

**ADDENDUM
TO
AGENDA**

CITY COUNCIL MEETING

TUESDAY, JUNE 21, 2022

7:00 p.m.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE

BRIDGEPORT, CONNECTICUT

ADDED:

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

***73-21**

Economic and Community Development and Environment Committee
Report re: Resolution Approving Programs for Connecticut 2022
Neighborhood Assistance Tax Credit Program Applications.

AGENDA

CITY COUNCIL MEETING

TUESDAY, JUNE 21, 2022

7:00 p.m.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE

BRIDGEPORT, CONNECTICUT

Prayer

Pledge of Allegiance

Roll Call

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

- 93-21** Request to Order a Public Hearing for Tuesday, June 28, 2022 at 6:00 p.m. re: Proposed Amendment to the Municipal Code of Ordinances, Chapter 2.06 – Common Council, amend Section 2.06.010 – Districts for Election of Council Members.

MINUTES FOR APPROVAL:

Approval of City Council Minutes: May 16, 2022

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- 91-21** Communication from Public Facilities re: Proposed Resolution regarding the 2022 “Third” Round of City Sidewalk Repair Pilot Program, referred to Public Safety and Transportation Committee.
- 92-21** Communication from Labor Relations re: Updated ranges for Officers’ and Unaffiliated Employee Salaries pursuant to and as required by Municipal Code Section 2.36.010, **ACCEPTED AND MADE PART OF THE RECORD.**
- 94-21** Communication from Central Grants re: Grant Submission: CT Department of Education – Summer Enrichment Grant Program (#22681), referred to Education and Social Services Committee.
- 95-21** Communication from Central Grants re: Grant Submission: CT Department of Agriculture – Local Food Purchase Assistance Cooperative Agreement Program (#23431), referred to Economic and Community Development and Environment Committee.
- 96-21** Communication from Central Grants re: Grant Submission: National Fish and Wildlife Foundation – Long Island Sound Futures Fund (#23614), referred to Economic and Community Development and Environment Committee.
- 97-21** Communication from Central Grants re: Grant Submission: Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Elderly Hispanic Program (#23270), referred to Economic and Community Development and Environment Committee.

COMMUNICATIONS TO BE REFERRED TO COMMITTEES CONTINUED:

- 98-21** Communication from Central Grants re: Grant Submission: Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Bridgeport Senior Center Recreation Activities (#23533), referred to Economic and Community Development and Environment Committee.
- 99-21** Communication from Central Grants re: Grant Submission: State of Connecticut Department of Economic and Community Development Grant-In-Aid-Beardsley Zoo Improvements, referred to Economic and Community Development and Environment Committee.
- 100-21** Communication from Central Grants re: Grant Submission: State of Connecticut Department of Energy and Environmental Protection Urban Green & Community Garden Initiative Grant, referred to Economic and Community Development and Environment Committee.

RESOLUTIONS TO BE REFERRED TO BOARDS, COMMISSIONS, ETC.:

- 93-21** Resolution presented by Council President Nieves and Co-sponsor(s): Brown & Newton re: Proposed Amendment to the Municipal Code of Ordinances, Chapter 2.06 – Common Council, amend Section 2.06.010 – Districts for Election of Council Members, referred to Ordinance Committee.

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *85-21** Budget and Appropriations Committee Report re: Municipal Suspense Tax Book.
- *87-21** Budget and Appropriations Committee Report re: Approval of General Obligation Bonds and the Reallocation of City Bond Proceeds for Certain Board of Education Capital Projects – To Fund Certain Capital Improvement Projects.
- *78-21** Contracts Committee Report re: Resolution regarding the MPH Fieldwork Education Agreement with the University of Bridgeport/Goodwin University.

MATTERS TO BE ACTED UPON:

- 86-21** Budget and Appropriations Committee Report re: Approval of General Obligation Bonds – To Refund Certain General Obligation Bonds.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON TUESDAY, JUNE 21, 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	The challenge – Be kind, nice and respectful.
2.) Rene A. Mezariegos A205 Bld.39 Success Village Bridgeport, CT 06610	Parks.
3.) Chris Taylor 155 Davenport Street Bridgeport, CT 06607	Big trucks taking up all the parking.

**CITY COUNCIL MEETING
PUBLIC SPEAKING FORUM
TUESDAY, JUNE 21, 2022
City Council Chambers, City Hall
45 Lyon Terrace
Bridgeport, CT 06604**

CALL TO ORDER

Council President Nieves called the meeting to order at 6:36 p.m. A quorum was present.

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

22 JUN 28 AM 9:37
CITY CLERK

The names in italics did not appear to respond during the roll call. It was announced that Council Members McCarthy and Valle were out of town and Council Member Vizzo-Paniccia was not present due to illness.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON TUESDAY, JUNE 21, 2022 AT 6:30 P.M. IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT 06604.

NAME

SUBJECT

Helen Olga Losak
304 Bradley Street
Bridgeport, CT 06610

The challenge – Be kind, nice and respectful.

Ms. Losak came forward with Devon Brown and said that this was the International Day of Gay Music.

She said that they wanted to present a song to the Council. They sang the Song "Everyday People"

She challenged all the residents to be kind and respectful to everyone else.

Rene A. Mezariegos
A205 Bld.39
Success Village
Bridgeport, CT 06610

Parks.

Mr. Mezariegos came forward to speak about his concern that people from out of state would be coming to use the parks in Bridgeport. He spoke about how the Latin community had worked with the City of Bridgeport.

Chris Taylor
155 Davenport Street
Bridgeport, CT 06607

Big trucks taking up all the parking.

Mr. Taylor greeted the Council Members. He said that he was concerned about trucks parking on the street. He suggested a lot where there had been demolished and the acreage was level and could be used to park many trucks on it.

Mr. Taylor said that he was also concerned about the dirt bike riders and had a suggestion for handling the problem.

John Marshall Lee
30 Beacon Street
Bridgeport, CT 06605

Available housing.

Mr. Lee came forward and read the following into the record:

Bridgeport Council members, In the thirty-minute allocation you have provided to the public to raise issues at each session, I look to address the matter of housing quality and residences for all once again. What can you do about such matters as Council members? I can suggest that if you have no Council Committee to successfully address an issue that you look at City Boards and Commissions.

That may sound counterintuitive in a City where you have been informed, repeatedly, that Mayoral process, based on the City Charter and practice for too many years has left taxpayers with a website listing many Boards and Commissions, most with vacancies and members serving beyond term expires. Fewer than half of those serving are present in their initial term, yet to reach the expiry date.

And the two Boards, each of which represent FAIR practices, are Fair Rent and Fair Housing. If the operation of the Charter and lack of concern for active citizen governance by a Mayor or series of them, allows two groups to sicken into inactivity and ultimately death, what are you to say assuming oversight is one of your duties? Is anyone proud of this purposeful record even though no one claims responsibility? Thousands of people? Tens of millions of dollars?

Housing and Urban Development supplies framework, funding, and some administration for thousands of residential units in the City. How do you interact with them? The Stratfield Apartments are but one example of 191 units of such housing. Around Thanksgiving last year, a gathering of Council members, Federal elect, residents fearing personal safety on elevators, NAACP members, and others including Council Members Cruz and Mack, provided a spotlight to Channel 12 and other media. Tenants have moved away. But the appointment of an experienced and professional Resident Service Coordinator, with years of equivalent service in listening, confidentiality and advocacy for tenants and a separation from routine business administrative duties, provides reason to hope that fears can be understood, injustices eliminated, and quality community living can be an expectation.

A gathering of tenants is planned for July 12 to meet the new Coordinator, hear about the opportunity to form a Tenant Representative group, and discuss such other subjects as may be raised.

The CT Post carried a legal notice of a Public Meeting to be held on July 13, 2022, at 3 PM to review the 2023 Annual Plan and the 2022 Capital Fund Annual Plan. Which Council subcommittee or Bridgeport Board or Committee group will attend such a meeting as a matter of course to understand the planning, the funding, and the expected results? What questions might the elected representatives of the people of the City occur that need answers to improve the quality of life of all? Time will tell.

Maria Pereira
206 Bradley Street
Bridgeport, CT 06605

Redistricting

Council Member Pereira came forward and mentioned that Remington Woods Park was in her district.

Council Member Pereira then stated that there had been gerry-mandering in the district. She stated that there were districts that had been completely gerry-mandered. This was unethical, unprincipled and dishonest. She noted that the Special Committee on Redistricting had held one meeting when the census data was presented. Now, despite the fact that this Committee had not met again, the proposed maps were being referred to Ordinance. No one has seen these maps yet.

City of Bridgeport
City Council Meeting
Regular Meeting
June 21, 2022

Page 3

Council Member Pereira said that the 138th District was underpopulated by over 900 residents which is a -6.8% while the 139th District has more than 600 residents than allowed with a 4.49% increase. The 132nd was slightly off by -1.3%.

She asked how it was that City Clerk Martinez's home and her tract had been shifted into the 139th District. Council Member Pereira asked if they were scared of a 76-year-old woman.

Council President Nieves said that personal attacks were not allowed. Council Member Pereira replied that she still had the floor and was speaking. Council President Nieves said this was out of order. Council Member Pereira said even if Council President Nieves did not like this, she was allowing it. She then stated that they would be going to court and she would be teaching Council President Nieves a lesson. Council President Nieves repeated that Council Member Pereira was out of order. Council Member Pereira stated that this was not a dictatorship and repeated that she would see Council President Nieves in court.

Mr. Terry Sullivan
Bridgeport, Ct.

Mr. Sullivan came forward and commented that he was pleased that the parks were being so well maintained.

ADJOURNMENT

Council President Nieves closed the public session at 6:55 p.m.

Respectfully submitted,

Telesco Secretarial Services

CITY OF BRIDGEPORT
CITY COUNCIL MEETING
TUESDAY, JUNE 21, 2022

7:00 PM

City Council Chambers, City Hall - 45 Lyon Terrace
Bridgeport, Connecticut

CALL TO ORDER

Council President Nieves called the Regular Meeting of the City Council to order at 7:08 p.m.

PRAYER

Council President Nieves asked Council Member McBride-Lee to lead the Council in prayer. Council Member McBride-Lee prayed for Pastor Gaston who recently lost a family member. She requested a moment of silence for the Gaston family.

PLEDGE OF ALLEGIANCE

Council President Nieves asked Council Member Boyd to lead those present in reciting the Pledge of Allegiance.

ROLL CALL

City Clerk Martinez called the roll.

130th District: Scott Burns, *Matthew McCarthy*
131st District: Jorge Cruz, Tyler Mack
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133rd District: Aikeem Boyd, Jeanette Herron
134th District: Michelle Lyons, *AmyMarie Vizzo-Paniccia*
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138th District: Maria Pereira, Michele Small
139th District: Wanda Simmons, Ernest Newton

A quorum was present. The names in italics did not appear to respond during the roll call. It was announced that Council Members McCarthy and Valle were out of town and Council Member Vizzo-Paniccia was not present due to illness.

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

93-21 Request to Order a Public Hearing for Tuesday, June 28, 2022 at 6:00 p.m. re: Proposed Amendment to the Municipal Code of Ordinances, Chapter 2.06 – Common Council, amend Section 2.06.010 – Districts for Election of Council Members.

**** COUNCIL MEMBER BROWN MOVED AGENDA ITEM 93-21 REQUEST TO ORDER A PUBLIC HEARING FOR TUESDAY, JUNE 28, 2022 AT 6:00 P.M. RE: PROPOSED AMENDMENT TO THE MUNICIPAL CODE OF ORDINANCES, CHAPTER 2.06 – COMMON COUNCIL, AMEND SECTION 2.06.010 – DISTRICTS FOR ELECTION OF COUNCIL MEMBERS.**

**** COUNCIL MEMBER HERRON SECONDED.**

**** THE MOTION PASSED WITH FIFTEEN (15) IN FAVOR (BURNS, CRUZ, MACK, BROWN, SMITH, BOYD, HERRON, LYONS, MCBRIDE-LEE, ROMAN-CHRISTY, CASTILLO, NIEVES, SMALL, SIMMONS AND NEWTON) AND ONE (1) OPPOSED (PEREIRA).**

MINUTES FOR APPROVAL:

• May 16, 2022

**** COUNCIL MEMBER BOYD MOVED THE MINUTES OF THE MAY 16, 2022 MEETING.**

**** COUNCIL MEMBER BROWN SECONDED.**

**** THE MOTION TO APPROVE THE MINUTES OF THE MAY 16, 2022 MEETING AS SUBMITTED PASSED WITH FOURTEEN (14) IN FAVOR (BURNS, CRUZ, MACK, BROWN, SMITH, BOYD, HERRON, LYONS, MCBRIDE-LEE, CASTILLO, NIEVES, SMALL, PEREIRA AND NEWTON) AND TWO (2) ABSTENTIONS (SIMMONS AND ROMAN-CHRISTY).**

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

91-21 Communication from Public Facilities re: Proposed Resolution regarding the 2022 “Third” Round of City Sidewalk Repair Pilot Program, referred to Public Safety and Transportation Committee.

92-21 Communication from Labor Relations re: Updated ranges for Officers’ and Unaffiliated Employee Salaries pursuant to and as required by Municipal Code Section 2.36.010, ACCEPTED AND MADE PART OF THE RECORD.

94-21 Communication from Central Grants re: Grant Submission: CT Department of Education – Summer Enrichment Grant Program (#22681), referred to Education and Social Services Committee.

95-21 Communication from Central Grants re: Grant Submission: CT Department of Agriculture – Local Food Purchase Assistance Cooperative Agreement Program (#23431), referred to Economic and Community Development and Environment Committee.

96-21 Communication from Central Grants re: Grant Submission: National Fish and Wildlife Foundation – Long Island Sound Futures Fund (#23614), referred to Economic and Community Development and Environment Committee.

97-21 Communication from Central Grants re: Grant Submission: Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Elderly Hispanic Program (#23270), referred to Economic and Community Development and Environment Committee.

98-21 Communication from Central Grants re: Grant Submission: Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Bridgeport Senior Center Recreation Activities (#23533), referred to Economic and Community Development and Environment Committee.

99-21 Communication from Central Grants re: Grant Submission: State of Connecticut Department of Economic and Community Development Grant-In-Aid-Beardsley Zoo Improvements, referred to Economic and Community Development and Environment Committee.

100-21 Communication from Central Grants re: Grant Submission: State of Connecticut Department of Energy and Environmental Protection Urban Green & Community Garden Initiative Grant, referred to Economic and Community Development and Environment Committee.

RESOLUTIONS TO BE REFERRED TO BOARDS, COMMISSIONS, ETC.:

93-21 Resolution presented by Council President Nieves and Co-sponsor(s): Brown & Newton re: Proposed Amendment to the Municipal Code of Ordinances, Chapter 2.06 – Common Council, amend Section 2.06.010 – Districts for Election of Council Members, referred to Ordinance Committee.

**** COUNCIL MEMBER BROWN MOVED THE FOLLOWING ITEMS WITH THE NOTE THAT DUE TO A SCRIBNER'S ERROR, AGENDA ITEM 93-21 SHOULD BE REFERRED TO THE REDISTRICTING COMMITTEE:**

91-21 COMMUNICATION FROM PUBLIC FACILITIES RE: PROPOSED RESOLUTION REGARDING THE 2022 "THIRD" ROUND OF CITY SIDEWALK REPAIR PILOT PROGRAM, REFERRED TO PUBLIC SAFETY AND TRANSPORTATION COMMITTEE.

92-21 COMMUNICATION FROM LABOR RELATIONS RE: UPDATED RANGES FOR OFFICERS' AND UNAFFILIATED EMPLOYEE SALARIES PURSUANT TO AND AS REQUIRED BY MUNICIPAL CODE SECTION 2.36.010, ACCEPTED AND MADE PART OF THE RECORD.

94-21 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: CT DEPARTMENT OF EDUCATION – SUMMER ENRICHMENT GRANT PROGRAM (#22681), REFERRED TO EDUCATION AND SOCIAL SERVICES COMMITTEE.

95-21 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: CT DEPARTMENT OF AGRICULTURE – LOCAL FOOD PURCHASE ASSISTANCE COOPERATIVE AGREEMENT PROGRAM (#23431), REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

96-21 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: NATIONAL FISH AND WILDLIFE FOUNDATION – LONG ISLAND SOUND FUTURES FUND (#23614), REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

97-21 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: SOUTHWESTERN CONNECTICUT AGENCY ON AGING (SWCAA) – TITLE III FUNDING OLDER AMERICANS ACT GRANT PROGRAM – ELDERLY HISPANIC PROGRAM (#23270), REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

98-21 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: SOUTHWESTERN CONNECTICUT AGENCY ON AGING (SWCAA) – TITLE III FUNDING OLDER AMERICANS ACT GRANT PROGRAM – BRIDGEPORT SENIOR CENTER RECREATION ACTIVITIES (#23533), REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

99-21 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: STATE OF CONNECTICUT DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT GRANT-IN-AID-BEARDSLEY ZOO IMPROVEMENTS, REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

100-21 COMMUNICATION FROM CENTRAL GRANTS RE: GRANT SUBMISSION: STATE OF CONNECTICUT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION URBAN GREEN & COMMUNITY

GARDEN INITIATIVE GRANT, REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

RESOLUTIONS TO BE REFERRED TO BOARDS, COMMISSIONS, ETC.:

93-21 RESOLUTION PRESENTED BY COUNCIL PRESIDENT NIEVES AND CO-SPONSOR(S): BROWN & NEWTON RE: PROPOSED AMENDMENT TO THE MUNICIPAL CODE OF ORDINANCES, CHAPTER 2.06 – COMMON COUNCIL, AMEND SECTION 2.06.010 – DISTRICTS FOR ELECTION OF COUNCIL MEMBERS, REFERRED TO THE SPECIAL COMMITTEE ON REDISTRICTING.

- ** COUNCIL MEMBER NEWTON SECONDED.**
- ** THE MOTION PASSED UNANIMOUSLY.**

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *85-21 Budget and Appropriations Committee Report re: Municipal Suspense Tax Book.**
- *87-21 Budget and Appropriations Committee Report re: Approval of General Obligation Bonds and the Reallocation of City Bond Proceeds for Certain Board of Education Capital Projects – To Fund Certain Capital Improvement Projects.**
- *78-21 Contracts Committee Report re: Resolution regarding the MPH Fieldwork Education Agreement with the University of Bridgeport/Goodwin University.**
- *73-21 Economic and Community Development and Environment Committee Report re: Resolution Approving Programs for Connecticut 2022 Neighborhood Assistance Tax Credit Program Applications.**

Council President Nieves asked if any Council Member wished to remove an item from the Consent Calendar. Council Member Pereira requested that Agenda Item 73-21 be removed.

**** COUNCIL MEMBER BROWN MOVED THE FOLLOWING CONSENT CALENDAR ITEMS:**

***85-21 BUDGET AND APPROPRIATIONS COMMITTEE REPORT RE: MUNICIPAL SUSPENSE TAX BOOK.**

***87-21 BUDGET AND APPROPRIATIONS COMMITTEE REPORT RE: APPROVAL OF GENERAL OBLIGATION BONDS AND THE REALLOCATION OF CITY BOND PROCEEDS FOR CERTAIN BOARD OF**

EDUCATION CAPITAL PROJECTS – TO FUND CERTAIN CAPITAL IMPROVEMENT PROJECTS.

***78-21 CONTRACTS COMMITTEE REPORT RE: RESOLUTION REGARDING THE MPH FIELDWORK EDUCATION AGREEMENT WITH THE UNIVERSITY OF BRIDGEPORT/GOODWIN UNIVERSITY.**

**** COUNCIL MEMBER CASTILLO SECONDED.
** THE MOTION PASSED UNANIMOUSLY.**

MATTERS TO BE ACTED UPON:

86-21 Budget and Appropriations Committee Report re: Approval of General Obligation Bonds – To Refund Certain General Obligation Bonds.

**** COUNCIL MEMBER NEWTON MOVED AGENDA ITEM 86-21 BUDGET AND APPROPRIATIONS COMMITTEE REPORT RE: APPROVAL OF GENERAL OBLIGATION BONDS – TO REFUND CERTAIN GENERAL OBLIGATION BONDS.
** COUNCIL MEMBER ROMAN-CHRISTY SECONDED.**

Council Member Burns explained this is a resolution to refund certain bonds that would be advantageous to the City in terms of reducing the interest.

Council Member Pereira said at the Committee meeting there was a lengthy debate about interest rates. Following that meeting the Feds made the largest increased the interest rates in 40 years. She will oppose this.

**** THE MOTION TO APPROVE AGENDA ITEM 86-21 BUDGET AND APPROPRIATIONS COMMITTEE REPORT RE: APPROVAL OF GENERAL OBLIGATION BONDS – TO REFUND CERTAIN GENERAL OBLIGATION BONDS PASSED WITH THIRTEEN (13) IN FAVOR (BURNS, CRUZ, MACK, BROWN, SMITH, BOYD, HERRON, LYONS, MCBRIDE-LEE, ROMAN-CHRISTY, NIEVES, SIMMONS AND NEWTON) AND THREE (3) ABSTENTIONS (CASTILLO, SMALL AND PEREIRA).**

73-21 Economic and Community Development and Environment Committee Report re: Resolution Approving Programs for Connecticut 2022 Neighborhood Assistance Tax Credit Program Applications.

**** COUNCIL MEMBER ROMAN-CHRISTY MOVED AGENDA ITEM 73-21 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: RESOLUTION APPROVING PROGRAMS FOR CONNECTICUT 2022 NEIGHBORHOOD ASSISTANCE TAX CREDIT PROGRAM APPLICATIONS.**

**** COUNCIL MEMBER HERRON SECONDED.**

Council Member Pereira said that she had raised a number of questions about the incomplete applications and wanted copies of the leases for the organizations but did not receive a response until May 19th. This is why Bridgeport is a laughingstock in Hartford. Bridgeport just rubber stamps the applications. Many of the applications are problematic. She will not support this.

Council Member Pereira also noted that the Cornwall Library had also applied for funding.

Council Member Newton said that the Council's job was not to micromanage the applications. It is not the job of the Committee to play God or cross out poor grammar.

Council Member Pereira objected when Council Member Newton mentioned her name. Council President Nieves referred to Council Rule 26.

Council Member Newton said that when there are small towns that do not have access to this type of funding and the State law indicates that they can apply through another municipality.

Council Member McBride-Lee pointed out that the Boys Club had asked for the same amount of money and she did not think they should send that application to Hartford because the Council knows that the CDBG funding had been allocated for the elevator. This is wrong for them to put two applications in for the same project.

Council Member Burns said that the non-profits and corporations can apply to the State but the entire program is capped at \$5 million dollars. He said that OPED would be contacting the State OPM about this. This issue was raised in committee. The City is merely a conduit and the State determines how much money the applicants are awarded.

Council Member Herron said that she would like to know if they could remove the application. Council Member Burns said that the information is referred to the State OPM. It is not really a City program. The applications were assembled a few months ago and it is possible that there were other applicants that had received funding from other sources. Discussion followed.

Council Member Pereira said that there was no accountability and the best way to teach people accountability is to say no. She read the resolution and said that Cornwall did not have any programs in Bridgeport.

Council Member Burns and Council Member Newton both stated that they had included the issues regarding the elevator funding in the resolution.

Council Member Roman-Christy said that she agreed with Council Member Newton and confirmed that Mr. Max Perez would be informing the State OPM that the Boys Club had received funding for the elevator.

Council Member Castillo said that he had been on the Council for 5 terms. He said that he had been working on the Orcutt Boys Club even though it was not in his district. He said that he was the only one that fights for those kids. There were two different applications submitted. This was \$800,000 for fixing up a historic building for the City's children. The Council is supposed to serve the City. This is the only Boys Club that is still open on the East Side. It is time to find a solution rather than pointing fingers.

Council Member McBride-Lee said that she did not know that they had contacted the State about the elevators. Council President Nieves said that the Boys Club has received funding for the architect.

**** THE MOTION TO APPROVE AGENDA ITEM 73-21 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: RESOLUTION APPROVING PROGRAMS FOR CONNECTICUT 2022 NEIGHBORHOOD ASSISTANCE TAX CREDIT PROGRAM APPLICATIONS PASSED WITH FOURTEEN (14) IN FAVOR (BURNS, CRUZ, MACK, BROWN, SMITH, BOYD, HERRON, LYONS, MCBRIDE-LEE, ROMAN-CHRISTY, CASTILLO, NIEVES, SIMMONS AND NEWTON) AND TWO (2) OPPOSED (SMALL AND PEREIRA).**

**** COUNCIL MEMBER MACK MOVED TO SUSPEND THE RULES TO ADD AN ITEM TO THE AGENDA REGARDING A REFERRING A COURT CASE TO THE MISCELLANEOUS MATTERS COMMITTEE.**

**** COUNCIL MEMBER CRUZ SECONDED.**

Council Member Pereira asked why there was no Executive Summary presented. Interim City Attorney Anastasi said she should contact his office.

