

**NOTICE
OF CORRECTION
TO
CITY COUNCIL AGENDA
MONDAY, JUNE 3, 2019**

7:00 p.m.
City Council Chambers, City Hall - 45 Lyon Terrace
Bridgeport, Connecticut

The following item was listed as a referral to ECD & Environment Committee and should read as follows:

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- 92-18** Communication from OPED re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program and Request to Order a Public Hearing for June 17, 2019, referred to **Education and Social Services Committee.**

AGENDA
CITY COUNCIL MEETING
MONDAY, JUNE 3, 2019

7:00 P.M.
CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE
BRIDGEPORT, CONNECTICUT

Prayer

Pledge of Allegiance

Roll Call

Mayoral and City Council Citation(s): Honoring Mr. Louis Mezzo, owner of Del Prete Italian Pastry for the 70th Year of Business in Bridgeport.

Presentation by Lighthouse Program re: Junior Council Program.

MINUTES FOR APPROVAL:

Approval of City Council Minutes: April 29, 2019 (Special Meeting)

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- 85-18** Communication from Tax Collector re: Municipal Suspense Tax Book, referred to Budget and Appropriations Committee.

- 87-18** Communication from Board of Education re: Grant Submission: State of Connecticut Office of Early Childhood for the FY 2020 School Readiness Grant Program to Provide Preschool Spaces for Children that are three and four-years-old who reside in the City for the Period of July 1, 2019 through June 30, 2020, referred to Education and Social Services Committee.

- 88-18** Communication from OPED re: Proposed Professional Services Agreement with James Duncan and Associates, Inc. for the City's Comprehensive Zoning Rewrite, referred to Contracts Committee.

- 89-18** Communication from OPED re: Proposed Resolution Authorizing the Sale of 55 Cannon Street and Request to Order a Public Hearing for June 17, 2019, referred to Economic and Community Development and Environment Committee.

- 90-18** Communication from Board of Education re: Grant Submission: State of Connecticut Office of Early Childhood for the Smart Start Grant Program, referred to Education and Social Services Committee.

- 91-18** Communication from City Attorney re: Proposed Settlement of Pending Litigation with Jose F. Ramos, referred to Miscellaneous Matters Committee.

COMMUNICATIONS TO BE REFERRED TO COMMITTEES CONTINUED:

- 92-18** Communication from OPED re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program and Request to Order a Public Hearing for June 17, 2019, referred to Economic and Community Development and Environment Committee.
- 93-18** Communication from Civil Service Commission re: Proposed Revision to the Civil Service Commission Rules to Amend Rule XV regarding Residency Preference, referred to Miscellaneous Matters Committee.

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

- 86-18** Resolution presented by Council Member(s) Valle & Nieves re: Proposed resolution requesting that "All-Way" stops be designated at Stillman Street and Brooks Street and at Hough Avenue and Cedar Street with appropriate signage and road markings. Also, that "Flashing" signage be installed at Barnum Avenue and Hallett Street and a request to make Stillman Street a "One-Way" street (between Helen and Pembroke), referred to Board of Police Commissioners.

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *73-18** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Economic & Community Development – Urban Action Grant Program for McLevy Hall, (#19449).
- *75-18** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Transportation Dial-A-Ride Municipal Grant Program for the Elderly and Disabled, (#FY20-22).
- *76-18** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Economic & Community Development – Urban Action Grant Program (#19215).
- *78-18** Economic and Community Development and Environment Committee Report re: Resolution Authorizing the Execution of an Easement Agreement for 337 Knowlton Street.
- *70-18** Special Committee on CDBG Report re: Program Year 45 Annual Action Plan: Community Development Block Grant Program (CDBG), Homeless Emergency Solutions Grant Program (HESG), Housing Opportunities for Persons with AIDS Program (HOPWA) and HOME Investment Partnership Program.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, JUNE 3, 2019 AT 6:30 P.M., IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT.

NAME	SUBJECT
Dasha Spell 284 Beechwood Avenue Bridgeport, CT 06604	CSMA and BOE.
John Marshall Lee 30 Beacon Street Bridgeport, CT 06605	Fiscal Governance.
Maria Pereira Board of Education 45 Lyon Terrace Bridgeport, CT 06604	Board of Ed and Governance.
Donald Wilson Bridgeport Youth Lacrosse 56 Fairview Avenue Bridgeport, CT 06606	Peace Day Community Festival at Seaside Park on June 8, 2019.
Pamala J. Williams 91 Clearview Drive Bridgeport, CT 06606	Answer to questions from May 20, 2019 and jobs.
Tonia Eagleton 441 Flint Street Bridgeport, CT 06606	Jobs and construction project.

**CITY COUNCIL MEETING
PUBLIC SPEAKING
MONDAY, JUNE 3, 2019
6:30 PM
City Council Chambers, City Hall
45 Lyon Terrace
Bridgeport, CT**

CALL TO ORDER

Council President Nieves called the Public Speaking Session to order at 6:35 p.m.

Council President Nieves reviewed the rules and reminded everyone they had five minutes to address the Council.

ROLL CALL

The City Clerk Lydia Martinez called the roll.

130th District: Christina Smith, Pete Spain
131st District: Jack Banta, Denese Taylor-Moye
132nd District: Kyle Langan, Marcus Brown
133rd District: Michael Defilippo
134th District: Michelle Lyons, AmyMarie Vizzo-Paniccia
135th District: Mary McBride-Lee, Rosalina Roman-Christy
136th District: Alfredo Castillo
137th District: Aidee Nieves, Maria Valle
138th District: Nessah Smith, Karen Jackson
139th District: Ernest Newton, Eneida Martinez

A quorum was present.

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NAME	SUBJECT
Dasha Spell 284 Beechwood Avenue Bridgeport, CT 06604	CSMA and BOE.

Ms. Spell was called and there was no response.

CITY CLERK
JUN -7 AM 11:59
CITY OF BRIDGEPORT

John Marshall Lee
30 Beacon Street
Bridgeport, CT 06605

Fiscal Governance.

Mr. Lee came forward with Mr. Myron Dukes to address the Council:

Council members, hearken to my words tonight. Please listen and understand. That is the meaning of hearken, a powerful word from scripture as many of you will recognize. We must attend to the vulnerable in our city, for if not you, then who? The elderly and infirm of body, mind or emotions fit that category. So are the youth of our city with families of low income and/or diminished wealth from overtaxed homes and a school system that is practically ignored in terms of equal opportunities relative to youth of neighboring communities. How many thousands of dollars per youth per year show our lack of equal opportunity?

Tonight I raise another vulnerable group, likely to become greater in size with changes in Federal and State incarceration policy. By reviewing those who have been imprisoned but now may return to Bridgeport with an earlier release, they are still “doing time” within a parole or probation agreement. How do we welcome these men and women to our community? Greetings and meetings with referrals to jobs, education, re-establishing residence, voting rights and other citizen expectations may be haphazardly present. Maybe, but the three year effort with MIRA in the City projects no whole purpose, has no accountable metric, and fails to serve coffee or the cost of transportation to those who have returned flat broke. Why is this when our Mayor so recently clamored for a “second chance” to run for office? Gained the office pledging no tax increase? And then provided more focus and effort to run for governor than be honest with time and pledges locally?

Three months ago I listened to another Bridgeport citizen at a Council meeting who identified himself as an individual with community values, an American citizen seeking to exercise and enjoy his freedoms and duties and thirdly a member of a tribe of persons of color. In February he had been denied entry to a public event, where admission was free, yet police officers had his picture and prohibited his entry on two occasions on February 23rd to City Hall for black history, hip-hop music and anti-violence messages. Tonight we are together sharing these five minutes to inform the community of what is being ignored by City leaders. Or is this purposely targeted? My friend Myron Dukes one of the founders of Second Circuit...

Mr. Dukes then came forward to address the Council.

I am Myron Dukes a resident of Harriet Street Bridgeport, CT. From age 17, I was continuously incarcerated with an aggregate sentence of 30 years to life for being present at a felony murder in NY. No personal weapon. No personal violence. But very poor judgment in terms of intent.

Twenty four years and eight months behind bars of too many institutions, followed by nineteen months in NY halfway programs, I returned to Bridgeport. It was last June. In February 2018 I was an organizer and speaker for Connecticut Mothers United for

Healing at Housatonic Community College with 100 attendees and much necessary energy into the community for further work.

Of course I worked many menial jobs. But I read extensively, follow the culture of the day, kept my body and mind active and returned, ready to be a good citizen. To find my access denied to a public event, where police were covering for interests not wishing my attendance abridged my rights.

I met a High Horizons 1988 classmate in the exercise yard at Attica in 1999. Today we are producing a series of Podcasts to speak truthfully of our experiences. We talk to younger members of our community about life choices they may encounter. Second Sircuit is the name of our new Podcast that we are producing in Bridgeport for Bridgeport. Currently available exclusively on our YouTube channel, by typing in "Second Sircuit"...

Maria Pereira
Board of Education
45 Lyon Terrace
Bridgeport, CT 06604

Board of Ed and Governance.

Ms. Pereira came forward and greeted the Council Members. She stated that the City Council Members were doing an incredible disservice to the students. There are over 20,000 students in the District. She asked how many of those students were actively involved in gangs. Ms. Pereira said that she was shocked when she found out that there were statements made about gang members in the school system. Ms. Pereira then said that Martin Luther King, Jesse Jackson and others had fought against segregation particularly in our public schools. She stated that racism is being taught by fear mongering. People need to come together and interact on a daily basis. This is critical to defeating racism. Ms. Pereira said Donald Trump has shown that racism is alive and well and she said that more work needs to be done. When elected officials promote the narrative that the residents of the South End and the East End cannot get along this perpetuate segregation. Students from every section of town attend Fairchild Wheeler, Central Magnet, Bridgeport Military Academy, Classical Studies Magnet, High Horizons Magnet, Park City Magnet and Discovery Magnet. Where is all the gang violence Ms. Pereira wish to know. Stop perpetuating the narrative that public school students are gang members. This is a false narrative.

Ms. Pereira said that she would like to speak about the Hubble property. She said that the BOE had considered the Hubble property almost a year ago. She stated that it was Mr. Thomas Gill, the Director of OPED, who had told the BOE not to pursue the property because there was a developer interested in it and had a deposit paid down on it. The Hubble property is only .4 acres bigger than the Bassick property. She stated that the Bassick family had told her that there was no way that a field would fit on the Hubble site. The Bassick family donated their family estate in 1926 for Bassick high school. This is written into the deed. The Bassick family is opposed to having the land that they donated sold to a private developer. She said that the Hubble property was contaminated and asked whether Westport or Wilton would put a high school on contaminated land.

City of Bridgeport
City Council
Regular Meeting
June 3, 2019

Ms. Pereira said to Council Member Christina Smith that her statement to the Council at the time of the budget vote regarding education and educational funding was the most prolific and articulate thing that Ms. Pereira had ever heard during her 10 years on the BOE. She said that she would also like to thank Council Member Langan, Council Member Spain and Council Member Jackson because they stood up for the students. Ms. Pereira said to the remainder of the Council Members that independent research helps in making solid decisions. She said that she recognized that Mayor Ganim, Mario Testa and other corrupt politicians will call them and tell them how to vote. That should be an embarrassment to everyone here.

Ms. Pereira encouraged the council members to live on solid values and fight for what is right.

Donald Wilson
Bridgeport Youth Lacrosse
56 Fairview Avenue
Bridgeport, CT 06606

Peace Day Community Festival at
Seaside Park on June 8, 2019.

Mr. Jorge Cruz and Mr. Carlos Flores came forward and said that Mr. Wilson was not able to be present and that they were speaking in his stead. Council President Nieves consulted with the others regarding this and then requested that Mr. Cruz wait to speak to the end of the session.

Pamala J. Williams
91 Clearview Drive
Bridgeport, CT 06606

Answer to questions from May 20,
2019 and jobs.

Ms. Williams said that she would yield her time to Mr. Dukes. Mr. Dukes came forward but was asked by the Council President to wait until the other speakers had their turns since he had already addressed the Council. He objected to this but decided to wait.

Tonia Eagleton
441 Flint Street
Bridgeport, CT 06606

Jobs and construction project.

Ms. Eagleton came forward and said that she was getting to know her Council Members and found them to be helpful. She said that she noticed the junior associates present and found that this was wonderful. Many people work and don't attend the meetings. Ms. Eagleton said that she has heard the Council Members speak to one another in very contentious tones. Ms. Eagleton said that the Communications in the City sucks, as does the website. She spoke about how she was working to form a new group and gave the details.

Cecil Young
99 Carroll Avenue
Bridgeport, CT 06607

Unjust Termination Cover-up.

Mr. Young said that he thought he would not be able to speak because he had to sign up. He said that he had letters from the Attorney's Office regarding his termination. Mr. Young said that all he wanted was to see if his termination was justified. He displayed some copies of letters

and repeated that all he wanted was to know if he was termination was justified. He then concluded his comments by saying "God Bless you all."

Dasha Spell
284 Beechwood Avenue
Bridgeport, CT 06604

CSMA and BOE.

Ms. Dasha Spell came forward to say that she was standing in front of them as a new candidate for Council. She said that the Junior Council Members need to educate themselves about the candidates. If the Council can give the Mayor a raise but can't give the kids more money, then they need to think about this. If the Police get a 5% increase, but the kids don't, they need to think about that. The Junior Council Members need to educate themselves.

Myron Dukes
184 Harriet Street
Bridgeport, CT 06608

Targeted and banned from public event.

Mr. Myron Dukes came forward and said that the name of the game was Equality. After being in prison, he had new eyes. When he came back to Bridgeport, he expected a welcome because he came back to give back. But there is an air of 'Pompous" which he feels when he comes into the Chambers. He thanked the Junior Council Members for their efforts. They have new, creative ideas. They shouldn't take on the attitude of the administration.

He said that he felt that it was wrong when he was told that the Council President replaced him with another speaker.

Mr. Jorge Cruz

Mr. Cruz came forward and said that it was an exciting time. There are positive things going on. He invited the City Council to come to Seaside Park for a Peace Day Community Festival on June 8th. Often there are flags displayed outside of City Hall that shows the different cultures. But now it is time to put politics aside and stand against the violence. The youth need to feel that they belong. He spoke about an organization that has been dedicated to educating Bridgeport's youth. It is important to build bridges of hope, but the first step is to unite. He said that if someone wanted to set up a table, please come and see him as he is the Master of Ceremonies. He also spoke about an upcoming Community Peace Rally March also.

ADJOURNMENT

Council President Nieves adjourned the Public Speaking portion of the Council meeting at 7:11 p.m.

Respectfully submitted,

S. L. Soltes
Telesco Secretarial Services

City of Bridgeport
City Council
Regular Meeting
June 3, 2019

CITY OF BRIDGEPORT
CITY COUNCIL MEETING
MONDAY, JUNE 3, 2019

7:00 PM

City Council Chambers, City Hall - 45 Lyon Terrace

Bridgeport, Connecticut

Council President Nieves called the meeting of the City Council to order at 7:17 p.m.

PRAYER

Council President Nieves requested Council Member McBride-Lee to lead those present in a prayer.

PLEDGE OF ALLEGIANCE

Council President Nieves requested Council Member Newton to lead those present in reciting the Pledge of Allegiance.

Council President Nieves said that former Council Member John Olson who had suffered a stroke was currently in the hospital recovering. Council President Nieves said that she knew that Rev. Olson had prayed for the schools, the students, the Council and many, many other residents. She requested a moment of silence for his full recovery.

A moment of silence was also requested to acknowledge the recent passing of a local resident.

ROLL CALL

The City Clerk called the roll.

130th District: Christina Smith, Pete Spain
131st District: Jack Banta, Denese Taylor-Moye
132nd District: Kyle Langan, Marcus Brown
133rd District: Michael Defilippo
134th District: Michelle Lyons, AmyMarie Vizzo-Paniccia
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136th District: Alfredo Castillo
137th District: Aidee Nieves, Maria Valle
138th District: Nessah Smith, Karen Jackson
139th District: Ernest Newton, Eneida Martinez

A quorum was present.

Council President Nieves announced that Council Member Herron was absent due to a family emergency.

Mayoral and City Council Citation(s): Honoring Mr. Louis Mezzo, owner of Del Prete Italian Pastry for the 70th Year of Business in Bridgeport.

Council Member Vizzo-Paniccia called Mr. Louis Mezzo, owner of Del Prete Italian Pastry forward. She then made the following statement:

It is an honor to present my citation to Mr. Louis Mezzo, owner of Del Prete Italian Pastry celebrating the business' 70th Anniversary in Bridgeport.

Del Prete Italian Pastry was originally started on September 2, 1948 by Mr. Louis Del Prete. Around 1966, Mr. John Mezzo, Louis' father, took over the business from Mr. Del Prete. Louis Mezzo, who stands here today, assumed his father's business in 1987 with his mother, Emilia Mezzo after Louis' father passed away.

When a mutual family friend called me to inform me of the 70th Anniversary, I was more than happy to do it, but wanted to make sure that Louis was in agreement. I visited and discussed this with Louis who was surprised and seemed happy. I gave him a couple of dates to choose from so I could present, knowing his busy schedule. He chose today, June 3, 2019 a date with proud and emotional meaning as it was on June 3, 1950 that his parents married and today would have been their 69th wedding anniversary. Congratulations, Louis, with continued good health and combined business success to you and your family.

Mr. Mezzo was then presented with both Mayoral and City Council Citations.

Presentation by Lighthouse Program re: Junior Council Program.

Ms. Tammy Papa came forward and gave a presentation to those present regarding the Junior Council Member Program. The Junior Council Members were then called forward and presented with a certificate by their sponsoring Council Members.

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|----------------------------------|---------------------------------------|
| Council Member C. Smith | Jr. Council Member Terry McKnight, |
| Council Member P. Spain | Jr. Council Member Nilsa Laine |
| Council Member J. Banta | Jr. Council Member Habibul Huq |
| Council Member D. Taylor-Moye | Jr. Council Member Raiyan Sattar |
| Council Member M. Brown | Jr. Council Member Matayah Obanyoun |
| Council Member K. Langan | Jr. Council Member Jaeden Campbell |
| Council Member J. Herron | Jr. Council Member Jermaine Smith, |
| Council Member M. Defilippo | Jr. Council Member Julie Hajducky |
| Council Member M. Lyons | Jr. Council Member Caye Jree Rhone |
| Council Member A. Vizzo-Paniccia | Jr. Council Member Quiniesha McQueen, |
| | Jr. Council Member Anthony Gonez |
| | Jr. Council Member Joseph Dejesus |
| | Jr. Council Member Suraiya Houssian, |

Council Member M. McBride-Lee	Jr. Council Member Ishraquddin Wasif
Council Member R. Roman-Christy	Jr. Council Member Zamyrah Regouis
	Jr. Council Member April Little,
	Jr. Council Member Imani Lopez
Council Member M. Zambrano-Viggiano	Jr. Council Member Chrishna Laporte
Council Member A. Castillo	Jr. Council Member Kadin Smith
Council Member M. Valle	Jr. Council Member Herla Monrose
Council President A. Nieves	Jr. Council Member Markel Bond
Council Member K. Jackson	Jr. Council Member Kara Roache
Council Member N. Smith	Jr. Council Member Kion Dangler
Council Member E. Martinez	Jr. Council Member Cierra Jones
	Jr. Council Member Sincere Valentine
Council Member E. Newton	Jr. Council Member Queston Parks

Following the conclusion of the presentation, Council Member Vizzo-Paniccia requested a moment of personal privilege. She said that last week, there was some wonderful news from Ms. Marcie Juliani, the principal of Florence E. Blackham school, which is located on Thorne Street in the 134th District.

Mr. Montesi and the Florence E. Blackham Drum Ensemble took First Place in the Battle of the Bands for the 6th year in a row. Mr. Montesi and the Florence E. Blackham Modern Ensemble also took First Place. This is the first time that Mr. Montesi and the Florence E. Blackham School have taken home two First Place trophies at the same event.

Also, Mr. Powers, the school's Math Team took Second Place in the District Wide Math Meet with 22 schools competing. Congratulations to the Principal, Staff and Students at the Blackham School.

Council Member McBride-Lee commented that exciting things were happening in Bridgeport.

MINUTES FOR APPROVAL:

Approval of City Council Minutes: April 29, 2019 (Special Meeting)

**** COUNCIL MEMBER NEWTON MOVED THE MINUTES OF THE APRIL 29, 2019 SPECIAL MEETING.**

**** COUNCIL MEMBER BROWN SECONDED.**

**** THE MOTION TO APPROVE THE MINUTES OF THE APRIL 29, 2019 SPECIAL MEETING AS SUBMITTED PASSED UNANIMOUSLY.**

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

85-18 Communication from Tax Collector re: Municipal Suspense Tax Book, referred to Budget and Appropriations Committee.

87-18 Communication from Board of Education re: Grant Submission: State of Connecticut Office of Early Childhood for the FY 2020 School Readiness Grant Program to Provide Preschool Spaces for Children that are three and four-years-old who reside in the City for the Period of July 1, 2019 through June 30, 2020, referred to Education and Social Services Committee.

88-18 Communication from OPED re: Proposed Professional Services Agreement with James Duncan and Associates, Inc. for the City's Comprehensive Zoning Rewrite, referred to Contracts Committee.

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

86-18 Resolution presented by Council Member(s) Valle & Nieves re: Proposed resolution requesting that "All-Way" stops be designated at Stillman Street and Brooks Street and at Hough Avenue and Cedar Street with appropriate signage and road markings. Also, that "Flashing" signage be installed at Barnum Avenue and Hallett Street and a request to make Stillman Street a "One-Way" street (between Helen and Pembroke), referred to Board of Police Commissioners.

Council Member Valle requested that Agenda Items 89-18 and 92-18 be removed from the Communications to be Referred to Committee.

**** COUNCIL MEMBER BROWN MOVED TO COMBINE AND APPROVE THE FOLLOWING COMMUNICATIONS TO BE REFERRED TO COMMITTEES WITH THE RESOLUTIONS TO BE REFERRED TO BOARDS, COMMISSIONS, ETC.:**

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

85-18 COMMUNICATION FROM TAX COLLECTOR RE: MUNICIPAL SUSPENSE TAX BOOK, REFERRED TO BUDGET AND APPROPRIATIONS COMMITTEE.

87-18 COMMUNICATION FROM BOARD OF EDUCATION RE: GRANT SUBMISSION: STATE OF CONNECTICUT OFFICE OF EARLY CHILDHOOD FOR THE FY 2020 SCHOOL READINESS GRANT PROGRAM TO PROVIDE PRESCHOOL SPACES FOR CHILDREN THAT ARE THREE AND FOUR-YEARS-OLD WHO RESIDE IN THE CITY FOR THE PERIOD OF JULY 1, 2019 THROUGH JUNE 30, 2020, REFERRED TO EDUCATION AND SOCIAL SERVICES COMMITTEE.

88-18 COMMUNICATION FROM OPED RE: PROPOSED PROFESSIONAL SERVICES AGREEMENT WITH JAMES DUNCAN AND ASSOCIATES, INC. FOR THE CITY'S COMPREHENSIVE ZONING REWRITE, REFERRED TO CONTRACTS COMMITTEE.

90-18 COMMUNICATION FROM BOARD OF EDUCATION RE: GRANT SUBMISSION: STATE OF CONNECTICUT OFFICE OF EARLY CHILDHOOD FOR THE SMART START GRANT PROGRAM, REFERRED TO EDUCATION AND SOCIAL SERVICES COMMITTEE.

