PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 BAC Adopted Capital Plan	FY2024 BAC Adopted Capital Plan	FY2025 BAC Adopted Capital Plan	FY2026 BAC Adopted Capital Plan	FY2027 BAC Adopted Capital Plan	Total BAC Adopted Capital Plan FY2023-FY2027
Park Restrooms - Citywide	0	350,000	0	250,000	0	175,000	775,000
Seaside Park Improvement							0
Manila Street Park Improvement							0
Went Field Park Improvement							0
Historic Preservation-Monument Structure at Seaside Park							0
Pleasure Beach Park							0
Golf Course Improvements	150,000	200,000	200,000	0	0	0	400,000
Golf Course Driving Range Expansion							0
Beardsley Park Improvements			190,000				190,000
Beardsley Zoo Improvements		0	590,000	0	400,000		990,000
Beardsley Park Entrance/Nob Ave. Roundabout Design-City Match							0
Lincoln Boulevard							0
Goose Town Park Improvement							0
Trumbull Gardens Playground Improvement							0
Parking Meter Modernization							0
Police Fit-Up of Fac./Regional Training Ctr. (If no State Grant)					3,000,000		3,000,000
Police Garage/Evidence Room Building Upgrade		0					0
Police Parking Lot Purchase		0					0
Howard Avenue Building Upgrade/Narcotics&Vice		0					0
NRZ Projects							0
Chopsey Hill Road Bridge Design-City Match							0
Woodrow Avenue Bridge Design - City Match+50% City Share	150,000	150,000					150,000
Island Brook Ave/ Over Pequonnock Design-City Match	250,000		1,250,000				1,250,000
Old Town Road -Design Realignment/Reconfig. 50% Trumbull	0		0				0
Citywide Bridges Engineering Assessment			400,000		400,000		800,000
Additional Bridge Constructions-City Share				1,500,000	0	0	1,500,000
Rooster River Conduit - Design/Rehab./Flood Control		200,000	2,000,000	2,000,000			4,200,000
Johnson Creek Flood Control				1,000,000			1,000,000
Other City Wide Flood Control				1,000,000			1,000,000
Island Brook Flood Control - Design- City Share		350,000	1,000,000				1,350,000
Northeast Flood Control - Design City Share		250,000		1,000,000			1,250,000
Ox Brook Flood Control - Design City Share		100,000			1,000,000		1,100,000
TOTAL PUBLIC FACILITIES	11,065,000	11,350,000	11,730,000	13,400,000	9,430,000	9,155,000	55,065,000
OTHER DEPARTMENTS:							
Fire Apparatus Replacement Program / Vehicles	750,000	1,650,000	0	0	0	725,000	2,375,000
Replacement/Construction of New Fire Station 12					12,000,000		12,000,000
Technology Enhancement / Systems Improvement							0
City Archives Offsite Storage/Retention		0					0
WPCA Capital Improvements (Amended)*	0	1,142,000	990,000	985,000	995,000	280,000	4,392,000
Public Safety Communications Modifications							0
New Police Station Headquarters			2,500,000				2,500,000
Emergency Operations / Technology upgrade		0	0	0		0	0
Civil Service Test Center/City Wide Training Ctr.							0
IT Telephony & Computer Replacement Program		0					0
ITS Office Cubicles replacement		0					0
Bpt. Library Proj.-Computers, floor,furniture,electrical,windows			600,000				600,000
New North End/Reservoir Avenue Library/Study/Design	100,000		2,000,000				2,000,000
Upper East Side Library Phase 11 Renovation				2,430,000			2,430,000
Citywide Departments -Fiber Optics Installation							0
Enterprise Software -permits,fees,inspections, Lic.							0
TOTAL OTHER DEPARTMENTS	850,000	2,792,000	6,090,000	3,415,000	12,995,000	1,005,000	26,297,000
TOTAL ALL DEPARTMENTS	21,497,000	20,855,000	24,610,000	20,245,000	23,525,000	12,430,000	101,665,000