**** THE MOTION TO SUSPEND THE RULES TO ADD AN ITEM TO THE AGENDA REGARDING A REFERRING A COURT CASE TO THE MISCELLANEOUS MATTERS COMMITTEE PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER MACK MOVED TO REFER THE MATTER OF GALE VS. CITY OF BRIDGEPORT TO THE MISCELLANEOUS MATTERS COMMITTEE.**

**** COUNCIL MEMBER LYONS SECONDED.**

**** THE MOTION TO REFER THE MATTER OF GALE VS. CITY OF BRIDGEPORT TO THE MISCELLANEOUS MATTERS COMMITTEE PASSED UNANIMOUSLY. (ITEM #101-21)**

ADJOURNMENT

**** COUNCIL MEMBER BROWN MOVED TO ADJOURN
** COUNCIL MEMBER NEWTON SECONDED.
** THE MOTION PASSED UNANIMOUSLY.**

The meeting adjourned at 7:55 p.m.

Respectfully submitted

Telesco Secretarial Services



City of Bridgeport
DEPARTMENT OF PUBLIC FACILITIES

Margaret E. Morton Government Center
999 Broad Street, Bridgeport, Connecticut 06604
TELEPHONE 203-576-7130

JOSEPH P. GANIM
Mayor

CRAIG NADRIZNY
Acting Director Of Public Facilities

COMM. #91-21 Ref'd to Public Safety & Transportation Committee
on 6/21/2022

June 10, 2022

TO: Frances Ortiz
City Clerk's Office

FOR: City of Bridgeport City Council

Please forward the attached Resolution and Exhibit A to the members of the City Council for their review and referral to the Public Safety & Transportation Committee, per the "Resolution Regarding Sidewalk Repair Pilot Program".

Thank you,

Director of Public Facilities

By


Jose Tiago, Deputy Director

JT:bll

cc: Bonnie Lambert, Public Facilities
Michael Jankovsky, Office of the City Attorney

22 JUN 14 PM 2:57

FROM: MARY
CITY CLERK'S OFFICE

RESOLUTION

WHEREAS, numerous sidewalks in the City of Bridgeport ("City") are in varying states of disrepair; and

WHEREAS, the City can be held liable under certain circumstances for injuries which may occur due to disrepair of sidewalks; and

WHEREAS, the City has the right to force sidewalk repairs and recoup from the homeowner 100% of the costs of the repair; and

WHEREAS, the Administration desires to continue its efforts to make the City a safer place for its citizens and visitors to live and work; and

WHEREAS, the City desires to engage in an aggressive and proactive pilot program to have sidewalks repaired; and

WHEREAS, on May 1, 2017, the City Council passed a resolution which stated:

NOW, THEREFORE, in furtherance of public safety and the need for a City-wide program to repair these sidewalks in a progressive, fair, deliberate manner and in accordance with the available funding, it is hereby RESOLVED by the City Council, in support and approval of the pilot program, that the City proceed with sidewalk repair pilot program and to the extent the City causes participants' sidewalks to be repaired, to absorb fifty (50%) percent of the cost of the same, apply such Senior Citizen and Social Security Disability credits as may be applicable, and invoice the homeowner(s) the remaining balance. Should the invoice remain unpaid for thirty (30) days, and should the actual costs NOT exceed 110% of the estimates set forth to the Council in advance, the City Council will approve and accept the then filing of the appropriate lien(s) against the respective property(ies), providing, however, the City is not hereby authorized to pursue a foreclosure on a sidewalk repair lien, but rather should await payment from the affected owners, mortgagees, insurance companies, or through a sale of the subject parcel; and

WHEREAS, the approval of the Program was contingent on the Department of Public Facilities causing periodic lists of anticipated sidewalk repairs and estimated costs to be submitted to the Council for permission to lien those parcels in the event that the City causes said repairs to be made and should respective homeowner(s) fail to pay the remaining invoice within thirty (30) days of mailing of the invoice (the City may, prior to completing the repair, work out a payment arrangement with the homeowner as exigencies may require); and

WHEREAS, the City has compiled the third list which is attached hereto and made a part hereof as Exhibit A.

2022 Third Round of City Sidewalk Repair Program list of repairs.

NOW THEREFORE, pursuant to the approved Sidewalk Repair Pilot Program, it is hereby RESOLVED BY THE CITY COUNCIL, that the City proceed with the repairs set forth in Exhibit A and it is further RESOLVED that if any of the homeowners participating in the Program fail to pay their fifty (50%) percent within the allotted time and/or fail to work out and adhere to an approved payment schedule, the City Council hereby approves the filing of a lien on those respective parcels for the actual cost of repairs, but in no event more than 10% more than the estimates set forth in Exhibit A, but also NOT foreclose or sell such sidewalk repair liens as per the Program's initial approval.

EXHIBIT A

SIDEWALK REPAIR PILOT PROGRAM - COST ESTIMATES
Submitted for City Council Review and Referral to Committee - May 23, 2022

At House #	At Street	Zip	Owner First	Owner Last	Homeowner	COB	Total
106	Ashley Street	06610	Aurea E.	Reillo, et al	\$3,523.50	\$3,523.50	\$7,047.00
265	Bunnell Street	06607	Andre	Johnson	\$3,675.00	\$3,675.00	\$7,350.00
3083	Fairfield Avenue	06605	Richard & Judith	DeParle	\$1,668.00	\$1,668.00	\$3,336.00
162	Horace Street	06610	Edrick	Anderson	\$2,287.00	\$2,287.00	\$4,574.00
1321	Iranistan Avenue	06605	Jimmy and Sylvia A.	Smith, Jr.	\$3,959.50	\$3,959.50	\$7,919.00
28	Laurel Avenue	06605	Gene	Jules	\$3,687.00	\$3,687.00	\$7,374.00
114	Lewis Street	06605	David	Perez	\$3,027.00	\$3,027.00	\$6,054.00
116	Linen Avenue	06604	Franklyn S.	Felder	\$4,231.00	\$4,231.00	\$8,462.00
2505	Madison Avenue	06606	Judy A.	Dearmas	\$2,999.50	\$2,999.50	\$5,999.00
3233	Main Street	06606	Antonio	Ramos, et al	\$3,854.50	\$3,854.50	\$7,709.00
1279	Noble Avenue	06608	Sandra I.	Ramos	\$3,383.00	\$3,383.00	\$6,766.00
2080	North Avenue	06604	Patrick	Johnson, et al	\$3,191.50	\$3,191.50	\$6,383.00
181	Orchard Street	06608	Raquel	Morales	\$4,196.50	\$4,196.50	\$8,393.00
115	Park Avenue	06604	Paul & Gertrud & Peter	Yasutake	\$6,654.50	\$6,654.50	\$13,309.00
193	Prince Street	06610	Marie J.	Joseph	\$2,549.50	\$2,549.50	\$5,099.00
838	William Street	06608	Yuderkis	Mejia	\$2,590.50	\$2,590.50	\$5,181.00



CITY OF BRIDGEPORT, CONNECTICUT
OFFICE OF LABOR RELATIONS

45 Lyon Terrace • Bridgeport, Connecticut 06604 • Telephone (203) 576-7610

ERIC AMADO
Interim Director

JOSEPH P. GANIM
Mayor

COMM. 92-21 Ref'd as ACCEPTED AND MADE PART OF THE RECORD
on 06/21/2022.

June 14, 2022

Lydia N. Martinez, City Clerk
45 Lyon Terrace
Bridgeport, Connecticut 06604

RE: Unaffiliated Salary Scale

Dear Honorable Martinez:

Pursuant to Ordinance Section 2.36.010, please find the updated ranges for officers and unaffiliated employees salaries which have been adjusted to reflect a 1.25% increase in such salaries effected July 1, 2022.

Enclosed for reference are the negotiated Bridgeport City Supervisors Association (BCSA) wage increases and previous (7/1/2020 and 7/1/2021) unaffiliated salary ranges.

Thank you.

Sincerely,

Eric M. Amado,
Director of Labor Relations

Cc: Honorable Mayor Joseph P. Ganim
Daniel Shamas, Chief of Staff
Janene Hawkins, Chief Administrative Officer
Nestor Nkwo, Director of Policy and Management

22 JUN 14 PM 3:20

OFFICE OF LABOR RELATIONS

Chapter 2.36 - OFFICERS' SALARIES

Sections:

2.36.010 - Officers' and unaffiliated employee salaries.

- A. The following position salaries shall be established for all listed unaffiliated positions in this subsection. Position annual salaries and annual salaries for those acting in any of the positions set forth in this section shall be adjusted in accordance with the negotiated across-the-board increases granted to other city supervisors. The labor relations office shall provide the city clerk with updated ranges set forth in this section, effective as of each July 1, to reflect such across-the-board increases. Salary ranges for any newly created positions shall be referred to the budget and appropriations committee for review. Salary ranges for acting or appointed positions shall fall within the ranges listed below. The full city council shall have the power to approve or disapprove the salary ranges recommended by the mayor and/or budget and appropriations committee. The Mayor may authorize salary increases within the salary ranges established by ordinance. No individual, serving in a position listed below, may receive remuneration from any other city board, commission or authority of the city of Bridgeport, including the board of education, in the form of wages, fee or other emoluments, without express prior approval by the city council. The exception to this section is for a legally awarded pension from the city of Bridgeport or any of the boards, commissions or authorities, including the board of education.

Grade	Job Title/Class	Salary range	
	Chief Elected Official		
9	Mayor		\$161,018
	Chief Appointed Officials		
9a	Police Chief	\$145,076	\$159,385
9a	Fire Chief	\$145,076	\$159,385
9a	Director of Mayoral Initiatives/Chief of Staff	\$145,076	\$159,385
9a	Chief Administrative Officer	\$145,076	\$159,385
9b	Assistant CAO	\$142,590	\$156,230
	Executive Appointed Officials		
8	Finance Director	\$138,740	\$152,610

8	OPM Director	\$138,740	\$152,610
8	OPED Director	\$138,740	\$152,610
8	Public Facilities Director	\$138,740	\$152,610
8	Health Director	\$138,740	\$152,610
8	Labor Relations Director	\$138,740	\$152,610
8	Director of Health and Social Service	\$138,740	\$152,610
8	I.T.S. Director	\$138,740	\$152,610
8	Parks and Recreation Director	\$138,740	\$152,610
8	City Attorney	\$138,740	\$152,610
8a	City Attorney (PT)	\$91,915	\$100,586
8b	Assistant Chief of Police	\$138,740	\$152,610
8b	Deputy Director of Public Facilities	\$138,740	\$152,610
	Management appointed officials		
7a	City Librarian	\$122,911	\$139,608
7a	Director of Public Safety	\$122,911	\$139,608
7a	Director of Construction Services	\$122,911	\$139,608
7a	Tax Assessor	\$122,911	\$139,608
7a	Deputy Director Finance/Comptroller	\$122,911	\$139,608
7a	Director of Public Safety Communications	\$122,911	\$139,608
7a	Deputy Director OPED	\$122,911	\$139,608

7a	Tax Collector	\$122,911	\$139,608
7a	Deputy Director of Labor Relations	\$122,911	\$139,608
Major Deputy Class			
6	Director of Human Services	\$110,132	\$121,139
6	Deputy CAO	\$110,132	\$121,139
6	Deputy Director Finance/Management	\$110,132	\$121,139
6	Director of Social Services	\$110,132	\$121,139
6	Deputy City Attorney (PT)	\$110,132	\$121,139
6	Deputy Tax Assessor	\$110,132	\$121,139
6	Deputy Director Public Safety Communications	\$110,132	\$121,139
6	Communications Director	\$110,132	\$121,139
6	Director, Office of Education and Youth	\$110,132	\$121,139
6	Deputy Chief of Staff	\$110,132	\$121,139
Department Class			
5	Sr. Labor Relations Officer	\$95,448	\$110,989
5	Mayor Executive Office Manager	\$95,448	\$110,989
5	Director Organizational Development	\$95,448	\$110,989
5	City Treasurer	\$95,448	\$110,989
5	Director L.U.C.R.	\$95,448	\$110,989
5	Utility Manager	\$95,448	\$110,989

5	Benefits Manager	\$95,448	\$110,989
5	Project Manager	\$95,448	\$110,989
5	Human Resource Manager	\$95,448	\$110,989
5	Director of Grants	\$95,448	\$110,989
5	Clinical Physician	\$95,448	\$110,989
5a	Chief Accountant	\$88,508	\$97,868
Program Class			
4	Assistant Internal Audit	\$81,507	\$90,275
4	Affirmative Action Director	\$81,507	\$90,275
4	Harbormaster	\$81,507	\$90,275
4	Registrar of Voters	\$81,507	\$90,275
4a	OPM Analyst	\$73,343	\$88,415
4a	Mayor's Community Liaison	\$73,343	\$88,415
4a	Mayor's Aide	\$73,343	\$88,415
4a	Labor Management Coordinator	\$73,343	\$88,415
4a	Special Project Coordinator	\$73,343	\$88,415
4a	Labor Relations Officer	\$73,343	\$88,415
4a	Data Base Administrator	\$73,343	\$88,415
4a	Medical Health Director	\$73,343	\$88,415
Technical Class			

3	Sealer Weights and Measurers	\$73,343	\$88,415
3	Executive Secretary	\$73,343	\$88,415
3a	Assistant City Attorney's (PT)	\$58,967	\$71,419
3a	Press Secretary	\$58,967	\$71,419
3a	Assistant Special Project Manager	\$58,967	\$71,419
3a	Assistant to Police Chief	\$58,967	\$71,419
Support Services Class			
2	Administrative Assistant	\$52,026	\$64,167
2	Financial Coordinator	\$52,026	\$64,167
2	Deputy Registrar of Voters	\$52,026	\$64,167
2	Legislative Liaison	\$52,026	\$64,167
2	Secretary (Mayor)	\$52,026	\$64,167
2	Urban Affairs Officer	\$52,026	\$64,167
2a	Trainer	\$38,153	\$49,041
2a	Clerical Assistant	\$38,153	\$49,041
2a	Secretary	\$38,153	\$49,041
2a	Constituent Service Representative	\$38,153	\$49,041
2a	Legislative Aide	\$38,153	\$49,041
2b	Data Coordinator	\$44,787	\$50,761
Special Class			

1	City Clerk	\$40,868
1	Town Clerk	\$40,868
1	Public Facilities Inspector	\$49,103
1	Annex Courier (P/T)	\$24,521
1	Receptionist (P/T)	\$15,266

- B. Take Home Vehicles. The city of Bridgeport avails to certain individuals in the class of officers and unaffiliated employees the use of a take home vehicle. The improper use of said vehicle can place extreme financial burdens on the city of Bridgeport. In order to protect itself from unnecessary hardship the city of Bridgeport requires the following for any individual partaking in this benefit:
1. Mandatory random quarterly testing for drugs and alcohol.
 2. Mandatory on scene reporting to the local law enforcement authorities of any vehicle accident.
 3. Mandatory testing for drugs and alcohol within twenty-four (24) hours of any motor vehicle accident; mandatory testing within two hours of any motor vehicle accident that involves injuries to an individual.
 4. Mandatory suspension of the use of a vehicle for failure to abide by the above.
 5. The city reserves the right to establish a charge for excess mileage at a rate and a mileage limit to be determined.

(Ord. dated 6/4/07; Ord. dated 8/2/04)

(Ord. dated 7/7/08; Ord. dated 1/3/12; Ord. dated 9/4/12 ; Ord. dated 12/7/15)

2.36.020 - Dates of payment.

- A. The salaries and compensation of all officers and employees of the city, other than teachers as defined in special act number 407 of the Special Acts of 1935, Section 24, as amended by special act number 28 of 1951, shall be paid in weekly installments.
- B. Notwithstanding anything set forth in subsection A of this section, aldermen shall be paid in equal quarterly installments on January 1, April 1, July 1 and October 1. In event an alderman should in any manner vacate his or her office during his or her term of office then he or she shall be entitled to a per diem payment based upon the number of days he or she served after the last previous quarterly payment. In the event an alderman is appointed to fill a vacancy in office then he or she shall be entitled to be paid on the next quarterly payment date a per diem payment based upon the number of days he or she served to that date.

(Prior code § 2-57)

2.36.030 - Sheriffs' fees.

The following fees shall be paid to sheriffs: For each day's actual attendance in court, other than with prisoners, three dollars (\$3.00); for warning common council meeting, fifteen dollars (\$15.00).

(Prior code § 2-58)

EXHIBIT #1

**Bridgeport City Supervisors Association (BCSA) Collective Bargaining Agreement
Article III. Monetary Payments; Article 18 – WAGES**

Ordinance 2.36.010:

“Position annual salaries and annual salaries for those acting in any of the positions set forth in this section shall be adjusted in accordance with the negotiated across-the-board increases granted to other city supervisors.”

III. MONETARY PAYMENTS

ARTICLE 18 – WAGES

- 18.1A Effective July 1, 2018, the annual salary of employees covered by this agreement shall be increased by two percent (2.0%)
- 18.1B Effective July 1, 2019, the annual salary of the employees covered by this agreement shall be increased by two percent (2.0%)
- 18.1C Effective July 1, 2020, the annual salary covered by this agreement shall be increased by two percent (2.0%)
- 18.1D Effective July 1, 2021, the annual salary covered by this agreement shall be increased by two percent (2.0%).
- 18.1E Effective July 1, 2022, the annual salary covered by this agreement shall be increased by one and one quarter percent (1.25%).

18.2 For the purpose of this Agreement, an employee's regular weekly earnings shall be that portion of his/her regular annual salary which he/she receives each week. An employee's regular hourly rate shall be that portion of his/her regular weekly earnings reduced to an hourly rate.

18.3 In determining an employee's rate of pay for any monetary benefit under this Agreement, the basis to be used in such determination shall be the employee's regular annual, weekly or hourly rate, whichever is appropriate in determining such benefits.

18.4 In no event shall additional monies be received as a result of any other provisions of this Agreement be considered as a portion of an employee's regular annual, weekly or hourly rate. Except that any employee working City Hall hours whose salary is increased in accordance with the formula set forth in Article 11.1 shall be entitled to have such increase considered as a portion of such employee's regular annual, weekly or hourly rate.

18.5 In the event a bargaining unit employee is promoted, his/her new salary shall be arrived at by following the principle of a promotional increase being equal to at least a step increase in the employee's range prior to promotion.

18.6 All employees shall be paid the wages of their classification based on fifty-two (52) weeks.

18.7 Employees required to perform the majority of the job duties of a position in a higher classification than their normal classification shall be paid the rate of pay of the higher classification for that period of time. Such working out of classification

EXHIBIT #2

**Unaffiliated Ordinance 2.36.010 – Officers' and Unaffiliated Employee Salaries
July 1, 2021 Update (BCSA COLA Increase 2%)**

(The following table content is extremely faint and largely illegible due to low contrast and blurring. It appears to be a multi-column table detailing salary information for various positions.)

Position	Current Salary	Proposed Salary	Change
Police Officer	\$45,000	\$45,900	\$900
Police Sergeant	\$55,000	\$56,100	\$1,100
Police Lieutenant	\$65,000	\$66,300	\$1,300
Police Captain	\$75,000	\$76,500	\$1,500
Police Chief	\$90,000	\$91,800	\$1,800
Police Officer (Senior)	\$50,000	\$51,000	\$1,000
Police Sergeant (Senior)	\$60,000	\$61,200	\$1,200
Police Lieutenant (Senior)	\$70,000	\$71,400	\$1,400
Police Captain (Senior)	\$80,000	\$81,600	\$1,600
Police Chief (Senior)	\$95,000	\$96,900	\$1,900

Chapter 2.36 - OFFICERS' SALARIES

Sections:

2.36.010 - Officers' and unaffiliated employee salaries.

- A. The following position salaries shall be established for all listed unaffiliated positions in this subsection. Position annual salaries and annual salaries for those acting in any of the positions set forth in this section shall be adjusted in accordance with the negotiated across-the-board increases granted to other city supervisors. The labor relations office shall provide the city clerk with updated ranges set forth in this section, effective as of each July 1, to reflect such across-the-board increases. Salary ranges for any newly created positions shall be referred to the budget and appropriations committee for review. Salary ranges for acting or appointed positions shall fall within the ranges listed below. The full city council shall have the power to approve or disapprove the salary ranges recommended by the mayor and/or budget and appropriations committee. The Mayor may authorize salary increases within the salary ranges established by ordinance. No individual, serving in a position listed below, may receive remuneration from any other city board, commission or authority of the city of Bridgeport, including the board of education, in the form of wages, fee or other emoluments, without express prior approval by the city council. The exception to this section is for a legally awarded pension from the city of Bridgeport or any of the boards, commissions or authorities, including the board of education.

Grade	Job Title/Class	Salary range	
Chief Elected Official			
9	Mayor		\$159,030
Chief Appointed Officials			
9a	Police Chief	\$143,285	\$157,417
9a	Fire Chief	\$143,285	\$157,417
9a	Director of Mayoral Initiatives/Chief of Staff	\$143,285	\$157,417
9a	Chief Administrative Officer	\$143,285	\$157,417
9b	Assistant CAO	\$140,830	\$154,301
Executive Appointed Officials			
8	Finance Director	\$137,027	\$150,726

8	OPM Director	\$137,027	\$150,726
8	OPED Director	\$137,027	\$150,726
8	Public Facilities Director	\$137,027	\$150,726
8	Health Director	\$137,027	\$150,726
8	Labor Relations Director	\$137,027	\$150,726
8	Director of Health and Social Service	\$137,027	\$150,726
8	I.T.S. Director	\$137,027	\$150,726
8	Parks and Recreation Director	\$137,027	\$150,726
8	City Attorney	\$137,027	\$150,726
8a	City Attorney (PT)	\$90,780	\$99,344
8b	Assistant Chief of Police	\$137,027	\$150,726
8b	Deputy Director of Public Facilities	\$137,027	\$150,726
	Management appointed officials		
7a	City Librarian	\$121,394	\$137,884
7a	Director of Public Safety	\$121,394	\$137,884
7a	Director of Construction Services	\$121,394	\$137,884
7a	Tax Assessor	\$121,394	\$137,884
7a	Deputy Director Finance/Comptroller	\$121,394	\$137,884
7a	Director of Public Safety Communications	\$121,394	\$137,884
7a	Deputy Director OPED	\$121,394	\$137,884

7a	Tax Collector	\$121,394	\$137,884
7a	Deputy Director of Labor Relations	\$121,394	\$137,884
Major Deputy Class			
6	Director of Human Services	\$108,772	\$119,643
6	Deputy CAO	\$108,772	\$119,643
6	Deputy Director Finance/Management	\$108,772	\$119,643
6	Director of Social Services	\$108,772	\$119,643
6	Deputy City Attorney (PT)	\$108,772	\$119,643
6	Deputy Tax Assessor	\$108,772	\$119,643
6	Deputy Director Public Safety Communications	\$108,772	\$119,643
6	Communications Director	\$108,772	\$119,643
6	Director, Office of Education and Youth	\$108,772	\$119,643
6	Deputy Chief of Staff	\$108,772	\$119,643
Department Class			
5	Sr. Labor Relations Officer	\$94,270	\$109,619
5	Mayor Executive Office Manager	\$94,270	\$109,619
5	Director Organizational Development	\$94,270	\$109,619
5	City Treasurer	\$94,270	\$109,619
5	Director L.U.C.R.	\$94,270	\$109,619
5	Utility Manager	\$94,270	\$109,619

5	Benefits Manager	\$94,270	\$109,619
5	Project Manager	\$94,270	\$109,619
5	Human Resource Manager	\$94,270	\$109,619
5	Director of Grants	\$94,270	\$109,619
5	Clinical Physician	\$94,270	\$109,619
5a	Chief Accountant	\$87,415	\$96,660
Program Class			
4	Assistant Internal Audit	\$80,501	\$89,160
4	Affirmative Action Director	\$80,501	\$89,160
4	Harbormaster	\$80,501	\$89,160
4	Registrar of Voters	\$80,501	\$89,160
4a	OPM Analyst	\$72,438	\$87,323
4a	Mayor's Community Liaison	\$72,438	\$87,323
4a	Mayor's Aide	\$72,438	\$87,323
4a	Labor Management Coordinator	\$72,438	\$87,323
4a	Special Project Coordinator	\$72,438	\$87,323
4a	Labor Relations Officer	\$72,438	\$87,323
4a	Data Base Administrator	\$72,438	\$87,323
4a	Medical Health Director	\$72,438	\$87,323
Technical Class			

3	Sealer Weights and Measurers	\$72,438	\$87,323
3	Executive Secretary	\$72,438	\$87,323
3a	Assistant City Attorney's (PT)	\$58,239	\$70,537
3a	Press Secretary	\$58,239	\$70,537
3a	Assistant Special Project Manager	\$58,239	\$70,537
3a	Assistant to Police Chief	\$58,239	\$70,537
Support Services Class			
2	Administrative Assistant	\$51,384	\$63,375
2	Financial Coordinator	\$51,384	\$63,375
2	Deputy Registrar of Voters	\$51,384	\$63,375
2	Legislative Liaison	\$51,384	\$63,375
2	Secretary (Mayor)	\$51,384	\$63,375
2	Urban Affairs Officer	\$51,384	\$63,375
2a	Trainer	\$37,682	\$48,436
2a	Clerical Assistant	\$37,682	\$48,436
2a	Secretary	\$37,682	\$48,436
2a	Constituent Service Representative	\$37,682	\$48,436
2a	Legislative Aide	\$37,682	\$48,436
2b	Data Coordinator	\$44,234	\$50,134
Special Class			

1	City Clerk	\$40,363
1	Town Clerk	\$40,363
1	Public Facilities Inspector	\$48,497
1	Annex Courier (P/T)	\$24,218
1	Receptionist (P/T)	\$15,078

- B. Take Home Vehicles. The city of Bridgeport avails to certain individuals in the class of officers and unaffiliated employees the use of a take home vehicle. The improper use of said vehicle can place extreme financial burdens on the city of Bridgeport. In order to protect itself from unnecessary hardship the city of Bridgeport requires the following for any individual partaking in this benefit:
1. Mandatory random quarterly testing for drugs and alcohol.
 2. Mandatory on scene reporting to the local law enforcement authorities of any vehicle accident.
 3. Mandatory testing for drugs and alcohol within twenty-four (24) hours of any motor vehicle accident; mandatory testing within two hours of any motor vehicle accident that involves injuries to an individual.
 4. Mandatory suspension of the use of a vehicle for failure to abide by the above.
 5. The city reserves the right to establish a charge for excess mileage at a rate and a mileage limit to be determined.