91-18 COMMUNICATION FROM CITY ATTORNEY RE: PROPOSED SETTLEMENT OF PENDING LITIGATION WITH JOSE F. RAMOS, REFERRED TO MISCELLANEOUS MATTERS COMMITTEE.

93-18 COMMUNICATION FROM CIVIL SERVICE COMMISSION RE: PROPOSED REVISION TO THE CIVIL SERVICE COMMISSION RULES TO AMEND RULE XV REGARDING RESIDENCY PREFERENCE, REFERRED TO MISCELLANEOUS MATTERS COMMITTEE.

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

86-18 RESOLUTION PRESENTED BY COUNCIL MEMBER(S) VALLE & NIEVES RE: PROPOSED RESOLUTION REQUESTING THAT "ALL-WAY" STOPS BE DESIGNATED AT STILLMAN STREET AND BROOKS STREET AND AT HOUGH AVENUE AND CEDAR STREET WITH APPROPRIATE SIGNAGE AND ROAD MARKINGS. ALSO, THAT "FLASHING" SIGNAGE BE INSTALLED AT BARNUM AVENUE AND HALLETT STREET AND A REQUEST TO MAKE STILLMAN STREET A "ONE-WAY" STREET (BETWEEN HELEN AND PEMBROKE), REFERRED TO BOARD OF POLICE COMMISSIONERS.

**** COUNCIL MEMBER VIZZO-PANICCIA SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

89-18 Communication from OPED re: Proposed Resolution Authorizing the Sale of 55 Cannon Street and Request to Order a Public Hearing for June 17, 2019, referred to Economic and Community Development and Environment Committee.

92-18 Communication from OPED re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program and Request to Order a Public Hearing for June 17, 2019, referred to Education and Social Services Committee.

**** COUNCIL MEMBER VALLE MOVED TO ORDER TWO PUBLIC HEARINGS TO BE HELD AT 7:00 P.M. AT THE NEXT COUNCIL MEETING ON JUNE 17TH, 2019 FOR THE FOLLOWING AGENDA ITEMS:**

89-18 COMMUNICATION FROM OPED RE: PROPOSED RESOLUTION AUTHORIZING THE SALE OF 55 CANNON STREET AND REQUEST TO ORDER A PUBLIC HEARING FOR JUNE 17, 2019, REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

92-18 COMMUNICATION FROM OPED RE: PROPOSED RESOLUTION APPROVING PROGRAMS FOR CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT PROGRAM AND REQUEST TO ORDER A PUBLIC HEARING FOR JUNE 17, 2019, REFERRED TO EDUCATION AND SOCIAL SERVICES COMMITTEE.

**** COUNCIL MEMBER BROWN SECONDED.**

Council Member Spain noted that the agenda for June 17, 2019 already had three public hearings scheduled, one at 5:00 p.m.; one at 5:30 p.m. and the third at 6:00 p.m.

**** THE MOTION PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER BROWN MOVED TO REFER THE FOLLOWING ITEMS TO COMMITTEE:**

89-18 COMMUNICATION FROM OPED RE: PROPOSED RESOLUTION AUTHORIZING THE SALE OF 55 CANNON STREET AND REQUEST TO ORDER A PUBLIC HEARING FOR JUNE 17, 2019, REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

92-18 COMMUNICATION FROM OPED RE: PROPOSED RESOLUTION APPROVING PROGRAMS FOR CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT PROGRAM AND REQUEST TO ORDER A PUBLIC HEARING FOR JUNE 17, 2019, REFERRED TO EDUCATION AND SOCIAL SERVICES COMMITTEE.

**** COUNCIL MEMBER NEWTON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

***73-18 Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Economic & Community Development – Urban Action Grant Program for McLevy Hall, (#19449).**

***75-18 Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Transportation Dial-A-Ride Municipal Grant Program for the Elderly and Disabled, (#FY20-22).**

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***78-18 Economic and Community Development and Environment Committee Report re: Resolution Authorizing the Execution of an Easement Agreement for 337 Knowlton Street.**

***70-18 Special Committee on CDBG Report re: Program Year 45 Annual Action Plan: Community Development Block Grant Program (CDBG), Homeless Emergency Solutions Grant Program (HESG), Housing Opportunities for Persons with AIDS Program (HOPWA) and HOME Investment Partnership Program.**

Council President Nieves asked if there was any Council Member who would like to remove an item from the Consent Calendar. Council Member C. Smith requested Agenda Item 70-18 be removed.

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

***73-18 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: STATE OF CONNECTICUT DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT – URBAN ACTION GRANT PROGRAM FOR MCLEVY HALL, (#19449).**

***75-18 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION DIAL-A-RIDE MUNICIPAL GRANT PROGRAM FOR THE ELDERLY AND DISABLED, (#FY20-22).**

***76-18 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: STATE**

OF CONNECTICUT DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT – URBAN ACTION GRANT PROGRAM (#19215).

***78-18 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: RESOLUTION AUTHORIZING THE EXECUTION OF AN EASEMENT AGREEMENT FOR 337 KNOWLTON STREET.**

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

70-18 Special Committee on CDBG Report re: Program Year 45 Annual Action Plan: Community Development Block Grant Program (CDBG), Homeless Emergency Solutions Grant Program (HESG), Housing Opportunities for Persons with AIDS Program (HOPWA) and HOME Investment Partnership Program.

Council President Nieves announced that the Special Committee Members and those who did not have conflicts were the only ones who could be present for the vote on the item. The following Council Members recused themselves from the meeting:

134th District: Michelle Lyons
135th District: Rosalina Roman-Christy
136th District: Alfredo Castillo
137th District: Maria Valle
139th District: Ernest Newton, Eneida Martinez

**** COUNCIL MEMBER LANGAN MOVED AGENDA ITEM 70-18 SPECIAL COMMITTEE ON CDBG REPORT RE: PROGRAM YEAR 45 ANNUAL ACTION PLAN: COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG), HOMELESS EMERGENCY SOLUTIONS GRANT PROGRAM (HESG), HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM (HOPWA) AND HOME INVESTMENT PARTNERSHIP PROGRAM.
** COUNCIL MEMBER BANTA SECONDED.
** THE MOTION PASSED UNANIMOUSLY.**

ADJOURNMENT

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

The meeting adjourned at 8:17 p.m.

Respectfully submitted,

S. L. Soltes
Telesco Secretarial Services

City of Bridgeport
City Council
Regular Meeting
June 3, 2019



CITY OF BRIDGEPORT
OFFICE OF THE TAX COLLECTOR

45 Lyon Terrace
Bridgeport, Connecticut 06604
Telephone 203-576-7271 Fax 203-332-5628

VERONICA JONES
Tax Collector

JOSEPH P. GANIM
Mayor

COMM. 85-18 Ref'd to Budget & Appropriations Committee
on 06/03/2019.

May 23, 2019

To: Frances Ortiz
Assistant City Clerk

From: Veronica Jones
Tax Collector

Re: Municipal Suspense Tax Book

In accordance with Section 12-165 General Statures, State of Connecticut, I submit to the Common Council a list of uncollectable Personal Property and Motor Vehicle Tax Accounts.

I further certify that to the best of my knowledge, and after research and examination by my staff, each tax contained in this listing has not been paid and is uncollectable. Each tax so designated has been transferred to the Suspense Tax Book, but any such tax may be collected by me or subsequent Tax Collector in office.

Each such tax so transferred to the Suspense Tax Book shall not hereafter be included as an asset of the City of Bridgeport.

The total of \$44,448.01 represents the Grand List 2003 through 2017 at the close of day May 23, 2019

I recommend approval of transfer of these accounts to Suspense.

Thank you.

Tax Collector

cc: Honorable Joseph P. Ganim, Mayor
Kenneth Flatto, Director of Finance

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CITY CLERK

Bill #	Unique ID #	Name	Reason	Date	Total
2003-03-4842705	319KTE	HOWARD ERNEST	DECEASED	3/28/2019	\$ 53.22
2003-03-4874305	938LBH	OLSAVSKY JOHN A	DECEASED	3/22/2019	\$ 99.62
2003-03-5950131	120PAZ	CLAYTON TANYA N	BANKRUPTCY	4/23/2019	\$ 136.48
2003-03-6770921	819RPL	SOUZA MARIAR	DECEASED	3/22/2019	\$ 67.54
2003-03-7162199	798SCH	TAYLOR WILLIAMS SHIRLEY	BANKRUPTCY	4/4/2019	\$ 335.70
2003-03-7179342	349JVJ	WILLIS MARK H AND	BANKRUPTCY	3/29/2019	\$ 160.34
2003-03-7179385	641SMS	WILLIS WINDY	BANKRUPTCY	3/29/2019	\$ 477.64
2003-04-7200490	231SSP	BAILEY WILLIAM	DECEASED	3/28/2019	\$ 122.82
2003-04-7290901	761SUR	MILORD GABRIEL JR	DECEASED	3/28/2019	\$ 52.29
2003-04-7360560	551TCL	WYNTER ALICIA	BANKRUPTCY	4/4/2019	\$ 70.26
2003-04-7360578	267SUS	WYNTER ALICIA	BANKRUPTCY	4/4/2019	\$ 60.86
2003-04-7360586	267SUS01	WYNTER ALICIA L	BANKRUPTCY	4/4/2019	\$ 90.69
2003-04-7360594	897SUO	WYNTER ALICIA L	BANKRUPTCY	4/4/2019	\$ 73.18
2003-04-7360608	897SUO01	WYNTER ALICIA L	BANKRUPTCY	4/4/2019	\$ 108.55
2004-03-4874305	938LBH	OLSAVSKY JOHN A	DECEASED	3/22/2019	\$ 82.54
2004-03-7179342	349JVJ	WILLIS MARK H AND	BANKRUPTCY	3/29/2019	\$ 150.28
2004-03-7179385	641SMS	WILLIS WINDY	BANKRUPTCY	3/29/2019	\$ 469.20
2004-03-7378302	231SSP	BAILEY WILLIAM	DECEASED	3/28/2019	\$ 155.24
2004-03-7484137	761SUR	MILORD GABRIEL JR	DECEASED	3/28/2019	\$ 53.64
2004-03-7565145	551TCL	WYNTER ALICIA	BANKRUPTCY	4/4/2019	\$ 151.00
2004-03-7565153	267SUS	WYNTER ALICIA	BANKRUPTCY	4/4/2019	\$ 90.32
2004-03-7565161	897SUO	WYNTER ALICIA L	BANKRUPTCY	4/4/2019	\$ 105.12
2004-04-7586410	195TVK	BAILEY WILLIAM R	DECEASED	3/28/2019	\$ 27.94
2004-04-7605481	924TNH	CLAYTON TANYA	BANKRUPTCY	4/23/2019	\$ 98.34
2004-04-7701375	287TVL	RHYNARD KEITH H	DECEASED	3/28/2019	\$ 30.00
2004-04-7701383	540TMV	RHYNARD KEITH H	DECEASED	3/28/2019	\$ 75.68
2005-03-4874305	938LBH	OLSAVSKY JOHN A	DECEASED	3/22/2019	\$ 84.36
2005-03-7484137	761SUR	MILORD GABRIEL JR	DECEASED	3/28/2019	\$ 55.48
2005-03-7565145	551TCL	WYNTER ALICIA	BANKRUPTCY	4/4/2019	\$ 138.34
2005-03-7565153	267SUS	WYNTER ALICIA	BANKRUPTCY	4/4/2019	\$ 87.32
2005-03-7565161	897SUO	WYNTER ALICIA L	BANKRUPTCY	4/4/2019	\$ 109.52
2005-03-7756404	195TVK	BAILEY WILLIAM R	DECEASED	3/28/2019	\$ 69.56
2005-03-7777193	924TNH	CLAYTON TANYA	BANKRUPTCY	4/23/2019	\$ 142.78
2005-03-7884020	287TVL	RHYNARD KEITH H	DECEASED	3/28/2019	\$ 73.24
2005-03-7884038	540TMV	RHYNARD KEITH H	DECEASED	3/28/2019	\$ 82.88
2005-03-7916398	296TOH	TYSON WILLIE L J	DECEASED	3/20/2019	\$ 96.55
2005-04-7586410	195TVK	BAILEY WILLIAM R	DECEASED	3/28/2019	\$ 28.50
2005-04-7731380	296TOH	TYSON WILLIE L JR	DECEASED	3/20/2019	\$ 261.88
2006-02-7951789	P--2111140	COCCO THOMAS	OUT OF BUSINESS	5/6/2019	\$ 309.60
2006-03-7756404	195TVK	BAILEY WILLIAM R	DECEASED	3/28/2019	\$ 93.18
2006-03-7777193	924TNH	CLAYTON TANYA	BANKRUPTCY	4/23/2019	\$ 127.84
2006-03-7884020	287TVL	RHYNARD KEITH H	DECEASED	3/28/2019	\$ 71.50
2006-03-7884038	540TMV	RHYNARD KEITH H	DECEASED	3/28/2019	\$ 76.58
2006-03-7916398	296TOH	TYSON WILLIE L JR	DECEASED	3/20/2019	\$ 378.54
2006-04-8415206	974WDW	GREEN CYNTHIA	BANKRUPTCY	4/4/2019	\$ 268.11

Bill #	Unique ID #	Name	Reason	Date	Total
2007-02-7951789	P--2111140	COCCO THOMAS	OUT OF BUSINESS	5/6/2019	\$ 445.80
2007-03-5100758	218HGC	FRIEDMAN STELLA	DECEASED	3/28/2019	\$ 135.75
2007-03-7748037	909TXA	ADAMS LESLIE A	BANKRUPTCY	4/1/2019	\$ 79.45
2007-03-8207701	813558	HILL RONNIE A	DECEASED	3/28/2019	\$ 22.29
2007-03-8259301	968UTD	PEREIRA ROBERT M	BANKRUPTCY	4/1/2019	\$ 285.54
2007-03-8590032	974WDW	GREEN CYNTHIA	BANKRUPTCY	4/4/2019	\$ 611.20
2008-02-0040920	PC-0032700	CANNIZZARO FRANCINE BUSIN SERV	OUT OF BUSINESS	5/6/2019	\$ 413.16
2008-02-0041157	P--2111140	COCCO THOMAS	OUT OF BUSINESS	5/6/2019	\$ 387.40
2008-02-0041522	P--2101250	DISCOUNT CORNER	OUT OF BUSINESS	5/6/2019	\$ 490.56
2008-03-0050443	50044200	ADAMS LESLIE A	BANKRUPTCY	4/1/2019	\$ 313.42
2008-03-0073283	52323600	GARCIA ANGEL	DECEASED	3/28/2019	\$ 202.62
2009-02-0040920	PC-0032700	CANNIZZARO FRANCINE BUSIN SERV	OUT OF BUSINESS	5/6/2019	\$ 704.60
2009-02-0041157	P--2111140	COCCO THOMAS	OUT OF BUSINESS	5/6/2019	\$ 396.40
2009-02-0041522	P--2101250	DISCOUNT CORNER	OUT OF BUSINESS	5/6/2019	\$ 501.96
2009-02-0045596	P--9991040	CHENNATTU BINDU	MISCELLENEOUS	4/23/2019	\$ 2,477.50
2009-03-0013472	941GAK	CORREA DOUGLAS J	DECEASED	4/1/2019	\$ 510.56
2009-03-0013515	847WEK	CORSI ANGELO	BANKRUPTCY	4/2/2019	\$ 342.10
2009-03-0026220	422WRE	GREEN MACK 3RD	BANKRUPTCY	4/4/2019	\$ 287.80
2009-04-0086796	86796	GRANT THONEQUA E OR	BANKRUPTCY	4/4/2019	\$ 135.09
2009-04-0086802	86802	GRAY CAROLYN Z	BANKRUPTCY	4/4/2019	\$ 255.56
2009-04-0086803	86803	GRAY CAROLYN Z	BANKRUPTCY	4/4/2019	\$ 150.91
2009-04-0086804	86804	GRAY CAROLYN Z	BANKRUPTCY	4/4/2019	\$ 43.09
2010-02-0040920	PC-0032700	CANNIZZARO FRANCINE BUSIN SERV	OUT OF BUSINESS	5/6/2019	\$ 563.68
2010-02-0041157	P--2111140	COCCO THOMAS	OUT OF BUSINESS	5/6/2019	\$ 317.12
2010-02-0041522	P--2101250	DISCOUNT CORNER	OUT OF BUSINESS	5/6/2019	\$ 401.56
2010-02-0045596	P--9991040	CHENNATTU BINDU	MISCELLENEOUS	4/23/2019	\$ 2,477.50
2010-03-0013606	847WEK	CORSI ANGELO	BANKRUPTCY	4/2/2019	\$ 330.20
2010-03-0026030	421XWX	GRANT THONEQUA E OR	BANKRUPTCY	4/4/2019	\$ 189.48
2010-03-0026072	736XUY	GRAY CAROLYN Z	BANKRUPTCY	4/4/2019	\$ 302.46
2010-03-0062328	571XHW	SOTO GLORIMAR	DECEASED	4/12/2019	\$ 68.18
2010-03-0062329	709XHV	SOTO GLORIMAR	DECEASED	4/12/2019	\$ 67.39
2010-04-0082540	276YND	CARSON DONNISE U	BANKRUPTCY	4/2/2019	\$ 85.03
2010-04-0086711	624YKX	GRAY CAROLYN Z	BANKRUPTCY	4/4/2019	\$ 74.01
2011-02-0040826	PC-0032700	CANNIZZARO FRANCINE BUSIN SERV	OUT OF BUSINESS	5/6/2019	\$ 584.58
2011-02-0040963	P--9991040	CHENNATTU BINDU	MISCELLENEOUS	4/23/2019	\$ 2,569.38
2011-02-0041068	P--2111140	COCCO THOMAS	OUT OF BUSINESS	5/6/2019	\$ 411.10
2011-02-0041399	P--2101250	DISCOUNT CORNER	OUT OF BUSINESS	5/6/2019	\$ 411.10
2011-03-0052063	666RED	AMIGON INOCENTE	BANKRUPTCY	4/1/2019	\$ 191.58
2011-03-0052064	775NJH	AMIGON VICTORIA	BANKRUPTCY	4/1/2019	\$ 157.46
2011-03-0059972	276YND	CARSON DONNISE U	BANKRUPTCY	4/2/2019	\$ 151.28
2011-03-0075543	421XWX	GRANT THONEQUA E OR	BANKRUPTCY	4/4/2019	\$ 197.74
2011-03-0075590	624YKX	GRAY CAROLYN Z	BANKRUPTCY	4/4/2019	\$ 88.80
2011-03-0082999	536KEW	KLEIN CHRISTOPHER J	DECEASED	3/18/2019	\$ 307.92
2011-03-0084338	4489CG	LAZARO KEITH A	DECEASED	3/18/2019	\$ 479.34
2011-03-0087177	AI8820	MAKARA ANDREW	DECEASED	4/1/2019	\$ 20.56
2011-03-0103918	JORGE5	RIVERA GEORGE L	DECEASED	3/22/2019	\$ 7.93

Bill #	Unique ID #	Name	Reason	Date	Total
2011-03-0103919	40C134	RIVERA GEORGE L SR	DECEASED	3/22/2019	\$ 27.54
2011-03-0104787	173YWV	ROBLEDO JOSE	DECEASED	3/28/2019	\$ 109.36
2011-03-0111955	716TPS	STACHURSKI ZYGMUNT	DECEASED	3/29/2019	\$ 79.34
2011-04-0080654	80654	AMIGON VICTORIA	BANKRUPTCY	4/1/2019	\$ 234.33
2011-04-0090037	90037	LAZARO KEITH A	DECEASED	3/18/2019	\$ 59.49
2011-04-0096016	96016	ROBLEDO JOSE	DECEASED	3/28/2019	\$ 115.35
2011-04-0097913	97913	SOTO GLORIMAR	DECEASED	4/12/2019	\$ 42.47
2011-04-0097914	97914	SOTO GLORIMAR	DECEASED	4/12/2019	\$ 153.42
2012-02-0001156	P--2101250	DISCOUNT CORNER	OUT OF BUSINESS	5/6/2019	\$ 523.20
2012-02-0001907	PC-0032700	CANNIZZARO FRANCINE BUSIN SERV	OUT OF BUSINESS	5/6/2019	\$ 743.98
2012-02-0002643	P--2111140	COCCO THOMAS	OUT OF BUSINESS	5/6/2019	\$ 418.56
2012-03-0052181	666RED	AMIGON INOCENTE	BANKRUPTCY	4/1/2019	\$ 170.78
2012-03-0054223	104UXB	BAL GEORGE Y	DECEASED	3/19/2019	\$ 212.62
2012-03-0054224	241YEA	BAL GEORGE Y	DECEASED	3/19/2019	\$ 590.58
2012-03-0060094	276YND	CARSON DONNISE U	BANKRUPTCY	4/2/2019	\$ 142.74
2012-03-0062189	379PGO	COAKLEY SAMUEL	DECEASED	3/28/2019	\$ 89.99
2012-03-0062204	878YUA	COBB DAWAYNE	DECEASED	3/28/2019	\$ 170.78
2012-03-0065490	270ZMJ	DAVIS CHARLES	BANKRUPTCY	4/2/2019	\$ 1,007.04
2012-03-0072277	171WNF	FRANCO CARMEN A	DECEASED	3/22/2019	\$ 354.52
2012-03-0080633	9763CF	IWASZKIEWICZ MARK E	BANKRUPTCY	4/4/2019	\$ 125.16
2012-03-0083664	536KEW	KLEIN CHRISTOPHER J	DECEASED	3/18/2019	\$ 279.18
2012-03-0085004	980YZK	LAZARO KEITH A	DECEASED	3/18/2019	\$ 72.83
2012-03-0085005	4489CG	LAZARO KEITH A	DECEASED	3/18/2019	\$ 460.82
2012-03-0092768	2085CC	MONTANARO MICHAEL V	DECEASED	3/28/2019	\$ 13.34
2012-03-0092769	466XMN	MONTANARO MICHAEL V	DECEASED	3/28/2019	\$ 11.98
2012-03-0100289	885WYJ	PETRONE WILLIAM T	DECEASED	3/28/2019	\$ 51.27
2012-03-0101448	188ELA	POLUHOWICH WILLIAM E	DECEASED	4/16/2019	\$ 135.19
2012-03-0101950	647RWW	PROCOPIO RALPH P	DECEASED	3/28/2019	\$ 249.88
2012-03-0105540	173YWV	ROBLEDO JOSE	DECEASED	3/28/2019	\$ 20.93
2012-03-0105541	262YZL	ROBLEDO JOSE	DECEASED	3/28/2019	\$ 115.94
2012-03-0112273	691ZAJ	SOTO GLORIMAR	DECEASED	4/12/2019	\$ 167.84
2012-03-0114681	676YDC	THOMAS EDWIN C	DECEASED	3/29/2019	\$ 104.64
2012-04-0083304	909507	COGNETTA JOSEPH P JR	DECEASED	3/19/2019	\$ 64.75
2012-04-0087312	377ZOX	GRANT THONEQUA E	BANKRUPTCY	4/4/2019	\$ 298.22
2013-03-0062992	62945	COMPTON JOHNANTHONY	DECEASED	3/20/2019	\$ 281.46
2013-03-0065643	65586	DAVIS CHARLES	BANKRUPTCY	4/2/2019	\$ 902.62
2013-03-0066348	66290	DELEGIANIS JAMES	DECEASED	3/20/2019	\$ 21.10
2013-03-0072544	72454	FRANCO CARMEN A	DECEASED	3/22/2019	\$ 307.20
2013-03-0073302	73212	GANS INGRID H	DECEASED	3/18/2019	\$ 140.73
2013-03-0076118	76022	GRANT THONEQUA E	BANKRUPTCY	4/4/2019	\$ 297.50
2013-03-0084394	84279	KOHLER LAWRENCE C	DECEASED	4/1/2019	\$ 110.77
2013-03-0084395	84280	KOHLER LAWRENCE C	DECEASED	4/1/2019	\$ 270.10
2013-03-0085602	85482	LAZARO KEITH A	DECEASED	3/18/2019	\$ 21.10
2013-03-0089427	89290	MARTIN DELPHINE	DECEASED	3/18/2019	\$ 89.04
2013-03-0092435	92292	MICALIZZI ANN T	DECEASED	3/22/2019	\$ 58.02
2013-03-0093420	93275	MONTANARO MICHAEL V	DECEASED	3/28/2019	\$ 7.76