(Ord. dated 6/4/07; Ord. dated 8/2/04)

(Ord. dated 7/7/08; Ord. dated 1/3/12; Ord. dated 9/4/12 ; Ord. dated 12/7/15.)

2.36.020 - Dates of payment.

- A. The salaries and compensation of all officers and employees of the city, other than teachers as defined in special act number 407 of the Special Acts of 1935, Section 24, as amended by special act number 28 of 1951, shall be paid in weekly installments.
- B. Notwithstanding anything set forth in subsection A of this section, aldermen shall be paid in equal quarterly installments on January 1, April 1, July 1 and October 1. In event an alderman should in any manner vacate his or her office during his or her term of office then he or she shall be entitled to a per diem payment based upon the number of days he or she served after the last previous quarterly payment. In the event an alderman is appointed to fill a vacancy in office then he or she shall be entitled to be paid on the next quarterly payment date a per diem payment based upon the number of days he or she served to that date.

(Prior code § 2-57)

2.36.030 - Sheriffs' fees.

The following fees shall be paid to sheriffs: For each day's actual attendance in court, other than with prisoners, three dollars (\$3.00); for warning common council meeting, fifteen dollars (\$15.00).

(Prior code § 2-58)

EXHIBIT #2

**Unaffiliated Ordinance 2.36.010 – Officers' and Unaffiliated Employee Salaries
July 1, 2020 Update (BCSA COLA Increase 2%)**

Chapter 2.36 - OFFICERS' SALARIES

Sections:

2.36.010 - Officers' and unaffiliated employee salaries.

- A. The following position salaries shall be established for all listed unaffiliated positions in this subsection. Position annual salaries and annual salaries for those acting in any of the positions set forth in this section shall be adjusted in accordance with the negotiated across-the-board increases granted to other city supervisors. The labor relations office shall provide the city clerk with updated ranges set forth in this section, effective as of each July 1, to reflect such across-the-board increases. Salary ranges for any newly created positions shall be referred to the budget and appropriations committee for review. Salary ranges for acting or appointed positions shall fall within the ranges listed below. The full city council shall have the power to approve or disapprove the salary ranges recommended by the mayor and/or budget and appropriations committee. The Mayor may authorize salary increases within the salary ranges established by ordinance. No individual, serving in a position listed below, may receive remuneration from any other city board, commission or authority of the city of Bridgeport, including the board of education, in the form of wages, fee or other emoluments, without express prior approval by the city council. The exception to this section is for a legally awarded pension from the city of Bridgeport or any of the boards, commissions or authorities, including the board of education.

Grade	Job Title/Class	Salary range	
Chief Elected Official			
9	Mayor		\$155,912
Chief Appointed Officials			
9a	Police Chief	\$140,475	\$154,330
9a	Fire Chief	\$140,475	\$154,330
9a	Director of Mayoral Initiatives/Chief of Staff	\$140,475	\$154,330
9a	Chief Administrative Officer	\$140,475	\$154,330
9b	Assistant CAO	\$138,069	\$151,275
Executive Appointed Officials			
8	Finance Director	\$134,340	\$147,771

8	OPM Director	\$134,340	\$147,771
8	OPED Director	\$134,340	\$147,771
8	Public Facilities Director	\$134,340	\$147,771
8	Health Director	\$134,340	\$147,771
8	Labor Relations Director	\$134,340	\$147,771
8	Director of Health and Social Service	\$134,340	\$147,771
8	I.T.S. Director	\$134,340	\$147,771
8	Parks and Recreation Director	\$134,340	\$147,771
8	City Attorney	\$134,340	\$147,771
8a	City Attorney (PT)	\$89,000	\$97,396
8b	Assistant Chief of Police	\$134,340	\$147,771
8b	Deputy Director of Public Facilities	\$134,340	\$147,771
Management appointed officials			
7a	City Librarian	\$119,014	\$135,180
7a	Director of Public Safety	\$119,014	\$135,180
7a	Director of Construction Services	\$119,014	\$135,180
7a	Tax Assessor	\$119,014	\$135,180
7a	Deputy Director Finance/Comptroller	\$119,014	\$135,180
7a	Director of Public Safety Communications	\$119,014	\$135,180
7a	Deputy Director OPED	\$119,014	\$135,180

7a	Tax Collector	\$119,014	\$135,180
7a	Deputy Director of Labor Relations	\$119,014	\$135,180
Major Deputy Class			
6	Director of Human Services	\$106,639	\$117,297
6	Deputy CAO	\$106,639	\$117,297
6	Deputy Director Finance/Management	\$106,639	\$117,297
6	Director of Social Services	\$106,639	\$117,297
6	Deputy City Attorney (PT)	\$106,639	\$117,297
6	Deputy Tax Assessor	\$106,639	\$117,297
6	Deputy Director Public Safety Communications	\$106,639	\$117,297
6	Communications Director	\$106,639	\$117,297
6	Director, Office of Education and Youth	\$106,639	\$117,297
6	Deputy Chief of Staff	\$106,639	\$117,297
Department Class			
5	Sr. Labor Relations Officer	\$92,360	\$107,470
5	Mayor Executive Office Manager	\$92,360	\$107,470
5	Director Organizational Development	\$92,360	\$107,470
5	City Treasurer	\$92,360	\$107,470
5	Director L.U.C.R.	\$92,360	\$107,470
5	Utility Manager	\$92,360	\$107,470

5	Benefits Manager	\$92,360	\$107,470
5	Project Manager	\$92,360	\$107,470
5	Human Resource Manager	\$92,360	\$107,470
5	Director of Grants	\$92,360	\$107,470
5	Clinical Physician	\$92,360	\$107,470
5a	Chief Accountant	\$85,701	\$94,765
Program Class			
4	Assistant Internal Audit	\$78,923	\$87,412
4	Affirmative Action Director	\$78,923	\$87,412
4	Harbormaster	\$78,923	\$87,412
4	Registrar of Voters	\$78,923	\$87,412
4a	OPM Analyst	\$71,018	\$85,611
4a	Mayor's Community Liaison	\$71,018	\$85,611
4a	Mayor's Aide	\$71,018	\$85,611
4a	Labor Management Coordinator	\$71,018	\$85,611
4a	Special Project Coordinator	\$71,018	\$85,611
4a	Labor Relations Officer	\$71,018	\$85,611
4a	Data Base Administrator	\$71,018	\$85,611
4a	Medical Health Director	\$71,018	\$85,611
Technical Class			

3	Sealer Weights and Measurers	\$71,018	\$85,611
3	Executive Secretary	\$71,018	\$85,611
3a	Assistant City Attorney's (PT)	\$57,097	\$69,154
3a	Press Secretary	\$57,097	\$69,154
3a	Assistant Special Project Manager	\$57,097	\$69,154
3a	Assistant to Police Chief	\$57,097	\$69,154
Support Services Class			
2	Administrative Assistant	\$50,376	\$62,132
2	Financial Coordinator	\$50,376	\$62,132
2	Deputy Registrar of Voters	\$50,376	\$62,132
2	Legislative Liaison	\$50,376	\$62,132
2	Secretary (Mayor)	\$50,376	\$62,132
2	Urban Affairs Officer	\$50,376	\$62,132
2a	Trainer	\$36,943	\$47,486
2a	Clerical Assistant	\$36,943	\$47,486
2a	Secretary	\$36,943	\$47,486
2a	Constituent Service Representative	\$36,943	\$47,486
2a	Legislative Aide	\$36,943	\$47,486
2b	Data Coordinator	\$44,234	\$49,151
Special Class			

1	City Clerk	\$39,572
1	Town Clerk	\$39,572
1	Public Facilities Inspector	\$47,546
1	Annex Courier (P/T)	\$23,743
1	Receptionist (P/T)	\$14,782

- B. Take Home Vehicles. The city of Bridgeport avails to certain individuals in the class of officers and unaffiliated employees the use of a take home vehicle. The improper use of said vehicle can place extreme financial burdens on the city of Bridgeport. In order to protect itself from unnecessary hardship the city of Bridgeport requires the following for any individual partaking in this benefit:
1. Mandatory random quarterly testing for drugs and alcohol.
 2. Mandatory on scene reporting to the local law enforcement authorities of any vehicle accident.
 3. Mandatory testing for drugs and alcohol within twenty-four (24) hours of any motor vehicle accident; mandatory testing within two hours of any motor vehicle accident that involves injuries to an individual.
 4. Mandatory suspension of the use of a vehicle for failure to abide by the above.
 5. The city reserves the right to establish a charge for excess mileage at a rate and a mileage limit to be determined.

(Ord. dated 6/4/07; Ord. dated 8/2/04)

(Ord. dated 7/7/08; Ord. dated 1/3/12; Ord. dated 9/4/12; Ord. dated 12/7/15)

2.36.020 - Dates of payment.

- A. The salaries and compensation of all officers and employees of the city, other than teachers as defined in special act number 407 of the Special Acts of 1935, Section 24, as amended by special act number 28 of 1951, shall be paid in weekly installments.
- B. Notwithstanding anything set forth in subsection A of this section, aldermen shall be paid in equal quarterly installments on January 1, April 1, July 1 and October 1. In event an alderman should in any manner vacate his or her office during his or her term of office then he or she shall be entitled to a per diem payment based upon the number of days he or she served after the last previous quarterly payment. In the event an alderman is appointed to fill a vacancy in office then he or she shall be entitled to be paid on the next quarterly payment date a per diem payment based upon the number of days he or she served to that date.

(Prior code § 2-57)

2.36.030 - Sheriffs' fees.

The following fees shall be paid to sheriffs: For each day's actual attendance in court, other than with prisoners, three dollars (\$3.00); for warning common council meeting, fifteen dollars (\$15.00).

(Prior code § 2-58)

City of Bridgeport, Connecticut

OFFICE OF CENTRAL GRANTS

999 Broad Street
Bridgeport, Connecticut 06604
Telephone (203) 332-5662
Fax (203) 332-5657

ISOLINA DeJESUS
Manager
Central Grants



JOSEPH P. GANIM
Mayor

June 9, 2022

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Room 204
Bridgeport, Connecticut 06604

Re: Resolution – CT Department of Education – Summer Enrichment Grant Program (#22681)

Attached, please find a Grant Summary and Resolution for the **CT Department of Education – Summer Enrichment Grant Program** to be referred to the **Education and Social Services Committee** of the City Council.

If you have any questions or require any additional information, please contact me at 203-576-7732 or joseph.katz@bridgeportct.gov.

Thank you,

Joseph Katz
Central Grants Office

22 JUN 15 AM 11:38
OFFICE OF CENTRAL GRANTS
CITY OF BRIDGEPORT



GRANT SUMMARY

PROJECT TITLE: **CT Department of Education – Summer Enrichment Grant Program (#22681)**

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: **Central Grants Office**

CONTACT NAME: **Joseph Katz**

PHONE NUMBER: **203-576-7732**

PROJECT SUMMARY/DESCRIPTION: The City of Bridgeport Department of Youth Services is seeking funds to hire 50 additional summer Junior and Senior Counselors to support camp needs at 20 Lighthouse locations this summer. This program will have a dual benefit, providing employment opportunities for local Bridgeport youth while also supporting the education and social needs of younger Lighthouse summer camp participants. This grant requires a 50% minimum match, which Youth Services will provide in the form of the existing \$150,000 budget for summer youth employment.

CONTRACT PERIOD: 6/6/2022 – 9/2/2022

FUNDING SOURCES (Including Match Funds)	
Federal:	\$ 0
State:	\$ 74,929.00
City:	\$ 150,000.00
Other:	\$ 0

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Salaries/Benefits:	\$ 74,929.00 (Wages for 50 part-time counselors)
Supplies:	\$ 0
Travel:	\$ 0
Contractual:	\$ 0

MATCH REQUIRED - NONE		
	CASH	IN-KIND
Salaries/Benefits:	\$ 150,000.00 (Wages for 100 part-time counselors)	\$ 0
Other:	\$ 0	\$ 0

A Resolution by the Bridgeport City Council

Regarding the

**CT Department of Education
Summer Enrichment Grant Program
(#22681)**

WHEREAS, the **CT Department of Education** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Summer Enrichment Grant Program**; and

WHEREAS, this funding will be used hire 50 additional summer Junior and Senior Counselors to support camp needs at 20 Lighthouse locations this summer, bringing the Lighthouse summer camp program up to a total of 150 youth counselors; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **CT Department of Agriculture Local Food Purchase Assistance Cooperative Agreement Program** to provide additional employment opportunities for local Bridgeport youth while also supporting the education and social needs of younger Lighthouse summer camp participants.

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 **CT Department of Education** for the purpose of its **Summer Enrichment Grant Program**; and
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 **CT Department of Education** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



JOSEPH P. GANIM
Mayor

City of Bridgeport, Connecticut
OFFICE OF CENTRAL GRANTS

999 Broad Street
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Telephone (203) 332-5662
Fax (203) 332-5657

ISOLINA DeJESUS
Manager
Central Grants

June 9, 2022

COMM. #95-21 Ref'd to ECD& Environment Committee
on 6/21/2022

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Room 204
Bridgeport, Connecticut 06604

Re: Resolution – CT Department of Agriculture – Local Food Purchase Assistance Cooperative Agreement Program (#23431)

Attached, please find a Grant Summary and Resolution for the **CT Department of Agriculture – Local Food Purchase Assistance Cooperative Agreement Program** to be referred to the **Economic and Community Development and the Environment Committee** of the City Council.

If you have any questions or require any additional information, please contact me at 203-576-7732 or joseph.katz@bridgeportct.gov.

Thank you,

Joseph Katz
Central Grants Office

20 JUN 15 AM 11:38
ISOLINA DeJESUS
Manager
Central Grants



GRANT SUMMARY

PROJECT TITLE: CT Department of Agriculture – Local Food Purchase Assistance Cooperative Agreement Program (#23431)

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: Central Grants Office

CONTACT NAME: Joseph Katz

PHONE NUMBER: 203-576-7732

PROJECT SUMMARY/DESCRIPTION: The purpose of the Local Food Purchase Assistance Cooperative Agreement Program is to maintain and improve food and agricultural supply chain resiliency by supporting local, regional, and underserved producers through the purchase of domestic local foods. The proposed project represents a collaboration between the City of Bridgeport and the East End NRZ Market & Cafe. If approved, funding will be used to purchase produce from small CT farmers and producers to distribute to low-income families and individuals in and around Bridgeport's East End. As a part of this work, the East End NRZ Market will also create and distribute recipes, surveys, and guidance for recipients surrounding the benefits of healthy, local food.

CONTRACT PERIOD: TBD (20-month grant period)

FUNDING SOURCES (Including Match Funds)	
Federal:	\$ 0
State:	\$ 299,828.00
City:	\$ 0
Other:	\$ 0

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Salaries/Benefits:	\$ 0
Supplies:	\$ 215,228.00 (Food and distribution materials)
Travel:	\$ 23,000.00 (Delivery costs)
Contractual:	\$ 61,600.00 (Consultant and East End Market staff)

MATCH REQUIRED - NONE		
	CASH	IN-KIND
Salaries/Benefits:	\$ 0	\$ 0
Other:	\$ 0	\$ 0

A Resolution by the Bridgeport City Council

Regarding the

**CT Department of Agriculture
Local Food Purchase Assistance Cooperative Agreement Program
(#23431)**

WHEREAS, the **CT Department of Agriculture** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Local Food Purchase Assistance Cooperative Agreement Program**; and

WHEREAS, funding will be used to purchase produce from small CT farmers and producers to distribute to low-income families and individuals in and around Bridgeport's East End through a collaboration with the East End NRZ Market & Cafe; and

WHEREAS, this project will also fund the creation and distribution of recipes, surveys, and guidance for recipients surrounding the benefits of healthy, local food; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **CT Department of Agriculture Local Food Purchase Assistance Cooperative Agreement Program** to support local producers and improve access to healthy foods for low-income 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 **CT Department of Agriculture** for the purpose of its **Local Food Purchase Assistance Cooperative Agreement Program**; and
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 **CT Department of Agriculture** 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 CENTRAL GRANTS

999 Broad Street
Bridgeport, Connecticut 06604
Telephone (203) 332-5662
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ISOLINA DeJESUS
Manager
Central Grants

JOSEPH P. GANIM

Mayor

COMM. #96-21 Ref'd to ECD& Environment Committee
on 6/21/2022

June 1, 2022

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Room 204
Bridgeport, Connecticut 06604

**Re: Resolution – National Fish and Wildlife Foundation – Long Island Sound Futures Fund
(#23614)**

Attached, please find a Grant Summary and Resolution for the **National Fish and Wildlife Foundation – Long Island Sound Futures Fund** to be referred to the **Economic and Community Development and the Environment Committee** of the City Council.

If you have any questions or require any additional information, please contact me at 203-576-7732 or joseph.katz@bridgeportct.gov.

Thank you,

Joseph Katz
Central Grants Office

22 JUN 15 AM 11:38
OFFICE OF CENTRAL GRANTS
CITY OF BRIDGEPORT



GRANT SUMMARY

PROJECT TITLE: National Fish and Wildlife Foundation – Long Island Sound Futures Fund (#23614)

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: Central Grants Office

CONTACT NAME: Joseph Katz

PHONE NUMBER: 203-576-7732

PROJECT SUMMARY/DESCRIPTION: The National Fish and Wildlife Foundation's Long Island Sound Futures Fund supports projects to fully restore the health and living resources of Long Island Sound. If funded, this project will engage volunteers and partners from the Town of Fairfield, the Aspetuck Land Trust, the City of Bridgeport's Mayor Conservation Corps, and the Ash Creek Conservation Association to plant native species of grasses and shrubs at the Ash Creek Tidal Estuary. The purpose of this work is to stabilize the estuary and prevent the erosion of the Sand Spit. This project requires a 25-percent match, which will be provided as an in-kind contribution of salary/wages for the Sustainability Manager, and a 7-person crew of 1 foreman and 6 public works maintainers who will coordinate the purchase of native plants, plantings, and the deployment of volunteers.

CONTRACT PERIOD: 10/1/2022 – 9/30/2024

FUNDING SOURCES (Including Match Funds)	
Federal:	\$ 0
State:	\$ 0
City:	\$ 48,648.36
Other:	\$ 194,593.43

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Salaries/Benefits:	\$ 0
Supplies:	\$ 169,593.43 (Plantings and educational materials)
Travel:	\$ 0
Contractual:	\$ 25,000.00 (Consultant)

MATCH REQUIRED		
	CASH	IN-KIND
Salaries/Benefits:	\$	\$ 48,648.36
Other:	\$	\$0

A Resolution by the Bridgeport City Council

Regarding the

**National Fish and Wildlife Foundation
Long Island Sound Futures Fund
(#23614)**

WHEREAS, the **National Fish and Wildlife Foundation** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Long Island Sound Futures Fund**; and

WHEREAS, funds under this grant will be used to engage volunteers and partners from the Town of Fairfield, the Aspetuck Land Trust, the City of Bridgeport's Mayor Conservation Corps, and the Ash Creek Conservation Association to plant native species of grasses and shrubs at the Ash Creek Tidal Estuary; and

WHEREAS, the purpose of this work is to help stabilize the Ash Creek estuary and prevent the erosion of the Sand Spit; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **National Fish and Wildlife Foundation Long Island Sound Futures Fund** to help preserve this critical natural resource for the residents of Bridgeport.

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 Fish and Wildlife Foundation** for the purpose of its **Long Island Sound Futures Fund**; and
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 Fish and Wildlife Foundation** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



JOSEPH P. GANIM
Mayor

City of Bridgeport, Connecticut
OFFICE OF CENTRAL GRANTS

999 Broad Street
Bridgeport, Connecticut 06604
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Fax (203) 332-5657

ISOLINA DeJESUS
Manager
Central Grants

COMM. #97-21 Ref'd to ECD& Environment Committee
on 6/21/2022

May 13, 2022

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Room 204
Bridgeport, Connecticut 06604

Re: Resolution – Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Elderly Hispanic Program (#23270)

Attached, please find a Grant Summary and Resolution for the **Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Elderly Hispanic Program** to be referred to the **Committee on Economic and Community Development and Environment** of the City Council.

If you have any questions or require additional information, please contact me at 203-576-7732 or joseph.katz@bridgeportct.gov.

Thank you,

Joseph Katz
Central Grants Office

22 JUN 15 AM 11:38
OFFICE OF THE CITY CLERK
CITY OF BRIDGEPORT, CT



GRANT SUMMARY

PROJECT TITLE: Southwestern Connecticut Agency on Aging – Title III Funding Older Americans Act Grant Program – Elderly Hispanic Program (#23270)

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: Central Grants Office

CONTACT NAME: Joseph Katz

PHONE NUMBER: 203-576-7732

PROJECT SUMMARY/DESCRIPTION: The City of Bridgeport is seeking funding from SWCAA to support the Health and Social Services Elderly Hispanic Program. Funding will be used to continue to provide bilingual information and assistance, as well as education sessions to low-income, Hispanic 60+ adults. This funding will cover the salary of a Project Coordinator, who will continue to conduct one-on-one counseling/referral services and complete at least 3 community group sessions at each of the City's senior centers. The Elderly Hispanic Program aims to improve the quality-of-life for seniors in Bridgeport that have limited English proficiency.

CONTRACT PERIOD: 10/01/2022 – 09/30/2023

FUNDING SOURCE (Including Match Funds)	
Federal:	\$ 46,323.19
State:	\$ 0
City:	\$ 8,174.68
Other:	\$ 0

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Salaries/Benefits:	\$ 28,673 (Personnel without Full Benefits)
Supplies:	\$ 1,000 (Office Supplies & Cutlery)
Publication & Printing:	\$ 850 (Forms, Pamphlets, Brochures)
Travel:	\$ 300 (Outreach in the Community)
Other:	\$ 2,000 (Food/Beverage for group meetings)

MATCH REQUIRED		
	CASH	IN-KIND
Salaries/Benefits:	\$	\$ 8,174.68 (Salary and building space)

A Resolution by the Bridgeport City Council

Regarding the

**Southwestern Connecticut Agency on Aging (SWCAA) –
Title III Funding Older Americans Act Grant Program -
Elderly Hispanic Program
(#23270)**

WHEREAS, the **Southwestern Connecticut Agency on Aging (SWCAA)** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Title III Funding Older Americans Act Grant Program**; and

WHEREAS, funds under this grant will be used to support the Elderly Hispanic Program; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **Southwestern Connecticut Agency on Aging – Title III Funding Older Americans Act Grant Program** to continue to provide information, assistance, and referral services to low-income, Hispanic adults aged 60+ in the Bridgeport area.

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 **Southwestern Connecticut Agency on Aging (SWCAA)** for the purpose of its **Title III Funding Older Americans Act Grant Program**; and
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 **Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program** 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 CENTRAL GRANTS

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Telephone (203) 332-5662
Fax (203) 332-5657

ISOLINA DeJESUS
Manager
Central Grants

JOSEPH P. GANIM
Mayor

COMM. #98-21 Ref'd to ECD & Environment Committee
on 6/21/2022

May 13, 2022

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Room 204
Bridgeport, Connecticut 06604

Re: Resolution – Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Bridgeport Senior Center Recreation Activities (#23533)

Attached, please find a Grant Summary and Resolution for the **Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program – Bridgeport Senior Center Recreation Activities** to be referred to the **Committee on Economic and Community Development and Environment** of the City Council.

If you have any questions or require additional information, please contact me at 203-576-7732 or joseph.katz@bridgeportct.gov.

Thank you,

Joseph Katz
Central Grants Office

22 JUN 15 AM 11:38
CITY CLERK'S OFFICE
MAY 13 2022



GRANT SUMMARY

PROJECT TITLE: **Southwestern Connecticut Agency on Aging – Title III Funding Older Americans Act Grant Program – Bridgeport Senior Center Recreation Activities (#23533)**

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: **Central Grants Office**

CONTACT NAME: **Joseph Katz**

PHONE NUMBER: **203-576-7732**

PROJECT SUMMARY/DESCRIPTION: The City of Bridgeport is seeking funding from SWCAA to continue the Department on Aging’s recreation and activities programs at the City’s three senior centers, the Health and Social Services Elderly Hispanic Program. This funding will allow senior centers to continue offering weekly classes designed to support the physical and mental health of local older adults. If awarded, funding from this grant will also provide Senior Centers with the flexibility to pivot to remote activities in the instance that the COVID-19 pandemic continues to disrupt in-person services for seniors.

CONTRACT PERIOD: 10/01/2022 – 09/30/2023

FUNDING SOURCE (Including Match Funds)	
Federal:	\$ 50,000.00
State:	\$ 0
City:	\$ 47,916.00
Other:	\$ 0

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Contractual:	\$ 43,750.00 (Instructors)
Supplies:	\$ 4,500.00 (Supplies for classes and activities)
Publication & Printing:	\$ 1000.00 (Forms, Pamphlets, Brochures)
Communications:	\$ 750.00 (Advertisements)

MATCH REQUIRED		
	CASH	IN-KIND
Salaries/Benefits:	\$	\$ 45,496.00 (Salary and fringe)
Building Space	\$	\$ 2,420.00

A Resolution by the Bridgeport City Council

Regarding the

**Southwestern Connecticut Agency on Aging (SWCAA) –
Title III Funding Older Americans Act Grant Program -
Bridgeport Senior Center Recreation Activities
(#23533)**

WHEREAS, the **Southwestern Connecticut Agency on Aging (SWCAA)** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Title III Funding Older Americans Act Grant Program**; and

WHEREAS, funds under this grant will be used to support Bridgeport senior center recreation activities; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **Southwestern Connecticut Agency on Aging – Title III Funding Older Americans Act Grant Program** to increase recreational options at senior centers to enhance the wellbeing of older adults in Bridgeport.

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 **Southwestern Connecticut Agency on Aging (SWCAA)** for the purpose of its **Title III Funding Older Americans Act Grant Program**; and
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 **Southwestern Connecticut Agency on Aging (SWCAA) – Title III Funding Older Americans Act Grant Program** 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 CENTRAL GRANTS

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ISOLINA DeJESUS
Manager
Central Grants

JOSEPH P. GANIM
Mayor

**COMM. #99-21 Ref'd to ECD & Environment Committee
on 6/21/2022**

June 8, 2022

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Room 204
Bridgeport, Connecticut 06604

**RE: Resolution –State of Connecticut Department of Economic and Community
Development- Grant- In- Aid-Beardsley Zoo Improvements**

Dear Ms. Martinez,

Attached, please find a Grant Summary and Resolution for the **State of Connecticut Department of Economic and Community Development- Grant- In- Aid- Beardsley Zoo Improvements** to be referred to the **Committee on Economic and Community Development and Environment** of the City Council.

If you have any questions or require any additional information, please contact me at 203-332-5665 or melissa.oliveira@bridgeportct.gov.

Thank you,

Melissa Oliveira
Central Grants Office

22 JUN 15 AM 11:38
OFFICE OF THE CITY CLERK
BRIDGEPORT, CT



GRANT SUMMARY

PROJECT TITLE: **State of Connecticut Department of Economic and Community Development- Grant-In- Aid-Beardsley Zoo Improvements**

DEPARTMENT SUBMITTING INFORMATION: **Central Grants Office**

CONTACT NAME: **Melissa Oliveira**

PHONE NUMBER: **203-332-5665**

PROJECT SUMMARY/DESCRIPTION: The City of Bridgeport is seeking funding to build a new tiger exhibit and upgrade, restore and enhance the greenhouse, gardens and guest services. The projects will consist of the following:

Tiger Exhibit: This new exhibit will enlarge the overall habitat, increasing both indoor and outdoor space and allowing for more enrichment opportunities. The redesign will include additional viewing space, educational space for presentation opportunities, photo ops and educational signage. Additionally, this exhibit would be for the endangered Siberian tigers, known as Amur tigers. Due to the Zoo's breeding success, this renovation plays a vital role in helping to conserve the Amur tiger population for future generations.

Greenhouse, Gardens, and Guest Services Upgrades and Enhancements: Funding would support the needs of the working greenhouse, including needed upgrades and restorations to enhance horticulture education opportunities and support the Zoo's goal to become a Level 1 Arboretum. Funding would also be used to enhance social gatherings by updating the Zoo with new roadways, path improvements, rest areas, gardens, park pavilions and additional guest amenities. Additionally with the upgrades to the gardens, the Zoo would be able to then apply for Botanical Garden status.

CONTRACT PERIOD: TBD

FUNDING SOURCES (include matching funds):	
Federal:	\$ 0
State:	\$ 4,100,000.00
City:	\$ 0
Other:	\$ 0

GRANT FUNDED PROJECT FUNDS REQUESTED	
Legal:	\$ 5,000.00
Construction:	\$ 4,094,000.00

MATCH REQUIRED- N/A		
	CASH	IN-KIND
Source:		
Legal:	\$ 0	\$ 0
Construction:	\$ 0	\$ 0

A Resolution by the Bridgeport City Council

**Regarding the
State of Connecticut Department of Economic and Community Development
Grant- In- Aid- Beardsley Zoo Improvements**

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 Bond Commission**; and

WHEREAS, the purpose of the grant program is to provide grant-in-aid for the Beardsley Zoo for improvements and renovations to the Tiger Exhibit, greenhouse, gardens and guest services;

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the **State of Connecticut Department of Economic and Community Development** to build a new tiger exhibit and upgrade, restore and enhance the greenhouse, gardens and guest services.

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 Economic and Community Development** for the purpose of its **Public Assistance Program for Tropical Storm Isaias**; and
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 Economic and Community Development- Grant-In-Aide- Beardsley Zoo Improvements** 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 CENTRAL GRANTS

999 Broad Street
Bridgeport, Connecticut 06604
Telephone (203) 332-5662
Fax (203) 332-5657

ISOLINA DeJESUS
Manager
Central Grants

JOSEPH P. GANIM
Mayor

COMM. #100-21 Ref'd to ECD& Environment Committee
on 6/21/2022

June 8, 2022

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Room 204
Bridgeport, Connecticut 06604

RE: Resolution – State of Connecticut Department of Energy and Environmental Protection Urban Green & Community Garden Initiative Grant

Dear Ms. Martinez,

Attached, please find a Grant Summary and Resolution for the **State of Connecticut Department of Energy and Environmental Protection Urban Green & Community Garden Initiative Grant** to be referred to the **Committee on Economic and Community Development and Environment** of the City Council.

If you have any questions or require any additional information, please contact me at 203-332-5665 or melissa.oliveira@bridgeportct.gov.

Thank you,

Melissa Oliveira
Central Grants Office

22 JUN 15 AM 11:38
BRIDGEPORT CT
OFFICE OF CENTRAL GRANTS



GRANT SUMMARY

PROJECT TITLE: State of Connecticut Department of Energy and Environmental Protection
Urban Green & Community Garden Initiative Grant

DEPARTMENT SUBMITTING INFORMATION: Central Grants Office

CONTACT NAME: Melissa Oliveira

PHONE NUMBER: 203-332-5665

PROJECT SUMMARY/DESCRIPTION: The City of Bridgeport is seeking funding to assist municipalities, land conservation organizations, and water companies with the preservation of open space lands, or to construct improve, or restore a community garden/urban green. The City will partner with the Green Village Initiative Inc. to improve and restore community gardens within the City.

CONTRACT PERIOD: 2/28/2022-2/27/2023

FUNDING SOURCES (include matching funds):	
Federal:	\$ 0
State:	\$ 28,539.00
City:	\$ 0
Other:	\$ 28,539.00

GRANT FUNDED PROJECT FUNDS REQUESTED	
Salaries/Benefits:	\$ 0
Contractual	\$ 28,539.00
Other:	\$ 0

MATCH REQUIRED		
	CASH	IN-KIND
Source: Provided by GVI		
Salaries/Benefits:	\$ 20,644.75	\$ 0
Materials:	\$ 6,641.60	\$ 0
Educational Materials:	\$ 1,252.65	\$ 0
Other:	\$ 0	\$ 0

A Resolution by the Bridgeport City Council

**Regarding the
State of Connecticut Department of Energy and Environmental Protection
Urban Green & Community Garden Initiative Grant**

WHEREAS, the **State of Connecticut Department of Energy and Environmental Protection** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Urban Green & Community Garden Initiative**; and

WHEREAS, the purpose of the grant program is to assist municipalities, land conservation organizations, and water companies with the preservation of open space lands, or to construct improve, or restore a community garden/urban green;

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the **State of Connecticut Department of Energy and Environmental Protection** to improve and restore community gardens within the City.

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 Energy and Environmental Protection** for the purpose of its **Urban Green & Community Garden Initiative Grant**; and
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** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



OFFICE OF THE CITY CLERK RESOLUTION FORM

22 JUN 15 PM 2:00
ATTACHED
BRIDGEPORT

SECTION I CITY COUNCIL SUBMISSION INFORMATION

Log ID/Item Number:	93-21
Submitted by Councilmember(s):	Aidee Nieves
Co-Sponsors(s):	Marcus A. Brown Ernest E. Newton Choose an item. Choose an item.
District:	137TH 132 nd 139 th
Subject:	Proposed Amendment to Municipal Code of Ordinances, Section 2.06.010—Districts for Election of Council Members
Referred to:	Choose an item Committee on Redistricting
City Council Date:	June 21, 2022

SECTION II RESOLUTION (PLEASE TYPE BELOW)

PROPOSED AMENDMENT of Code of Ordinances SECTION 2.06.010 - *Districts for election of council members.*

Whereas, pursuant to Bridgeport City Charter Chapter 5, Section 2 the City Council shall by ordinance establish ten districts utilizing the most recent United States decennial census data in conformity with provisions of the general law and by making each district as equal in population to each other such district as possible, taking into consideration senate and assembly district lines and natural boundaries and divisions.

Whereas, pursuant to Bridgeport City Charter, Chapter 5, Sec. 2(d) the City Council shall provide suitable polling places in such districts and shall define the boundaries of the area to be served by each polling place.

Whereas, on or about December 20, 2021, the City Council established a Special Committee on Redistricting.

Whereas, the City has retained the same redistricting consultant, Election Data Services, Inc. of Manassas VA (President Kimball W. Brace), that it utilized in the last several City Council redistricting projects to provide professional consulting services, software, database preparation, and other related assistance in the City Council's redistricting process.

Whereas, the Special Committee on Redistricting, with the assistance of its consultant, is positioned to prepare and recommend for adoption by ordinance amendment a revised plan of redistricting geographic boundaries of City Council districts, polling places and precinct lines.

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BRIDGEPORT THAT Bridgeport Code of Ordinances Sec. 2.06.010 be and hereby is **AMENDED** as follows:

2.06.010 - Districts for election of council members.

A. The town and city is hereby divided into ten districts for the election of members of the city council.

1. Each district for the election of members of the city council shall consist of the residents of the census blocks listed for that district on the attached census block list.



OFFICE OF THE CITY CLERK RESOLUTION FORM

2. The information on the census block list shall be recorded on a census block map and on a street map of the city of Bridgeport.

3. The census block list and maps, both dated [2010 (Plan 3)] _____, shall be filed in and available to the public in the office of the city clerk.

4. In the event of conflict between the maps and the census block list, the census block list shall control.

B. There shall be two members of the city council elected from each district.

C. This section shall remain in place until a new plan is adopted following the next decennial federal census pursuant to C.G.S. Sec. 9-169f and the city Charter, Chapter 5, Section 2, and governing [statutory] law and constitutional provisions [as a result of, or as otherwise required by statute or court order].

D. The plan of districting hereby adopted and set forth in the attached [2010 (Plan 3)] _____ census block list and maps, and the ten districts established herein shall be utilized for the [2012] 2023 Bridgeport municipal elections.

E. The polling places and precinct lines for local, state, and federal legislative districts shall be in accordance with, and as represented on, lists and maps and such other related documents to be maintained in the City Clerk's Office under the title "polling places and precinct lines adopted by the City Council in June 2022 following the most recent decennial census".

Effective date: Immediately upon publication.

SECTION III SUBSEQUENT REFERRALS/REPLIES AND DATE SENT/RECEIVED

DEPARTMENT	Referral date sent	Response Received	Date reply received
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV PUBLIC HEARING INFORMATION

Public Hearing Required	Details	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Hearing Ordered on: CT Post Publication Date(s):	



OFFICE OF THE CITY CLERK RESOLUTION FORM

Public Hearing Held on:

SECTION V AMENDMENTS/EXHIBITS

Choose an item: Yes No Date:

SECTION VI COMMITTEE ACTION/APPROVAL INFORMATION

Choose an item: Yes No Date:

Choose an item: Yes No Date:

Choose an item: Yes No Date:

SECTION VII WITHDRAWN/SINE DIE INFORMATION

Choose an item: Yes No Date:

SECTION VIII DATE OF APPROVAL/DENIAL FROM CITY COUNCIL

City Council Approval Date:

SECTION IX COMMENTS (if any)

Ortiz, Frances

From: Nieves, Aidee
Sent: Wednesday, June 15, 2022 1:58 PM
To: Ortiz, Frances
Cc: Anastasi, Mark T; Gaudett, Thomas
Subject: Redistricting resolution
Attachments: Resolution on Redistricting 2022.docx

Frances,

Redistributing resolution for council agenda.
Please add to the agenda for next Monday, June 20th.

Aidee

Ortiz, Frances

From: Gaudett, Thomas
Sent: Wednesday, June 15, 2022 1:59 PM
To: Ortiz, Frances; Pettway, Lonnelle
Subject: Redistricting Exhibits
Attachments: BridgeportWards_ProposalA_PopComparison.pdf; BridgeportProposalA_BEF.pdf; Bridgeport_ProposalA.pdf

Here are the three exhibits associated with Aidee's redistricting item.

-Tom

Proposal A

Original Data (No Correctional Population)					Adjusted Data			
DISTRICT	All Persons	Target	Dev.	Difference	DISTRICT	All Persons	Target	Dev.
1	14,323	14,801	-3.2%	-478	1	14,499	14,936	-2.9%
2	15,038	14,801	1.6%	237	2	15,155	14,936	1.5%
3	15,261	14,801	3.1%	460	3	15,348	14,936	2.8%
4	15,446	14,801	4.4%	645	4	15,482	14,936	3.7%
5	14,931	14,801	0.9%	130	5	15,078	14,936	1.0%
6	14,516	14,801	-1.9%	-285	6	14,625	14,936	-2.1%
7	14,447	14,801	-2.4%	-354	7	14,675	14,936	-1.7%
8	14,525	14,801	-1.9%	-276	8	14,634	14,936	-2.0%
9	15,179	14,801	2.6%	378	9	15,423	14,936	3.3%
10	14,345	14,801	-3.1%	-456	10	14,441	14,936	-3.3%
	148011					149,360		
		Ward 4	4.4%	7.6%			Ward 4	3.7%
		Ward 1	-3.2%				Ward 10	-3.3%

Difference

-437

219

412

546

142

-311

-261

-302

487

-495

7.0%

Block Equivalency for Bridgeport, CT Council Districts

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Block Equivalency for Bridgeport, CT Council Districts

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Block Equivalency for Bridgeport, CT Council Districts

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Block Equivalency for Bridgeport, CT Council Districts

090010720001014, 3	District 4	090010723003002, 4
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Block Equivalency for Bridgeport, CT Council Districts

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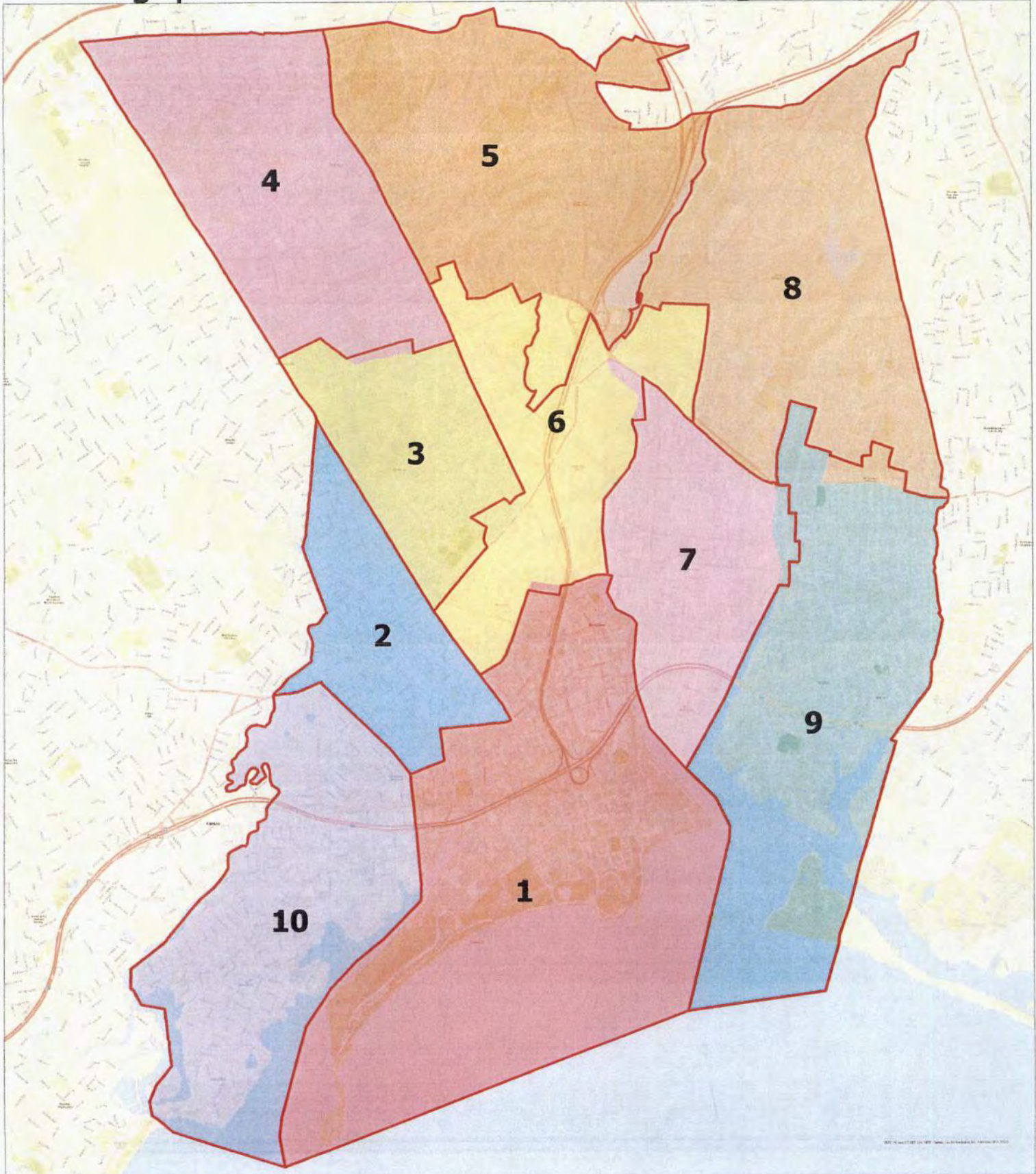
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Block Equivalency for Bridgeport, CT Council Districts

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Bridgeport - 2022 Council Redistricting - Proposal A



Total Population (Allocated Data)


DISTRICT	All Persons	Target	Dev.	Difference
1	14499	14,936	-2.9%	-437
2	15155	14,936	1.5%	219
3	15348	14,936	2.8%	412
4	15482	14,936	3.7%	546
5	15078	14,936	1.0%	142
6	14625	14,936	-2.1%	-311
7	14675	14,936	-1.7%	-261
8	14634	14,936	-2.0%	-302
9	15423	14,936	3.3%	487
10	14441	14,936	-3.3%	-495

Racial Demographics as Percent of Total Population (Census PL Data)

DISTRICT	NH White	NH Black	NH Asian	Hispanic	Non-White
1	11.05%	35.24%	4.52%	44.70%	88.95%
2	15.27%	32.72%	5.09%	41.63%	84.73%
3	19.63%	29.03%	2.38%	37.64%	80.37%
4	40.46%	19.42%	3.41%	27.50%	59.54%
5	11.36%	43.60%	2.20%	37.13%	88.64%
6	9.90%	31.29%	2.43%	48.88%	90.10%
7	3.86%	32.10%	0.89%	60.03%	96.14%
8	15.20%	36.29%	3.34%	41.05%	84.80%
9	5.35%	44.42%	0.89%	45.89%	94.65%
10	30.87%	22.85%	1.99%	40.28%	69.13%

Map Produced June 3, 2022



 Existing Districts



Item # *85-21 Consent Calendar

Municipal Suspense Tax Book.



**Report
of
Committee
on
Budget and Appropriations**

City Council Meeting Date: June 21, 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.

22 JUL -7 PM 12:11



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. *85-21 Consent Calendar

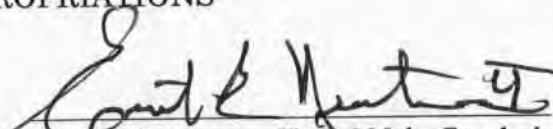
RESOLVED, That the City Council of the City of Bridgeport hereby approve, as directed by the State Tax Commission under Section 12-165, a copy of Municipal Suspense Tax Book for fiscal year ending June 30, 2022; and be it further

RESOLVED, That this Manual represents Grand List 2006 through 2022, which consist of Analyzed Personal Property and Motor Vehicle Taxes at the close of the fiscal year ending June 30, 2022 for the total amount of \$81,676.16.