Bill #	Unique ID #	Name	Reason	Date	Total
2013-03-0100622	100447	PEREZ MARIZA	BANKRUPTCY	4/4/2019	\$ 158.66
2013-03-0100990	100815	PETERSON DAWUD M OR	BANKRUPTCY	4/1/2019	\$ 188.63
2013-03-0107785	107594	ROMANO GEORGE T	DECEASED	3/18/2019	\$ 229.14
2013-03-0111173	110973	SELLERS ROBERT L	DECEASED	3/19/2019	\$ 141.80
2013-03-0113297	113094	SOTO GLORIMAR	DECEASED	4/12/2019	\$ 137.58
2013-03-0115706	115499	THOMAS EDWIN C	DECEASED	3/29/2019	\$ 96.63
2013-03-0123871	123871	SMITH FRED	DECEASED	3/22/2019	\$ 126.30
2013-04-0087816	8AKEL3	GREEN CYNTHIA	BANKRUPTCY	4/4/2019	\$ 116.34
2013-04-0091091	3AJFD1	LUGO DENNIS	DECEASED	4/1/2019	\$ 51.27
2013-04-0094967	3AJMF8	PEREZ MARIZA	BANKRUPTCY	4/4/2019	\$ 375.69
2014-03-0055355	348ZVH	BECKER WILLIAM A	DECEASED	3/28/2019	\$ 117.35
2014-03-0063373	614ZWC	COMPTON JOHNNANTHONY	DECEASED	3/20/2019	\$ 465.88
2014-03-0076718	377ZOX	GRANT THONEQUA E	BANKRUPTCY	4/4/2019	\$ 251.92
2014-03-0076948	8AKEL3	GREEN CYNTHIA	BANKRUPTCY	4/4/2019	\$ 435.92
2014-03-0080048	3ADLU4	HOLLOWAY JENNIE L	DECEASED	3/22/2019	\$ 544.36
2014-03-0088377	3AJFD1	LUGO DENNIS	DECEASED	4/1/2019	\$ 90.73
2014-03-0088378	801PHV	LUGO DENNIS	DECEASED	4/1/2019	\$ 114.36
2014-03-0088379	899881	LUGO DENNIS	DECEASED	4/1/2019	\$ 21.10
2014-03-0114402	183ZEX	SOTO MARIA J	DECEASED	3/22/2019	\$ 150.66
2014-03-0114403	841WOJ	SOTO MARIA J	DECEASED	3/22/2019	\$ 105.50
2014-03-0118967	5AELK4	UMPIERRE AMADOR	DECEASED	3/22/2019	\$ 97.48
2014-04-0091494	4ANPF7	LUGO DENNIS	DECEASED	4/1/2019	\$ 100.43
2015-03-0057756	420LAM	BRATCHELL LEONARD G	DECEASED	4/1/2019	\$ 201.28
2015-03-0066426	AA55349	DAVIS CHARLES	BANKRUPTCY	4/2/2019	\$ 713.74
2015-03-0072181	6AMVT2	FERREIRA ANDRE A	BANKRUPTCY	4/4/2019	\$ 270.03
2015-03-0073732	1AFUD0	FRASIER SABINE	BANKRUPTCY	4/4/2019	\$ 121.74
2015-03-0073733	8AFAR7	FRASIER SABINE	BANKRUPTCY	4/4/2019	\$ 153.56
2015-03-0077351	9ATXN3	GRANT THONEQUA E	BANKRUPTCY	4/4/2019	\$ 556.86
2015-03-0082624	558ZXR	JACKSON PRIMUS JR	DECEASED	4/1/2019	\$ 92.13
2015-03-0102243	2ASAD5	PEREZ DAVID	BANKRUPTCY	4/4/2019	\$ 130.83
2015-03-0110857	622NNP	RUTKOSKY JOSEPH M	DECEASED	4/1/2019	\$ 110.64
2015-04-0083372	AC71484	CARSON DONNISE U	BANKRUPTCY	4/2/2019	\$ 161.65
2015-04-0087454	AD15041	FRASIER SABINE	BANKRUPTCY	4/4/2019	\$ 121.21
2015-04-0087455	AF20290	FRASIER SABINE	BANKRUPTCY	4/4/2019	\$ 99.05
2015-04-0096394	AD20961	PEREZ DAVID	BANKRUPTCY	4/4/2019	\$ 180.75
2015-04-0100107	AC71451	SMALL ROBERT	BANKRUPTCY	4/4/2019	\$ 126.24
2016-03-0077955	288ZXW	GONZALEZ MIGUEL A	DECEASED	4/16/2019	\$ 68.41
2016-03-0117754	AG13995	SMALL ROBERT	BANKRUPTCY	4/4/2019	\$ 42.97
2016-03-0117755	AC71451	SMALL ROBERT	BANKRUPTCY	4/4/2019	\$ 156.40
2016-03-0118256	AD53864	SOARES JORDAN A	DECEASED	4/1/2019	\$ 763.24
2017-03-0119403	AD53864	SOARES JORDAN A	DECEASED	4/1/2019	\$ 731.70

Grand Total: 178

\$ 44,448.01

BOARD OF EDUCATION

ARETA L. JOHNSON, Ed.D.
Superintendent of Schools

City Hall - 45 Lyon Terrace
Bridgeport, Connecticut 06604

MEMBERS OF THE BOARD cont.

MEMBERS OF THE BOARD

JOE LARCHEVEQUE
Chairperson

SAUDA EFIA BARAKA
Vice-Chairperson

JOHN R. WELDON
Secretary



"Changing Futures and Achieving Excellence Together"

HOWARD GARDNER

DENNIS BRADLEY

MARIA PEREIRA

BEN WALKER

ANNETTE SEGARRA-NEGRON

RAFAEL FONSECA JR.

May, 16, 2019

Comm. 87-18 Ref'd to Education & Social Services Committee
on 6/3/2019

To the City Council of the City of Bridgeport, Education and Social Service Committee and City Clerk's Office

Please accept and log-in the application for the School Readiness Grant. The grant is funded by the State of Connecticut, Office of Early Childhood. The grant will provide preschool spaces for children that are three and four years old and reside in Bridgeport. In addition a maximum of ten percent of the slots per program may be allocated to non-residents whose parent/guardian work in Bridgeport or attend school. The grant will service 1,662 children in full day, school day, part day and extended day spaces in fifteen sub-grantee programs inclusive of both Bridgeport Public Schools and Community Education Centers. The request for funding is \$12,676,594

Respectfully submitted by,

Natisha Vidal
School Readiness Co-Chair

AND

Tammy Papa
School Readiness Co-Chair

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Sent on behalf of the School Readiness Council

CC Natisha Vidal, Co-Chair, School Readiness Council
Tammy Papa, Co-Chair, School Readiness Council
Nadira Clarke, Director Grants Development and Management
Marlene Siegel, Chief Financial Officer, Bridgeport Public Schools
Lee Helmerich, School Readiness Coordinator


ARESTA L. JOHNSON, Ed.D.
Superintendent of Schools

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Bridgeport, Connecticut 06604

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"Changing Futures and Achieving Excellence Together"

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CHRIS TAYLOR

JOSEPH J. LOMBARD

May 16, 2019

To the City Council of the City of Bridgeport, City Council Education and Social Service Committee and City Clerk:

WHEREAS, this Funding has been made possible through the State of Connecticut, School Readiness Office, Office of Early Childhood and

WHEREAS, funds under this grant will provide 1,051 full day/full year preschool spaces (10 hours per day/50 weeks of the year), 396 school day/school year spaces (6 hours per day/ 180 days of the year) , 72 part day/part year spaces (2.5 hours per day/ 180 days of the year) and 143 extended day spaces (for Head Start students attending a preschool program 7:30-5:30 12 months a year), for a total of 1,662 preschool spaces for children ages three and four years old who reside in Bridgeport.

WHEREAS, it is desirable and in the public interest that the City of Bridgeport, School Readiness Council, to provide 1,662 preschool spaces , at fifteen public school and community programs; Now, therefore be it

RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application for School Readiness funding
2. That it hereby authorizes, directs and empowers the mayor or his designee to execute the file such contract with School Readiness and to provide such additional information and to execute such other contracts and documents as may be necessary under this program.
3. That it is hereby authorized, directs and empowers the mayor or his designee to execute and file such grant application and contract with Housatonic Community College and to provide such additional information and to execute such other contracts and documents as may be necessary under this program.

Sent on behalf of the School Readiness Council

CC: Natisha Vidal, Co-Chair, School Readiness Council
Tammy Papa, Co-Chair, School Readiness Council
Nadira Clarke, Bridgeport Public School Grants Department
Marlene Siegel, Chief Financial Officer, Bridgeport Public Schools
Lee Helmerich, School Readiness Coordinator



Connecticut Office of Early Childhood

School Readiness Grant Program Application Fiscal Year 2020 (July 1, 2019-June 30, 2020)

PRIORITY AND COMPETITIVE SCHOOL READINESS

FY 2020 COMMUNITY RFP

Legislative Authority

Connecticut General Statutes

Sections 10-16o through 10-16r and Sections 10-16t through 10-16u

Due Date: **May 17, 2019**

The Connecticut Office of Early Childhood is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Office of Early Childhood does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Office of Early Childhood does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Office of Early Childhood's nondiscrimination policies should be directed to:

Levy Gillespie
Equal Employment Opportunity Director
State of Connecticut Department of Education
Suite 607
450 Columbus Boulevard
Hartford, CT 06103
levy.gillespie@ct.gov
860-807-2071

Completion of this application notifies the Office of Early Childhood (OEC) that each applicant sub-grantee has met all OEC requirements of the local School Readiness (SR) application.

Each sub-grantee that provides School Readiness services, or wishes to provide School Readiness services, must submit a local proposal to the School Readiness Council for approval. The local School Readiness application must be reviewed and scored by a team.

Please write the name of the School Readiness Community for which this application is being submitted:

Bridgeport

OVERVIEW AND DESCRIPTION

Download and review the [School Readiness Overview and Description](#) document, which includes the purpose of the program, outlined in the Connecticut General Statutes as well as a description of Space Types and Rates, Monitoring Requirements and Reports, and Eligible Recipients for the program.

Once you have reviewed this information, please check the box below to affirm you have read the attached document and shared with all relevant stakeholders.

I affirm that the School Readiness Council named above has reviewed and shared the Overview and Description document attached above and will follow the requirements outlined therein.

STAFF QUALIFICATIONS AND THE EARLY CHILDHOOD PROFESSIONAL REGISTRY

Download and review the [Staff Qualifications and Registry Requirements](#) of the School Readiness Grant Program.

Once you have reviewed this information, please check the box below to affirm you have read the attached document and shared with all relevant stakeholders.

I affirm that the School Readiness Council named above has reviewed and shared the Staff Qualifications and Registry document attached above and will follow the requirements outlined therein.

LOCAL REQUESTS FOR PROPOSALS

Download and review the Local Request for Proposals requirements of the School Readiness Grant Program.

Once you have reviewed this information, please check the box below to affirm you have read the attached document and shared with all relevant stakeholders.

I affirm that the School Readiness Council named above has reviewed and shared the Local Requests for Proposals document attached above and will follow the requirements outlined therein.

GRANT SUBMISSION INFORMATION

Download and review the School Readiness Grant Submission Information document which includes information related to **Grant Submission**, Date of Board Acceptance, Obligations of Grantees and Subgrantees, Management of Control of the Programs and Grant Consultation, Role of the State, and the Grant Process.

Once you have reviewed this information, please check the box below to affirm you have read the attached document and shared with all relevant stakeholders.

I affirm that the School Readiness Council named above has reviewed and shared the Grant Submission document attached above and will follow the requirements outlined therein.

Freedom of Information Act

All of the information contained in the grant application submitted in response to the School Readiness Grant Program is subject to the provisions of the Freedom of Information Act (FOIA), C.G.S. Sections 1-200 et seq. The FOIA declares that except as provided by federal law or state statute, records maintained or kept on file by any public agency, as defined in the statute, are public records and every person has the right to inspect and receive a copy of such records.

I affirm that the School Readiness Council named above understands that it is subject to the provisions of the Freedom of Information Act.

In the space below, please provide information about how the School Readiness Council makes information publicly available about its activities including, but not limited to, council membership and leadership, governance policies and decision making protocols, agendas, and meeting minutes. Please include the web address of this information if it is available--if it is not, please describe any plans the Council has to publicly post this information online.

The Bridgeport School Readiness Council meets ten times a year. They meet on the third Wednesday of the month with two exceptions. The November/December meeting is combined and meets on the first week on December. There is no meeting in August. Each meeting has a formal agenda that is distributed, via email, to the Council prior to the meeting. Members of

both the Council and the Provider's Network may make requests to add items to the agenda. There is also the opportunity for other community members to request to be on the agenda.

It has recently come to the Council's attention that the agendas need to be submitted to the City Clerk's office and posted. As the Council sets the date and locations for the meeting in June for the new grant year, it was agreed that the postings would begin in July of 2019.

All of the Council meetings have minutes and those documents are kept in City Hall, Room 302. That information will be included on the posting of the School Readiness Council Meetings notice. The By-laws, agendas, minutes, and Council Membership are all kept in a binder located in room 302 of City Hall and can be accessed at any time.

SCORING RUBRIC

All School Readiness Grant applications will be scored by the OEC School Readiness Scoring Rubric.

FY 20 SCHOOL READINESS GRANT APPLICATION

This grant is supported by the Connecticut Office of Early Childhood

GRANT PERIOD

July 1, 2019 to June 30, 2020

COMMUNITY NAME

APPLICATION CONTACT PERSON

(School Readiness Liaison or Grant Application Contact if no Liaison)

Name Lee Helmerich

Title School Readiness Coordinator

Address City Hall, Room 302, 45 Lyon Terrace
City Bridgeport
Zip Code 06604
Telephone 203-275-1265
E-mail lhelmerich@bridgeportedu.net

FISCAL AGENT

Fiscal Agency Bridgeport Public Schools
Address City Hall, Room 302 45 Lyon Terrace
City Bridgeport
Zip Code 06604
Federal ID# 06-6001865
Agency Contact Name Marlene Siegel
Agency Contact E-mail msiegel@bridgeportedu.net

ESTIMATE FUNDING REQUESTED

School Readiness:	<u>12,575,520</u>
Quality Enhancement:	<u>101,074.00</u>
Total:	<u>12,676,594</u>

MANAGEMENT AND ACCOUNTABILITY STRUCTURE

Section 10-16p (g) of the C.G.S. requires each School Readiness community to "*designate a person to be responsible for such coordination, program evaluation and administration and to act as a liaison between the town and the Commissioner of the Office of Early Childhood.*"

The School Readiness Liaison (Liaison) is the person responsible for the management (as defined in GP C-01) of the grant program. Please address the following:

Describe how the School Readiness Council participated in the grant application process and what the ongoing role of the Council will be in carrying out the goals and objectives of the grant.

The Bridgeport School Readiness Council meets ten times a year. The November/December meetings are combined and occur in the first week on December. There is no meeting in August. The School Readiness Coordinator reports to the Council at each meeting. The information shared includes providers' use of slots, monitoring and compliance, professional development opportunities and information about the early childhood community beyond School Readiness. This monthly information helps the Council ask questions and be able to add additional information from their program perspective. Of current concern is the capacity of programs to meet the Qualified Staff Member qualifications. Housatonic Community College has developed a relationship with Charter Oak College that will allow Bridgeport School Readiness staff the ability to obtain a bachelor degree locally. The Council has been involved in discussions and decisions about use of curriculum, allowing for the use of Teaching Strategies Gold and the use of the Teaching Strategies Gold Assessment for the Head Start programs and any other School Readiness program that would like this option. They have also been actively involved in the planning to transition to DOTS. The Council ultimately hopes to secure funds that would allow for participation in the electronic version of the DOTS. It is important to note that any critical issues that occur are brought to the attention of the co-chairs. They will determine if the Executive Council needs to be convened or the issue can wait for the full Council's attention.

Because information is shared monthly, in an ongoing manner the sub-committee of grant readers has been supplied with ongoing information about programs. The readers have the opportunity to determine if any issues have been resolved or need attention. The Council will be presented the data from the readers' work, along with recommendations for funding. The Council will then determine the course of action to be taken regarding which grants will be accepted for funding. The cycle will then continue, with ongoing information about School Readiness programs' performance delivered to the Council via the School Readiness *Council meetings*.

How does the Liaison carry out the fiscal and program monitoring of sub-grantees?
Please include the following information:

- How often sub-grantees are monitored and if visits are random/announced;
- What documentation is collected and/or reviewed (i.e. QSM Reports, NAECY/Head Start Reports, Licensing Reports, Budgets/Expenditure Reports, etc.);
- How enrollment and attendance data is verified;
- How the larger School Readiness Council is informed of any findings due to monitoring activities;
- How monitoring is used for continuous quality improvement at the sub-grantee or community level (please cite a specific example if one is available such as ECIS trainings for appropriate program staff, use of one income verification form across all programs, TA for sub-grantees on Transition to Kindergarten, etc.).

Bridgeport School Readiness has three formal monitoring a year. The monitoring visits are scheduled. The first visit is administrative and encompasses licensing, accreditation, financial and registry information. The Registry reports as a whole, the QSM and Health and Safety specifically are reviewed. Ten percent of student files are pulled and reviewed for accuracy in determining parent fees. There is a review to determine if staff have a professional development plan. There are one hundred and forty-three extended day slots that are related to A.B.C.D. Head Start spaces. The liaison has a good rapport with the administration of the early childhood program at A.B.C.D. and can access any needed information or documentation readily. Therefore, it is necessary to keep informed about the Head Start status in addition to the NAEYC accreditation.

Programs must comply with required School Readiness documentation. Bridgeport School Readiness has developed specific forms for quarterly financial reports for the budget, parent fees and Care 4 Kids. The Bridgeport Preschool Pre-Kindergarten Attendance System reports attendance on a daily basis. Random reports are printed and compared to parent sign-in sheets during monitoring visits.

The second monitoring is the classroom review. The liaison uses the EASTCONN ELDS rubric. The classroom is visited to see the physical space and how the children and staff are interacting. The Early Learning and Experience Plans (ELEP) are then reviewed to see how the teacher is understanding and implementing the ELDS. This year, the liaison has also talked to the teachers about the DOTS and upcoming trainings. Because of the monitoring process there has been greater implementation of Bloom's, math and science. This year there was a significant discussion on understanding the Essential Disposition. As a result of understanding that teachers spend a great deal of time meeting compliance requirements, but not working towards identifying their professional development needs, we will be working on the Common Core of Knowledge. Bridgeport will also be re-visiting Developmentally Appropriate Practice, Intentional Teaching and child development.

The Council meets ten months of the year. The School Readiness Liaison report is always on the agenda. Monitoring visits are discussed. Any overall concerns, such as meeting Qualified Staff Members' requirements are discussed. The liaison is also in touch with the Co-Chairs on a regular basis. Any serious issue may be referred to the executive committee if a response is needed before the next Council meeting.

Technical assistance of Providers occurs during the Provider Network Meetings. The Bridgeport Public Schools Director of Early Childhood is a provider and member of the network. Discussions around kindergarten occurs often and each year when kindergarten registration opens, there is a formal training on transitions. The Director of Early Childhood also provides visits to requesting programs to meet with and discuss transition to kindergarten with the parents.

How are sub-grantee classrooms monitored?

Please include the following information:

- The qualifications of the individual conducting classroom monitoring;
- How often classrooms are monitored and if visits are random/announced;
- How classroom monitoring is used for continuous quality improvement at the sub-grantee or community level (please cite a specific example if one is available, such as registry training to ensure classroom teachers are reflected appropriately in the registry,
- TA on appropriate hand washing or how to individualize instruction to meet the needs of all children etc.).

The School Readiness Coordinator monitors the Bridgeport School Readiness classrooms. The Coordinator holds a Bachelor's of Science (BS) in Early Childhood Education from the University of Connecticut. The Coordinator has forty-one years of preschool experience and has experience as both a preschool teacher and preschool Director.

The School Readiness classrooms are monitored formally once a year. This is part of a three part monitoring assessment of the entire program, including administrative and Quality Components. The classrooms may also be visited as they relate to administrative and quality component findings. For example: In an administrative monitoring an OEC licensing visit indicates that one of the classrooms has an unusual number of corrective actions. That classroom would be subject to an unannounced visit to determine the full extent of the issues and the remediation that needs to occur. If review of attendance records show abnormalities or poor attendance, that classroom would be visited. The monitoring of the classroom indicates that the teaching staff needs additional supports, both visits and coaching would be provided. After the classroom is monitored, the coordinator meets with each teacher individually to review the data collected and offers suggestions. The teacher has the opportunity to add additional information and ask questions. Suggestions on professional development opportunities, classroom arrangement, items missing that should be considered in the Early Learning Experience plans are offered. There is an opportunity for the coordinator to check in with the director/site coordinator to debrief. The coordinator may suggest professional development that would benefit the center as a whole and professional development that will benefit specific staff. Currently the directors and site coordinators are offered workshop sessions on Elements of Planning Documents

When the classroom portion of the monitoring is nearing completion, the School Readiness Council, starts to develop plans regarding what type of professional development is needed for the community and recommendations for individualized training. The community needs more training on the Common Core of Knowledge, and developing skills to recognize their professional development goals.

Recent classroom monitoring indicates that programs are working hard towards meeting compliance.

Both administrators and teachers need to renew the practices of Intentional Teaching and Developmentally Appropriate Practice.

OTHER COMMUNITY GRANTS

Please check those grants that are currently in your community.

- X Adult Education
 - X Family Resource Center
 - X Head Start and/or Early Head Start
 - X Preschool Development Grant
 - X Preschool Special Education
 - X Smart Start Grant
 - X Birth to Three
 - X Home Visiting
 - Other state, federal or private grants that collaborate with School Readiness programs
-

Please describe how the School Readiness Council ensures all early childhood grants received in the community are coordinated to maximize benefits to children and families (i.e. universal applications and/or eligibility screening of families for all programs, joint monitoring, shared resources etc.). Be sure to include information about how the Council supports outreach and recruitment of new families to the School Readiness Program to ensure full utilization of spaces without the diminution of other spaces in the community.

Bridgeport is a large community with many preschool aged children. The community is fortunate to have both Federal and State Head Start, Child Day Care Grants, School Readiness, Preschool Development Grant (PDG) and private pay providers. All Our Kin is also providing the community with trained licensed home care providers. Unfortunately, the community will be losing 354 spaces as the PDG grant filters away. Because of the economic make-up of the city, programs are able to reach the 60% of families at or below the 50% state median income and 40% above. Programs are urged to seek families in higher income brackets and eligible for Care for Kids in order to create a better balanced program budget, although most families are in the 50% and below category. The Council has approved of non-residents families, working in Bridgeport as having children eligible for enrollment, if there are no resident children available for the slot.