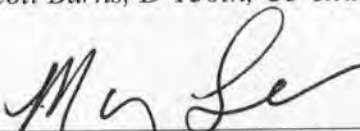
RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
BUDGET AND APPROPRIATIONS



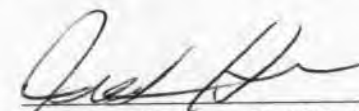
Scott Burns, D-130th, Co-chair



Ernest E. Newton II, D-139th, Co-chair

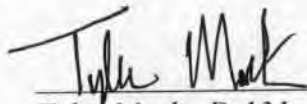


Mary A. McBride-Lee, D-135th



Jeanette Herron, D-133rd

Matthew McCarthy, D-130th



Tyler Mack, D-131st

AmyMarie Vizzo-Paniccia, D-134th

City Council Date: June 21, 2022

Bill #	Dst	Name	Code	Reason	Date	Town Due	Total Susp
2006-02-3647459		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 322.52	\$ 322.52
2006-02-5613011		HAIR MIRACLES		OUT OF BUSINESS	4/7/2022	\$ 322.40	\$ 322.40
2006-02-8316186		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 103.20	\$ 103.20
PERSONAL PROPERTY	# Of Acct: 3					\$ 748.12	
2006-03-7433435		GARRETT LLOYD H AND		DECEASED	3/31/2022	\$ 55.98	\$ 55.98
2006-03-8157231		CALVAO JOSE L		DECEASED	3/30/2022	\$ 62.84	\$ 62.84
MOTOR VEHICLE	# Of Acct: 2					\$ 118.82	
YR : 2006	TOTAL : 5					\$ 866.94	\$ 866.94
2007-02-3647459		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 557.26	\$ 557.26
2007-02-5613011		HAIR MIRACLES		OUT OF BUSINESS	4/7/2022	\$ 417.86	\$ 417.86
2007-02-6805695		SUZAN BS AT BPT MANOR		OUT OF BUSINESS	4/7/2022	\$ 308.38	\$ 308.38
2007-02-7367602		MAMA JESMIN HALAL MEAT/GROCERY		OUT OF BUSINESS	5/4/2022	\$ 1,114.50	\$ 1,114.50
2007-02-8316186		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 1,114.50	\$ 1,114.50
PERSONAL PROPERTY	# Of Acct: 5					\$ 3,512.50	
2007-03-7433435		GARRETT LLOYD H AND		DECEASED	3/31/2022	\$ 111.54	\$ 111.54
2007-03-8157231		CALVAO JOSE L		DECEASED	3/30/2022	\$ 59.29	\$ 59.29
2007-03-8687346		TIRADO ANGELL		DECEASED	4/4/2022	\$ 67.09	\$ 67.09
MOTOR VEHICLE	# Of Acct: 3					\$ 237.92	
YR : 2007	TOTAL : 8					\$ 3,750.42	\$ 3,750.42
2008-02-0041153		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 968.50	\$ 968.50
2008-02-0041413		DANIELS R.E. HOLDINGS LLC		OUT OF BUSINESS	4/7/2022	\$ 167.53	\$ 167.53
2008-02-0041863		FAMILY HALAL MEAT & GROCERY		OUT OF BUSINESS	5/4/2022	\$ 968.50	\$ 968.50
2008-02-0042306		HAIR MIRACLES		OUT OF BUSINESS	4/7/2022	\$ 363.12	\$ 363.12
2008-02-0043380		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 484.26	\$ 484.26
2008-02-0043878		PEOPLES BROADCAST NET LLC-WDIZ		OUT OF BUSINESS	4/4/2022	\$ 1,210.64	\$ 1,210.64
2008-02-0044728		SUZAN BS AT BPT MANOR		OUT OF BUSINESS	4/7/2022	\$ 302.68	\$ 302.68
PERSONAL PROPERTY	# Of Acct: 8					\$ 5,046.33	
2008-03-0053792		BADOWSKI SOPHIE C		DECEASED	3/30/2022	\$ 43.39	\$ 43.39

22 JUN 14 AM 10:28

Bill #	Dst	Name	Code	Reason	Date	Town Due	Total Susp
2008-03-0070751		FEDERICI MARTIN J		DECEASED	3/31/2022	\$ 213.46	\$ 213.46
2008-03-0071994		FLORES YOLANDA		BANKRUPTCY	4/8/2022	\$ 82.97	\$ 82.97
2008-03-0115724		TIRADO ANGEL L		DECEASED	4/4/2022	\$ 56.95	\$ 56.95
MOTOR VEHICLE	# Of Acct: 4					\$ 396.77	

YR : 2008 TOTAL : 12 \$ 5,443.10 \$ 5,443.10

2009-02-0041153		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 991.00	\$ 991.00
2009-02-0041413		DANIELS R.E. HOLDINGS LLC		OUT OF BUSINESS	4/7/2022	\$ 644.16	\$ 644.16
2009-02-0041863		SHARA INDIAN GROCERY & HALAL		OUT OF BUSINESS	5/4/2022	\$ 991.00	\$ 991.00
2009-02-0042306		HAIR MIRACLES		OUT OF BUSINESS	4/7/2022	\$ 371.56	\$ 371.56
2009-02-0043380		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 495.50	\$ 495.50
2009-02-0043878		PEOPLES BROADCAST NET LLC-WDIZ		OUT OF BUSINESS	4/4/2022	\$ 1,238.76	\$ 1,238.76
2009-02-0044728		SUZAN BS AT BPT MANOR		OUT OF BUSINESS	4/7/2022	\$ 309.72	\$ 309.72
PERSONAL PROPERTY	# Of Acct: 7					\$ 5,041.70	

2009-03-0003842		BADOWSKI SOPHIE C		DECEASED	3/30/2022	\$ 43.60	\$ 43.60
2009-03-0004833		BAURO TIMOTHY T	DE	DECEASED	4/28/2022	\$ 221.98	\$ 221.98
2009-03-0005854		BILECA WILLIAM		DECEASED	3/30/2022	\$ 162.52	\$ 162.52
2009-03-0020469		FEDERICI MARTIN J		DECEASED	3/31/2022	\$ 183.94	\$ 183.94
MOTOR VEHICLE	# Of Acct: 4					\$ 612.04	

YR : 2009 TOTAL : 11 \$ 5,653.74 \$ 5,653.74

2010-02-0041153		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 792.80	\$ 792.80
2010-02-0041413		DANIELS R.E. HOLDINGS LLC		OUT OF BUSINESS	4/7/2022	\$ 515.32	\$ 515.32
2010-02-0041863		BISMILLAH GROCERY & HALAL MEAT		OUT OF BUSINESS	5/4/2022	\$ 792.80	\$ 792.80
2010-02-0042306		HAIR MIRACLES		OUT OF BUSINESS	4/7/2022	\$ 297.22	\$ 297.22
2010-02-0043380		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 180.36	\$ 180.36
2010-02-0043878		PEOPLES BROADCAST NET LLC-WDIZ		OUT OF BUSINESS	4/4/2022	\$ 495.50	\$ 495.50
PERSONAL PROPERTY	# Of Acct: 6					\$ 3,074.00	

2010-03-0004860		BAURO TIMOTHY T	DE	DECEASED	4/28/2022	\$ 204.16	\$ 204.16
2010-03-0022964		GALIAN JOHN N		DECEASED	4/20/2022	\$ 72.77	\$ 72.77
2010-03-0072279		ZEBROWSKI ANNE M		DECEASED	4/4/2022	\$ 75.71	\$ 75.71
MOTOR VEHICLE	# Of Acct: 3					\$ 352.64	

Bill #	Dst	Name	Code	Reason	Date	Town Due	Total Susp
2010-04-0084120		DEFILIPPO CATHERINE		BANKRUPTCY	4/8/2022	\$ 251.16	\$ 251.16
2010-04-0084121		DEFILIPPO CATHERINE		BANKRUPTCY	4/8/2022	\$ 275.78	\$ 275.78
MV SUPP	# Of Acct: 2					\$ 526.94	

YR : 2010 TOTAL : 11 \$ 3,953.58 \$ 3,953.58

2011-02-0040561		BISMILLAH GROCERY & HALAL MEAT		OUT OF BUSINESS	5/4/2022	\$ 822.20	\$ 822.20
2011-02-0041066		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 822.20	\$ 822.20
2011-02-0041295		DANIEL REAL ESTATE HOLDINGS		OUT OF BUSINESS	4/7/2022	\$ 719.44	\$ 719.44
2011-02-0041298		DANIELS R.E. HOLDINGS LLC		OUT OF BUSINESS	4/7/2022	\$ 534.44	\$ 534.44
2011-02-0041592		EMPORIUM CAFE		OUT OF BUSINESS	5/4/2022	\$ 21.25	\$ 21.25
2011-02-0042085		HAIR MIRACLES		OUT OF BUSINESS	4/7/2022	\$ 308.24	\$ 308.24
2011-02-0043081		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 187.06	\$ 187.06
2011-02-0043527		PEOPLES BROADCAST NET LLC-WDJZ		OUT OF BUSINESS	4/4/2022	\$ 1,027.76	\$ 1,027.76
2011-02-0044840		TOTALLY UNLIMITED WIRELESS LLC	OB	OUT OF BUSINESS	5/4/2022	\$ 180.56	\$ 180.56
PERSONAL PROPERTY	# Of Acct: 9					\$ 4,623.15	

2011-03-0054869		BAURO TIMOTHY T	DE	DECEASED	4/28/2022	\$ 183.36	\$ 183.36
2011-03-0060815		CERRETA PEGGY		DECEASED	3/30/2022	\$ 171.44	\$ 171.44
2011-03-0065843		DEFILIPPO CATHERINE		BANKRUPTCY	4/8/2022	\$ 390.14	\$ 390.14
2011-03-0065844		DEFILIPPO CATHERINE		BANKRUPTCY	4/8/2022	\$ 444.00	\$ 444.00
2011-03-0080361		JACOBS CAROL A		DECEASED	4/1/2022	\$ 20.56	\$ 20.56
2011-03-0092366		MOORE WILLIAM EDWARD		DECEASED	4/20/2022	\$ 79.55	\$ 79.55
2011-03-0109165		SCINTO DANIEL		DECEASED	4/4/2022	\$ 88.80	\$ 88.80
2011-03-0109796		SHAW ISAAC C		DECEASED	4/4/2022	\$ 62.08	\$ 62.08
2011-03-0114140		THOMPSON PAUL A		DECEASED	4/4/2022	\$ 152.93	\$ 152.93
MOTOR VEHICLE	# Of Acct: 9					\$ 1,592.86	

YR : 2011 TOTAL : 18 \$ 6,216.01 \$ 6,216.01

2012-02-0000712		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 1,046.38	\$ 1,046.38
2012-02-0000818		DANIELS R.E. HOLDINGS LLC		OUT OF BUSINESS	4/7/2022	\$ 680.14	\$ 680.14
2012-02-0001029		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 238.08	\$ 238.08
2012-02-0001273		PEOPLES BROADCAST NET LLC-WDJZ		OUT OF BUSINESS	4/4/2022	\$ 1,307.98	\$ 1,307.98
2012-02-0002712		BISMILLAH GROCERY & HALAL MEAT		OUT OF BUSINESS	5/4/2022	\$ 1,046.38	\$ 1,046.38

Bill #	Dst	Name	Code	Reason	Date	Town Due	Total Susp
2012-02-0004330		DANIEL REAL ESTATE HOLDINGS		OUT OF BUSINESS	4/7/2022	\$ 732.46	\$ 732.46
2012-02-0004440		CLUB 91 RENTAL HALL		OUT OF BUSINESS	4/7/2022	\$ 784.78	\$ 784.78
2012-02-0004569		TOTALLY UNLIMITED WIRELESS	OB	OUT OF BUSINESS	5/4/2022	\$ 209.28	\$ 209.28
PERSONAL PROPERTY # Of Acct: 8						\$ 6,045.48	

2012-03-0051916		ALVES ANITA L		DECEASED	3/30/2022	\$ 213.88	\$ 213.88
2012-03-0065942		DEFILIPPO CATHERINE		BANKRUPTCY	4/8/2022	\$ 350.34	\$ 350.34
2012-03-0065943		DEFILIPPO CATHERINE		BANKRUPTCY	4/8/2022	\$ 380.04	\$ 380.04
2012-03-0080928		JACOBS CAROL A		DECEASED	4/1/2022	\$ 20.93	\$ 20.93
2012-03-0093036		MOORE WILLIAM EDWARD		DECEASED	4/20/2022	\$ 142.74	\$ 142.74
2012-03-0113812		SZLAZAK HALINA		DECEASED	4/20/2022	\$ 190.11	\$ 190.11
2012-03-0114934		THOMPSON PAUL A		DECEASED	4/4/2022	\$ 254.06	\$ 254.06
MOTOR VEHICLE # Of Acct: 7						\$ 1,552.10	

YR : 2012 TOTAL : 15 \$ 7,597.58 \$ 7,597.58

2013-02-0000712		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 843.96	\$ 843.96
2013-02-0000818		DANIELS R.E. HOLDINGS LLC		OUT OF BUSINESS	4/7/2022	\$ 548.58	\$ 548.58
2013-02-0001029		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 240.02	\$ 240.02
2013-02-0002712		BISMILLAH GROCERY & HALAL MEAT		OUT OF BUSINESS	5/4/2022	\$ 176.68	\$ 176.68
2013-02-0004330		DANIEL REAL ESTATE HOLDINGS		OUT OF BUSINESS	4/7/2022	\$ 738.48	\$ 738.48
2013-02-0004440		CLUB 91 RENTAL HALL		OUT OF BUSINESS	4/7/2022	\$ 791.22	\$ 791.22
2013-02-0004711		TOTALLY UNLIMITED WIRELESS	OB	OUT OF BUSINESS	5/4/2022	\$ 211.00	\$ 211.00
PERSONAL PROPERTY # Of Acct: 8						\$ 4,202.70	

2013-03-0058286		BULERIN R JUAN SR		DECEASED	3/30/2022	\$ 21.10	\$ 21.10
2013-03-0058687		BUTURLA SALLY H		DECEASED	3/30/2022	\$ 148.54	\$ 148.54
2013-03-0072938		FULTZ SHAWN		DECEASED	3/31/2022	\$ 400.88	\$ 400.88
2013-03-0086661		LIVINGSTON THEODORE R		DECEASED	4/1/2022	\$ 74.69	\$ 74.69
2013-03-0093681		MOORE WILLIAM EDWARD		DECEASED	4/20/2022	\$ 131.66	\$ 131.66
2013-03-0095035		MUSSO AMANDA E		DECEASED	4/1/2022	\$ 93.26	\$ 93.26
MOTOR VEHICLE # Of Acct: 6						\$ 870.13	

2013-04-0086872		FULTZ SHAWN		DECEASED	3/31/2022	\$ 354.46	\$ 354.46
2013-04-0093301		MUSSO AMANDA E		DECEASED	4/1/2022	\$ 9.87	\$ 9.87
MV SUPP # Of Acct: 2						\$ 364.33	

Bill # **Dst** **Name** **Code Reason** **Date** **Town Due** **Total Susp**
YR : 2013 **TOTAL : 16** **\$ 5,437.16** **\$ 5,437.16**

2014-02-0000631 COBALT ENGINEERING OUT OF BUSINESS 4/4/2022 \$ 843.96 \$ 843.96
 2014-02-0000714 DANIELS R.E. HOLDINGS LLC OUT OF BUSINESS 4/7/2022 \$ 548.58 \$ 548.58
 2014-02-0000884 MOCHO MANAGEMENT LLC OUT OF BUSINESS 4/7/2022 \$ 791.22 \$ 791.22
 2014-02-0003598 DANIEL REAL ESTATE HOLDINGS OUT OF BUSINESS 4/7/2022 \$ 738.48 \$ 738.48
 2014-02-0003674 CLUB 91 RENTAL HALL OUT OF BUSINESS 4/7/2022 \$ 791.22 \$ 791.22
 2014-02-0003825 TOTALLY UNLIMITED WIRELESS OB OUT OF BUSINESS 5/4/2022 \$ 211.00 \$ 211.00
PERSONAL PROPERTY **# Of Acct: 6** **\$ 3,924.46**

2014-03-0058969 BUTURLA SALLY H DECEASED 3/30/2022 \$ 134.62 \$ 134.62
 2014-03-0059973 CAPONE JENNIE A DECEASED 3/30/2022 \$ 21.10 \$ 21.10
 2014-03-0067196 DENITTO RALPH M DECEASED 3/31/2022 \$ 71.74 \$ 71.74
 2014-03-0068200 DODSON THOMAS DECEASED 3/31/2022 \$ 105.08 \$ 105.08
 2014-03-0072581 FLUDD RODNEY K DECEASED 3/31/2022 \$ 132.92 \$ 132.92
 2014-03-0073462 FULTZ SHAWN DECEASED 3/31/2022 \$ 308.90 \$ 308.90
 2014-03-0076233 GOODMAN DAVID S DECEASED 3/31/2022 \$ 216.48 \$ 216.48
 2014-03-0080555 HORESCO JOHN F JR DECEASED 3/31/2022 \$ 21.10 \$ 21.10
 2014-03-0084552 KENYHERCZ THERESA DECEASED 4/1/2022 \$ 71.95 \$ 71.95
 2014-03-0087068 LIGHT ISRAEL 3RD DECEASED 4/1/2022 \$ 78.49 \$ 78.49
 2014-03-0089301 MALDONADO JUAN DECEASED 4/1/2022 \$ 21.10 \$ 21.10
 2014-03-0095790 MUSSO AMANDA E DECEASED 4/1/2022 \$ 99.59 \$ 99.59
 2014-03-0099546 OWENS WILLIAM J 3RD DECEASED 4/1/2022 \$ 55.71 \$ 55.71
 2014-03-0099547 OWENS WILLIAM J III DECEASED 4/1/2022 \$ 1,639.40 \$ 1,639.40
 2014-03-0107308 ROBINSON WILLIE GENE DECEASED 4/1/2022 \$ 90.73 \$ 90.73
 2014-03-0107309 ROBINSON WILLIE GENE DECEASED 4/1/2022 \$ 94.52 \$ 94.52
 2014-03-0112832 SIERRA DIMAS A DECEASED 4/4/2022 \$ 82.29 \$ 82.29
 2014-03-0112834 SIERRA DIMAS A DECEASED 4/4/2022 \$ 122.71 \$ 122.71
MOTOR VEHICLE **# Of Acct: 18** **\$ 3,368.43**

2014-04-0085177 DENITTO RALPH M DECEASED 3/31/2022 \$ 85.45 \$ 85.45
 2014-04-0096373 REESE RUBINA I DECEASED 4/1/2022 \$ 68.91 \$ 68.91
MV SUPP **# Of Acct: 2** **\$ 154.36**

YR : 2014 **TOTAL : 26** **\$ 7,447.25** **\$ 7,447.25**

Bill #	Dst	Name	Code	Reason	Date	Town Due	Total Susp
2015-02-0000631		COBALT ENGINEERING		OUT OF BUSINESS	4/4/2022	\$ 1,087.40	\$ 1,087.40
2015-02-0000714		DANIELS R.E. HOLDINGS LLC		OUT OF BUSINESS	4/7/2022	\$ 706.82	\$ 706.82
2015-02-0000884		MOCHO MANAGEMENT LLC		OUT OF BUSINESS	4/7/2022	\$ 2,521.42	\$ 2,521.42
2015-02-0003674		CLUB 91 RENTAL HALL		OUT OF BUSINESS	4/7/2022	\$ 1,019.44	\$ 1,019.44
2015-02-0003825		TOTALLY UNLIMITED WIRELESS	OB	OUT OF BUSINESS	5/4/2022	\$ 339.82	\$ 339.82
2015-02-0004643		AVA MAX LLC		OUT OF BUSINESS	4/4/2022	\$ 1,463.54	\$ 1,463.54
2015-02-0004662		BANGLA BAZAR		OUT OF BUSINESS	5/4/2022	\$ 169.92	\$ 169.92
2015-02-0004837		THE HAIR SPOT		OUT OF BUSINESS	4/7/2022	\$ 509.72	\$ 509.72
PERSONAL PROPERTY # Of Acct: 8						\$ 7,818.08	

2015-03-0050604		ACOSTA DANIEL		DECEASED	3/30/2022	\$ 323.02	\$ 323.02
2015-03-0050605		ACOSTA DANIEL		DECEASED	3/30/2022	\$ 82.14	\$ 82.14
2015-03-0051999		ALTEMA MIKELANGE		DECEASED	3/30/2022	\$ 18.50	\$ 18.50
2015-03-0059325		BUTURLA SALLY H		DECEASED	3/30/2022	\$ 107.68	\$ 107.68
2015-03-0065231		CRUZ-GARCIA MICHELLE		DECEASED	4/7/2022	\$ 295.26	\$ 295.26
2015-03-0066585		DAVIS TAJIAH		DECEASED	3/31/2022	\$ 13.11	\$ 13.11
2015-03-0066586		DAVIS TAJIAH		DECEASED	3/31/2022	\$ 8.61	\$ 8.61
2015-03-0067525		DENITTO RALPH M		DECEASED	3/31/2022	\$ 99.90	\$ 99.90
2015-03-0068540		DODSON THOMAS G		DECEASED	3/31/2022	\$ 67.34	\$ 67.34
2015-03-0073097		FLUDD RODNEY K		DECEASED	3/31/2022	\$ 104.34	\$ 104.34
2015-03-0074010		FULTZ SHAWN		DECEASED	3/31/2022	\$ 213.86	\$ 213.86
2015-03-0078586		HALLOWICH FRANK E		DECEASED	4/20/2022	\$ 77.33	\$ 77.33
2015-03-0078587		HALLOWICH FRANK E		DECEASED	4/20/2022	\$ 172.42	\$ 172.42
2015-03-0086255		LABRADOR JOSE M		DECEASED	3/31/2022	\$ 63.69	\$ 63.69
2015-03-0090032		MALDONADO JUAN		DECEASED	4/1/2022	\$ 18.50	\$ 18.50
2015-03-0092045		MCADEN RALPH		DECEASED	4/20/2022	\$ 18.50	\$ 18.50
2015-03-0096624		MUSSO AMANDA E		DECEASED	4/1/2022	\$ 81.03	\$ 81.03
2015-03-0100490		OWENS WILLIAM J 3RD		DECEASED	4/1/2022	\$ 97.68	\$ 97.68
2015-03-0108298		ROBINSON WILLIE G		DECEASED	4/1/2022	\$ 74.37	\$ 74.37
2015-03-0111439		SALCEDO BLAIR B		DECEASED	4/1/2022	\$ 32.55	\$ 32.55
2015-03-0117475		TAYLOR WALLY S		DECEASED	4/4/2022	\$ 169.65	\$ 169.65
MOTOR VEHICLE # Of Acct: 21						\$ 2,139.48	

2015-04-0080234		ACOSTA DANIEL		DECEASED	3/30/2022	\$ 97.72	\$ 97.72
2015-04-0085147		DAVIS TAJIAH		DECEASED	3/31/2022	\$ 296.74	\$ 296.74

Bill # Dst Name Code Reason Date Town Due Total Susp
 MV SUPP # Of Acct: 2 \$ 394.46

YR : 2015 TOTAL : 31 \$ 10,352.02 \$ 10,352.02

2016-02-0000418 RAMEZS RAYS DELL LLC OUT OF BUSINESS 4/26/2022 \$ 73.67 \$ 73.67
 2016-02-0003674 CLUB 91 RENTAL HALL OUT OF BUSINESS 4/7/2022 \$ 1,274.44 \$ 1,274.44
 2016-02-0003825 TOTALLY UNLIMITED WIRELESS OUT OF BUSINESS 5/4/2022 \$ 424.64 \$ 424.64
 2016-02-0004071 HATZIKOSTAS PAUL OB OUT OF BUSINESS 4/4/2022 \$ 31.53 \$ 31.53
 2016-02-0004643 AVA MAX LLC OUT OF BUSINESS 4/4/2022 \$ 2,134.02 \$ 2,134.02
 2016-02-0004837 THE HAIR SPOT OUT OF BUSINESS 4/7/2022 \$ 200.08 \$ 200.08

PERSONAL PROPERTY # Of Acct: 6 \$ 4,138.38

2016-03-0050712 ACOSTA DANIEL DECEASED 3/30/2022 \$ 85.41 \$ 85.41
 2016-03-0050713 ACOSTA DANIEL DECEASED 3/30/2022 \$ 130.26 \$ 130.26
 2016-03-0052161 ALTEMA MIKELANGE DECEASED 3/30/2022 \$ 19.50 \$ 19.50
 2016-03-0053105 ANGEL BENJAMIN A DECEASED 3/30/2022 \$ 129.10 \$ 129.10
 2016-03-0054167 ARSZYLA LAWRENCE W DECEASED 3/30/2022 \$ 166.05 \$ 166.05
 2016-03-0060948 CARBONE THOMAS J DECEASED 3/30/2022 \$ 84.67 \$ 84.67
 2016-03-0067467 DAVIS TAJIAH DECEASED 3/31/2022 \$ 246.10 \$ 246.10
 2016-03-0067468 DAVIS TAJIAH DECEASED 3/31/2022 \$ 260.92 \$ 260.92
 2016-03-0068487 DENITTO RALPH M DECEASED 3/31/2022 \$ 97.11 \$ 97.11
 2016-03-0069343 DIDOMINZIO DAVID P DECEASED 3/31/2022 \$ 118.96 \$ 118.96
 2016-03-0069629 DOMAN SANDRA C DECEASED 3/31/2022 \$ 26.92 \$ 26.92
 2016-03-0074257 FLUDD RODNEY K DECEASED 3/31/2022 \$ 104.52 \$ 104.52
 2016-03-0078192 GOODMAN DAVID S DECEASED 3/31/2022 \$ 76.44 \$ 76.44
 2016-03-0079853 HAINSWORTH THOMAS DECEASED 3/31/2022 \$ 26.63 \$ 26.63
 2016-03-0079988 HALLOWICH FRANK E DECEASED 4/20/2022 \$ 141.18 \$ 141.18
 2016-03-0094028 MCADEN RALPH DECEASED 4/20/2022 \$ 19.50 \$ 19.50
 2016-03-0094215 MCCOY MARK A DECEASED 4/7/2022 \$ 21.22 \$ 21.22
 2016-03-0094216 MCCOY SHEILA F DECEASED 4/7/2022 \$ 20.82 \$ 20.82
 2016-03-0097715 MORALES MARGIA DECEASED 4/1/2022 \$ 74.49 \$ 74.49
 2016-03-0099450 NELSON HANS E DECEASED 4/1/2022 \$ 94.77 \$ 94.77
 2016-03-0104094 PATINO BERNARDO DECEASED 4/1/2022 \$ 19.50 \$ 19.50
 2016-03-0104819 PEREIRA VICTOR A DECEASED 4/1/2022 \$ 93.60 \$ 93.60
 2016-03-0111223 ROBINSON WILLIE G DECEASED 4/1/2022 \$ 71.76 \$ 71.76
 2016-03-0116469 SEPULVEDA-VELEZ JORGE L DECEASED 3/28/2022 \$ 104.14 \$ 104.14

Bill #	Dst	Name	Code	Reason	Date	Town Due	Total Susp
2016-03-0116471		SEPUVEDA-VELEZ JORGE L		DECEASED	3/28/2022	\$ 202.90	\$ 202.90
2016-03-0116472		SEPUVEDA-VELEZ JORGE L		DECEASED	3/28/2022	\$ 19.50	\$ 19.50
2016-03-0118128		SMITH THEODORE		DECEASED	4/4/2022	\$ 67.08	\$ 67.08
2016-03-0118129		SMITH THEODORE		DECEASED	4/4/2022	\$ 103.74	\$ 103.74
2016-03-0120629		TAYLOR WALLY S		DECEASED	4/4/2022	\$ 326.44	\$ 326.44
2016-03-0120900		TERRY BETTY W		DECEASED	4/4/2022	\$ 14.82	\$ 14.82
2016-03-0128863		WONG RAYMOND		DECEASED	4/4/2022	\$ 75.44	\$ 75.44
2016-03-0128864		WONG RAYMOND		DECEASED	4/4/2022	\$ 147.81	\$ 147.81
MOTOR VEHICLE						\$ 3,191.30	
2016-04-0083130		CARBONE THOMAS J		DECEASED	3/30/2022	\$ 19.50	\$ 19.50
2016-04-0092461		MCCOY MARK A		DECEASED	4/7/2022	\$ 281.46	\$ 281.46
2016-04-0093949		NELSON HANS E		DECEASED	4/1/2022	\$ 210.21	\$ 210.21
2016-04-0099697		TAYLOR WALLY S		DECEASED	4/4/2022	\$ 295.62	\$ 295.62
MV SUPP						\$ 806.79	
YR : 2016						\$ 8,136.47	\$ 8,136.47
2017-02-0001279		DIVERSIFIED VENDING		OUT OF BUSINESS	4/7/2022	\$ 98.41	\$ 98.41
2017-02-0003674		CLUB 91 RENTAL HALL		OUT OF BUSINESS	4/7/2022	\$ 1,593.04	\$ 1,593.04
2017-02-0003825		TOTALLY UNLIMITED WIRELESS	OB	OUT OF BUSINESS	5/4/2022	\$ 530.66	\$ 530.66
2017-02-0004643		AVA MAX LLC		OUT OF BUSINESS	4/4/2022	\$ 2,664.14	\$ 2,664.14
2017-02-0011026		A & G DELI MARKET CONVENIENCE		OUT OF BUSINESS	4/7/2022	\$ 170.18	\$ 170.18
PERSONAL PROPERTY						\$ 5,056.43	
2017-03-0050762		ACOSTA DANIEL		DECEASED	3/30/2022	\$ 139.50	\$ 139.50
2017-03-0052272		ALTEMA MIKELANGE		DECEASED	3/30/2022	\$ 22.50	\$ 22.50
2017-03-0061233		CARBONE THOMAS J		DECEASED	3/30/2022	\$ 207.90	\$ 207.90
2017-03-0061234		DOMAN SANDRA C		DECEASED	3/30/2022	\$ 22.50	\$ 22.50
2017-03-0063485		CHRISTENSEN LARS P		DECEASED	4/20/2022	\$ 22.50	\$ 22.50
2017-03-0070100		DOMAN SANDRA C		DECEASED	3/31/2022	\$ 538.66	\$ 538.66
2017-03-0075014		FORMATO ANGELO		DECEASED	3/31/2022	\$ 71.55	\$ 71.55
2017-03-0081849		HERNANDEZ DULVY B		DECEASED	3/31/2022	\$ 648.00	\$ 648.00
2017-03-0098672		MORALES MARCIA		DECEASED	4/1/2022	\$ 85.05	\$ 85.05
2017-03-0100443		NELSON HANS E		DECEASED	4/1/2022	\$ 436.96	\$ 436.96
2017-03-0112682		RODRIGUEZ CARMEN A		DECEASED	3/28/2022	\$ 289.80	\$ 289.80

Bill #	Dst	Name	Code	Reason	Date	Town Due	Total Susp
2017-03-0117657		SEPUVEDA-VELEZ JORGE L		DECEASED	3/28/2022	\$ 22.50	\$ 22.50
2017-03-0121737		TAYLOR WALLY S		DECEASED	4/4/2022	\$ 312.76	\$ 312.76
2017-03-0121738		TAYLOR WALLY S		DECEASED	4/4/2022	\$ 285.30	\$ 285.30
2017-03-0122013		TERRY BETTY W		DECEASED	4/4/2022	\$ 22.50	\$ 22.50
2017-03-0130538		YOSHIDA AYAKO		DECEASED	3/28/2022	\$ 71.10	\$ 71.10
MOTOR VEHICLE	# Of Acct: 16					\$ 3,199.08	
2017-04-0088974		HERNANDEZ DULVY B		DECEASED	3/31/2022	\$ 82.85	\$ 82.85
MV SUPP	# Of Acct: 1					\$ 82.85	
YR : 2017	TOTAL : 22					\$ 8,338.36	\$ 8,338.36
2018-02-0003674		CLUB 91 RENTAL HALL		OUT OF BUSINESS	4/7/2022	\$ 1,581.92	\$ 1,581.92
2018-02-0003825		TOTALLY UNLIMITED WIRELESS	OB	OUT OF BUSINESS	5/4/2022	\$ 526.94	\$ 526.94
2018-02-0004008		MAAZABI DBA SMOKE & PRINT UNIV		OUT OF BUSINESS	4/4/2022	\$ 526.94	\$ 526.94
2018-02-0011726		DAOUL WAHID		OUT OF BUSINESS	4/7/2022	\$ 65.33	\$ 65.33
PERSONAL PROPERTY	# Of Acct: 4					\$ 2,701.13	
2018-03-0095171		MCCOY MARK A		DECEASED	4/7/2022	\$ 112.50	\$ 112.50
MOTOR VEHICLE	# Of Acct: 1					\$ 112.50	
YR : 2018	TOTAL : 5					\$ 2,813.63	\$ 2,813.63
2019-02-0003674		CLUB 91 RENTAL HALL		OUT OF BUSINESS	4/7/2022	\$ 1,660.74	\$ 1,660.74
2019-02-0004008		MAAZABI DBA SMOKE & PRINT UNIV		OUT OF BUSINESS	4/4/2022	\$ 553.40	\$ 553.40
2019-02-0010986		GEORGES USA		OUT OF BUSINESS	4/26/2022	\$ 152.77	\$ 152.77
2019-02-0011726		DAOUL WAHID		OUT OF BUSINESS	4/7/2022	\$ 229.46	\$ 229.46
2019-02-0904644		A & G DELI MARKET CONVENIENCE		OUT OF BUSINESS	4/7/2022	\$ 113.38	\$ 113.38
PERSONAL PROPERTY	# Of Acct: 5					\$ 2,709.75	
2019-03-0056216		BAURO TIMOTHY T	DE	DECEASED	4/28/2022	\$ 117.46	\$ 117.46
2019-03-0089881		LANHAM BARBARA M		DECEASED	3/28/2022	\$ 130.06	\$ 130.06
MOTOR VEHICLE	# Of Acct: 2					\$ 247.52	
2019-04-0095500		SMITH ANTHONY E JR		DECEASED	4/20/2022	\$ 79.29	\$ 79.29
MV SUPP	# Of Acct: 1					\$ 79.29	

Bill #	Dst	Name	Code Reason	Date	Town Due	Total Susp
YR : 2019	TOTAL : 8				\$ 3,036.56	\$ 3,036.56
2020-02-0001583		GERMANIA SCHWABEN SOCIETY INC	OUT OF BUSINESS	4/4/2022	\$ 102.33	\$ 102.33
2020-02-0004008		MAAZABI DBA SMOKE & PRINT UNIV	OUT OF BUSINESS	4/4/2022	\$ 490.12	\$ 490.12
2020-02-0010986		GEORGES USA	OUT OF BUSINESS	4/26/2022	\$ 183.80	\$ 183.80
2020-02-0011726		Z AND A DELI MARKET	OUT OF BUSINESS	4/7/2022	\$ 253.76	\$ 253.76
2020-02-0904644		A & G DELI MARKET CONVENIENCE	OUT OF BUSINESS	4/7/2022	\$ 100.38	\$ 100.38
PERSONAL PROPERTY	# Of Acct: 5				\$ 1,130.39	
2020-03-0055981		BAURO TIMOTHY T	DECEASED	4/28/2022	\$ 108.64	\$ 108.64
2020-03-0086501		KANTER ROBERTA	DECEASED	3/28/2022	\$ 83.86	\$ 83.86
2020-03-0088048		LANHAM BARBARA M	DECEASED	3/28/2022	\$ 113.40	\$ 113.40
2020-03-0116738		SMITH ANTHONY E JR	DECEASED	4/20/2022	\$ 98.20	\$ 98.20
2020-03-0123048		VARGAS NAYDA I	DECEASED	3/28/2022	\$ 200.74	\$ 200.74
2020-03-0123049		VARGAS NAYDA I	DECEASED	3/28/2022	\$ 353.68	\$ 353.68
MOTOR VEHICLE	# Of Acct: 6				\$ 958.52	
2020-04-0103488		VARGAS NAYDA I	DECEASED	3/28/2022	\$ 544.43	\$ 544.43
MV SUPP	# Of Acct: 1				\$ 544.43	
YR : 2020	TOTAL : 12				\$ 2,633.34	\$ 2,633.34
Grand Total: 242					\$ 81,676.16	\$ 81,676.16

Item # *87-21 Consent Calendar

Approval of General Obligation Bonds and the Reallocation of City Bond Proceeds for Certain Board of Education Capital Projects - To Fund Certain Capital Improvement Projects.



**Report
of
Committee
on**

Budget and Appropriations

City Council Meeting Date: June 21, 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.

22 JUL -7 PM 12:12



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. *87-21 Consent Calendar

APPROVAL OF GENERAL OBLIGATION BONDS AND THE REALLOCATION OF CITY BOND PROCEEDS FOR CERTAIN BOARD OF EDUCATION CAPITAL PROJECTS –

To Fund Certain Capital Improvement Projects

WHEREAS, the City Council of the City of Bridgeport (the “City”) has previously adopted and approved the City’s Five Year Capital Plan for Fiscal Years 2023-2027 (the “2023-2027 Capital Plan”) in the total amount of \$20,855,000; and

WHEREAS, the Charter of the City requires that authorization to borrow against any Five-Year Capital Plan be approved by the City Council; and

WHEREAS, the City Council has determined it to be in the best interest of the City to approve borrowing authorization for the 2023-2027 Capital Plan in the amount of \$18,153,433 for the 2023-2027 Capital Plan projects, all as more particularly listed on Exhibit A attached hereto, including certain Reallocated BOE Bond Projects as described below (the “Projects”); and

WHEREAS, the City has previously issued general obligation bonds for various Board of Education (“BOE”) capital projects; and

WHEREAS, approximately \$2,813,433 of City bond proceeds remain in the various BOE capital project accounts in the amounts described in Exhibit B attached hereto (the “Original BOE Bond Projects”); and

WHEREAS, because of current capital project demands, the City and the BOE desire to reallocate such \$2,813,433 of City bond proceeds from the Original BOE Bond Projects to finance certain Projects of the BOE (the “Reallocated BOE Bond Projects”); and now therefore, be it



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Budget and Appropriations
Item No. *87-21 Consent Calendar

-2-

RESOLVED, that having received the recommendation of the Mayor of the City with respect to the action authorized herein, the City Council hereby approves the appropriation of the amounts necessary to: (i) fund the Projects in an aggregate principal amount not to exceed \$18,153,433 and the issuance of general obligation bonds secured by the City's full faith and credit (the "Bonds"), in an aggregate principal amount not to exceed \$18,153,433 (inclusive of the Reallocated BOE Bond Projects and exclusive of Financing Costs, as hereinafter defined) for the purposes of funding the Projects; and (ii) finance such additional costs and expenses, in an amount not to exceed three percent (3%) of such authorization, as the Mayor, the Finance Director, and the Treasurer (collectively, the "Officials") shall approve for the funding of necessary and appropriate financing and/or issuance costs including, but not limited to legal, advisory, credit enhancement, trustee, underwriters' discount, printing and administrative expenses, as well as the cost of the establishment and maintenance of any reserve pursuant to Chapter 109, Chapter 117 and other chapters of the Connecticut General Statutes (the "Financing Costs"); and be it further

RESOLVED, the Officials are further authorized on behalf of the City to make temporary borrowings as authorized by the Connecticut General Statutes and to issue temporary notes of the City in anticipation of the receipt of proceeds from the sale of the Bonds to be issued pursuant to this resolution and such notes shall be issued and renewed at such time and with such maturities, requirements and limitations as provided by statute; notes evidencing such borrowings shall be executed in the same manner as if they were bonds and the officials shall determine the date, maturity, interest rates, form and manner of sale, including negotiated sale, and other details of said notes consistent with the provisions of this resolution and the Connecticut General Statutes and shall have all powers and authority as in connection with the issuance of bonds; and be it further

RESOLVED, that the City Council authorizes and approves that the Bonds be secured by the City's property taxes, including interest, penalties and related charges, pursuant to Chapter 117 and other chapters of the Connecticut General Statutes, and, if deemed necessary or appropriate by the Officials and in the City's best interest, hereby authorizes the Officials: (i) to establish a property tax intercept procedure and a debt service payment fund pursuant to Chapter 117 of the Connecticut General Statutes, §7-560 et seq., and other Chapters of the Connecticut General Statutes, on such terms as the Officials deem necessary or appropriate, and (ii) all further actions which the Officials deem necessary or appropriate to so secure the Bonds or which are contemplated by law; and be it further



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Budget and Appropriations
Item No. *87-21 Consent Calendar

-3-

RESOLVED, that the Officials, if they determine it to be advisable, necessary or appropriate, hereby are authorized, on behalf of the City, to enter into an indenture of trust and/or a supplemental indenture of trust to the City's existing indenture (collectively, the "Indenture") with a bank or trust company located within or without the State of Connecticut (the "Trustee"), and to covenant: (i) if the Bonds are issued pursuant to such Indenture that all or a portion of the City's property taxes shall be paid to the Trustee and be held in trust for the benefit of the holders of the Bonds as provided in Chapter 117 and other Chapters of the Connecticut General Statutes, and (ii) the terms on which any payments or reserves securing the payment of the Bonds will be paid, and the terms of any reserve or other fund for the benefit of the holders of the Bonds; and, in any event, to amend or supplement the Indenture containing such terms and conditions as the Officials shall determine to be necessary or advisable and in the best interest of the City, the execution thereof to be conclusive evidence of such determination; and be it further

RESOLVED, that the City Council hereby authorizes the Officials, if the Officials determine it is in the City's best interest, to acquire, on behalf of the City, bond insurance or other forms of credit enhancement guaranteeing the Bonds on such terms as the Officials determine to be appropriate, such terms to include, but not be limited to, those relating to fees, premiums and other costs and expenses incurred in connection with such credit enhancement, the terms of payment of such expenses and costs and such other undertakings as the issuer of the credit enhancement shall require; and the Officials, if they determine that it is appropriate, are authorized, on the City's behalf, to grant security to the issuer of the credit enhancement to secure the City's obligations arising under the credit enhancement, including the establishment of a reserve from proceeds of the Bonds; and be it further

RESOLVED, that the City Council hereby authorizes the Officials to determine the date, maturity, prices, interest rates whether fixed or floating, form, manner of sale (whether by negotiation or public sale) or other terms and conditions of the Bonds, including the terms of any reserve that might be established as authorized herein, whether any of the Bonds issued will be issued as taxable bonds and whether the Bonds will be issued in one or more series on the same or one or more separate dates, all in such a manner as the Officials shall determine to be in the best interest of the City, and to take such actions and to execute such documents, or to designate other officials or employees of the City to take such actions and to execute such documents, as deemed to be necessary or advisable and in the best interests of the City by the Officials in order to issue, sell and deliver the Bonds; and be it further



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Budget and Appropriations
Item No. *87-21 Consent Calendar

-4-

RESOLVED, that the City Council hereby authorizes the Officials in connection with the issuance of the Bonds to execute and deliver on behalf of the City such reimbursement agreements, remarketing agreements, standby bond purchase agreements, interest rate swap agreements, and other agreements for the purpose of managing the interest rate fluctuations and risks and any other appropriate agreements the Officials deem necessary, appropriate or desirable to the issuance of the Bonds and the Officials are hereby authorized on behalf of the City to secure the payment of such agreements with the full faith and credit of the City, if they deem it necessary, appropriate or desirable; and be it further

RESOLVED, that the Bonds shall be signed by the Officials provided that such signatures of any two of such officers of the City affixed to the Bonds may be by facsimiles of such signatures printed on the Bonds, and each of such Officers and any designee of any of them is authorized to take such actions, and execute such agreements, instruments and documents, on behalf of the City, that they deem necessary, appropriate or desirable to consummate the intendment of this and the foregoing resolutions; and be it further

RESOLVED, that the City Council hereby authorizes the Officials in connection with the issuance of the Bonds to allocate any unused bond proceeds to other City projects authorized for bonding, consistent with the applicable tax and other laws, as deemed to be necessary or advisable and in the best interests of the City by the Officials; and be it further

RESOLVED, that the Officials are hereby authorized to apply for and accept any available State or federal grant in aid of the financing of the Projects, and to take all action necessary or proper in connection therewith; and be it further

RESOLVED, that that any and all actions taken by the by the City and the BOE in connection with the reallocation of the Original BOE Bond Projects are hereby ratified and confirmed; and be it further

RESOLVED, that the Resolution shall become effective upon passage.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Budget and Appropriations
Item No. *87-21 Consent Calendar

-5-

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

AmyMarie Vizzo-Paniccia, D-134th

City Council Date: June 21, 2022

Exhibit A
Bonding Authorizations

<u>Project Descriptions</u>	<u>FY2023 Adopted Capital Plan Projects</u>
BOARD OF EDUCATION:	
BOE - Maintenance Vehicle Cargo Vans (2 units)	\$ 100,000*
Nutrition Center-Roof Replacement (21% City Share)	88,000
District Wide Sidewalk Concrete Repairs	190,000*
Jettie Tisdale - Turf Baseball Field	800,000*
Curiale School-Renovate Entire bathrooms	75,000*
JFK Multicultural - Playground	250,000*
JFK Campus - Common Area- Paving throughout campus	748,433*
JFK Campus - Common Area- Restroom Upgrades	125,000*
Edison School - Roof Replacement (21% City Share)	200,000
Beardsley School - Electrical Upgrades	100,000
Beardsley School - Exterior Walls Pointing	150,000
Marin School - New Playground	175,000*
Marin School - Paving	250,000*
Hallen School - Paving- Parking Lot	<u>100,000*</u>
TOTAL BOARD OF EDUCATION:	\$3,351,433
ECONOMIC DEVELOPMENT:	
Lafayette Blvd/Fairfield Ave./Redesign-(10 %City Match)	<u>\$660,000</u>
TOTAL ECONOMIC DEVELOPMENT:	\$660,000
PUBLIC FACILITIES:	
Roadway Paving, Culverts, Intersections (Amendment)	\$ 23 ,000,000
Paving - City Parking Lots	425,000
Public Facilities Equipment	1,100,000
City Wide Building & Security Improvements	2,700,000
Public Facilities Buildings at 990 Housatonic Avenue	375,000
Wonderland of Ice Doors-Replacement	100,000

<u>Project Descriptions</u>	<u>FY2023 Adopted Capital Plan Projects</u>
Parks Maintenance Equipment (Include Golf Course)	350,000
Various Parks Improvements - Citywide	300,000
Perry Memorial Arch.	1,250,000
Tennis Courts Improvement - Citywide	150,000
Park Restrooms - Citywide	350,000
Golf Course Improvements	200,000
Woodrow Avenue Bridge Design - City Match+50% City Share	150,000
Rooster River Conduit - Design/Rehab./Flood Control	200,000
Island Brook Flood Control - Design- City Share	350,000
Northeast Flood Control - Design City Share	250,000
Ox Brook Flood Control - Design City Share	100,000
TOTAL PUBLIC FACILITIES:	<u>\$1011,350,000</u>
OTHER DEPARTMENTS:	
Fire Apparatus Replacement Program / Vehicles	\$1,650,000
WPCA Capital Improvements (Amended)*	<u>1,142,000</u>
TOTAL OTHER DEPARTMENTS:	\$2,792,000
TOTAL ALL DEPARTMENTS:	<u>\$1718,153,433</u>

* Reallocated BOE Bond Projects; see Exhibit B.

Exhibit B

<u>BOE Capital Project Account</u>	<u>Current City Bond Proceeds</u>	<u>Reallocated Amount</u>	<u>Reallocated BOE Bond Projects</u>
Cesar Batalla - Replace Ice Storage System with Chiller	950,000	(950,000)	--
JFK Air Handling - 2 Roof Tops Units	450,000	(450,000)	--
Madison – Roof Top Heating (replace 4 units)	225,000	(225,000)	--
Edison School – Boiler Replacement	160,000	(160,000)	--
Park City Magnet – HVAC Equipment	250,000	(250,000)	--
Marin – HVAC Equipment	300,000	(300,000)	--
Multi-Cultural - HVAC Controls (2 Rooftop Units)	120,804	(120,804)	--
Hallen - Elevator Repairs/ Upgrades	490	(490)	--
Read School - Elevator Repairs/ Upgrades	5,778	(5,778)	--
JFK Air - Elevator Repairs/ Upgrades	85,000	(85,000)	--
Marin School - Elevator Repair/ Upgrades	33,000	(33,000)	--
Madison School - Elevator Repairs/ Upgrades	110,278	(110,278)	--
Blackham - Elevator Repairs/ Upgrades	40,000	(40,000)	--
Winthrop School – HVAC Repairs (piping)	83,083	(83,083)	--
BOE - Maintenance Vehicle Cargo Vans (2 units)	--	\$100,000	\$100,000
District Wide Sidewalk Concrete Repairs	--	190,000	190,000
Jettie Tisdale - Turf Baseball Field	--	800,000	800,000
Curiale School-Renovate Entire bathrooms	--	75,000	75,000
JFK Multicultural - Playground	--	250,000	250,000
JFK Campus - Common Area- Paving throughout campus	--	748,433	748,433
JFK Campus - Common Area- Restroom Upgrades	--	125,000	125,000
Marin School - New Playground	--	175,000	175,000
Marin School - Paving	--	250,000	250,000
Hallen School - Paving- Parking Lot	--	100,000	100,000
TOTALS	\$2,813,433	--	\$2,813,433

Item # *78-21 Consent Calendar

Resolution regarding the MPH Fieldwork Education Agreement with the University of Bridgeport/Goodwin University.



**Report
of
Committee
on
Contracts**

City Council Meeting Date: June 21, 2022

Attest: *Lydia N. Martinez*
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Garim, Mayor

Date Signed: _____

Please note: Mayor did not sign Report.

22 JUL -7 PM 12:12

BRIDGEPORT, CT



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Contracts begs leave to report; and recommends for adoption the following resolution:

Item No. *78-21 Consent Calendar

A Resolution by the Bridgeport City Council

Regarding the

MPH Fieldwork Education Agreement with University of Bridgeport/Goodwin University

WHEREAS, the City of Bridgeport Department of Health and Human Services seeks to serve as a Fieldwork Education Center for University of Bridgeport/Goodwin University's Master of Public Health (MPH) Program; and

WHEREAS, supervised Fieldwork Education is an integral part of the academic process and professional preparation as it compliments academic preparation by providing opportunities to apply knowledge and practice skills and allows students to begin to be able to demonstrate professional competence; and

WHEREAS, the City of Bridgeport is committed to establishing mutually beneficial community partnerships; and

WHEREAS, it is desirable and in the public interest that the City partner with University of Bridgeport/Goodwin College to serve as a Fieldwork Education Center by offering professional internship opportunities to University of Bridgeport/Goodwin University MPH students at no cost to the City.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it hereby authorizes the City to participate in the Fieldwork Education Program at University of Bridgeport/Goodwin University, and
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the **Director of Health and Social Services**, to execute all documents necessary to effectuate the City's participation in the Fieldwork Education Program.



City of Bridgeport, Connecticut
Office of the City Clerk

Report of Committee on Contracts
Item No. *78-21 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
CONTRACTS

Jeanette Herron, D-133rd, **Co-chair**

Matthew McCarthy, D-130th, **Co-chair**

Jorge Cruz, Sr., D-131st

Rosalina Roman-Christy, D-135th

Maria H. Pereira, D-138th

Frederick Hodges, D-136th

Ernest E. Newton II, D-139th

City Council Date: June 21, 2022

EDUCATIONAL AFFILIATION AGREEMENT BY AND BETWEEN
THE CITY OF BRIDGEPORT AND UNIVERSITY OF BRIDGEPORT/ GOODWIN
UNIVERSITY

For Internship Assignments at the City of Bridgeport Department of Health & Social Services.