The City provides use of the electronic billboard each July. The billboard is located at the Webster Arena and can be seen from the highway. This billboard provides the message to enroll children in preschool and provides the phone number for information. In addition, the United Way provides Community Messengers. These individuals go out to the community with flyers to reach populations that might not normally be accessed. They are also sponsoring a Parent Resource Fair to alert parents to the many resources available in the city. The public schools provide phone blasts to parents urging them to share information with families and neighbors. The city included registration information on electronic message boards scrolling outside the tax collector's office and at the libraries.

Both the Bridgeport Public Schools and The School Readiness coordinator keep weekly track of the spaces that are open and available to families seeking preschool space. In assisting parents, a series of questions is asked in order to understand the needs of the families. As there is no transportation offered to families, it is important to understand the transportation capabilities of the family and locate them in a space where they can successfully attend school on a regular basis.

MONITORING AND EVALUATION OF SCHOOL READINESS QUALITY COMPONENTS

According to C.G.S. Section 10-16q, each School Readiness Program (community) shall include the following quality components:

- Collaboration with other community programs and services
- Parent involvement (family engagement)
- Health (record-keeping policies and referrals)
- Pre-literacy (teacher training)
- Nutrition
- Family literacy
- Admission policies that promote diversity
- Transition to Kindergarten
- Professional development
- Sliding fee scale
- Annual evaluation

Please provide a description of an overall approach to monitoring the set of 11 quality components (i.e. provide a high-level overview of how all components are monitored--tools used, how often the components are monitored, who conducts monitoring, etc.) The next question will ask for details of a few of the components.

The practices of the eleven quality components are ongoing, and so is the process of monitoring.

During the formal administrative monitoring, admission policies, professional development, implementation of the sliding fee scale can all be reviewed and discussed with the program. The classroom formal monitoring provides information about literacy practices, family involvement, referrals, and screenings for children with IEPs, and transition to kindergarten. Provider Network meetings, occurring ten months of the year, are opportunities to collaborate and share information. A recent example was the discussion amongst programs struggling to find an appropriate partner for vision screenings. Hall Neighborhood House sent the programs

the contact for the Lyon's Club, a civic organization that will be able to provide the needed vision screenings. The Provider's Network table is a place where questions can be answered, and solutions to issues can be found. The providers have also talked about nutrition resources and shared names of consultants. Notification of professional development from Quality Enhancement, Housatonic Community College, the Greater Bridgeport Director's Group, FCAEYC (Fairfield County Association for the Education of Young Children) are shared so that all programs have the opportunity to participate.

The community also has the benefits of the School Readiness Council. Organizations including the Bridgeport Public Library, United Way, Bridgeport Prospers, All Our Kin, Head Start, ECCP and Child First are all collaborators with the School Readiness providers. The Council members have come to the Providers meetings to share information and resources about their organizations. Providers have individually reached out to the Council member when they are in need of services.

In addition to all of these collaborations, Bridgeport has the exciting new opportunity to participate in the RULER program, strengthening the social and emotional supports of children, families and staff.

The collaborations that occur expand across multiple platforms, city wide, and can be readily identified on an ongoing basis.

Please provide at least two, but not more than four, recent and specific examples of how the School Readiness Council has worked to improve at least two of the 11 quality components at the sub-grantee level.

Integrating children with disabilities into programs with children without disabilities.

This is a significant strength for the entirety of Bridgeport and School Readiness specifically. Bridgeport has been providing push-in services for thirty years and community programs expect to keep children that are identified in need of services. They also expect and welcome already identified children, such as Birth to Three participants. This has been a very successful model. There were, however, some difficulties recently with the six hour rule that required the School Readiness Council's assistance. The problem was that several children on the Autism Spectrum had significant needs and an IEP that they attend specialized services in a classroom with 4 children and two teachers. The class provided services for two and one half hours. The families of these children were working and needed additional hours of care for their children. They enrolled in School Readiness programs, and were informed that their children needed to attend for six hours. The families felt that the specialized program, two bus rides and six hours in a typical program was more than the children could tolerate in a day. Working with the consultation center and the Bridgeport Public Schools, a plan of action took shape. A push in

teacher was assigned to the community program to assist the children, program and teacher in establishing a transitional strategy. It was important to meet the needs of the child first, while respecting the needs of the family.

Develop a plan for collaboration with other community programs.

Although Bridgeport has participated in School Readiness since the beginning of the grant's creation, and almost half of the programs participating have started at the inception of School Readiness, the collaborative landscape has changed significantly. Due to many economic changes there have been losses of collaboration partners, such as the Parent Center. Some partners, including Bridgeport Child Advocacy Coalition (BCCAC) have revised their charts and missions. For a period of time the loss of the Family Resource Center had significant impact on the providers. The reconfigured Family Resource Centers no longer include the community as partners. There is no longer a diaper bank resource. These changes have brought discussions to the School Readiness Council table. The Council is seeking to identify the agencies that have taken on some of the disappearing services. The agencies at the table are discussing the possibilities of taking on some of the missing elements in the community. While this is not a fully resolved issue, they need to identify services and where they are located and create momentum in reestablishing missing and highly needed services. The discussion and planning are on the agenda and table of the Council.

There are new and exciting collaborations that are occurring and strengthening the early childhood community. The addition of the RULER initiative through the Yale Center for Emotional Intelligence is adding to the tier 1 supports of strategies for classroom teachers in supporting social and emotional development. The RULER initiative in Bridgeport is now available from preschool through high school. This provides a common language, support and strategies that all students and families can readily identify.

Bridgeport Prospers has rolled out an exciting phone application call Bridgeport Basics. These vignettes are designed to provide information to parents and other caregivers about young children on a variety of topics. Bridgeport is a Cradle to Career partner, with strong work with infants, toddlers and preschool populations.

Bridgeport Prospers has identified nine outcome areas for intense focus. They are points along the cradle to career continuum that are proven to be key levers that need to be moved in order to achieve the cradle to career vision and goals. Infant Health ~ All Bridgeport infants will be healthy.

- Kindergarten Readiness ~ All Bridgeport children will be ready for kindergarten
- Early Grade Reading ~ All Bridgeport children will be reading on grade level
- Middle Grade Math ~ All Bridgeport students will master middle grade math
- High School Graduation ~ All Bridgeport youth will graduate from high school, college and career ready
- Youth Safe from Violent Crime ~ All Bridgeport youth are safe from violent crime and other at risk activities
- Post-secondary Enrollment ~ All Bridgeport young adults will enroll in college, apprenticeship or career training
- Post-secondary Completion ~ All Bridgeport young adults will achieve post-secondary degrees or credentials

SCHOOL READINESS GRANT SIGNATURE PAGE

GRANT PERIOD

July 1, 2019, to June 30, 2020

<u>COMMUNITY:</u> Bridgeport	
<u>APPLICATION CONTACT PERSON:</u> (Name, Address, Telephone, E-mail) Lee Helmerich, School Readiness Liaison City Hall, Room 302 45 Lyon Terrace Bridgeport, CT 06604	<u>ESTIMATED FUNDING:</u> School Readiness: 12,475,520 Quality Enhancement: 103, Total:


We, Joseph P. Ganim, Mayor and Aresta L. Johnson, Ed.D, Superintendent of Schools, the undersigned authorized chief administrative officials submit this proposal on behalf of the applicant agency, attest to the appropriateness and accuracy of the information contained therein, and certify that this proposal, if funded, will comply with all relevant requirements of the state and federal laws and regulations.

In addition, funds obtained through this source will be used solely to support the purpose, goals and objectives as stated herein.

Signature: (Chief Elected Official)

Name: (typed) Joseph P. Ganim Title: Mayor
Agency: City of Bridgeport Date: May 6, 2019

Signature: (Superintendent)

Name: (typed) Aresta L. Johnson Title: Superintendent

Ed.D
Agency: Bridgeport Public Schools Date: May 6, 2019

* Send hard copy with original signatures to:
Cheryl Cyr Sparks, School Readiness Program Manager
Office of Early Childhood
450 Columbus Blvd. Suite 204 North
Hartford, CT 06103

- Youth Employment/Jobs ~ All Bridgeport young adults will be prepared to enter the labor market

EARLY CHILDHOOD PROFESSIONAL REGISTRY (REGISTRY) GP A-03

By checking below you are verifying the following:

- New applicant - School Readiness Liaison not yet assigned
- School Readiness Liaison has an account with the Registry
- School Readiness Liaison has Liaison Access to the Registry
- School Readiness Liaison verifies that sub-grantees update Registry information EVERY month

By checking below you are verifying that:

School Readiness Liaison is completing a quarterly check of each sub-grantee's education qualifications, and progress toward meeting and maintaining compliance with both NAEYC Accreditation candidacy requirements and the state-legislated education requirements.

SCHOOL READINESS GRANT SIGNATURE PAGE

Complete and upload the School Readiness Grant Signature Page

COMMUNITY NAME FY 20 School Readiness Grant Signature Page

The page must ALSO be submitted in hard-copy format with original signatures by the RFP deadline, May 17, 2019.

SCHOOL READINESS COUNCIL

Identify all members of the community's School Readiness Council for the School Readiness Grant Program in FY 2020.

Council members shall be representative of the community and include the Chief Elected Official or designee, the Superintendent of Schools or designee, parents, the McKinney-Vento

Liaison, representatives from local programs associated with young children such as Family Resource Centers, non-profit and for-profit preschool programs and Head Start, a public librarian, and other local community organizations that provide services to young children. Complete and upload the School Readiness Membership Form.

COMMUNITY NAME FY 20 School Readiness Council Membership Form

Attach a copy of a sample local monitoring site visit form.

Attach a sample of how monitoring findings are shared with the larger School Readiness Council (copy of email, official document/memo, meeting minutes etc.).

Attach a sample of how monitoring results are shared directly with programs (i.e. copy of email, official document/memo etc.).

SCHOOL READINESS PROGRAM INFORMATION

NOTE: All program/site names MUST match the name on the official license (if applicable). See GP A-03 for detailed naming protocol.

Complete and upload the FY 20 School Readiness Program Applicant's contact page

COMMUNITY NAME FY 20 School Readiness Program Applicant Contact Page

PROGRAM SPACE GRID

Complete and upload the FY 20 School Readiness Program Space Grid.

COMMUNITY NAME FY 20 School Readiness Program Space Grid

LICENSING AND ACCREDITATION

Complete and upload the FY 20 School Readiness Licensing and Accreditation information page.

[FY 20 Licensing and Accreditation](#)

Upload NAEYC Accreditation Candidacy Report

Upload the Designated QSM Compliance Report

SCHOOL READINESS BUDGET

Applicants must complete the School Readiness Budget Justification Page (tab 1 of the SR Budget Workbook), providing a brief justification for each line item expenditure in the grant budget. The ED114 Budget Page (tab 2 of the SR Budget Workbook) will auto-calculate based on totals from the Budget Justification Page.

An explanation of budget codes can be found here:

[School Readiness Community Budget Codes](#)

Complete and upload the FY 20 SR Budget Workbook

[TOWN NAME FY 20 Community Budget Workbook](#)

Community Admin Match

If a community receives more than \$75,000 in admin, there may be a local match of up to \$25,000. If there is a local match, please upload a letter to the OEC indicating a local match and the amount.

LOCAL REQUEST FOR PROPOSALS

Each community is required to publicly issue a Local RFP for FY 2020 identifying new or continuing eligible local early care and education providers, which shall provide School

Readiness services to eligible children and their families. In its review of these applications, the School Readiness Council must ensure the proposals address all the statutory requirements specifying how the program will meet these requirements and only submit those proposals that are complete and in compliance with such requirements.

Each community must provide a copy of the School Readiness Council's scoring summary sheet which includes scores for each local School Readiness Program applicant as well as the Council's recommendation for funding.

Agencies with multiple sites may submit one (1) application with the individual sites, spaces, and cost information and include site-specific information for licensing, accreditation, staff grids, program administration and operation pages, budget and justifications, budget attachments, and collaboration agreements.

Upload a copy of your community's public notice for the local RFP.

Complete and upload the Local School Readiness RFP Scoring Summary Sheet.

COMMUNITY NAME Local SR RFP Scoring Summary Sheet

Complete and upload every Local Request for Proposal for every sub-grantee (even those not recommended for funding)

PROGRAM NAME Local RFP

Local RFP Attachments:

PROGRAM NAME Local Data Workbook FY 20 (to be e-mailed to your Liaison)

PROGRAM NAME Local Budget Workbook FY 20 to be e-mailed to your Liaison)

PROGRAM NAME Local RFP Scoring Packet

Note: Local RFP attachments do not need to be uploaded but should be kept on file at the program.

Local RFP - Program 1

Local RFP - Program 2

Local RFP - Program 3

FY 20 QUALITY ENHANCEMENT GRANT APPLICATION

This grant is supported by the Connecticut Office of Early Childhood

GRANT PERIOD

July 1, 2019 to June 30, 2020

OVERVIEW AND DESCRIPTION

Please click [here](#) to download and review the School Readiness Quality Enhancement Grant Program document which includes the purpose of the program outlined in the Connecticut General Statutes as well as priorities for funding and funding amounts.

Once you have reviewed this information, please check the box below to affirm you have read the attached document and shared with all relevant stakeholders.

- I affirm that the School Readiness Council named above has reviewed and shared the School Readiness Quality Enhancement Grant Program document attached above and will follow the requirements outlined therein.

QUALITY ENHANCEMENT (QE) INDIVIDUAL VENDOR REQUESTS FOR PROPOSAL

Each community is required to publicly issue a QE RFP for FY 2020 to identify eligible local vendors to provide School Readiness quality enhancement services to local School Readiness providers.

Requirement: The QE RFP is for use when soliciting applications for projects. The general public must be notified of the opportunity to bid. Include a copy of the public notice with this application. The School Readiness Council will collect, review and score the application(s).

The School Readiness Council must ensure that all local procurement processes are followed.

COMMUNITY NAME QE RFP FY 20

QE Individual Vendor Budget Workbook FY 20 (to be e-mailed to your Liaison)

*QE Individual Vendor Budget Workbook(s) do not need to be uploaded but should be kept on file at the program.

Upload a copy of your community's public notice for the QE Individual Vendor RFP.

Local QE - Approved Vendor 1

Local QE - Approved Vendor 2

Local QE - Approved Vendor 3

QUALITY ENHANCEMENT BUDGET

Using the QE budget workbook provided, indicate how the funds will be expended through June 30, 2020. There are no administrative, indirect costs or carryover funds allowed. The fiscal agent may request funds through the online prepayment grant system.

Complete and upload the FY 20 QE Approved Vendor Summary Budget Workbook (summary of all vendor budgets).

COMMUNITY NAME QE Vendor Summary Budget Workbook FY 20

Applicants must complete the Quality Enhancement Budget Justification Page (tab 1 of the QE Budget Workbook), providing a justification for each line item expenditure proposed in the grant budget. The ED114 Budget Page (tab 2 of the QE Budget Workbook) will auto-calculate based on totals from the Justification Page.

An explanation of budget codes can be found here:
Quality Enhancement Budget Object Codes

Statement of Need, Goals and Indicators:

Describe the need for the proposed activities, the intended goals and the indicators of achievement that will be used to measure the success of the activity.

Complete and upload the Statement of Need, Goals and Indicators of Progress Form.

COMMUNITY NAME Summary of Needs, Goals and Indicators of Progress Form FY 20

If additional Quality Enhancement funds were to become available, please provide a description of how these funds would be used in your community to support one, two or all three of the elements below. Please provide a brief summary of activities that would be achieved, the cost of these activities, and a timetable in which the activities would occur. Provide comprehensive services, such as enhanced access to health care, a health consultant, a mental health consultant, nutrition, family support services, parent education, literacy and parental involvement, and community and home outreach programs; and provide information concerning access when needed to a speech and language therapist; Provide for educational consultation and staff development; Provide technical assistance services to enable providers to develop child care facilities pursuant to C.G.S. Sections 17b-749g, 17b-749h and 17b-749i.

If additional Quality Enhancement funds were to become available, please provide a description of how these funds would be used in your community to support one, two or all three of the elements below. Please provide a brief summary of activities that would be achieved, the cost of these activities, and a timetable in which the activities would occur. Provide comprehensive services, such as enhanced access to health care, a health consultant, a mental health consultant, nutrition, family support services, parent education, literacy and parental involvement, and community and home outreach programs; and provide information concerning access when needed to a speech and language therapist; Provide for educational consultation and staff development; Provide technical assistance services to enable providers to develop child care facilities pursuant to C.G.S. Sections 17b-749g, 17b-749h and 17b-749i.

Bridgeport has been privileged to have a small grant from the United Way that has provided all of our School Readiness programs the use of the CT PAF. This is the electronic version of the Preschool Framework Assessment which the teachers have found invaluable in completing assessments. The grant from United Way is ending, and unfortunately the cost of the electronic version of DOTS is substantially more money. The community as a whole would very much like to continue an electronic format of assessment.

For many years Bridgeport held an Election Day Conference. While we agree that conferences in of themselves are not the most ideal learning environment, it did have some very important value. The first is that it was the only day that the entire early childhood community could gather together. This is very important to the early childhood community as a whole. Secondly, the topic chosen was always important and exciting. As a result, many other organizations would provide workshops directly related to the conference topic, keeping the learning fresh and alive. The community still talks about and asks that this event return. The last important point is that the early childhood professionals felt that they had been treated as professionals. This means the world to them. To go a hotel conference room, have a meaningful workshop and lunch indicated they are valued.

STATEMENT OF ASSURANCES

CONNECTICUT OFFICE OF EARLY CHILDHOOD
STANDARD STATEMENT OF ASSURANCES
GRANT PROGRAMS

Review Statement of Assurances

School Readiness Statement of Assurances

Complete and upload the School Readiness Statement of Assurances Signature Page.

This page must ALSO be submitted in hard-copy format with original signatures by the RFP deadline.

COMMUNITY NAME Statement of Assurances Signature Page

AFFIRMATIVE ACTION CERTIFICATE

CERTIFICATION THAT CURRENT AFFIRMATIVE ACTION PACKET IS ON FILE

According to the Connecticut Commission on Human Rights and Opportunities (CHRO) **municipalities** that operate **school districts** and also file a federal and/or state Affirmative Action Plan(s) are exempt from the requirement of filing an Affirmative Action Plan with the Connecticut State Department of Education. **Agencies with an Affirmative Action Plan on file need to certify such by signing the statement below.**

Download the Affirmative Action Certificate.

The page must ALSO be submitted in hard-copy format with original signatures by the RFP deadline.

COMMUNITY NAME Affirmative Action Certificate

List every application approved for funding by the School Readiness Council within the community allocation for the grant period July 1, 2019 - June 30, 2020. For each applicant, indicate Council decision and score. The name of the site(s) MUST match the name of the license (if applicable).

FY 20 SCHOOL READINESS PROGRAM APPLICANTS

Site/Center	Regulatory ID	Address	Town	Zip	Contact Name	Phone	Score
Janie A. Hulley Child Care Center	1422						
ABC Diner City Children's Daycare Center	2426	460 Lafayette Street	Bridgeport	06604	Leesa Mullins	203 367-6801	111
Charles B. Trindle Child Care Center	2516	1079 Park Avenue	Bridgeport	06604	Tasha Younger	203 366-8241	111
ABC Diner @ Trumbull Gardens Child Care Center	1581	1793 Stratford Avenue	Bridgeport	06607	Marion Younger	203 330-0166	111
ABC Diner @ West End Child Care Center	1580	715 Trumbull Avenue	Bridgeport	06606	Veronica Agrimoni	203 373-1134	111
Bridgeport Box At Barnum School	1889	361 Bird Street	Bridgeport	06601	Nayda Valdezquez	203 335-0551	111
Bridgeport Box At Birchman School	1691	495 Westview Ave.	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-2301	97
Bridgeport Box At Buchanan School	1691	500 Huntington Road	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-3828	97
Bridgeport Box At Dunbar School	1799	425 Thorne Street	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-4118	97
Bridgeport Box At Helen School	1869	230 Poplar Street	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-8500	97
Bridgeport Box At Columbus School	7231	605 Howard Avenue	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-1301	97
Bridgeport Box At Geraldine Clayton Margaret School	7259	275 George Street	Bridgeport	06607	Melissa Jenkins, Ed.D	203 375-1301	97
Bridgeport Box At Geraldine Clayton Margaret School	7593	445 Union Avenue	Bridgeport	06607	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Geraldine Johnston School	1679	340 Ocean Avenue	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Lark Munoz Martin School	1273	425 Lexington Avenue	Bridgeport	06604	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Peak City Margaret School	6141	68 Orange Avenue	Bridgeport	06604	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Woodcrest School	1932	479 Linden Street	Bridgeport	06604	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Woodcrest School	1872	1524 Cropper Hill Road	Bridgeport	06604	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Woodcrest School	1831	130 22nd Street	Bridgeport	06604	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Woodcrest School	6134	680 Park Avenue	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Woodcrest School	4870	2977 Madison Avenue	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Box At Woodcrest School	1871	250 Hollister Avenue	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-2631	97
Cherwyn's Early Learning Center	1918	150 Healer Street	Bridgeport	06601	Melissa Jenkins, Ed.D	203 375-2631	97
A Child's World Inc.	194	788 Reservoir Avenue	Bridgeport	06606	Pamela Hinton	203 380-2957	84
Cooperative Educational Services School Readiness Program	1571	1245 Fairfield Ave	Bridgeport	06601	Samone Butler	203 330-0801	82
Early Childhood Laboratory School Nonatonic Community Tech College	23	40 Lindenman Drive	Trumbull	06405	Linda Page	203 365-8996	120
Hall Neighborhood House	162			06604	Kristen Lund	203 332-5930	102
Honey Bear Learning Center	369	1498 North Ave.	Stratford	06604	Hector Burgos	203 345-2052	102
Kingdom's Little Ones Academy	6427	729 Union Ave.	Bridgeport	06614	Catherine A. Varnisty	203 375-1866	108
Kingdom's Little Ones Day Care	1784	1243 Stratford Ave.	Bridgeport	06607	Kenya Mosler-Burd	203 330-1667	68
Lindley's House ELC	7812	625 North Avenue	Bridgeport	06606	Saila Knecht-Burd	203 338-0221	71
Lovable Angels Learning Center	6324	1423 East Main Street	Bridgeport	06610	Sonia Spencer	203 337-6614	86
Precious Memories Early Childhood Learning Center	315	3600 Main Street	Bridgeport	06606	Elizabeth Quinones	203 337-6614	109
Precious Memories Early Childhood Learning Center II	1926	733 Fairfield Avenue	Bridgeport	06604	Maritza Gamboa	203 333-1115	109
Precious Memories Early Childhood Learning Center III	6275	1337 North Avenue	Bridgeport	06601	Keisha Kelson	203 338-9151	109
St. Paul's Child Development Center Inc	1614	1475 Noble Avenue	Bridgeport	06604	Prezella Hinchman	203 348-6023	108
Bridgeport YMCA PALS V Childcare Daycare	310	650 Park Avenue	Bridgeport	06604	Terry McCarty	203 331-0020	108
Bridgeport YMCA PALS V Childcare Daycare	1814	850 Park Avenue	Bridgeport	06604	Terry McCarty	203 334-5551	108
Bridgeport YMCA Kohle Educational Center	1376	401 Kowloon Street	Bridgeport	06604	Terry McCarty	203 332-6487	108

FY 20 SR PROGRAM SPACE GRID

Council-approved funded spaces within current allocation. The name of the site(s) MUST match the name on the license (if applicable).
 *Indicates the first year this site received School Readiness funds.
 **PRIORITY SR ONLY