This AFFILIATION AGREEMENT (the "Agreement") is made by and between the UNIVERSITY OF BRIDGEPORT/ GOODWIN UNIVERSITY (the "University"), located at 124 Park Avenue, Bridgeport, Connecticut 06604, and the City of Bridgeport Department of Health & Social Services (the "Field Site"), located at 999 Broad St. Bridgeport, CT 06604.

WHEREAS, the University desires to establish an internship experience as part of its education of students (whether one or more, hereinafter called the "Students") enrolled in its undergraduate and graduate programs; and

WHEREAS, the Field Site, in the interest of furthering the educational objectives of the University, desires to have its Department of Health serve as a site for the internship program;

NOW, THEREFORE, in consideration of the mutual promises and agreements set forth below, the parties agree as follows:

I. RESPONSIBILITIES OF THE UNIVERSITY;

It is agreed the University shall:

1. Accept responsibility for the student's academic preparation for this internship placement and to assign only those students who have an interest in public health and have satisfactorily completed the required course of study including Health Insurance Portability and Accountability Act (HIPPA) training.
2. Perform Student background checks and require that each Student provide a copy of government issued identification and documentation of updated health and immunization status to minimize risk of infection to clients, patients, and department personnel prior to internship at Field Site. The University shall maintain documentation and provide a copy of such documentation to Field Site before a Student is allowed to participate in an internship. Notwithstanding the foregoing, the Field Site, at its sole discretion, may conduct its own background check of each Student and the University shall inform each Student that refusal to authorize such a check shall be grounds for removal from the Field Site and the internship program.
3. Educate Student regarding his/her role at Field Site and of the following requirements, expectations and responsibilities that will be placed upon him/her:
4. The Student shall not participate in any direct patient assessment or treatment. The student shall not perform clinic treatment setup or breakdown procedures, disinfection or instrument sterilization procedures.

22 JUN 17 PM 2:23
BRIDGEPORT
CITY OF BRIDGEPORT

5. Designate an education coordinator to work in conjunction with the supervisor designated by Field Site in the preparation prior to sending Students to Field Site, e.g., determining the appropriate period of the internship assignment, and identifying the goals and objectives for the experience should be met through the planned internship.

6. Provide to Field Site at least six weeks' notice in the event cancellation of internship assignment is necessary.

7. Affirm and warrant upon request that it does not discriminate against any person or group of persons in any manner prohibited by the laws of the United States or of the State of Connecticut.

8. Upon request, provide an up-to-date written description of the curriculum and syllabus governing the non-clinical assignment, in collaboration with input from Field Site.

9. Request and maintain documentation that participating Faculty maintain in good standing all licenses, certifications, permits and other approvals necessary to perform the obligations under this Agreement.

10. If appropriate and necessary, remove a Student from the Field Site at the Field Site's request, or if the University determines the Student is unsuitable to continue in the nonclinical assignment.

11. The University shall provide general liability insurance to the students and or instructors with policy limits of \$1,000,000 per occurrence and \$3,000,000 aggregate per year. General requirements. All policies shall include the following provisions:

- 11.1 Cancellation notice—The City shall be entitled to receive from the insurance carriers **BY POLICY ENDORSEMENT** not less than 30 days' written notice of cancellation or non-renewal or reduction in coverage on all policies except for nonpayment or for Workers' Compensation to be given to the CITY at: Purchasing Agent, City of Bridgeport, Margaret E. Morton Government Center, 999 Broad Street, Bridgeport, Connecticut 06604.
- 11.2 **Proof of Insurance** —All policies will be evidenced by an original certificate of insurance, declarations page and applicable policy endorsement(s) delivered to the City and authorized and executed by the insurer or a properly-authorized agent or representative reflecting all coverage required, all such documents required to be delivered to the City prior to any work or other activity commencing under this agreement.
- 11.3 Additional insured—GVS will arrange with its insurance agents or brokers to name the City, its elected officials, officers, department heads, employees and agents on all liability policies of primary and excess insurance coverages as additional insured parties **BY POLICY ENDORSEMENT** and as loss payee with respect to any damage to property of the City, as its interest may appear. The undersigned shall submit to the City 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 coverages in the form of original Certificates of Insurance. Such certificates shall designate the City in the following form and manner:

**“City of Bridgeport, its elected officials, officers, department heads, employees, agents, servants, successors and assigns ATIMA
Margaret E. Morton Government Center
999 Broad Street, 2nd Floor
Bridgeport, Connecticut 06604”**

II. RESPONSIBILITIES OF FIELD SITE: It is agreed Field Site shall:

1. Provide for the Students, insofar as possible, selected internship experiences designed to focus on and correlate with the theory and concepts acquired in their academic education in accordance with the terms of this Agreement. Field Site retains at all times the authority and responsibility for the delivery of patient care.
2. Provide the Student with necessary orientation, administrative guidelines, procedures, and other information deemed appropriate to the conduct of the non-clinical assignment.
3. Maintain administrative and professional supervision/responsibility of Students insofar as their presence affects the operation of Field Site and/or the direct or indirect care of patients.
4. Communicate with the University when and if the student is not meeting the expectations of the internship assignment.
5. Plan and implement internship assignments, as required by and in consultation with representatives of the University and evaluate the performance of the Student in accordance with the criteria established by University, and in consultation with Faculty.
6. Provide to the University at least six weeks written notice prior to the internship assignment if cancellation is necessary.
7. Designate a Field Education Coordinator (the “Field Education Coordinator”) who will act as a liaison with the University’s education coordinator to prepare in advance of placing Students at the Field Site, e.g., determining the appropriate period of the internship assignment, and striving to meet the goals and objectives for the experience.
8. Promptly notify University if a student’s performance is not meeting expectations or if there are any other problems.
9. Affirm and warrant upon request that it does not discriminate against any person or group of persons in any manner prohibited by the laws of the United States or of the State of Connecticut.
10. The Field Site will provide proof that it maintains liability insurance or self-insurance in an amount that is commercially reasonable.

III. ADDITIONAL TERMS OF THE AGREEMENT:

1. Term: This Agreement shall be effective upon the date of last execution and shall continue in full force and effect for up to one (1) year therefrom ("Term"). The parties may renew this agreement annually for a third, fourth and fifth year, by mutual agreement in writing during the final ninety (90) days of the then current term.

2. Termination: If at any time either party wishes to terminate this Agreement without cause, a written notice must be submitted to the other party at least ninety (90) days prior to the date of the desired termination. Either party may terminate this Agreement at any time for cause by giving seven (7) days written notice to the party in breach of the Agreement. The Field Site may request in writing that a Student or Faculty member be immediately removed if it believes that that his or her participation under this Agreement may be putting the health and safety of Field Site's staff and participants at risk.

3. Modification: This Agreement may be revised or modified by written amendment signed by both parties.

4. Confidentiality: During and after the term of affiliation with Field Site, the University, including without limitation its Students and Faculty, will not directly or indirectly disclose or make available to any person, firm, corporation, association or other entity for any reason or purpose whatsoever, or use or cause to be used in any manner adverse to the interests of Field Site, any medical, financial, administrative or other confidential business or patient information, including both open and closed patient records, except as required by law and to the extent such information is patient-identifiable, University may only use or disclose such information to the extent Field Site is permitted to do so.

5. Reasonable Accommodations: In the event that a student meets the requirements applicable to students set forth in the "responsibilities of the University" section of this Agreement, but nevertheless requires reasonable accommodation, the Field Site will assist the University in providing such reasonable accommodation provided that (i) it does not interrupt Field Site operations, (ii) there is no safety threat to patients, staff and other students, (iii) the University assumes any special costs associated with the accommodation, and (iv) the University provides and pays for any personnel who must accompany the student or provide transportation.

Commented [TT1]: ?

6. Relationship of the Student and Faculty to the Field Site: The Students and Faculty participating in the non-clinical assignment at Field Site shall not be considered employees or agents of Field Site. The Students shall not be eligible for any employee benefits of Field Site. Notwithstanding the foregoing, Students, when engaged at the Field Site as part of this non-clinical experience, shall be considered members of the Field Site's workforce (as 45 CFR 160.103 defines a workforce) solely for the purpose of defining the Student's role in relation to using and disclosing the Field Site's protected health information in compliance with HIPAA.

7. Compliance with Law: Both parties shall perform their obligations under this Agreement in accordance with all applicable state, federal, and local laws, regulations, and ordinances, including the Family Educational Right to Privacy Act ("FERPA"). To the extent that the Field Site obtains or creates educational records of the Students, the Field Site shall comply with FERPA in handling such records. The University shall direct Students to comply with the policies and procedures of the Field Site, including HIPAA. The Field Site shall retain sole responsibility for HIPAA training, compliance, and supervision, insofar as Students' direct and indirect care implicates administrative and professional HIPAA requirements.

8. Non-Assignment: This Agreement may not be assigned without the prior written consent of both parties.

9. Governing Law: This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Connecticut and any applicable Federal laws.

10. Notice: Notices given under this Agreement must be in writing and hand-delivered, sent by U.S. mail or overnight courier service to the following address: I

If to the Field Site:

City of Bridgeport
Department of Health & Social Services
999 Broad St.
Bridgeport, CT 06604

and

Office of the City Attorney
City of Bridgeport
999 Broad Street
Bridgeport, CT 06604

If to the University:

Manyul Im, PhD
Provost, Vice President of Academic Affairs
University of Bridgeport
124 Park Avenue Bridgeport, CT 06604

11. No Waiver: The waiver or breach of this Agreement shall not be considered a continuing waiver or a waiver of any subsequent breach of either the same or any other provision of this Agreement.

12. Indemnification for Negligent or Wrongful Acts or Omissions. In the event that the negligent or wrongful act or omission is caused by the University, its officers, agents, employees, representatives or students (collectively "the University parties"), the University shall defend,

indemnify and hold harmless the City of Bridgeport , and its officers, employees and agents, from any and all claims of (a) loss and damage to property, and (b) injury or death to persons, including costs, expenses and reasonable attorneys' fees.

13. Severability: If any term of this Agreement is found to be unenforceable or contrary to law, it shall be modified to the least extent to render it enforceable, and the remaining terms and conditions of the Agreement shall remain in full force and effect.

14. Electronic Signatures. A facsimile or scanned signature copy of this Agreement and its Exhibits, notices and documents prepared under this Agreement shall be considered an original. The Parties agree that any document in electronic format or any document reproduced from an electronic format shall not be denied legal effect, validity, or enforceability, and shall meet any requirement to provide an original or hard copy.

15. Counterparts. This Agreement may be executed in any number of identical counterparts, each of which shall be deemed a duplicate original.

16. Entire Agreement: This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supercedes all prior agreements.

CITY OF BRIDGEPORT

UNIVERSITY OF BRIDGEPORT

By _____
[Insert Representative]

By _____
Manyul Im,
Provost, Vice President of Academic Affairs

Date: _____

Date: _____

APPROVED AS TO FORM

[Insert Organization representative/ address].

Please Note: Mayor Did Not Sign Report

Item # *73-21 Consent Calendar

Resolution Approving Programs for Connecticut 2022
Neighborhood Assistance Tax Credit Program
Application.



Report
of
Committee
On

CEA and Environment

City Council Meeting Date: June 21, 2022

Attest:

Lydia N. Martinez

Lydia N. Martinez, City Clerk

Approved by:

Joseph P. Ganim, Mayor

Date Signed: _____

22 JUL -7 PM 12:12

BRIDGEPORT, CT



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. *73-21 Consent Calendar

**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; and

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”); and

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; and

Whereas, tax exempt entities and municipal agencies desiring to obtain benefits under the NAA must complete Form NM-01, Connecticut Neighborhood Assistance Act Program Proposal, Parts 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; and

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; and

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; and



City of Bridgeport, Connecticut

Office of the City Clerk

Committee on ECD and Environment
Item No. *73-21 Consent Calendar

-2-

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; and

Whereas, the Bridgeport City Council reviewed the list and the OPED submittal at the May 18th and June 15th, 2022 meetings of its Economic and Community Development and Environment Committee; and

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

Whereas, the Bridgeport City Council finds that these program proposals are worthy of support; with the understanding that OPED will share with OPM further information relating to the applications from Boys Club and Girls Club of Bridgeport (Nos. 11 and 12); and

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, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. *73-21 Consent Calendar

-3-

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
Tyler Mack

Rolanda Smith
Rolanda Smith

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.)



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: \$245,000.00

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: \$245,000.00

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 checked="" type="checkbox"/> Yes 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>
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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**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE RESIDENTS OF BRIDGEPORT, CT WITH PROGRAM OPPORTUNITIES AND FACILITY RESOURCES TO PROMOTE INDIVIDUAL GROWTH AND COMMUNITY COHESIVENESS.		
	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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	
	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)	Prior Year 246,190	Current Year 211,604
	9	Program service revenue (Part VIII, line 2g)	142,065	117,991
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	346	235
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,914	14,001
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	422,515	343,831
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)	308,031	298,866
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,585		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	195,193	177,502
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	503,224	476,368	
19	Revenue less expenses. Subtract line 18 from line 12	-80,709	-132,537	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,379,331	End of Year 1,237,120
	21	Total liabilities (Part X, line 26)	9,757	83
	22	Net assets or fund balances. Subtract line 21 from line 20	1,369,574	1,237,037

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: **MICHAEL SOLAKIAN** Preparer's signature: **MICHAEL SOLAKIAN** Date: **12/15/2021** Check if self-employed PTIN: **P01260810**

Firm's name ▶ **SOLAKIAN & COMPANY, LLC** Firm's EIN ▶ **46-1036695**

Firm's address ▶ **580 JOHNS PASS AVENUE, MADEIRA BEACH, FL 33708** Phone no. **(203) 215-6541**

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

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.

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 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 <u>JUNIOR ACHIEVEMENT OF GREATER FAIRFIELD COUNTY, INC.</u>		D Employer identification number <u>06-0644315</u>
	Doing business as		E Telephone number <u>(203) 382-0180</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>1,424,242.</u>
	<u>835 MAIN ST</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>BRIDGEPORT, CT 06604</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 If "No," attach a list. See instructions.	
F Name and address of principal officer <u>BERNADINE VENDITTO</u> <u>835 MAIN ST, BRIDGEPORT, CT 06604</u>		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		L Year of formation: <u>1950</u> M State of legal domicile: <u>CT</u>	
J Website: ▶ <u>WWW.JAGFC.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>JUNIOR ACHIEVEMENT INSPIRES AND PREPARES YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.</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>19.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>19.</u>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>14.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>460.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>775,379.</u>	<u>784,137.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0.</u>	<u>0.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>14,774.</u>	<u>4,353.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>305,012.</u>	<u>445,871.</u>
		<u>1,095,165.</u>	<u>1,234,361.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>5,700.</u>	<u>1,500.</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>763,063.</u>	<u>882,263.</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>106,559.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>276,864.</u>	<u>281,451.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,045,627.</u>	<u>1,165,214.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>49,538.</u>	<u>69,147.</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>1,406,970.</u>	<u>1,681,983.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>431,827.</u>	<u>637,697.</u>
		<u>975,143.</u>	<u>1,044,286.</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	<u>11/21/2021</u>
	<u>BERNADINE VENDITTO</u> Type or print name and title	<u>PRESIDENT</u> Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	<u>BRIAN C WHITE</u>		<u>11/21/2021</u>		<u>P00058320</u>	
	Firm's name ▶ <u>NANAVATY DAVENPORT STUDLEY-WHITE</u>	Firm's EIN ▶ <u>06-1402749</u>				
	Firm's address ▶ <u>123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470</u>	Phone no. <u>203-426-8500</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions.



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

<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: _____

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;">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>
--

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

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: <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 BRIDGEPORT NEIGHBORHOOD TRUST	D Employer identification number 22-2809353
	Doing business as	E Telephone number 203-290-4255
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 570 STATE STREET	G Gross receipts \$ 3,958,474.
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604	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 ▶
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.BNTWEB.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: 1986 M State of legal domicile: CT

Part I Summary

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
	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 927,404.	Current Year 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.	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	Date			
	DORIS LATTORE, INTERIM EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL PRUELL, CPA	Preparer's signature MICHAEL PRUELL, CPA	Date 11/15/21	Check <input type="checkbox"/> self-employed	PTIN P01585061
	Firm's name ▶ AAFCPAS, INC.	Firm's EIN ▶ 04-2571780	Phone no. 508-366-9100		
	Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581				

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



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: kalvanson@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>
Total Funding:	<u>\$3,500,000.00</u>

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:	<u>\$3,500,000.00</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: _____ 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: 2037272707
Fax number: 2035763979
Email address: <u>max.perez@bridgeport.gov</u>

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

No

If **Yes**, date post-project audit due:

Date

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.

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: <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	G Gross receipts \$ 4,162,876.
	1542 BARNUM AVENUE		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 BRIDGEPORT, CT 06610		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
F Name and address of principal officer: CATHY COLLINS		H(c) Group exemption number ▶	
SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.HABITATCFE.ORG		L Year of formation: 1985 M State of legal domicile: CT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

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)	Prior Year 1,101,403.	Current Year 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 CATHY COLLINS, CEO	Date			
	Type or print name and title				
Paid	Print/Type preparer's name EDWARD G. SULLIVAN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00579546
	Firm's name ▶ WHITTLESEY PC	Firm's EIN ▶ ** - ***3326			
Use Only	Firm's address ▶ 280 TRUMBULL ST 24TH FL HARTFORD, CT 06103	Phone no. 860.522.3111			



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

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): 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 Therapy 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, con</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: 203-576-3796
Fax number: 203-576-3979
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 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> _____ 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:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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

G Gross receipts \$ 5,412,516.

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

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: ▶ HNHONLINE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1901 **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: TO PROVIDE SERVICES THAT WILL EDUCATE, ENRICH AND EMPOWER THE LIVES OF RESIDENTS OF ALL AGES IN BRIDGEPORT AND THE SURROUNDING COMMUNITIES.		
	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).....	4,357,209.	4,453,370.
	9 Program service revenue (Part VIII, line 2g).....	246,845.	226,763.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	2,681.	5,578.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	143,058.	681,839.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	4,749,793.	5,367,550.
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).....	2,970,044.	2,870,816.
	16a Professional fundraising fees (Part IX, column (A), line 11a).....		
	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 9,809,436.	End of Year 10,491,913.
	21 Total liabilities (Part X, line 26).....	3,306,114.	3,189,233.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	6,503,322.	7,302,680.

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

Paid Preparer Use Only

Print/Type preparer's name: ROBERT J BAILEY, CPA
Preparer's signature: ROBERT J BAILEY, CPA
Date: _____
Check if self-employed PTIN: P00080579

Firm's name: HOPE & HERNANDEZ, P.C.
Firm's address: 2600 MAIN STREET
BRIDGEPORT, CT 06606
Firm's EIN: 06-0993320
Phone no.: 203-334-8035

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	\$25,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$25,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <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;">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>
--

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)

2020

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov for more information and the latest instructions.

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

Header information including organization name (CARDINAL SHEHAN CENTER, INC.), address (1494 MAIN STREET, BRIDGEPORT, CT 06604), and identification numbers (EIN: 06-1101081, FEIN: 203-336-4468).

Part I Summary

1. Briefly describe the organization's mission or most significant activities: TO ENRICH LIVES THROUGH LEARNING BY ENHANCING THE EDUCATIONAL, SOCIAL, AND RECREATIONAL OPPORTUNITIES

Table with 2 columns: Line number and Description. Lines 2-11 provide summary statistics such as number of independent voting members (25), total number of individuals employed (61), and total unrelated business revenue (0).

Part II Signature Block

Table with 2 columns: Line number and Description. Lines 12-22 provide financial details including contributions and grants (1,001,175), program service revenue (350,050), and total assets (7,500,704).

Signature of officer: LORRAINE GIBBONS, EXECUTIVE DIRECTOR. Prepared by: JAMES G. WOODS, CPA.

Preparer information including name (JAMES G. WOODS), address (375 BRIDGEPORT AVENUE, SHELTON, CT 06484), and phone number (203-929-9945).

May the IRS discuss this return with the preparer above? Yes [] No [X]



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

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): 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> _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

No

If **Yes**, date post-project audit due:

Date

EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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.

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/termination
 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): **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**

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

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

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**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance			
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	13
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.
Revenue		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.
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)	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.	
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.
Net Assets or Fund Balances		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: _____ Date: **11/09/21** Check if self-employed PTIN: **P01200948**

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

Use Only 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

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: _____

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: \$1,200,000.00

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: \$1,200,000.00

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 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.

OMB No. 1545-0047
2019
 Open to Public Inspection

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

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

C Name of organization: **CONNECTICUT ZOOLOGICAL SOCIETY, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1875 NOBLE AVENUE
 City or town, state or province, country and ZIP or foreign postal code
BRIDGEPORT, CT 06610

D Employer identification number: **23-7068821**

E Telephone number: **(203) 332-6565**

F Name and address of principal officer: **GREGG DANCHO**
1875 NOBLE AVENUE, BRIDGEPORT, CT 06610

G Gross receipts \$: **6,815,908.**

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries 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.BEARDSLEYZOO.ORG/**

K Form of organization: Corporation Trust Association 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.

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.
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
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)	345,754.	
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.
20 Total assets (Part X, line 16)	Beginning of Current Year 8,913,912.	End of Year 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
 Date: 11/06/2020
 Type or print name and title: ZOO DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: HEATHER SMITH-JASER CPA
 Preparer's signature: [Signature]
 Date: 11/06/2020
 Check if self-employed PTIN: P00836752

Firm's name: PKE O'CONNOR DAVIES, LLP
 Firm's address: FOUR CORPORATE DR. SUITE #88 SHELTON, CT 06484
 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

For Paperwork Reduction Act Notice, see the separate instructions.



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

<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: _____

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: \$7,500.00

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: \$96,200.00

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 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 513(c), 517, 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.

Open to Public Inspection

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

B **Part I** **Summary**

C **Organization's name**
MCGILVNEY COMMUNITY CENTER, INC.
338 STILLMAN STREET
BRIDGEPORT, CT 06610

D **Employer identification number**
22-3059815

E **State**
CT

F **Website**
WWW.MCGILVNEY.ORG

G **Assets**
Total: 1,910,909

H **Liabilities**
Total: 1,255,486

I **Net assets or fund balances**
Total: 655,423

J **Form 990 status**
 Same as C above

K **Preparer's name**
LORRAINE CIBIONS

L **Number of households**
1,000

M **Head of household**
09/28

N **Number of employees**
3

O **Number of independent contracting employees**
0

P **Number of volunteers**
24

Q **Number of individuals employed in calendar year 2020 (Part X, line 2a)**
24

R **Total number of individuals employed in calendar year 2020 (Part X, line 2a)**
24

S **Total number of volunteers (Part X, line 16)**
24

T **Total unrelated business revenue from Part VIII (column (C), line 12)**
0

U **Net unrelated business taxable income from Form 990-B, Part I, line 1**
0

Part I Summary

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.

- Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
- Number of voting members of the governing body (Part VII, line 1a)
- Number of independent contracting employees (Part VII, line 1b)
- Total number of individuals employed in calendar year 2020 (Part X, line 2a)
- Total number of volunteers (Part X, line 16)
- Total unrelated business revenue from Part VIII (column (C), line 12)
- Net unrelated business taxable income from Form 990-B, Part I, line 1

	Prior Year	Current Year
8 Contributions and grants (Part VII, line 1c)	607,950	385,605
9 Program service revenue (Part VII, line 2b)	4,143	2,469
10 Investment income (Part VII, column (A), lines 3, 4, and 10)	12,441	22,900
11 Other revenue (Part VII, column (A), lines 5, 6, 8, 9, 10, and 16)	115,295	101,349
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	742,800	517,321
13 Grants and similar awards (Part IX, column (A), lines 3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)	356,374	307,834
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11a)		
b Total fundraising expenses (Part IX, column (D), line 25)	51,074	
17 Other expenses (Part IX, column (A), lines 11a, 11d, 11e, 26a)	171,544	180,416
18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	527,918	488,250
19 Revenue less expenses - subtract line 18 from line 12	214,882	49,073
20 Total assets (Part X, line 16)		
21 Total liabilities (Part X, line 26)	1,384,175	1,505,640
22 Net assets or fund balances - subtract line 21 from line 20	302,703	274,154

Part II Signature Block

Sign Here

LORRAINE CIBIONS
EXECUTIVE DIR.

Paid Preparer Use Only

MICHAEL A. MALETTA CPA
MICHAEL A. MALETTA CPA
MALETTA & COMPANY
43 ENTERPRISE DRIVE
BRISTOL, CT 06010

Preparer's EIN: P00435527

Preparer's UIC: 061209905

Preparer's phone: 8605826715

May, Preparer Discuss this return with the preparer (shown above). See instructions.