Site	Start Date*	# FD/FY Spaces	Total FD/FY Cost	# SD/SY Spaces	Total SD/SY Cost	# PD/PY Spaces	Total PD/PY Cost	# ED/EY Spaces	Total ED/EY Cost**	Total # Spaces	Total Cost
Jamie A. Hulley Child Care Centre	7/1/2019	80	\$ 713,920.00		\$ -		\$ -		\$ -	80	\$ 713,920.00
ABCD Inner City Childrens Day C	7/1/2019	40	\$ 356,960.00		\$ -		\$ -	92	\$ 255,024.00	40	\$ 356,960.00
Charles B. Tisdale Early Learning	7/1/2019		\$ -		\$ -		\$ -	17	\$ 47,124.00	17	\$ 47,124.00
ABCD@TrumbullGaredens Child	7/1/2019		\$ -		\$ -		\$ -	34	\$ 94,248.00	34	\$ 94,248.00
ABCD@ West End Childcare Cen	7/1/2019		\$ -		\$ -		\$ -		\$ -		\$ -
Bridgeport Boe At Barnum Sc	9/1/2007		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Beardsley	12/1/2004		\$ -	36	\$ 216,000.00		\$ -		\$ -	36	\$ 216,000.00
Bridgeport Boe At Blackham	12/1/2004		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Bryant Sch	8/1/2006		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Cesar Bate	1/1/2007		\$ -	36	\$ 216,000.00		\$ -		\$ -	36	\$ 216,000.00
Bridgeport Boe At Columbus	10/1/2007		\$ -	36	\$ 216,000.00		\$ -		\$ -	36	\$ 216,000.00
Bridgeport Boe At Dunbar Sc	8/28/2014		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Geraldine	9/1/2016		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Geraldine	8/1/2013		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Hallen Sch	9/1/2007		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Luis Muno	8/1/2009		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Park City I	8/1/2009		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
Bridgeport Boe At Read Scho	8/1/2008		\$ -	36	\$ 216,000.00		\$ -		\$ -	36	\$ 216,000.00
Bridgeport Boe At Roosevelt	8/1/2003		\$ -	36	\$ 216,000.00		\$ -		\$ -	36	\$ 216,000.00
Bridgeport Boe At Skane Sch	8/1/2013		\$ -		\$ -	72	\$ 324,000.00		\$ -	72	\$ 324,000.00
Bridgeport Boe At Tisdale Sch	8/1/2008		\$ -	36	\$ 216,000.00		\$ -		\$ -	36	\$ 216,000.00
Bridgeport Boe At Waltersvil	8/1/2008		\$ -	18	\$ 108,000.00		\$ -		\$ -	18	\$ 108,000.00
TOTALS		120	\$ 1,070,880.00	396	\$ 2,376,000.00	72	\$ 324,000.00	143	\$ 396,396.00	731	\$ 4,167,276.00

FY 20 SR PROGRAM SPACE GRID

Council-approved funded spaces within current allocation. The name of the site(s) MUST match the name on the license (if applicable).
 *Indicates the first year this site received School Readiness funds.
 **PRIORITY SR ONLY

Site	Start Date*	# FD/FY Spaces	Total FD/FY Cost	# SD/SY Spaces	Total SD/SY Cost	# PD/PY Spaces	Total PD/PY Cost	# ED/EY Spaces	Total ED/EY Cost**	Total # Spaces	Total Cost
Cheyenn's Early Learning Center	7/1/2019	68	\$ 606,832.00		\$ -		\$ -		\$ -	68	\$ 606,832.00
Child's World	10/1/1999	83	\$ 740,692.00		\$ -		\$ -		\$ -	83	\$ 740,692.00
Cooperative Educational Service	8/1/2006	90	\$ 803,160.00		\$ -		\$ -		\$ -	90	\$ 803,160.00
Early Childhood Laboratory	10/1/1997	36	\$ 321,264.00		\$ -		\$ -		\$ -	36	\$ 321,264.00
Hall Neighborhood House		170	\$ 1,517,080.00		\$ -		\$ -		\$ -	170	\$ 1,517,080.00
Honey Bear Learning Center	6/19/1905	24	\$ 214,176.00		\$ -		\$ -		\$ -	24	\$ 214,176.00
Kingdom's Little Ones Academy		15	\$ 133,860.00		\$ -		\$ -		\$ -	15	\$ 133,860.00
Kingdom's Little Ones Academy		15	\$ 133,860.00		\$ -		\$ -		\$ -	15	\$ 133,860.00
Lindsey's House Early Learning C	7/1/2019	19	\$ 169,556.00		\$ -		\$ -		\$ -	19	\$ 169,556.00
Lovable Angels Childcare Lea	7/1/2019	39	\$ 348,036.00		\$ -		\$ -		\$ -	39	\$ 348,036.00
Precious Memories Early Childh	7/1/2019	44	\$ 392,656.00		\$ -		\$ -		\$ -	44	\$ 392,656.00
Precious Memories Early Childh	7/1/2019	31	\$ 276,644.00		\$ -		\$ -		\$ -	31	\$ 276,644.00
Precious Memories Early Childh	7/1/2019	25	\$ 223,100.00		\$ -		\$ -		\$ -	25	\$ 223,100.00
St Paul's Child Development Center	6/19/1997	52	\$ 464,048.00		\$ -		\$ -		\$ -	52	\$ 464,048.00
Bridgeport YMCA SECC/PALS 1	1/1/1998	36	\$ 321,264.00		\$ -		\$ -		\$ -	36	\$ 321,264.00
Bridgeport YMCA PALS V	2/1/2001	37	\$ 330,188.00		\$ -		\$ -		\$ -	37	\$ 330,188.00
Bridgeport YMCA/Kolbe Edu	10/1/2004	147	\$ 1,311,828.00		\$ -		\$ -		\$ -	147	\$ 1,311,828.00
			\$ -		\$ -		\$ -		\$ -	0	\$ -
			\$ -		\$ -		\$ -		\$ -	0	\$ -
			\$ -		\$ -		\$ -		\$ -	0	\$ -
			\$ -		\$ -		\$ -		\$ -	0	\$ -
			\$ -		\$ -		\$ -		\$ -	0	\$ -
			\$ -		\$ -		\$ -		\$ -	0	\$ -
TOTALS		931	\$ 8,308,244.00	0	\$ -	0	\$ -	0	\$ -	931	\$ 8,308,244.00

FISCAL YEAR 2020

ED 114 SCHOOL READINESS BUDGET FORM

GRANTEE NAME:	Bridgeport School Readiness		
GRANT TITLE:	School Readiness Grant Program	Grant Period:	7/1/2019 to 6/30/2020
Project Title	School Readiness Grant Program	Total Award:	\$ 100,000.00
Accounting Classification: Fund 11000 SPID: 16274 Year: 2020 PROG: 83013/83014 CF1: 170002/170003			
CODES	DESCRIPTIONS	Admin Budget	Space Allocation Budget
100	Personal Services Salaries	\$ 80,032.00	
200	Benefits	\$ 19,968.00	
300	Purchased professional and technical services	\$ -	
500	Other purchased services	\$ -	\$ -
600	Supplies	\$ -	
	Subtotals	\$ 100,000.00	\$ -
		Original Date:	Revised Date:

Municipality:

July 1, 2019 to June 30, 2020

Line Items	NARRATIVE		
100	PERSONAL SERVICES	ADMIN	SPACE ALLOCATION
	School Readiness Coordinator	\$ 68,540.00	
	Account Assistant	\$ 7,280.00	
	TOTALS	\$ 75,820.00	
200	PERSONNEL SERVICES / BENEFITS	ADMIN	SPACE ALLOCATION
	Longevity, Coordinator	\$ 1,575.00	
	Health, Coordinator	\$ 8,779.68	
	Medicare, Coordinator	\$ 994.00	
	Medicare, Account Assistant	\$ 106.00	
	MERF, Coordinator	\$ 10,089.09	
	unused vacation, Coordinator	\$ 2,636.23	
	TOTALS	\$ 24,180.00	
300	PURCHASED PROFESSIONAL AND TECHNICAL SERVICES	ADMIN	SPACE ALLOCATION
	TOTALS	\$ -	
500	OTHER PURCHASED SERVICES	ADMIN	SPACE ALLOCATION
	TOTALS	\$ -	\$ -
600	SUPPLIES	ADMIN	SPACE ALLOCATION
	TOTALS	\$ -	

Complete and upload the FY 20 School Readiness Licensing and Accreditation information page.

[FY 20 Licensing and Accreditation](#)

Upload NAEYC Accreditation Candidacy Report

Upload the Designated QSM Compliance Report

SCHOOL READINESS BUDGET

Applicants must complete the School Readiness Budget Justification Page (tab 1 of the SR Budget Workbook), providing a brief justification for each line item expenditure in the grant budget. The ED114 Budget Page (tab 2 of the SR Budget Workbook) will auto-calculate based on totals from the Budget Justification Page.

An explanation of budget codes can be found here:

[School Readiness Community Budget Codes](#)

Complete and upload the FY 20 SR Budget Workbook

[TOWN NAME FY 20 Community Budget Workbook](#)

Community Admin Match

If a community receives more than \$75,000 in admin, there may be a local match of up to \$25,000. If there is a local match, please upload a letter to the OEC indicating a local match and the amount.

LOCAL REQUEST FOR PROPOSALS

Each community is required to publicly issue a Local RFP for FY 2020 identifying new or continuing eligible local early care and education providers, which shall provide School

Readiness services to eligible children and their families. In its review of these applications, the School Readiness Council must ensure the proposals address all the statutory requirements specifying how the program will meet these requirements and only submit those proposals that are complete and in compliance with such requirements.

Each community must provide a copy of the School Readiness Council's scoring summary sheet which includes scores for each local School Readiness Program applicant as well as the Council's recommendation for funding.

Agencies with multiple sites may submit one (1) application with the individual sites, spaces, and cost information and include site-specific information for licensing, accreditation, staff grids, program administration and operation pages, budget and justifications, budget attachments, and collaboration agreements.

Upload a copy of your community's public notice for the local RFP.

Complete and upload the Local School Readiness RFP Scoring Summary Sheet.

COMMUNITY NAME Local SR RFP Scoring Summary Sheet

Complete and upload every Local Request for Proposal for every sub-grantee (even those not recommended for funding)

PROGRAM NAME Local RFP

Local RFP Attachments:

PROGRAM NAME Local Data Workbook FY 20 (to be e-mailed to your Liaison)

PROGRAM NAME Local Budget Workbook FY 20 to be e-mailed to your Liaison)

PROGRAM NAME Local RFP Scoring Packet

Note: Local RFP attachments do not need to be uploaded but should be kept on file at the program.

Local RFP - Program 1

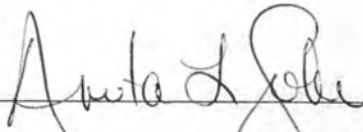
AFFIRMATIVE ACTION CERTIFICATE

CERTIFICATION THAT CURRENT AFFIRMATIVE ACTION PACKET IS ON FILE

According to the Connecticut Commission on Human Rights and Opportunities (CHRO) municipalities that operate school districts and also file a federal and/or state Affirmative Action Plan(s) are exempt from the requirement of filing an Affirmative Action Plan with the Connecticut State Department of Education. Agencies with an Affirmative Action Plan on file need to certify such by signing the statement below.

I, the undersigned authorized official, hereby certify that the applying organization/agency: Aresta L. Johnson, Ed.D, Suprintendent of Schools, has a current affirmative action packet on file with the Connecticut State Department of Education. The affirmative action packet is, by reference, part of this application.

Signature of Authorized Official:



Date:

5.8.19

Name and Title: Aresta L. Johnson, Ed.D, Superintendent of Schools

STATEMENT OF ASSURANCES

STANDARD STATEMENT OF ASSURANCES GRANT PROGRAMS

The Statement of Assurances Signature Page included in this grant must provide the authorized signatures of the applicant agency (e.g., mayor and superintendent of schools). Please note that the authorized signatures of the eligible applicant must also be provided on the cover page of the grant application submitted with the grant (see application instructions).

Applicants need only submit the Statement of Assurances Signature Page with submission of their grant application.

PROJECT TITLE: SCHOOL READINESS GRANT PROGRAM

THE APPLICANT: Bridgeport School Readiness HEREBY ASSURES THAT:

- A. The applicant has the necessary legal authority to apply for and receive the proposed grant;
- B. The filing of this application has been authorized by the applicant's governing body, and the undersigned official has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application;
- C. The activities and services for which assistance is sought under this grant will be administered by or under the supervision and control of the applicant;
- D. The project will be operated in compliance with all applicable state and federal laws and in compliance with regulations and other policies and administrative directives of the Connecticut Office of Early Childhood and the Connecticut State Department of Education;
- E. Grant funds shall not be used to supplant funds normally budgeted by the agency;
- F. Fiscal control and accounting procedures will be used to ensure proper disbursement of all funds awarded;
- G. The applicant will submit a final project report (within 60 days of the project completion) and such other reports, as specified, to the Connecticut State Department of Education for the Office of Early Childhood, including information relating to the project records and access thereto as the Connecticut Office of Early Childhood and Connecticut State Department of Education may find necessary;
- H. The Connecticut Office of Early Childhood reserves the exclusive right to use and grant the right to use and/or publish any part or parts of any summary, abstract, reports, publications, records and materials resulting from this project and this grant;
- I. If the project achieves the specified objectives, every reasonable effort will be made to continue the project and/or implement the results after the termination of state/federal funding;
- J. The applicant will protect and save harmless the Office of Early Childhood and the State Department of Education from financial loss and expense, including legal fees and costs, if any, arising out of any breach of the duties, in whole or part, described in the application for the grant;
- K. At the conclusion of each grant period, the applicant will provide for an independent audit report acceptable to the grantor in accordance with Sections 7-394a and 7-396a of the Connecticut General Statutes, and the applicant shall return to the Connecticut State Department of Education any

- b) (1) The Contractor agrees and warrants that in for performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut; and the Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission; (3) the contractor agrees to provide each labor union or representative of workers with which the contractor has a collective bargaining agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this Section and Connecticut General Statutes §46a-68e and §46a-68f and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes §46a-56, 46a-68e and 46a-68f.; and (5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this Section and Connecticut General Statutes §46a-56. If the contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.
- c) Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.
- e) The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions, including sanctions for noncompliance in accordance with Connecticut General Statutes §46a-56; provided if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such

SCHOOL READINESS
STATEMENT OF ASSURANCES SIGNATURE PAGE

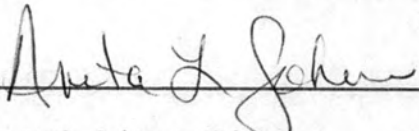
We, the undersigned authorized officials, do hereby certify that these assurances shall be fully implemented.

Signature of Chief Elected Official: _____

Name: (please type) Joseph P. Ganim

Title: (please type) Mayor, City of Bridgeport

Date: May 6, 2019

Signature of Superintendent: 

Name: (please type) Aresta L. Johnson, Ed.D

Title: (please type) Superintendent of Schools

Date: May 6, 2019

To Be Signed if the Fiscal Agent is other than the Municipality or the School District:

Signature of Fiscal Agent: _____

Name: (please type) _____

Title: (please type) _____

Date: _____

CERTIFICATION PAGE There are no further questions in this RFP. Please be sure to go back and check that all questions have been answered. After you certify below that all questions have been answered and click the "Next" button, your RFP will have been submitted. The next page that appears will be a summary response. Please click on the PDF Icon at the top of the next page to download a summary of your responses.



CERTIFICATION PAGE: You will not be able to reopen this RFP once you click "Next".

Are you sure you want to submit this RFP?

By clicking here, I certify that I have answered every question to the best of my knowledge and belief and that all of the information contained herein this School Readiness Community RFP is truthful and accurate.

Yes, I am sure I want to submit this RFP.

BRIDGEPORT SCHOOL DISTRICT

EARLY CHILDHOOD DEPARTMENT - PREKINDERGARTEN PROGRAM

SITE VISIT REPORT #1: SCHOOL READINESS- PK SITE

[September-November]

SITE VISIT REPORT: Identifying Information

Name - BPS Representative (preparer of this report)*

First Name

Last Name

Email - BPS Representative*

lhelmerich@bridgeportedu.net

Confirm Email - BPS Representative*

Date and Time of Site Visit*

▼ | ▼ | ▼ |  | ▼ | :

School Readiness Site*

A Child's World ▼

First Name

Last Name

Email - Site Coordinator*

Confirm Email - Site Coordinator*

Allocated PK Classrooms*

Maximum Enrollment/Site*

CLASS DATA [on-site observation]

Actual Enrollment (Site Records)*

Total DAY Attendance*

0

0

Attendance Percentage %*

Maximum Enrollment - Actual Enrollment = Available Seats*

0.00

0

Comments:

#A1: Notes

#A2: Is this a license-exempt site?*

- Yes No Not Applicable

#A2: Notes

If yes, obtain the license-exempt form.

#A3: Is this a NAEYC-accredited site?*

- Yes No Not Applicable

#A3: Notes

#A4: Is this a Head Start site?*

- Yes No Not Applicable

#A4: Notes

Yes No Not Applicable

#A6: Notes

#A7: Does this program participate in Care 4 Kids?*

Yes No Not Applicable

#A7: Notes

#A8: Has staff completed required Care 4 Kids training?*

Yes No Not Applicable

#A8: Notes

ADMINISTRATIVE REVIEW: SECTION B - FISCAL MONITORING FISCAL MONITORING

Yes No Not Applicable

#B2: Notes

#B3: Is the weekly fee determined correctly?*

Yes No Not Applicable

#B3: Notes

#B4: Is the program using the current sliding fee scale?*

Yes No Not Applicable

#B4: Notes

#B5: Are there quarterly reports for parent fees, Care for Kids and grant funds on file and to date?*

Yes No Not Applicable

#B5: Notes

Yes No Not Applicable

#B7: Notes

ADMINISTRATIVE REVIEW: SECTION C - TEACHING STAFF TEACHING STAFF

#C1: Are all teaching staff in the OEC registry?*

Yes No Not Applicable

#C1: Notes

#C2: Are all lead teachers qualified staff members?*

Yes No Not Applicable

#C2: Notes

Yes No Not Applicable

#C4: Notes

#C5: Do all staff members have compliance plans for 2023?*

Yes No Not Applicable

#C5: Notes

#C6: Is the program confirming staff with the OEC Registry monthly?*

Yes No Not Applicable

#C6: Notes

#C7: Has the administrator completed the coursework for administration & supervision of programs for young children?*

Yes No Not Applicable

#C6: Notes

Yes No Not Applicable

#C4: Notes

#C5: Do all staff members have compliance plans for 2023? *

Yes No Not Applicable

#C5: Notes

#C6: Is the program confirming staff with the OEC Registry monthly? *

Yes No Not Applicable

#C6: Notes

#C7: Has the administrator completed the coursework for administration & supervision of programs for young children? *

Yes No Not Applicable

#C7: Notes

ADMINISTRATIVE REVIEW: SECTION D - CHILDREN'S FILES

CHILDREN'S FILES



Yes No Not Applicable

Conduct random sample (5-7) for residency, age, years in School Readiness.

#D1: Notes

#D2: Are children assessed three times per year?*

Yes No Not Applicable

#D2: Notes

#D3: Is the program utilizing CTPAF three times a year?*

Yes No Not Applicable

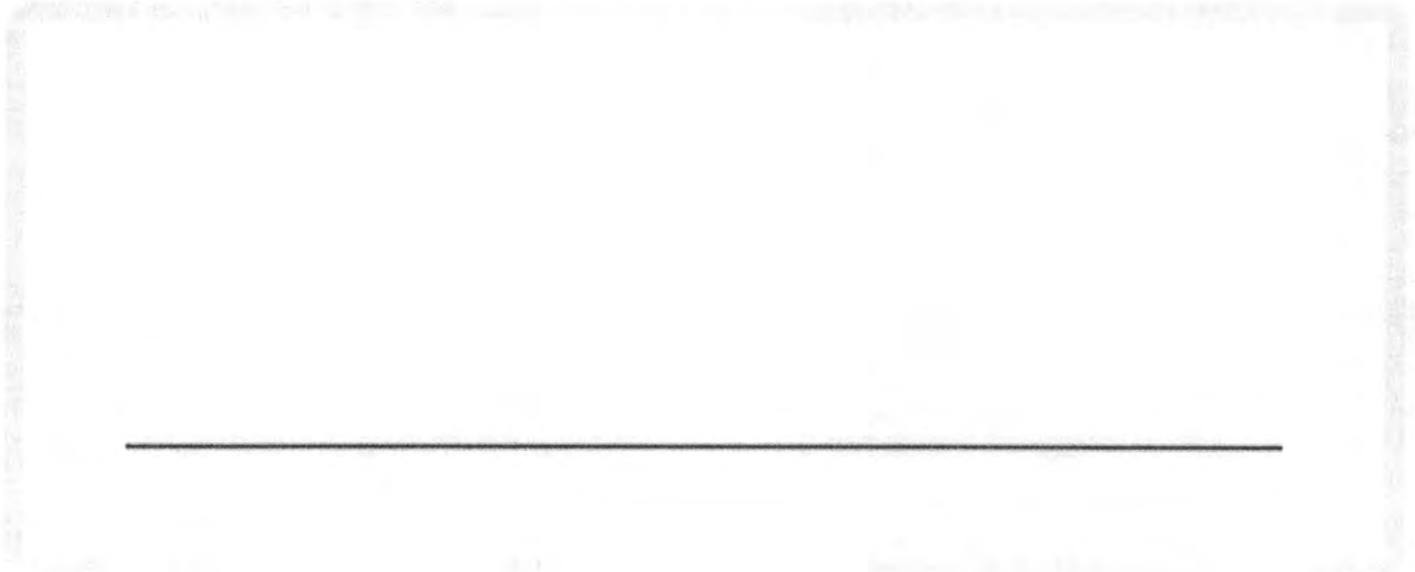
#D3: Notes

#D4: Is the program using a developmental screening instrument?*

Yes No Not Applicable

SIGNATURES

Signature of BPS Representative*



Use your mouse or finger to draw your signature above

[\[clear\]](#)

Attestation of Site Coordinator*

I have read this report.

Signature of Site Coordinator*

BRIDGEPORT SCHOOL DISTRICT EARLY CHILDHOOD DEPARTMENT - PREKINDERGARTEN PROGRAM

SITE VISIT REPORT #2: SCHOOL READINESS- PK SITE

LEARNING EXPERIENCE PLAN

[December-February]

SITE VISIT REPORT: Identifying Information

Name - BPS Representative (preparer of this report)*

First Name

Last Name

Email - BPS Representative*

lhelmerich@bridgeportedu.net

Confirm Email - BPS Representative*

Date and Time of Site Visit*

School Readiness Site*

SITE INFORMATION



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Name - Site Coordinator*

First Name

Last Name

Email - Site Coordinator*

Confirm Email - Site Coordinator*

TEACHER INFORMATION

TEACHER'S NAME*

First Name

Last Name

Class Number*

Email - Teacher*

LEARNING EXPERIENCE PLAN RUBRIC

A. A Daily Schedule with estimated time allotments*

- 1 2 3 4

B. Learning Centers clearly indicated in plans and available.*



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C. Learning experiences associated with the Connecticut Early Learning and Early Development Standards.*

1 2 3 4

D. Teaching strategies (adult actions are described).*

1 2 3 4

E. Early Literacy Practices*

1 2 3 4

F. Essential Dispositions*

1 2 3 4

G. Bloom's Taxonomy*

1 2 3 4

H. Observation Plans*

1 2

I. Family Engagement*

1 2 3

J. Reflection*

1 2

TOTAL SCORE**0****Recommendations/Comments***

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SIGNATURES

Signature of BPS Representative*

[\[clear\]](#)

Use your mouse or finger to draw your signature above

Attestation of Teacher*

I have read this report.