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) <u>Programs for youths and administrative costs</u>	<u>\$300,000.00</u>
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>
--

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2019

▶ 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 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

G Gross receipts \$ 143049

F Name and address of principal officer ROBERT KEELEY

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)1 (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)	<u>3</u>	<u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>11</u>
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	<u>3</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
	b	Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>Prior Year 221934</u>	<u>Current Year 139750</u>
	9	Program service revenue (Part VIII, line 2g)		
	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)	<u>Beginning of Current Year 691350</u>	<u>End of Year 602490</u>
	21	Total liabilities (Part X, line 26)	<u>18228</u>	<u>27192</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>673122</u>	<u>575298</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

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 20 20

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

2019

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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>143049</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	_____

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

1	9	1	0	5
---	---	---	---	---

 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.

0	6	5	7	2	7	7	7	7	7
---	---	---	---	---	---	---	---	---	---

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	\$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) <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>
--

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2019

Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning 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 <u>221934</u>	Current Year <u>139750</u>
	9 Program service revenue (Part VIII, line 2g)		
	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 <u>691350</u>	End of Year <u>602490</u>
	21 Total liabilities (Part X, line 26)	<u>18228</u>	<u>27192</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>673122</u>	<u>575298</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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 20 20

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.

2019

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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>143049</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 _____

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.

0	6	5	7	2	7	7	7	7	7
---	---	---	---	---	---	---	---	---	---

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

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 **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 If "No," attach a list. See instructions
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: COMMUNITY YOUTH SERVICES		
	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	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	180
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, 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)	3,774,147.	4,758,254.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	456,915.	588,055.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,864.	318,395.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,048.	63,444.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,364,878.	5,728,148.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,587,336.	1,903,133.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 408,408.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	926,826.	934,729.
Net Assets or Fund Balances	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.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,387,888.	16,157,524.
	22 Net assets or fund balances. Subtract line 21 from line 20	404,501.	471,080.
		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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOSEPH V. BARRANCA, CPA	JOSEPH V. BARRANCA,	03/10/22		P00591111
	Firm's name	Firm's EIN	Phone no. 203.254.7000		
	CAPOSSELA, COHEN, LLC	06-1415579			
	Firm's address				
	368 CENTER STREET SOUTHPORT, CT 06890				

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: \$2,970,650.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Personnel</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: \$2,970,650.00

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: _____

<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

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Michael Jan

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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,

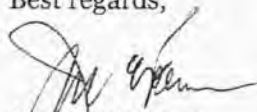
On behalf of the women and children enrolled at Mercy Learning Center, I thank the Neighborhood Assistance Act Program for its past generous support of MLC's Literacy and Life Skills Program. Your belief in the importance of women's education is truly making a difference for the hundreds of women who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



**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.

** PUBLIC DISCLOSURE COPY **

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

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 MERCY LEARNING CENTER OF BRIDGEPORT, INC		D Employer identification number 22-2859879
	Doing business as		E Telephone number 203-334-6699
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,205,734.
	637 PARK AVENUE		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 BRIDGEPORT, CT 06604		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

F Name and address of principal officer: **JANE E. FERREIRA**
637 PARK AVENUE, BRIDGEPORT, CT 06604

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

J Website: **WWW.MERCYLEARNINGCENTER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1987** 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 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.		
	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
	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)	2,843,947.	3,837,929.
	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)	430,497.	635,630.
	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)	Beginning of Current Year 8,294,403.	End of Year 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	Date 09/28/21
	Firm's name PKF O'CONNOR DAVIES, LLP	Check if self-employed <input type="checkbox"/>	PTIN P00448361
	Firm's address FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484-6241	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

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: 12/31/22 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>
--

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): 1067 PARK AVENUE Room/suite:
 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

G Gross receipts \$ 665,922

F Name and address of principal officer:
 JOHN TORRES
 1067 PARK 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.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

Sign Here
 Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00543209
Firm's name ▶ PKF O'CONNOR DAVIES LLP		2020-11-13		
Firm's address ▶ 3001 SUMMER STREET 5TH FLOOR EAST STAMFORD, CT 06905			Firm's EIN ▶ 27-1728945	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 Return of Organization Exempt From Income Tax
 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.
 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
G Gross receipts \$ 665,822

F Name and address of principal officer:
 JOHN TORRES
 1067 PARK 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.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 EIN: 27-1728945
 Firm's address: 3001 SUMMER STREET 5TH FLOOR EAST STAMFORD, CT 06905
 Phone no: (203) 323-2400

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@bridgeport

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) New energy efficient systems 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">3/31/24</p> <p align="center">_____</p> <p align="center">Date</p>
--

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 UNIVERSITY OF BRIDGEPORT Doing business as	D Employer identification number 05-0646936
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 126 PARK AVE WAHLSTROM LIBRARY7TH	E Telephone number (203) 576-4690
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604	G Gross receipts \$ 161,788,435
	F Name and address of principal officer: STEPHEN HEALEY 126 PARK AVE WAHLSTROM LIBRARY7TH BRIDGEPORT, CT 06604	
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: HTTP://WWW.BRIDGEPORT.EDU		
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: 1927 M State of legal domicile: CT

Part Summary

Activities & Governance	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 <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	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		
Revenue	Prior Year		Current Year	
	8 Contributions and grants (Part VIII, line 1b)	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		
Expenses	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		
Net Assets or Fund Balances	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		

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
 Type or print name and title: STEPHEN HEALEY INTERIM PRESIDENT

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	

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
 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.
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): 126 PARK AVE WAHLSTROM LIBRARY7TH
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604

D Employer identification number: 06-0646936

E Telephone number: (203) 576-4690

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

G Gross receipts: \$ 161,788,435

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](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
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5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,999
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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
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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) $\geq 3,178,843$		
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 \rightarrow MARCUM LLP			Firm's EIN \rightarrow 11-1986223	
Firm's address \rightarrow 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: _____ City of Bridgeport
Mailing address: _____ 999 Broad Street, Bridgeport CT 06604
Name of municipal liaison: Max Perez
Telephone number: (203) 576-3976
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)

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 **2020**, and ending **2020**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C **MUTUAL HOUSING ASSOCIATION OF SOUTHWESTERN CT, INC.**
1235 HUNTINGTON TURNPIKE
TRUMBULL, CT 06611

D Employer identification number: **22-3035152**

E Telephone number: **(203) 359-6940**

G Gross receipts \$ **4,898,410.**

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

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: ▶ **CTHOUSINGPARTNERS.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1996**

M State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	331,596.	976,488.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,337,432.	1,348,194.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,564.	-802,460.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,876,089.	1,570,750.
	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)		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)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	19,018,810.	16,448,869.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,247,808.	3,063,103.
		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: **RENEE DOBOS** Date: _____
Type or print name and title: **EXECUTIVE DIR.**

Paid Preparer Use Only

Print/preparer's name: **JASON D. GEEL CPA** Preparer's signature: **JASON D. GEEL CPA** Date: **11/11/21** Check if self-employed PTIN: **P01664437**

Firm's name: **MALETTA & COMPANY** Firm's EIN: **061209905**
Firm's address: **43 ENTERPRISE DRIVE BRISTOL, CT 06010** Phone no.: **8605826715**

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: _____

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;">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>
--

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

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 (MeF) 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: <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 MARRAKECH, INC.		D Employer identification number 23-7148533
	Doing business as		E Telephone number 203-389-2970
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6 LUNAR DRIVE		G Gross receipts \$ 8,764,685
	City or town, state or province, country, and ZIP or foreign postal code WOODBIDGE CT 06525		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)
F Name and address of principal officer HEATHER I. LATORRA 6 LUNAR DRIVE WOODBIDGE CT 06525		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.MARRAKECHINC.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: 1972
			M State of legal domicile: CT

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)	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	989
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	3,910
7b Net unrelated business taxable income from Form 990-T, line 39	1,695	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 792,073 Current Year: 331,836
	9 Program service revenue (Part VIII, line 2g)	8,827,235 8,243,921
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0 -18,750
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,348 11,232
	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: 15,014,490 End of Year: 15,857,738
	21 Total liabilities (Part X, line 26)	7,699,180 8,564,338
	22 Net assets or fund balances. Subtract line 21 from line 20	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	Date
	Type or print name and title CEO	

Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER B. CONLEY	Preparer's signature	Date 05/13/21	Check <input type="checkbox"/> if self-employed	PTIN P00936552
	Firm's name GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC	Firm's EIN 06-0971998		Phone no 860-347-5689	
	Firm's address 505 MAIN ST MIDDLETOWN, CT 06457-2809				

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



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, wall/blank insulation & new energy
efficient lighting

Name of contact person LIBBY MITCHELL

Telephone number: 203-536-712

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 Gorton 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 at 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

August 1

Program start date

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

\$4,000

a) Eversource utility incentives

\$11,250

b) _____

d) _____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description

a) New Boiler

b) LED Lighting Upgrade

Administrative expenses - itemized description

a) _____

b) _____

d) _____

\$48,500

Total Proposed Expenditures:

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 PINE 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?

Yes

No

If Yes, date post-project audit due

Date

Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0047

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.

For calendar year 2020 or tax year beginning 2020, and ending 20

Name of foundation: The West Cornwall Public Library Association, Inc. A Employer identification number: [REDACTED]

Number and street or P.O. box number. If mail is not delivered to street address: Room 500 B Telephone number (see instructions): 2035381711

City or town, state or province, country, and ZIP or foreign postal code: West Cornwall, CT 06096 C Reselection application is pending (check here):

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)): \$ 324,924 J Accounting method: Cash Accrual Other (specify): _____

Line 16: \$ 324,924 (Part I column (d) must be on cash basis)

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	7,734.			
	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	33,284.			
b Less: Cost of goods sold	27,864.				
c Gross profit or (loss) (attach schedule)	5,420.				
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	25,930.	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)	875.			
	c Other professional fees (attach schedule)	55.			
	17 Interest				
	18 Taxes (attach schedule) (see instructions) (See 3100)	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 5100)	197.			
	24 Total operating and administrative expenses. Add lines 13 through 23	46,577.	100.		
25 Contributions, gifts, grants paid					
26 Total expenses and disbursements. Add lines 24 and 25	46,577.	100.			
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-20,647.				
b Net investment income (if negative, enter -0-)		23,924.			
c Adjusted net income (if negative, enter -0-)					

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 son 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: 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">3/31/24 if funding is received</p> <p align="center">_____</p> <p 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
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): 175 MAIN STREET
Room/suite:
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
G Gross receipts \$: 232,861

F Name and address of principal officer: JOSE ORTIZ, 175 MAIN STREET, HARTFORD, CT 06106
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)	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 34	0

	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) <input type="checkbox"/> 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.

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

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

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: 12/31/22 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>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 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">3/31/24 if funding is received</p> <p align="center">_____</p> <p align="center">Date</p>

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EXTENDED TO MARCH 15, 2021

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

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

OMB No 1545-0047

2019

Open to Public Inspection

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

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminating, 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. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.BPTSYM.ORG. K Form of organization: Corporation. L Year of formation: 1946. M State of legal domicile: CT.

ENVELOPE POSTMARK DATE DEC 21 2020

SCANNED JUL 22 2021

Part I Summary table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22. Includes a 'RECEIVED' stamp from IRS-OSC dated JAN 04 2021.

Part II Signature Block. Declaration of preparer. Signatures of Robert Flemming (Treasurer) and Kyle Hamilton (Preparer). Date 12/19/2020. Firm: KYLE HAMILTON CONSULTING LLC, 266 BROAD STREET, MILFORD, CT 06460.

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 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 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)
 ▶ 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) 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.

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
8 Contributions and grants (Part VIII, line 1h)	346,450	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) ▶ 19,266		
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: FAITH VILLEGAS, EXECUTIVE DIRECTOR
 Date: 2020-11-12

Paid Preparer Use Only

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	

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: 12/31/22 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 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 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**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

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
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.

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
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: FAITH VILLEGAS EXECUTIVE DIRECTOR
 Date: 2020-11-12

Paid Preparer Use Only

Print/Type preparer's name: CIRONFRIEDBERG LLP
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P01200948
 Firm's EIN: 06-1533315
 Firm's address: 6 RESEARCH DRIVE 450
 Phone no. (203) 366-5876
 SHELTON, CT 06484



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 locatons.

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: _____

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



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 1st & 2nd Floor \$74,750
- Fix roof and partial replacement \$25,500

Total NAA Tax Credit Requested: **\$157,650**

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 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

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

3	12
4	12
5	67
6	5964
7a	0.
7b	0.

	Prior Year	Current Year
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.	5,159.
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.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,529,516.	2,261,249.
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)	2,060,541.	2,375,124.
16a Professional fundraising fees (Part IX, column (A), line 11e)	63,076.	39,650.
b Total fundraising expenses (Part IX, column (D), line 25) <u>1,130,578.</u>	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	Beginning of Current Year	End of Year
	2,523,756.	7,125,237.
20 Total assets (Part X, line 16)	393,138.	2,295,621.
21 Total liabilities (Part X, line 26)	2,130,618.	4,829,616.
22 Net assets or fund balances. Subtract line 21 from line 20		

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: Bea Jamarillo, Chief Financial Officer Date: _____

Print/Type preparer's name: Sara Tibbott Preparer's signature: Sara Tibbott Date: 7/15/2020 Check self-employed PTIN: P01486955

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

Item #86-21

Approval of General Obligation Bonds - To Refund Certain
General Obligation Bonds.



**Report
of
Committee
on
Budget and Appropriations**

City Council Meeting Date: June 21, 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.

22 JUL -7 PM 12:11

BRIDGEPORT, CT



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. 86-21

APPROVAL OF GENERAL OBLIGATION BONDS - To Refund Certain General Obligation Bonds

BE IT RESOLVED, that having received the recommendation of the Mayor of the City of Bridgeport (the "City") with respect to the action authorized herein, the City Council of the City of Bridgeport hereby approves the issuance of general obligation bonds secured by the City's full faith and credit (the "Refunding Bonds"), in an amount up to \$20,000,000 (exclusive of Financing Costs, as hereinafter defined) for the purposes of (i) refunding such portions of the outstanding maturities (including the payment of principal, accrued interest and any call premium) of the City's General Obligation Bonds, 2014 Series A, the City's General Obligation Refunding Bonds, 2014 Series B, the City's General Obligation Refunding Bonds, 2016 Series B, the City's General Obligation Refunding Bonds, 2016 Series C, the City's General Obligation Bonds, 2016 Series D and the City's General Obligation Refunding Bonds, 2017 Series C, and such other outstanding general obligation bonds of the City (collectively, the "Prior Bonds") as are determined by the Mayor, the Finance Director and the Treasurer (collectively, the "Officials") to be in the best interest of the City to refund; and (ii) financing such additional costs and expenses, in an amount not to exceed three percent (3%) of such authorization, as the Officials shall approve for the funding of necessary and appropriate financing and/or issuance costs including, but not limited to legal, advisory, credit enhancement, escrow fees, verification fees, investments fees, net temporary interest or other financing and transactional costs, trustee, underwriters' discount, printing and administrative expenses, as well as the costs of the establishment and maintenance of any reserve pursuant to Chapter 109, Chapter 117 and other chapters of the Connecticut General Statutes (the "Financing Costs"); and

BE IT FURTHER RESOLVED, that the City Council, if the Officials deem it necessary, desirable or appropriate, appropriates and pledges for each year that the Refunding Bonds are outstanding, for the payment of the Refunding Bonds, all grant payments received by the City securing any and all of the Prior Bonds, and the City Council hereby authorizes the Officials to determine the terms and conditions of such pledge of security for the Refunding Bonds and whether or not, in fact, the City should grant such security, and the Officials are further authorized to take all such actions and execute all such documents to implement such security, all in such manner as such Officials shall determine to be in the best interest of the City; and



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Budget and Appropriations
Item No. 86-21

-2-

BE IT FURTHER RESOLVED, that the City Council authorizes and approves that the Refunding Bonds be secured by the City's property taxes, including interest, penalties and related charges, pursuant to Chapter 117 and other chapters of the Connecticut General Statutes, and, if deemed necessary or appropriate by the Officials and in the City's best interest, hereby authorizes the Officials (i) to establish a property tax intercept procedure and a debt service payment fund pursuant to Chapter 117 of the Connecticut General Statutes, §7-560 et seq., and other Chapters of the Connecticut General Statutes, on such terms as the Officials deem necessary or appropriate, and (ii) all further actions which the Officials deem necessary or appropriate to so secure the Refunding Bonds or which are contemplated by law; and

BE IT FURTHER RESOLVED, that the Officials, if they determine it to be advisable, necessary or appropriate, hereby are authorized, on behalf of the City, to enter into an indenture of trust and/or a supplemental indenture of trust (collectively, the "Indenture") with a bank or trust company located within or without the State of Connecticut (the "Trustee"), and to covenant (i) if the Refunding Bonds are issued pursuant to such Indenture that all or a portion of the City's property taxes shall be paid to the Trustee and be held in trust for the benefit of the holders of the Refunding Bonds as provided in Chapter 117 and other Chapters of the Connecticut General Statutes, and (ii) the terms on which any payments or reserves securing the payment of the Refunding Bonds will be paid, and the terms of any reserve or other fund for the benefit of the bondholders; and, in any event, to amend or supplement the Indenture containing such terms and conditions as the Officials shall determine to be necessary or advisable and in the best interest of the City, the execution thereof to be conclusive evidence of such determination; and

BE IT FURTHER RESOLVED, that the City Council hereby authorizes the Officials, if the Officials determine it is in the City's best interest, to acquire, on behalf of the City, bond insurance or other forms of credit enhancement guaranteeing the Refunding Bonds on such terms as the Officials determine to be appropriate, such terms to include, but not be limited to, those relating to fees, premiums and other costs and expenses incurred in connection with such credit enhancement, the terms of payment of such expenses and costs and such other undertakings as the issuer of the credit enhancement shall require; and the Officials, if they determine that it is appropriate, are authorized, on the City's behalf, to grant security to the issuer of the credit enhancement to secure the City's obligations arising under the credit enhancement, including the establishment of a reserve from proceeds of the Refunding Bonds; and



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Budget and Appropriations
Item No. 86-21

-3-

BE IT FURTHER RESOLVED, that the City Council hereby authorizes the Officials to determine the date, maturity, prices, interest rates, form, manner of sale (whether by negotiation or public sale) or other terms and conditions of the Refunding Bonds, including the terms of any reserve that might be established as authorized herein and whether any of the Refunding Bonds issued will be issued as taxable bonds, all in such a manner as such Officials shall determine to be in the best interest of the City, and to take such actions and to execute such documents, or to designate other officials or employees of the City to take such actions and to execute such documents, as deemed to be necessary or advisable and in the best interests of the City by such Officials in order to issue, sell and deliver the Refunding Bonds; and

BE IT FURTHER RESOLVED, that the City Council hereby authorizes the Officials to call irrevocably for redemption such maturities of the Prior Bonds, as they shall determine to refund from the proceeds of the Refunding Bonds and other moneys as they may determine to make available for this purpose, and to defease such Prior Bonds by executing and delivering an escrow agreement in such form and upon such terms as they shall approve, such approval to be conclusively evidenced by their execution thereof. The Officials are hereby authorized, on behalf of the City, to make representations or agreements for the benefit of the holders of the Refunding Bonds which are necessary or appropriate to ensure the exemption of interest on any maturities of the Refunding Bonds from taxation under the Internal Revenue Code of 1986, as amended; their respective approvals to be conclusively evidenced by their signatures on any such agreements or representations relating thereto; and

BE IT FURTHER RESOLVED, that the City Council hereby authorizes the Officials in connection with the issuance of the Refunding Bonds to execute and deliver on behalf of the City such reimbursement agreements, remarketing agreements, standby bond purchase agreements, interest rate swap agreements, and any other appropriate agreements the Officials deem necessary, appropriate or desirable to the restructuring of the City's debt, of which the Refunding Bonds are a component, and the Officials are hereby authorized on behalf of the City to secure the payment of such agreements with the full faith and credit of the City, if they deem it necessary, appropriate or desirable; and



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Budget and Appropriations
Item No. 86-21

-4-

BE IT FURTHER RESOLVED, that the Refunding Bonds shall be signed by the Mayor, the Treasurer and the Finance Director provided that such signatures of any two of such officers of the City affixed to the Refunding Bonds may be by facsimiles of such signatures printed on the Refunding Bonds, and each of such Officials is authorized to execute and deliver, on behalf of the City, all agreements, instruments and documents including, but not limited to a bond purchase agreement with the underwriter and an engagement letter with a financial advisor, that they deem necessary, appropriate or desirable to consummate the intendment of this and the foregoing resolutions.

BE IT FURTHER RESOLVED, that the Resolution shall become effective upon passage; provided the authority granted under this Resolution for the issuance of the Refunding Bonds shall expire on March 31, 2023.

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

AmyMarie Vizzo-Paniccia, D-134th

City Council Date: June 21, 2022

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
Mark T. Anastasi

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



June 21, 2022 COMM. #101-21 Ref'd to Miscellaneous Matters Committee
on 6/21/2022 (OFF THE FLOOR)

Aidee Nieves
City Council President
City Council
of the City of Bridgeport
45 Lyon Terrace
Bridgeport, CT 06604

RE: GALE v. CITY OF BRIDGEPORT

Dear Honorable Council President Nieves,

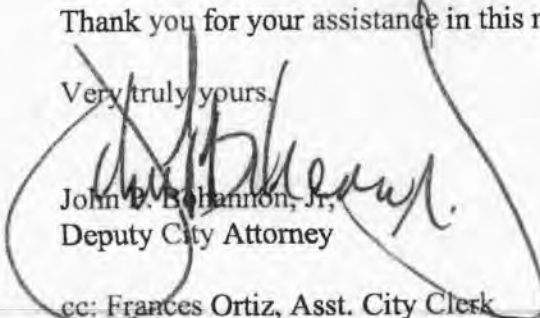
I am respectfully requesting that you add the above referenced matter to the City Council Agenda for tonight's meeting FOR REFERRAL TO MISCELLANEOUS MATTERS COMMITTEE so that I may consult with and obtain guidance from the Committee concerning the pending litigation.

As you are aware, this will require two motions as follows:

1. **MOTION TO ADD MATTER TO AGENDA** – 2/3 Majority of those present and voting required per CT FOIC; and
2. **MOTION TO REFER MATTER TO MMC COMMITTEE** – Simple Majority vote of those present and voting required.

Thank you for your assistance in this matter.

Very truly yours,


John P. Bohannon, Jr.
Deputy City Attorney

cc: Frances Ortiz, Asst. City Clerk

22 JUN 22 AM 10:39

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

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Eroll V. Skyers



June 21, 2022

Aidee Nieves
City Council President
City Council
of the City of Bridgeport
45 Lyon Terrace
Bridgeport, CT 06604

RE: GALE v. CITY OF BRIDGEPORT

Dear Honorable Council President Nieves,

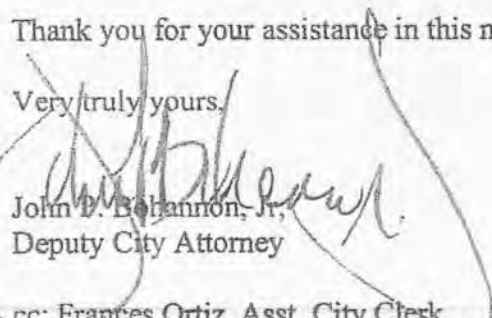
I am respectfully requesting that you add the above referenced matter to the City Council Agenda for tonight's meeting FOR REFERRAL TO MISCELLANEOUS MATTERS COMMITTEE so that I may consult with and obtain guidance from the Committee concerning the pending litigation.

As you are aware, this will require two motions as follows:

1. **MOTION TO ADD MATTER TO AGENDA** – 2/3 Majority of those present and voting required per CT FOIC; and
2. **MOTION TO REFER MATTER TO MMC COMMITTEE** – Simple Majority vote of those present and voting required.

Thank you for your assistance in this matter.

Very truly yours,


John P. Bohannon, Jr.
Deputy City Attorney

cc: Frances Ortiz, Asst. City Clerk

Ortiz, Frances

From: Rigon, Jonna
Sent: Tuesday, June 21, 2022 4:13 PM
To: Nieves, Aidee
Cc: Anastasi, Mark T; Bohannon, John; Ortiz, Frances
Subject: June 21, 2022 City Council Agenda Matter - GALE v. CITY OF BRIDGEPORT
Attachments: 0528_001.pdf

Good afternoon Council President Nieves,

Attached please find correspondence from Deputy City Attorney Bohannon concerning the matter captioned above.

Thank you.

Jonna Rigon

Paralegal

Office of the City Attorney

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Bridgeport, CT 06604

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