Signature of Teacher*

[\[clear\]](#)



BRIDGEPORT SCHOOL DISTRICT EARLY CHILDHOOD DEPARTMENT - PREKINDERGARTEN PROGRAM

SITE VISIT REPORT #3A: SCHOOL READINESS-PK SITE - 11 Quality Components [January-May]

SITE VISIT REPORT: Identifying Information

Name - BPS Representative (preparer of this report)*

First Name

Last Name

Email - BPS Representative*

lhelmerich@bridgeportedu.net

Confirm Email - BPS Representative*

Date and Time of Site Visit*

School Readiness Site*

SITE INFORMATION

Name - Site Coordinator*



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Last Name

Email - Site Coordinator*

Confirm Email - Site Coordinator*

"11 QUALITY COMPONENTS" COMPLETION

"#1-2-3"....UPLOAD

No file chosen

File uploads may not work on some mobile devices.

"#4-5-6"....UPLOAD

No file chosen

File uploads may not work on some mobile devices.

"#7-8-9"....UPLOAD

No file chosen

File uploads may not work on some mobile devices.

"#10-11"....UPLOAD

No file chosen

File uploads may not work on some mobile devices.



Parent Fee Quarterly Report

GRANTEE NAME:			Fiscal Year: 2018-2019		
CODES	DESCRIPTIONS	1st QTR Parent fee Collected	1st QTR Enter Paid Expenses	1st QTR Carry Over (Balance)	1st QTR Expense Narrative
111A	Non-Instructional			\$0.00	
111B	Instructional				
200	Personal Services				
320	Professional Education Services				
321	Tutors				
322	In-service				
323	Pupil Services				
324	Field Trips				
325	Parent Activities				
330	Employee Training and Development Services				
340	Other Professional Services				
400	Purchased Property Services				
500	Other Purchased Property Services				
600	Supplies				
700	Property				
TOTAL EXPENSES PAID			\$0.00		



City of Bridgeport
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT

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

JOSEPH P. GANIM
Mayor

COMM. 88-18 Ref'd to Contracts Committee on
06/03/2019.

THOMAS GILL
Director

TO: Honorable Councilpersons

FROM: Lynn M. Haig *LH*
Director of Planning

DATE: May 29, 2019

RE: Vendor Contract Approval
James Duncan and Associates, Inc.

RECEIVED
CITY CLERK'S OFFICE
19 MAY 29 PM 3:07
CITY CLERK

The Office of Planning & Economic Development is requesting referral to the Contracts Committee of the contract between the City of Bridgeport and *James Duncan and Associates, Inc.* to provide services for a comprehensive rewrite and digitization of the Zoning Regulations. Our goal is to have the Zoning Regulations as digital and easy to use and understand as possible.

OPED has been actively amending the Zoning Regulations over the past two years to realign them with the City's goals and make them more supportive to development. In addition, the recently approved Plan Bridgeport called out many zoning amendments necessary to achieve those goals. It is most effective and efficient to hire a professional consultant to perform a comprehensive rewrite of the Zoning Regulations, rather than continue to do it with staff.

Duncan Associates, and their team, will provide the City with professional expertise to produce a Zoning Regulation which is:

- Simple – limited number of steps needed to research the zoning sections impacting a parcel
- Clear – minimal references between and amongst sections and tables
- Concise – succinct text, supported by graphics, sketches and photos
- Easily Searchable – more than an enhanced pdf
- Easily Maintained by staff
- Digital – entire code is displayed online and tied to existing GIS viewer; applicable sections of code are hyperlinked to each parcel using a static URL; ability to navigate through a table of contents and navigate within the code

I look forward to discussing this contract and its scope with you in more detail.

**A Resolution
Authorizing the Execution of a
Professional Services Agreement for the City's Comprehensive Zoning Rewrite**

WHEREAS, "Plan Bridgeport," the City's Master Plan of Conservation and Development (as adopted on April 22, 2019), sets forth a vision for the advancement of the city in the coming decade;

WHEREAS, "Plan Bridgeport" recommends many zoning reforms designed to support this vision;

WHEREAS, in furtherance of "Plan Bridgeport," OPED wishes to engage a consultant to assist the Planning Department in developing a comprehensive revision of the City's Zoning Regulations;

WHEREAS, to procure such a consultant, OPED administered a nationwide Request for Qualifications and Request for Proposals process ("RFQ-RFP") from January 3rd to February 22nd of 2019;

WHEREAS, of the four RFQ-RFP responses received, OPED has judged the response and proposal of James Duncan and Associates, Inc. of Chicago (the "Consultant") to be the best value for the City;

WHEREAS, working with OPED pursuant to the results of the RFQ-RFP process, the City Attorney's Office has developed the attached Professional Services Agreement (the "Agreement");

WHEREAS, the Agreement establishes a Consultant payment and overall project budget of \$282,200 (two-hundred-eighty-two-thousand and two hundred dollars) with such amount to be funded by City capital accounts specifically established for this work;

WHEREAS, the Agreement establishes a twenty-month completion schedule for the Zoning rewrite;

WHEREAS, the Agreement requires the Consultant to develop interim drafts of the proposed revisions of the Zoning Regulations for public review and comment;

NOW, THEREFORE, BE IT RESOLVED, that the Bridgeport City Council approves the attached Agreement between the Consultant and OPED;

BE IT FURTHER RESOLVED that the Director of OPED, or his designee, is hereby authorized to execute the Agreement substantially in the form attached hereto and made a part hereof, subject to the final review and approval of the City Attorney's Office as to form and content, and 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.

PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT between the parties dated the ___ day of _____, 2019 (the "Agreement") is hereby entered into between **James Duncan and Associates, Inc. d/b/a Duncan Associates**, with offices at 116 W Illinois Suite 700, Chicago, IL 60654 (the "**Consultant**") and the **City of Bridgeport**, with offices at 45 Lyon Terrace, Bridgeport, Connecticut 06604 (the "**City**") on the following terms and conditions:

WHEREAS the City requires the services of the Consultant for the purpose of rewriting the City's Zoning & Subdivision Regulations; and

WHEREAS the Consultant agrees to commence its services and perform the same in accordance with this agreement and as specifically directed by the City;

NOW, THEREFORE, for good and valuable consideration, the parties mutually agree as follows:

1. General Undertaking. The parties are entering into this Agreement for the purpose of engaging the Consultant to rewrite the Zoning & Subdivision Regulations for the City of Bridgeport, in conformance with the City's newly compiled Plan of Conservation and Development. The Consultant shall produce a document which is simple, clear, concise, easily searchable online, illustrative, dynamic, easily maintained, and digitally tied to GIS. The Consultant's duties shall be to:

- Create a simple code that uses illustrative examples of desired outcomes.
- Analyze existing zoning regulations. Add new, or eliminate existing, sections/zones as necessary. Analyze the impacts of changes to the zoning regulations.
- Analyze and update the zoning map to conform with BEGIS standards.
- Conduct a public outreach process which includes a variety of outreach methods to allow input through various formats and from varied populations.
- Create an online code should that is user friendly, mobile responsive, dynamically searchable, zoning code with parcel specific outputs that are easily interpreted.
- Tie text to GIS viewer in a comprehensive way that creates a dynamic living document that is informative and gives context to the user.

In rewriting the Zoning & Subdivision Regulations, the Consultant shall perform all tasks detailed in Exhibit 1-A, attached hereto.

2. Time for Performance. This Agreement shall commence within five (5) business days of the date last below written and shall continue in full force and effect until

the Services are completed according to this Agreement, or until the earlier termination of this Agreement as provided herein, whichever occurs first ("**Term**"). Termination shall have no effect on the City's obligation to pay for Services rendered through such earlier termination for work that has been completed in accordance with the terms of this Agreement and which has been accepted in due course by the City. The Consultant shall perform services in accordance with the General Timeline set forth in Exhibit 1-B, attached hereto.

3. Record of Activities. The Consultant shall maintain records of tasks performed in sufficient detail requested by the City, which records shall be submitted to the City with monthly invoices during the Term, or unless otherwise directed by the City. Unless otherwise stated, all work schedules shall be considered a material part of this Agreement.

4. Payment.

(a) Contract Sum. As compensation for all services performed and expenses incurred in furtherance of this Agreement, the City shall pay to the Consultant a total, not to exceed, sum of \$282,200.00.

(b) Invoices. The Consultant will submit invoices with all backup documentation to the City on a monthly basis for the prior month's services rendered. Said invoices shall specify the percentage of each Task completed during the prior month, per Exhibit 1-C attached hereto.

(c) Approval and Payment. Within thirty (30) days after receipt of each invoice, the City, in its sole discretion, shall assess the values of Work completed. Based upon said assessments, the City will make proportionate progress payments to the Consultant based upon the values specified for each Task in Exhibit 1-C.

(d) Final Payment. Final payment, constituting the entire unpaid balance of the Contract Sum, shall be made by the City to the Consultant when (1) the Contract has been fully performed by the Consultant; and (2) a final voucher for payment, agreed to by the Consultant, has been received by the City. The City will prepare, certify and approve a voucher for final payment in that amount, less any and all deductions authorized to be made by the City under this Agreement. All prior certificates upon which Partial Payments were made, being merely estimates made to enable the Consultant to prosecute the Work more advantageously, shall be subject to correction in the final certificate, and the certification and approval of the City thereof shall be condition precedent to the right of the Consultant to receive any money hereunder. Such final certificate shall be final and binding upon the Consultant. Payment pursuant to such final certificate, less any deductions authorized to be made by the City under this Agreement or by law, shall constitute the Final Payment. The City

will make Final Payment to the Consultant within thirty (30) days after the City's receipt of such fully executed certificate and Contract Compliance with all other items required for the Final Payment.

(e) Web Hosting Services. In addition to the services specified in p. 1 herein and Exhibit 1-A, the Consultant shall provide 2 years of hosting EngagingPlans Standard and 1 year of Konveio Agency/Sites subscriptions for the duration of the Project. Post-launch, the annual subscription for Konveio Sites shall be \$2,750. The City may terminate said subscription at any time, without cause and without penalty. Any technical support requested by the City and provided by the Consultant post-launch shall be billed hourly at \$125/hour.

5. Acceptability of Information and Reports Supplied by the Consultant. Any and all information and reports, whether supplied orally or in writing by the Consultant, shall be based upon consistent and reliable data-gathering methods and may be relied upon by the City.

6. Proprietary Rights. It is not anticipated that the Consultant will develop or deliver to the City anything other than Services and certain written reports or recommendations. Nevertheless, the City shall own all right, title and interest in such the Consultant's work under this Agreement to the extent such work provides analyses, findings, or recommendations uniquely related to the Services to be rendered. The Consultant expressly acknowledges and agrees that its work constitutes "work made for hire" under Federal copyright laws (17 U.S.C. Sec. 101) and is owned exclusively by the City and, alternatively, the Consultant hereby irrevocably assigns to the City all right, title and interest in and irrevocably waives all other rights (including moral rights) it might have in its work under this Agreement. The Consultant shall, at any time upon request, execute any documentation required by the City to vest exclusive ownership of such work in the City (or its designee). The Consultant retains full ownership of any underlying techniques, methods, processes, skills or know-how used in developing its Services under this Agreement and is free to use such knowledge in future projects.

7. Confidential Information.

(a) Acknowledgment of Confidentiality. Each party hereby acknowledges that it may be exposed to confidential and proprietary information belonging to the other party or relating to its affairs, including materials expressly designated or marked as confidential ("**Confidential Information**"). Confidential Information does not include (i) information already known or independently developed by the recipient; (ii) information in the public domain through no wrongful act of the party,

(iii) information received by a party from a third party who was free to disclose it or (iv) information required to be disclosed under the Connecticut Freedom of Information Act.

(b) Covenant Not to Disclose. Each party hereby agrees that during the Term and at all times thereafter it shall not use, commercialize or disclose the other party's Confidential Information to any person or entity, except to its own employees who have a "need to know," to such other recipients as the other party may approve in writing in advance of disclosure, or as otherwise required by court order, statute or regulation. Each party shall use at least the same degree of care in safeguarding the other party's Confidential Information as it uses in safeguarding its own Confidential Information, but in no event shall a party use less than reasonable care and due diligence. Neither party shall alter or remove from any software, documentation or other Confidential Information of the other party (or any third party) any proprietary, copyright, trademark or trade secret legend.

8. Noncircumvention. [INTENTIONALLY OMITTED] [prevents Consultant from hiring City employees involved in project within one year after project completion.]

9. Injunctive Relief. The parties acknowledge that violation by one party of the provisions of this Agreement relating to violation of the other party's Proprietary Rights or Confidential Information rights would cause irreparable harm to the other party not adequately compensable by monetary damages. In addition to other relief, it is agreed that preliminary and permanent injunctive relief may be sought without the necessity of the moving party posting bond to prevent any actual or threatened violation of such provisions.

10. Representations and Warranties. The Consultant represents and warrants, as of the date hereof and throughout the Term of this Agreement, as follows:

(a) The Consultant represents that it has the requisite experience to undertake and complete the Services pursuant to the requirements of this Agreement and has in its employ or will hire qualified and trained personnel to perform the Services required.

(b) The Consultant represents that it can commence the Services promptly within five (5) days of the receipt of a notice to proceed and will complete the Services in a timely manner on a schedule to be approved by the City.

(c) The Consultant represents that it is financially stable and has adequate resources and personnel to commence and complete the Services required in a timely fashion.

(d) The Consultant's performance of the Services described herein, and its representation of the City, will not result in a conflict of interest, will not violate any laws or contractual obligations with third parties, and is an enforceable obligation of the Consultant.

(e) The Consultant will not subcontract any of the work to third parties without prior written notice to the City and receipt of the City's prior written consent.

(f) The Consultant represents that neither it, nor any of its officers, directors, owners, employees or permitted subConsultants, have committed a criminal violation of or are under indictment of a federal or state law arising directly or indirectly from its business operations or reflects on its business integrity or honesty that resulted or may result in the imposition of a monetary fine, injunction, criminal conviction or other penal sanction, and further represents that the Consultant, its officers, directors, owners, employees, agents and subConsultants shall comply with the requirements of all laws, rules and regulations applicable to the conduct of its business or the performance of the Services under this Agreement.

(g) The Consultant represents that it will perform the Services in a good and workmanlike manner and will diligently pursue the completion of same in accordance with the terms of this Agreement.

(h) The Consultant represents that it possesses all licenses and permits that may be required to perform the Services required by this Agreement.

(i) The Consultant represents and warrants that the performance of the Services will not infringe upon or misappropriate any United States copyright, trademark, patent, or the trade secrets or other proprietary material of any third persons. Upon being notified of such a claim, the Consultant shall (i) defend through litigation or obtain through negotiation the right of the City to continue using the Services of the Consultant; (ii) rework the Services to be rendered so as to make them non-infringing while preserving the original functionality, or (iii) replace the Services with the functional equivalent. If the City determines that none of the foregoing alternatives provide an adequate remedy, the City may terminate all or any part of this Agreement and, in addition to other relief, recover the amounts previously paid to the Consultant hereunder.

(j) The Consultant represents and warrants that any computer program included as a deliverable Service hereunder operates substantially in accordance with the specifications for such work and in compliance with Year 2000 Standards. For these purposes, "**Year 2000 Standards**" means the deliverable Services and the reports prepared in connection therewith records, stores, recognizes, interprets, processes and presents both 20th and 21st century dates using four (4) digit years and operates at a programming interface level with other programs for which it could reasonably be expected to operate without causing the other programs to violate such Year 2000 Standards.

11. Remedies & Liabilities.

(a) Remedies. In addition to other remedies expressly acknowledged hereunder and except as expressly limited herein, the City shall have the full benefit of all remedies generally available to a purchaser of goods under the Uniform Commercial Code.

(b) Liabilities. THE CITY SHALL NOT BE LIABLE TO THE CONSULTANT FOR ANY CLAIM ARISING OUT OF THIS AGREEMENT IN AN AMOUNT EXCEEDING THE TOTAL CONTRACT PRICE FOR THE DELIVERABLE AT ISSUE. EXCEPT FOR VIOLATIONS BY THE CONSULTANT OF SECTION 6 ("PROPRIETARY RIGHTS") OR SECTION 7 ("CONFIDENTIAL INFORMATION"), NEITHER PARTY SHALL BE LIABLE HEREUNDER FOR ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING LOST SAVINGS OR PROFIT) SUSTAINED BY THE OTHER PARTY OR ANY OTHER INDIVIDUAL OR ENTITY FOR ANY MATTER ARISING OUT OF OR PERTAINING TO THE SUBJECT MATTER OF THIS AGREEMENT. THE PARTIES HEREBY EXPRESSLY ACKNOWLEDGE THAT THE FOREGOING LIMITATION HAS BEEN NEGOTIATED BY THE PARTIES AND REFLECTS A FAIR ALLOCATION OF RISK.

12. Notices. Notices sent to either party shall be effective on the date delivered in person by hand or by overnight mail service or on the date received when sent by certified mail, return receipt requested, to the other party or such other address as a party may give notice of in a similar fashion. The addresses of the parties are as follows:

If to the City:

Lynn Haig, Director of Planning
999 Broad Street, Second Floor
Bridgeport, Connecticut 06604

with a copy to:

Office of the City Attorney
999 Broad Street, Second Floor
Bridgeport, Connecticut 06604

If to the Consultant:

Kirk Bishop
Duncan Associates

116 West Illinois, Suite 700
Chicago, IL 60654

13. Termination.

(a) This Agreement shall terminate upon expiration of the Term or upon the earlier termination by one of the parties in accordance with the terms hereof. In addition to other relief, either party may terminate this Agreement if the other party breaches any material provision hereof and fails after receipt of written notice of default to advise the other party in writing within five (5) business days of its intentions with respect to such default and in any event corrects or cures such default within ten (10) business days of the receipt of notice of default. If such default cannot be cured or corrected within such 10-day period and the defaulting party details in writing to the other the reasons why such default cannot be so corrected or cured, the other party shall give an additional thirty (30) day period to correct or cure such default and the defaulting party shall with best efforts and due diligence promptly commence and consistently pursue corrective or curative action reasonably acceptable to the aggrieved party to completion. Either party shall be in default hereof if it becomes insolvent, makes an assignment for the benefit of its creditors, or if a receiver is appointed or a petition in bankruptcy is filed with respect to the party and is not dismissed within thirty (30) days. Termination shall have no effect on the parties' respective rights or obligations under Section 7 ("Confidential Information"), Section 9 ("Injunctive Relief") or Section 10 ("Warranties").

(b) The Consultant may not terminate for convenience. The City may terminate for convenience upon giving written notice of termination.

14. Resolution of Disputes and Choice of Law.

The parties agree that all disputes between them arising under this agreement or involving its interpretation shall be governed by Connecticut law. If they cannot be first resolved by mutual agreement, disputes shall be resolved in Connecticut Superior Court, Judicial District of Fairfield at Bridgeport.

15. Independent Consultant Status. The Consultant and its approved subConsultants are independent Consultants in relation to the City with respect to all matters arising under this Agreement. Nothing herein shall be deemed to establish a partnership, joint venture, association or employment relationship between the parties. The Consultant shall remain responsible, and shall indemnify and hold harmless the City, from and against all liability for the withholding and payment of all Federal, state and local personal income, wage, earnings, occupation, social security, worker's compensation, unemployment, sickness and disability insurance taxes, payroll levies or employee benefit

requirements (under ERISA, state law or otherwise) now existing or hereafter enacted and attributable to the Consultant, its subConsultants and their respective employees. THE CONSULTANT REPRESENTS THAT IT RETAINS WIDE DISCRETION IN THE TIME, MANNER AND DETAILS OF PERFORMANCE, IS NOT UNDER THE CITY'S DIRECT SUPERVISION OR CONTROL, HAS THE SKILLS AND TOOLS TO PERFORM THE WORK, HOLDS ITSELF OUT GENERALLY AS AN INDEPENDENT CONSULTANT AND HAS OTHER SUBSTANTIAL SOURCES OF INCOME.

16. Security, No Conflicts. Each party agrees to inform the other of any information made available to the other party that is classified or restricted data, agrees to comply with the security requirements imposed by any state or local government, or by the United States Government, and shall return all such material upon request. Each party warrants that its participation in this Agreement does not conflict with any contractual or other obligation of the party or create any conflict of interest prohibited by the U.S. Government or any other government and shall promptly notify the other party if any such conflict arises during the Term.

17. Indemnification; Insurance.

(a) Indemnification. The Consultant agrees to defend, indemnify and hold harmless the City, its elected officials, officers, department heads, employees and agents from and against any and all claims, liabilities, obligations, causes of action for damages arising out of the negligence or misconduct of the Consultant, including direct damage to the City's property, and costs of every kind and description arising from work or activities under this agreement and alleging bodily injury, personal injury, property damage regardless of cause, except that the Consultant shall not be responsible or obligated for claims arising out of the sole proximate cause of the City, its elected officials, officers, department heads, employees or agents.

(b) Insurance requirements. The following insurance coverage is required of the Consultant and it is understood that the Consultant will require other coverage from every Consultant and subConsultant in any tier according to the work being performed and shall ensure that the City is named as additional insured with notice of cancellation in the same manner as required for insurance coverages required of the Consultant. The Consultant shall procure, present to the City, and maintain in effect for the Term without interruption the following insurance coverages with insurers licensed to conduct business in the State of Connecticut and having a minimum Best's A + 15 financial rating acceptable to the City:

Commercial General Liability (occurrence form) insuring against claims or suits brought by members of the public alleging bodily injury or personal injury or property damage and claimed to have arisen out of operations

conducted under this agreement. Coverage shall be broad enough to include premises and operations, contingent liability, contractual liability, completed operations (24 months), broad form property damage, care, custody and control, with limitations of a minimum \$1,000,000 per occurrence and \$300,000 property damage.

Business Automobile insuring against claims or suits brought by members of the public alleging bodily injury or personal injury or property damage and claimed to have arisen out of the use of owned, hired or non-owned vehicles in connection with business. Coverage will be broad enough to include contractual liability, with limitations of \$1,000,000 combined primary and excess coverage for each occurrence/aggregate with a combined single limit for bodily injury, personal injury and property damage.

Workers' Compensation insuring in accordance with statutory requirements in order to meet obligations towards employees in the event of injury or death sustained in the course of employment. Liability for employee suits shall not be less than \$500,000 per claim.

All policies shall include the following provisions:

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, non-renewal or reduction in coverage to be given to the City at: Purchasing Agent, City of Bridgeport, City Hall, 45 Lyon Terrace, Bridgeport, Connecticut 06604.

Certificates of Insurance—All policies will be evidenced by an original certificate of insurance delivered to the City and authorized and executed by the insurer or a properly-authorized agent or representative reflecting all coverage required, such certificate required to be delivered to the City prior to any work or other activity commencing under this agreement.

Additional insured—The Consultant and its permitted subConsultants will arrange with their respective insurance agents or brokers to name the City, its elected officials, officers, department heads, employees and agents on all 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 issued by reputable insurance companies licensed to do business in the State of Connecticut and having minimum Best's A + 15 financial ratings acceptable

to the City. Such certificates shall designate the City in the following form and manner:

"The City of Bridgeport, its elected officials, officers, department heads, employees, agents, servants, successors and assigns
ATIMA

Attention: Purchasing Agent

999 Broad Street

Bridgeport, Connecticut 06604"

18. Non-discrimination. The Consultant agrees not to discriminate, nor permit discrimination, against any person in its employment practices, in any of its contractual arrangements, in all services and accommodations it offers the public, and in any of its other business operations on the grounds of race, color, national origin, religion, sex, disability or veteran status, marital status, mental retardation or physical disability, unless it can be shown that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut, and further agrees to provide the Commissioner of Human Rights and Opportunities with information which may be requested from time to time by the Commission concerning the employment practices and procedures of both parties as they relate to the provisions of Section 4-114a of the Connecticut General Statutes and any amendments thereto. This agreement is subject to the provisions of the Governor's Executive Order No. 3 promulgated June 16, 1971, and, as such, this Agreement may be canceled, terminated, or suspended by the State Labor Commission for violation of, or noncompliance with, Executive Order No. 3, or any State or Federal law concerning nondiscrimination, notwithstanding that the Labor Commissioner is not a party to this agreement. The parties to this agreement, as part of the consideration hereof, agree that Executive Order No. 3 is incorporated herein and made a part hereof. The parties agree to abide by Executive Order No. 3 and agree that the State Labor Commissioner shall have continuing jurisdiction in respect to performance in regard to nondiscrimination, until the agreement is completed or terminated prior to completion. The parties agree as part of the consideration hereof that this agreement is subject to the Guidelines and Rules issued by the State Labor Commissioner to implement Executive Order No. 3 and that they will not discriminate in employment practices or policies, will file reports as required, and will fully cooperate with the State of Connecticut and the State Labor Commissioner.

19. Communications. All communications shall be made orally or in writing to Lynn Haig, Director of Planning, or her respective designee. Any written report requested from the Consultant shall be sent in draft form for review prior to finalization.

20. Miscellaneous.

(a) Entire Agreement. This document and the identified exhibits, schedules and attachments made a part hereof or incorporated herein, constitute the entire and exclusive agreement between the parties with respect to the subject matter hereof and supersede all other communications, whether written or oral.

(b) Modifications. This Agreement may be modified or amended only by a writing signed by the party against whom enforcement is sought.

(c) Prohibition Against Assignment. Except as specifically permitted herein, neither this Agreement nor any rights or obligations hereunder may be transferred, assigned or subcontracted by the Consultant without the City's prior written consent and any attempt to the contrary shall be void.

(d) Excusable Delay. The parties hereto, respectively, shall not be in default of this Agreement if either is unable to fulfill, or is delayed in fulfilling, any of its respective obligations hereunder, or is prevented or delayed from fulfilling its obligations, in spite of its employment of best efforts and due diligence, as a result of extreme weather conditions, natural disasters, catastrophic events, casualties to persons or properties, war, governmental preemption in a national emergency, enactment of law, rule or regulation or change in existing laws, rules or regulations which prevent any party's ability to perform its respective obligations under this agreement, or actions by other persons beyond the exclusive control of the party claiming hindrance or delay. If a party believes that a hindrance or delay has occurred, it shall give prompt written notice to the other party of the nature of such hindrance or delay, its effect upon such party's performance under this agreement, the action needed to avoid the continuation of such hindrance or delay, and the adverse effects that such hindrance or delay then has or may have in the future on such party's performance. Notwithstanding notification of a claim of hindrance or delay by one party, such request shall not affect, impair or excuse the other party hereto from the performance of its obligations hereunder unless its performance is impossible, impractical or unduly burdensome or expensive, or cannot effectively be accomplished without the cooperation of the party claiming delay or hindrance. The occurrence of such a hindrance or delay may constitute a change in the scope or timing of service, and may result in the need to adjust the contract price or contract time in accordance with the terms of this Agreement.

(e) Partial Invalidity. Any provision hereof found by a tribunal of competent jurisdiction to be illegal or unenforceable shall be deleted and the balance of the Agreement shall be automatically conformed to the minimum requirements of law and all other provisions shall remain in full force and effect.

(f) Partial Waiver. The waiver of any provision hereof in one instance shall not preclude enforcement thereof on future occasions.

(g) Headings. Headings are for reference purposes only and have no substantive effect.

(h) Survival. All representations, warranties and indemnifications contained herein shall survive the performance of this Agreement or its earlier termination.

(i) Precedence of Documents. In the event there is any conflict between this agreement or its interpretation and any exhibit, schedule or attachment, this Agreement shall control and take precedence.

(j) Property Access. The parties understand that it is the City's obligation to obtain legal access to City property where the Consultant's Services are to be performed. The Consultant shall not be held liable for any unlawful entry onto any property where such entry has been ordered, requested or directed by the City in writing.

IN WITNESS WHEREOF, for adequate consideration and intending to be legally bound, the parties hereto have caused this agreement to be executed by their duly-authorized representatives.

CITY OF BRIDGEPORT

By: _____
Name: _____ Date _____
Title: _____

CONSULTANT

**James Duncan and Associates, Inc.
d/b/a Duncan Associates**

By: _____
Name: _____ Date _____
Title: _____

EXHIBIT 1-A

Zoning Code Rewrite and Digitization

Scope of Services

Task 1: Discovery & Diagnosis

During Task 1 the consultant team will work to gain an in-depth understanding of the city's planning documents and current zoning code and map. This task will also provide an opportunity to build the team's knowledge of the city's values, vision, and on-the-ground conditions. The consultant team will participate in regularly scheduled phone calls with the city's project management staff throughout the project.

1.1: Website and Public Outreach Strategy

- A. Design, deploy and host project website.
- B. With assistance from staff, prepare public outreach meeting strategy describing proposed approach to engaging stakeholders and the general public in the project.

1.2: Existing Plans Review

- A. Conduct in-depth review of the recent comprehensive plan, the TOD plan, neighborhood plans, and other relevant planning documents.
- B. Work with city staff to identify and collect other documents and studies.
- C. Work with city staff to obtain GIS base and system information.

1.3: Kick-off Meeting

- A. Meet with staff technical group and working group at the start of the project to discuss the project scope, work plan, schedule, and logistics. (site visit 1)
- B. Discuss substantive zoning and other related issues to be addressed as part of the project.

1.4: Listening Sessions

- A. Conduct code user listening sessions to gain insight into local issues and concerns.
- B. Meet with board or commission members, as directed by staff.

1.5: Public Outreach

- A. Provide text, photo and graphic content for the project website at regular intervals. Provide social media content for project milestones and before public meetings.
- B. Prepare presentation materials for 8 staff-led community update meetings and other city-led outreach meetings.

1.6: Evaluation of Existing Neighborhoods, Corridors, Districts

- A. Work with staff to identify subarea or neighborhood boundaries throughout the city.
- B. Conduct field surveys and other research to gain a better understanding of built patterns and neighborhood character within each of these identified areas.
- C. Initial findings of this step, including mapping and character documentation will be included in the Task 1.8 diagnosis memo.

1.7: Evaluation of Current Zoning Code

- A. Evaluate and assess the current code in terms of clarity, usability, organization, and predictability of outcomes.
- B. Assess the current code in terms of comprehensive plan implementation/consistency, compliance with state and federal laws, sustainability, and other agreed-upon benchmarks.
- C. Review current development projects, approvals/disapprovals, and variance requests to understand how the current regulations are functioning.
- D. With staff's assistance, identify substantive changes to be made, tied to the geographic evaluations conducted in Task 1.6.

1.8: Diagnosis & Directions Memo

- A. Develop a short diagnosis document summarizing the findings from Tasks 1.1 through 1.7.
- B. Develop a short "directions" memo outlining recommendations for the direction of the new zoning code.
- C. Draft an initial working outline for the new code.
- D. Present draft diagnosis and directions memo to the staff technical group and working group in online meeting for review and comment and to serve as basis for initial draft code. (online meeting 1)

1.9: Digital Work Session for Online Code and Map

Once diagnosis and directions memo is complete, Urban Interactive Studio will conduct an in-person workshop to clarify goals, requirements, and responsibilities for the online code and map platforms. (UIS site visit, concurrent with site visit 2)

1.10: Initial Public Meeting

- A. Hold initial public meeting, present draft diagnosis memo, and discuss proposed direction with stakeholders and general public. (site visit 2)
- B. In a workshop format, conduct exercises to gain additional input as needed.
- C. Present at city council and boards and commissions, as directed by staff.

Task 2: Initial Draft Zoning Code

During Task 2 the consultant team will:

- A. Prepare initial (internal) review draft of new zoning code in up to 3 modules for ease of review and understanding.
- B. Present each draft zoning code module for review and discussion.
- C. Include changes and new provisions identified in Task 1, as well as general editing and technical changes.
- D. Identify substantive amendments to existing regulations through footnotes, editor's notes and conventional legislative formatting techniques.

2.1: Initial Draft Zoning Code - Module 1

- A. Prepare and present module 1 of the draft zoning code to include districts, building types, and uses to technical staff group and working group. (site visit 3)
- B. Present at city council and boards and commissions, as directed by staff.

2.2: Initial Draft Zoning Code - Module 2

- A. Prepare and present module 2 of the draft zoning code to include development regulations, such as parking, landscape, signs to staff technical group and working group. (site visit 4)
- B. Present at city council and boards and commissions, as directed by staff.

2.3: Initial Draft Zoning Code - Module 3

- A. Prepare and present module 3 of the draft zoning code to include administrative and review and approval procedures to staff technical group and working group. (site visit 5)
- B. Present at city council and boards and commissions, as directed by staff.

2.4: Initial Draft Zoning Map

- A. Obtain up-to-date GIS data. Prepare initial (internal) review draft of proposed zoning map revisions.
- B. Present initial draft zoning map revisions to staff concurrently with code to discuss proposals and receive feedback.

2.5: Online Prototype

- A. Identify best UX design and structure for the digital zoning code. User experience (UX) design is the process of creating products that provide meaningful and relevant experiences to users. This involves the design of the entire process of acquiring and integrating the product, including aspects of branding, design, usability, and function.
- B. Set up basic Konveio Prototype for first round of design and implementation to test content structure.
- C. Conduct user testing with 7-10 local volunteers from (e.g., staff, stakeholders, work group members), based on a set of common online code inquiries or tasks. Use screen recordings to capture any challenges users have navigating the site and ask follow-up questions for further analysis.
- D. Review prototype and functionality with client and prioritize tasks for beta version.

Task 3: Public Review Draft Zoning Code and Map

3.1: Public Review Draft

Prepare public review draft of the new zoning code reflecting the comments and direction received during Task 2.

3.2: Public Review Draft Zoning Map

- A. Obtain up-to-date GIS data. Prepare public review draft of revised zoning map reflecting the comments and direction received during Task 2 and present to staff technical group and working group in online meetings. (online meetings 2a and 2b)
- B. Work with city GIS staff to ensure mapping is formatted to city GIS standards and industry standards.

3.3: Public Reviews

- A. Present to Land Use Boards and City Council for initial introduction and opportunity to provide comments. (site visit 6)
- B. Conduct public review open house and focused (small group) review sessions called for in Public Outreach strategy (Task 1.4) to present the draft zoning code and solicit comments and recommendations for further changes and refinements. (site visit 6)

3.4: Beta Version of Online Code and Map

- A. Second round of design, implementation, and configuration of Konveio, based on priorities identified in Task 2.3 review.
- B. Test the functionality and usability of the website with the team. Obtain feedback from any additional user testing activities that may be conducted by the city.
- C. Review beta design and functionality with client and prioritize tasks for release version.

Task 4: Hearing Drafts

4.1: Hearing Draft Zoning Code

- A. Prepare public hearing draft of the new zoning code reflecting the comments and direction received during Task 3 and present to staff technical group and working group in online meetings. (online meetings 3a and 3b).
- B. Provide GIS map layer to GIS staff for review.

4.2: Hearing Draft Zoning Map

Obtain up-to-date GIS data. Prepare public hearing draft of proposed zoning map revisions reflecting the comments and direction received during Task 3.

Task 5: Adoption Process

5.1: Public Hearings

- A. Develop presentations for staff to present at the Planning and Zoning Commission.
- B. Attend and present at initial public hearing with the Planning and Zoning Commission. (site visit 7)

5.2: Final Adopted Zoning Code and Map

- A. Prepare and deliver final versions of zoning code incorporating any changes directed during adoption process.
- B. Provide documents in digital format, including internet-ready, hyper-linked version of new zoning code.

5.3: Release & Launch Online Code and Map

- A. Third round of design, implementation, and configuration of Konveio, based on priorities identified in Task 3.4 review.
- B. Completely retest the functionality, usability, and performance of the website through a series of Q and A sessions with the team.
- C. Train staff how to update the site after launch.
- D. Launch site. At least two full business days is required between final product and launch to ensure the site functions as expected.
- E. Monitor site performance and provide technical support once the site is live.

5.4: Follow-up

- A. Conduct training on revised regulations for staff, plan commission, others, as directed by staff.
- B. Provide phone consultations with staff on projects submitted during the first year.

EXHIBIT 1-B

Zoning Code Rewrite and Digitization

General Timeline

Tasks	Months from Project Start										
	2	4	6	8	10	12	14	16	18	20	
1 Discovery & Diagnosis	●	○1	●								
2 Initial Draft				●3	●4	●5					
3 Public Review Draft							○2	●6			
4 Hearing Draft									○8		
5 Adoption Process										●	
Update GIS/property data											
Staff-led Community Updates	●	●	●	●	●	●	●	●	●		
UIS Site Visit, Online Meetings			●								

Bi-weekly check-in calls will be held with staff throughout the project.

● = DA Site Visits & Deliverables	SITE VISIT : Kick-off & Interviews; Working group Meeting 1	DELIVERABLE : Diagnosis & Solutions Memo; Working group Meeting 2 (Online Mtg)	SITE VISIT : Public Meeting; Diagnosis & Solutions Memo; Working group Meeting 3; Digital Work Session with Urban Interactive Studio (Task 1-8)	DELIVERABLE & SITE VISIT : VISIT : Initial Draft Zoning Code & Map - Module 1; Working group Meeting 4; Outreach identified by staff	DELIVERABLE & SITE VISIT : Initial Draft Zoning Code & Map - Module 2; Working group Meeting 5; Outreach identified by staff	DELIVERABLE : Initial Draft Zoning Code & Map - Module 3; Working group Meeting 6	DELIVERABLE : Review Draft Zoning Code & Map; Working group Meeting 7 (Online Mtg)	DELIVERABLE : Hearing Draft Zoning Code & Map; Working group Meeting 8 (Online Mtg)	SITE VISIT : Public Hearing	DELIVERABLE : Final Code & Map; DELIVERABLE : Online Training Session (Urban Interactive Studio)
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EXHIBIT 1-C

Zoning Code Rewrite and Digitization Budget/Payment Schedule

The following lump sum budget/payment schedule for the Zoning Code Rewrite and Digitalization project includes all professional fees, travel expenses and printing expenses for up to 24 oversize maps/presentation boards. Except as expressly described in Exhibit 1-A for GIS files and the final code document, all other reports, code drafts, presentation maps and boards will be delivered as PDF files.

TASK	Amount
1: Discovery & Diagnosis	
1.1: Website and Public Outreach Strategy	\$11,000
1.2: Existing Plans Review	\$600
1.3: Kick-off Meeting	\$3,600
1.4: Listening Sessions	\$3,600
1.5: Public Outreach	\$3,800
1.6: Evaluation of Existing Neighborhoods, Corridors, Districts	\$23,700
1.7: Evaluation of Current Zoning Code	\$4,800
1.8: Diagnosis & Directions Memo	\$12,800
1.9: Digital Work Session for Online Code and Map	\$4,000
1.10: Initial Public Meeting	\$13,500
2: Initial Draft Zoning Code	
2.1: Initial Draft Zoning Code - Module 1	\$39,900
2.2: Initial Draft Zoning Code - Module 2	\$23,500
2.3: Initial Draft Zoning Code - Module 3	\$16,500
2.4: Initial Draft Zoning Map	\$15,500
2.5: Online Prototype	\$18,000
3: Public Review Draft Zoning Code and Map	
3.1: Public Review Draft	\$18,900
3.2: Public Review Draft Zoning Map	\$5,100
3.3: Public Reviews	\$12,000
3.4: Beta Version of Online Code and Map	\$12,500
4: Hearing Drafts	
4.1: Hearing Draft Zoning Code	\$10,800
4.2: Hearing Draft Zoning Map	\$6,600
5: Adoption Process	
5.1: Public Hearings	\$3,600
5.2: Final Adopted Zoning Code and Map	\$9,300
5.3: Release and Launch Online Code and Map	\$5,000
5.4: Follow-Up	\$3,600
PROJECT GRAND TOTAL	\$282,200



JOSEPH P. GANIM
Mayor

City of Bridgeport
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT

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

THOMAS F. GILL
Director

WILLIAM J. COLEMAN
Deputy Director

**COMM. 89-18 Ref'd to ECD&E Committee on
6/3/2019**

May 29, 2019

Office of the City Clerk
45 Lyon Terrace
Bridgeport, CT 06604

Re: Authorization to sell 55 Cannon Street

Public Hearing Order for Full Council Meeting of June 17th, 2019

Referral to Economic and Community Development & Environment Committee
June 18th, 2019

Dear Madam City Clerk:

On behalf of the Office of Planning and Economic Development, I submit the attached resolution authorizing the Bridgeport Economic Development Corporation ("BEDCO") to sell a small vacant infill lot at 55 Cannon Street to encourage residential development downtown.

OPED respectfully request that the Council act at its meeting of June 3rd, 2019 to order the required public hearing on this item for its immediately subsequent meeting of Monday, June 17th, 2019.

We further request that the Council refer the item to its Economic and Community Development and Environment Committee for consideration at that committee's next regularly scheduled meeting of Tuesday June 18th, 2019.

Sincerely,

Bill Coleman
Deputy Director

C: Tom Gill, Director
Lynn Haig, Planning Director
Ed Lavernoch, President of BEDCO

A Resolution Authorizing the Sale of 55 Cannon Street

WHEREAS, 55 Cannon Street, hereinafter referred to as the "Property," is currently a surface parking lot of less than 2,000 square feet; and

WHEREAS, in 1996, the Bridgeport Economic Development Corporation (BEDCO) acquired the Property via purchase in a foreclosure auction for \$35,000.01; and

WHEREAS, at the direction of the Bridgeport City Attorney's Office and per a court approved settlement, in 2000 the property was ground leased to the owner at that time of 49 Cannon Street, that address commonly known as the Post Building; and

WHEREAS, in collaboration with the City's Office of Planning and Economic Development ("OPED"), ownership of the Property was subsequently transferred from BEDCO, to "BEDCO As Agent for the City of Bridgeport", for inclusion in the Sterling Market Municipal Development Project, a Municipal Development Plan adopted by the Bridgeport City Council on July 5, 2000, in accordance with the provisions of Chapter 132 of the Connecticut General Statutes, as amended; and

WHEREAS, the Sterling Market Municipal Development Project ultimately resulted in the redevelopment of significant neighboring properties, including the Read's Artspace and the Arcade; and

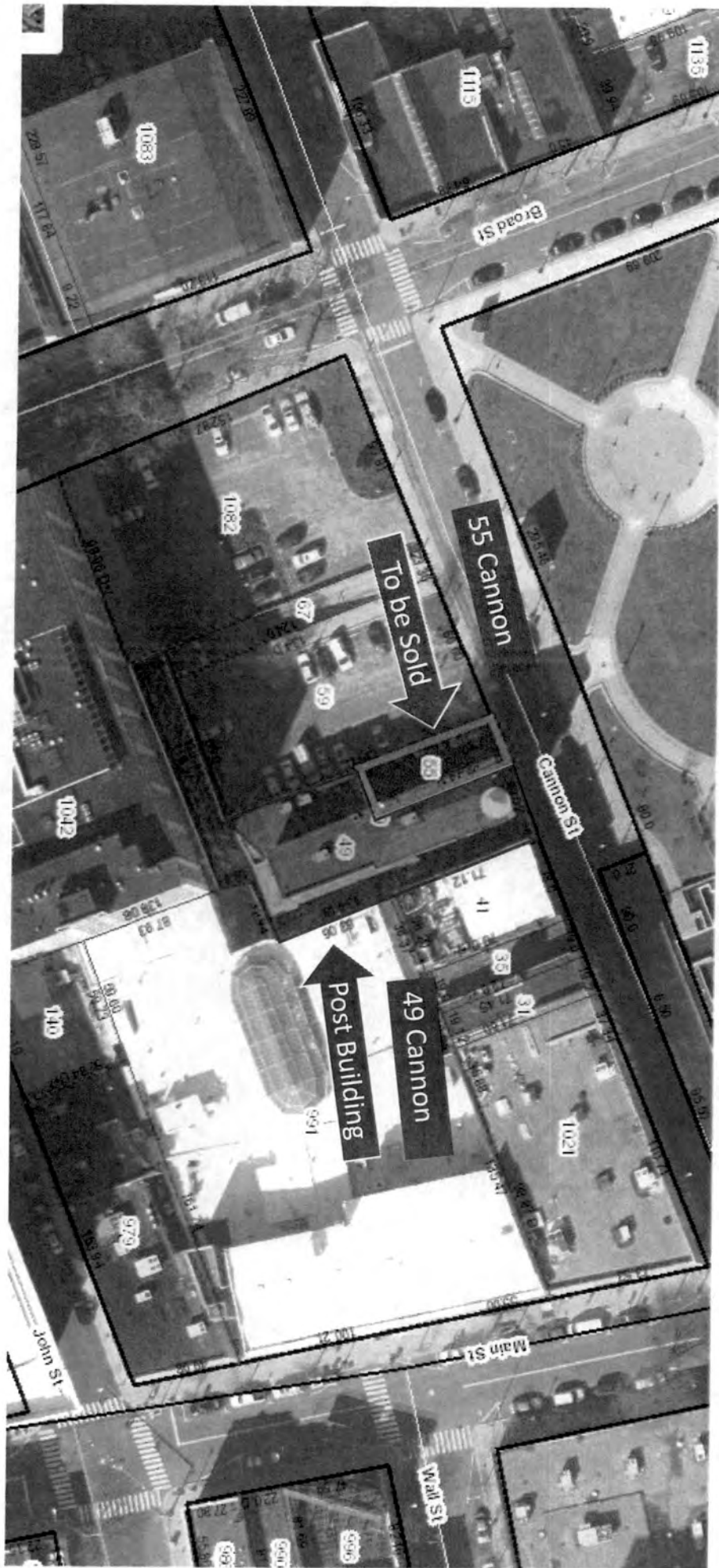
WHEREAS, the current owner of 49 Cannon Street, Eastern USA Realty, seeks to develop an adaptive reuse of the Post Building, converting the building to residential apartments in a manner consistent with the provisions of the Zoning Code; and

WHEREAS, OPED is supportive of the development and, consistent with the goals of "Plan Bridgeport," wishes to encourage residential growth downtown, and has therefore requested that BEDCO sell the property to Eastern USA Realty; and

WHEREAS, a recent appraisal estimated the value of the Property at \$27,000, a value at which Eastern USA Realty is willing to purchase, and for which BEDCO is willing to sell the property;

NOW, THEREFORE BE IT RESOLVED, that BEDCO is authorized to sell the parking lot known as 55 Cannon Street to Eastern USA Realty or a commonly owned development entity for \$27,000, in cooperation with OPED.

BE IT FURTHER RESOLVED that, based upon the statements and representations made herein, the Director of OPED is authorized to negotiate and to execute such other agreements, subject to the review and approval of the Office of the City Attorney, and to take such other necessary or desirable actions in furtherance of, and consistent with, this resolution in the best interests of the City.



To be Sold

55 Cannon

Post Building

49 Cannon

Broad St

Cannon St

Main St

Wall St

John St

1063

1113

1135

1082

1042

140

979

991

1021

996

997

998

BOARD OF EDUCATION

ARESTA L. JOHNSON, Ed.D.
Superintendent of Schools

City Hall - 45 Lyon Terrace
Bridgeport, Connecticut 06604

MEMBERS OF THE BOARD cont.

MEMBERS OF THE BOARD

JOHN R. WELDON
Chairperson

JESSICA MARTINEZ
Vice-Chairperson

JOSEPH SOKOLOVIC
Secretary



"Changing Futures and Achieving Excellence Together"

MARIA PEREIRA

HERNAN ILLINGWORTH

SYBIL ALLEN

CHRIS TAYLOR

JOSEPH J. LOMBARD

LAMAR KENNEDY

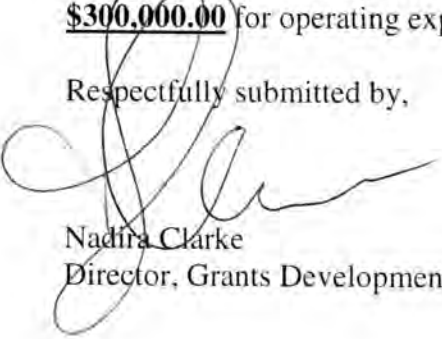
COMM. 90-18 Ref'd to Education & Social Services Committee
on 6/3/2019

May 16, 2019

To the City Council of the City of Bridgeport, Education and Social Service Committee and City Clerk's Office:

Please accept and log-in the application for the Smart Start Continuation of Funding Application which is funded by the State of Connecticut, Office of Early Childhood. Smart Start is intended to provide grants for capital and operating expenses related to establishing or expanding a preschool program to local and regional board of education. As a result of the Smart Start grant, four preschool classrooms have started and all have received accreditation by the National Association of Education for Young Children (NAEYC). Also, students and families have experienced positive outcomes and experiences in the areas of family engagement, continuity of learning, and social-emotional development. The request for funding is \$300,000.00 for operating expenses.

Respectfully submitted by,


Nadira Clarke
Director, Grants Development and Management

RECEIVED
CITY CLERK'S OFFICE
19 MAY 17 PM 1:33
CITY CLERK

BOARD OF EDUCATION

ARESTA L. JOHNSON, Ed.D.
Superintendent of Schools

City Hall - 45 Lyon Terrace
Bridgeport, Connecticut 06604

MEMBERS OF THE BOARD cont.

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JOHN R. WELDON
Chairperson

JESSICA MARTINEZ
Vice-Chairperson

JOSEPH SOKOLOVIC
Secretary



"Changing Futures and Achieving Excellence Together"

MARIA PEREIRA

HERNAN ILLINGWORTH

SYBIL ALLEN

CHRIS TAYLOR

JOSEPH J. LOMBARD

LAMAR KENNEDY

May 16, 2019

To the City Council of the City of Bridgeport, City Council Education and Social Service Committee and City Clerk

WHEREAS, this Funding has been made possible through the State of Connecticut, Office of Early Childhood

WHEREAS, funds under this grant will provide 60 full preschool spaces for children ages three and four years old who reside in Bridgeport and will fund salaries for four Pre-K teachers and four Pre-K Instructional Assistants

WHEREAS, it is desirable and in the public interest that the City of Bridgeport and Bridgeport Public Schools to provide 60 preschool spaces, at four public schools. Now, therefore be it

RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application for Smart Start funding
2. That it hereby authorizes, directs and empowers the mayor or his designee to execute the file such contract with Bridgeport Public Schools and to provide such additional information and to execute such other contracts and documents as may be necessary under this program.

Sent on behalf of Bridgeport Public Schools, Grants Development and Management Department

CC: Aresta L. Johnson, Ed.D., Superintendent, Bridgeport Public Schools
Marlene Siegel, Chief Financial Officer, Bridgeport Public Schools

COPY

Part III: Cover Page

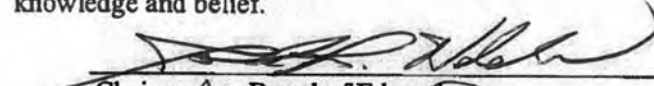
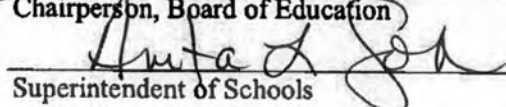
**Connecticut Office of Early Childhood
SMART START CONTINUATION OF FUNDING APPLICATION**

**GRANT PERIOD
July 1, 2019 to June 30, 2021**

School District: Bridgeport Public Schools
Contact Name: Nadira Clarke, Director – Grants Development and Management
Address: 45 Lyon Terrace, Room 324, Bridgeport, CT. 06604
Telephone Number: 203-275-1065
Contact E-mail Address: nclarkel@bridgeportedu.net

It is the responsibility of the grantee to provide up-to-date program contact information. In the event of any changes, contact information must be reported to the Smart Start Program Manager within 5 business days.

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge and belief.

	<u>3/28/19</u>
Chairperson, Board of Education	Date
	<u>4/1/19</u>
Superintendent of Schools	Date
_____	_____
Chief Elected Official	Date

Number of Smart Start classrooms	Number of additional children served by Smart Start
4	12

Annual Operating Expenses Requested \$ 300,000.00
--

All assurances and conditions noted in the original Smart Start application remain in effect for the duration of Smart Start grant.

Narrative

Please provide information on the following areas of your Smart Start grant:

1. Positive outcomes/experiences and challenges as a result of participation in the Smart Start grant program for the past two years (please provide specific examples/data).

As a result of the Smart Start grant, students and families of Bridgeport Public Schools and the Bridgeport Public School system have experienced positive outcomes and experiences in the areas of family engagement, continuity of learning, and social-emotional development with student attendance being an area of challenge

In regards to family engagement, the Smart Start classes have provided preschool education to 85-90% of families with an income at or below 75% of the state median income. Additionally, 85-90% of the spaces for Smart Start have been enrolled at 15 students or more monthly. In regards to continuity of learning, the majority of the 3-year-old preschool students in the Smart Start program at Park City Magnet and Dunbar have transitioned into the 4-year-old program creating continuity of instruction for approximately 36 students. In regards to the social-emotional learning, all four Smart Start classrooms have implemented the RULER social-emotional program sponsored by the Yale Center for Emotional Intelligence to support the social-emotional domain of the CT Early Learning and Development Standards. Finally, student attendance at preschool has been an area of challenge especially at the Dunbar site. The goal is for students to attend school consistently. In the next phase of the grant, student attendance will be an area of focus in communication with families as well as wellness to support student attendance.

2. Timeline and actions to become accredited (if not already NAEYC Accredited or Head Start approved). Include how the results of the ECERS-III were used as well as any consultants and other external resources.

All four Smart Start preschool classrooms (i.e., Classical Studies Magnet Academy, Dunbar, Park City Magnet, and Winthrop Schools) are accredited by the National Association of Education for Young Children (NAEYC). Classical Studies Magnet Academy earned accreditation school year

2017-18. Dunbar School earned accreditation school year 2016-17. Park City Magnet School earned accreditation school year 2016-17. Winthrop School earned accreditation school year 2017-18. Classroom teachers reviewed the ECERS-III and received support from the district Office of Early Childhood consultants and the Bridgeport Public Schools Director of Early Childhood. Teachers used that data to improve their classroom environment, program structure, relationships with parents and staff, and other areas of need such increasing the types of texts in the classroom. Teachers requested books depicting characters of different cultures. They also wanted nonfiction books to better represent many of the traditions, holidays celebrated around the world. Sets of books were ordered for all the classes reflecting multiculturalism.

3. Impact of collaborative efforts with community-based agencies and programs.

The Smart Start preschool program in collaboration with Cooperative Education Services (CES), Yale Center for Emotional Intelligence RULER program, Early Childhood Consultation Program (ECCP), and the Bridgeport Public Schools Consultation Center strives to include children through access, participation, and supports. In collaboration with the Cooperative Education Services (CES), professional development (PD) was provided to classroom teachers on how to use Circle Time, the CT Early Learning Development Standards (CT ELDS), and the use of the SRBI process to create daily schedules and classroom environments to support Tier 1 instruction. Additionally, all four Smart Start classrooms have implemented the Yale Center for Emotional Intelligence RULER social-emotional program as a Tier 1 instructional practice. In collaboration with the Preschool Development Grant (PDG) implementation, Smart Start teachers also had access to professional development and supports through the Early Childhood Consultation Program (ECCP). Awareness of the ECCP services lead teachers to seek support from community agencies for families and teachers became aware of the ECCP programmatic supports for their individual classrooms and how the classroom environment could be modified to increase students'

participation in the program. Finally, in collaboration with the Bridgeport Public Schools Consultation Center, Smart Start teachers had access to supports for Tier 3 interventions and, if necessary, for a planning and placement team meeting to convene initial PPT meetings and formal evaluation to glean more information to inform decision-making and next steps with access and participation in the Smart Start preschool programming. The evidence of enhanced inclusive practice through collaboration is the continuous enrollment of students in the Smart Start preschool classrooms especially at Park City Magnet and Dunbar Schools where the three-year old students and families actually transition into the four-year old School Readiness program.

4. Communication to families about programming when school was not in session.

Communication with families about Smart Start preschool programming occurs through the following structures: district-level, school-level, and classroom-level. From the district-level, communications to families occurs at registration and beyond registration using the preschool parent handbook as a guide. Parents are provided with an overview about school hours, the parent fee, sliding scale-determination, and the Care 4 Kids childcare assistance program through a welcome letter and welcome packet. Parents also receive information about the transition to kindergarten throughout the year during workshops. From the school-level, communication to families occurs during report card distribution and parent-teacher conferences. Additionally, families are invited to workshops after school hours and parents receive communications from the building administrators through phone blasts, newsletters, and the parent advisory council (PAC). From the classroom-level, communication to families occurs through homework assignments and projects that engage families with literacy and language activities at home at no cost to the family. Each classroom teacher provides families with classroom newsletters monthly.

5. District PK-3 plan, including who is involved and positive outcomes and challenges.

Bridgeport Public Schools Strategic Plan for students in grades PreK through 3 is focused on four areas: Student achievement, curriculum implementation, recruitment and retention of high-qualified staff, and family engagement. The Director of Literacy and Early Childhood collaborates with district-level stakeholders (i.e., Assistant Superintendents for Instructional Leadership, Chief Financial Officer, Directors of Human Resources, Grants, ESL, Speech and Language, and the Birth to Five Consultation Center), building administrators, classroom teachers, paraprofessionals and families to implement strategies to create positive outcomes as to address challenges. Positive outcomes of the PreK-3 plan were the implementation of SRBI using the Brigance and Preschool Assessment Framework to monitor students' development and achievement as well as the implementation of the new preschool curriculum. New preschool teachers were hired for all four Smart Start sites and have been retained during the initial implementation of the Smart Start grant period of 2015-19. Two of the four preschool teachers are minority. Family engagement was evident via the continuous enrollment within each preschool classroom. Additionally, the percentage of kindergarten students meeting grade-level standards increased across the years as measured by the district assessment (i.e., 50% during SY 15-16 to 68% during SY 17-18). Challenges within the PreK-3 district plan include meeting the needs of diverse learners using SRBI and decreasing the number of children not meeting or exceeding PreK-3 literacy benchmarks, which displays as need for additional supports for curriculum implementation and enhanced collaboration across all stakeholders including families. Furthermore, a challenge is presented in kindergarten classrooms with the implementation of interventions without kindergarten paraprofessionals due to budgetary restrictions.

Program Information

Please complete the following table for each of the Smart Start classrooms in your district.

Program Address	# of Smart Start Classrooms	# of Children to be Served in Smart Start		Smart Start Hours/day	Smart Start days/year	Family fee charged Y/N
		SS	Other			
Bridgeport BOE at CSMA 240 Linwood Ave, Bridgeport, CT 06604	1	15	3	6.5	182	Y
Bridgeport BOE at Dunbar 445 Union Ave, Bridgeport, CT 06607	1	15	3	6.5	182	Y
Bridgeport BOE at PCM 1526 Chopsey Hill Rd, Bridgeport, CT 06606	1	15	3	6.5	182	Y
Bridgeport BOE at Winthrop 1775 Reservoir Ave, Bridgeport, CT 06606	1	15	3	6.5	182	Y

NAEYC Accreditation/ Head Start Approval	Head Start approved Y/N	NAEYC ID	Expiration date (if accredited)
List classrooms			
Bridgeport BOE at CSMA 240 Linwood Ave, Bridgeport, CT 06604	N	729270	8/1/23
Bridgeport BOE at Dunbar 445 Union Ave, Bridgeport, CT 06607	N	728860	9/1/22
Bridgeport BOE at PCM 1526 Chopsey Hill Rd, Bridgeport, CT 06606	N	726378	5/1/22
Bridgeport BOE at Winthrop 1775 Reservoir Ave, Bridgeport, CT 06606	N	729271	8/1/23

Budget

SMART START

FISCAL YEARS 2020 & 2021 BUDGET FORM

GRANTEE NAME: Bridgeport Public Schools		TOWN CODE: 015	
GRANT TITLE: OPERATIONS		YEARS:	
PROJECT TITLE:			
FUND: 11000 SPID: 16279 YEAR: 2020 & 2021 PROG: 83004 CF1: 170031		CF2:	
GRANT PERIOD: 7/1/19 -6/30/21		AUTHORIZED AMOUNT: \$	
CODES	DESCRIPTIONS	BUDGET AMOUNT	
		FY 2020	FY 2021
111A	NON-INSTRUCTIONAL SALARIES		
111B	INSTRUCTIONAL SALARIES	181,700	181,700
200	PERSONAL SERVICES-EMPLOYEE BENEFITS	118,300	118,300
322	INSERVICE		
323	PUPIL SERVICES		
324	FIELD TRIPS		
325	PARENTAL ACTIVITIES		
330	EMPLOYEE TRAINING AND DEVELOPMENT SERVICES		
340	OTHER PROFESSIONAL SERVICES		
400	PURCHASED PROPERTY SERVICES		
510	STUDENT TRANSPORTATION SERVICES		
530	COMMUNICATIONS		
580	TRAVEL		
600	SUPPLIES		
700	PROPERTY		
	TOTAL	300,000	300,000

CITY OF BRIDGEPORT
OFFICE OF THE CITY ATTORNEY

999 Broad Street
Bridgeport, CT 06604-4328

CITY ATTORNEY
R. Christopher Meyer

DEPUTY CITY ATTORNEY
John P. Bobannon, Jr.

ASSOCIATE CITY ATTORNEYS
Michael C. Jankovsky
Richard G. Kascak, Jr.
Bruce L. Levin
John R. Mitola
Lawrence A. Ouellette, Jr.
Tyisha S. Toms
Lisa R. Trachtenburg



ASSISTANT CITY ATTORNEYS
Dina A. Scalo
Eroll V. Skyers
Tamara J. Titre

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

May 29, 2019

Comm. 91-18 Ref'd to Miscellaneous Matters Committee
on 6/3/2019

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

*Re: Proposed Settlement of Pending Litigation in the Matter of
Jose F. Ramos v. City of Bridgeport, Docket No. FBT-CV-18-6073614-S*

Dear Councilpersons:

The Office of the City Attorney respectfully recommends the following pending lawsuit be settled as set forth below. It is our professional opinion that resolving this matter for the consideration agreed to between the parties is in the best interests of the City of Bridgeport.

<u>Plaintiff</u>	<u>Nature of Claim</u>	<u>Plaintiff's Attorney</u>	<u>Consideration</u>
Jose F. Ramos	Personal Injury	Arthur Carl Laske, III, Esq. The Laske Law Firm, LLC One Eliot Place Fairfield, CT 06824	OVER \$20,000.00

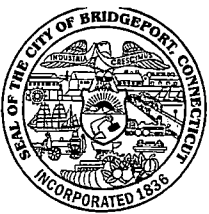
Kindly place this matter on the agenda for the next City Council meeting for referral to the Miscellaneous Matters Committee only. Thank you for your assistance in this matter.

Very truly yours,

R. Christopher Meyer
City Attorney

cc: Joseph P. Ganim, Mayor
Lydia Martinez, City Clerk
Bruce L. Levin, Esq.
Mark T. Anastasi, Esq.
Amanda Keppler, Paralegal

RECEIVED
CITY CLERK'S OFFICE
19 MAY 29 PM 4: 17



City of Bridgeport
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT

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

JOSEPH P. GANIM
Mayor

THOMAS F. GILL
Director

Comm. #92-18 Ref'd to ~~Education & Social Services Committee~~
on 6/3/2019

WILLIAM J. COLEMAN
Deputy Director

May 25, 2019

City Clerk
45 Lyon Terrace
Bridgeport, CT 06604

Re: Resolution Approving Programs for Connecticut Neighborhood Assistance Act
Tax Credit Program – For Referral to ~~ESSC~~ Meeting of June 12, 2019.

ESSC 5/31/19 (FO)

Required Public Hearing - Neighborhood Assistance Act Program Applications –
Full Council Meeting of June 17, 2019

Dear City Clerk and Honorable Members of the City Council:

OPED requests the City Council's action on the attached resolution approving programs
for the 2019 Connecticut Neighborhood Assistance Act Tax Credit Program. This item is
for referral to the June 12, 2019 meeting of the ~~Education and Social Services~~
Committee.

Education Committee 5/30/19 (FO)

OPED also requests that the Council order a public hearing on these 2019 Neighborhood
Assistance Act Program Applications for its meeting of June 17, 2019.

That same night of June 17, 2019, OPED request the Council's final vote approving this
resolution and the programs it references.

Truly Yours,

Vincent Mobilio
Economic Development Associate

C: Tom Gill, Director
Bill Coleman, Deputy Director
Max Perez, Director of Business Development and NAA Coordinator

RECEIVED
CITY CLERKS OFFICE
19 MAY 29 PM 2:01
CITY CLERK

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

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

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

Whereas, the City’s Office of Planning and Economic Development (“OPED”) is the designated office for overseeing the implementation of the 2019 Neighborhood Assistance Act Tax Credit Program;

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

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

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

Whereas, the Bridgeport City Council received this attached list of program proposals as an OPED submittal item on its City Council Agenda of June 3, 2019;

Whereas, the Bridgeport City Council reviewed the list and the OPED submittal at the June 12, 2019 meeting of its Education and Social Services Committee;

Whereas, the Bridgeport City Council held a duly noticed public hearing on all program proposals at its meeting of June 17, 2019;

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

Now therefore be it resolved that the Bridgeport City Council hereby approves the attached list of program proposals and respective organizations for submittal by the City’s Office of Planning and Economic Development to the Connecticut Department of Revenue Services pursuant to the requirements of the 2019 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.

CERTIFIED RESOLUTION

I, Frances Ortiz, Assistant City Clerk of the City of Bridgeport,
a Connecticut Corporation (the "Contractor"), **DO HEREBY** certify that the
following is a true and correct copy of a resolution duly adopted at a meeting of
The Bridgeport City Council of the Contractor duly held and convened on
_____ at which meeting a duly constituted quorum of the
Bridgeport City Council was present and acting throughout and that such
resolution has not been modified, rescinded or revoked and is at present in full
force and effect:

RESOLVED: That the Mayor of the City of Bridgeport is empowered to
enter into and amend contractual instruments in the name and on behalf of this
Contractor with the Department of Revenue Services for the 2019 Neighborhood
Assistance Act Program and to affix the corporate seal.

IN WITNESS, WHEREOF, the undersigned has affixed his or her signature
and the corporate seal of the Contractor this _____ day of _____, 2019.

(Seal or L.S.)

CITY OF BRIDGEPORT
2019 CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT
ORGANIZATION PROGRAM AMOUNT

1. Big Brothers Big Sisters of SW Ct, Inc.	One to One Mentoring
\$150,000.00	
2. Bridgeport Rescue Mission	Green Roof Solution
\$150,000.00	
3. Bridgeport Hospital Foundation	Reach Youth Program
\$50,000.00	
4. Central Ct Coast YMCA	YMCA School Readiness Program
\$50,000.00	
5. Junior Achievement of Western Ct, Inc.	Junior Achievement programs
\$34,000.00	
6. Mercy Learning Center	Literacy and Life Skills Program
\$150,000.00	
7. Wakeman Memorial Asst, Inc.	Smilow Burroughs Clubhouse Energy
\$6,150.00	Eff/Ugd
8. Bridgeport Neighborhood Trust	East End Community Initiative
\$150,000.00	
9. Habitat for Humanity of Coastal Fairfield County	Habitat CFC Program
\$150,000.00	
10. Hall Neighborhood House, Inc	Hall Senior Center
\$30,000.00	

11. School Volunteer Association of Bridgeport	School Volunteer Programs
\$12,000.00	
12. Southwestern Area Health Education Center, Inc	Community Health Worker Core Competency Training
\$10,000.00	
13. Cardinal Shehan Center	Computer, photography, Stem & Cooking Program
\$25,000.00	
14. Green Village Initiative	Cultivating Change Through Urban Agriculture
\$50,000.00	
15. Bridgeport Economic Development Corporation	Bridgeport Brownfields Reclamation
\$50,000.00	
16. Bridgeport Economic Development Corporation	West End Coastal Resiliency Planning Recommendations
\$10,000.00	
17. Connecticut Zoological Society	Greenhouse energy Conservation
\$150,000.00	
18. Mutual Housing Association of South Central CT INC D/B/A Neighborworks New Horizons	Community Development
\$150,000.00	
19. Continuum of Care, INC	BPT Crisis Program Exterior House Paint
\$23,000.00	
20. McGivney Community Center	McGivney Youth Programs
\$130,000.00	
21. Career Resources INC	Strive Bridgeport

\$75,000.00

22. **Groundwork Bridgeport**

Urban Fellows

\$131,500.00

23. **March for Education Foundation INC**

Summer Enrichment Program

\$20,000.00

24. **Boys Club & Girls Club of Bridgeport, CT**

Orcutt Club Programs Administration

\$150,000.00

25. **Boys Club & Girls Club of Bridgeport, CT**

Operating and Capital Campaign

\$150,000.00

26. **Bridgeport Hospital Foundation**

Transformation of Bridgeport Primary Care Center

\$100,000.00

27. **WPKN**

Connecting Underserved Communities

\$12,000.00

28. **Bridgeport Hospital Foundation**

Reach Youth Program

\$50,000.00

29. **Bridgeport Youth Lacrosse Inc**

BPT Youth Lacrosse Sport Academy

\$47,220.00



Municipality: Bridgeport

Form NAA-01
2019 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: _____

Big Brothers Big Sisters of Southwestern Connecticut

Address: 2470 Fairfield Avenue, Bridgeport, CT 06605

Federal Employer Identification Number: 06-0943916

Program title: One-to-One Mentoring

Name of contact person: Ellen Tracy

Telephone number: (203) 366-3766

Email address: ellen.tracy@bbbswct.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): Youth Development

Description of program: _____

At risk youth are matched in mentoring relationships with screened, trained, caring adult volunteers. These Big-Little friendships are supported on an ongoing basis by professional case management staff. Continuing research and more than a century of history demonstrate that children with mentors are less likely than their peers to become involved with alcohol and illegal drugs and are less likely to skip school. After a year with a Big Brother or Sister their grades typically improve.

Need for program: _____

Many Bridgeport youth have a number of strikes against them. 29% live in poverty, 52% reside in a single parent household, and 32% drop out before finishing high school. Big Brothers Big Sisters is a prevention program. Our focus is the healthy growth and development of the child as a defense against the many challenges today's youth encounter.

Neighborhood area to be served: _____

All of Bridgeport.

Plan to implement the program: _____

Volunteers and children are interviewed by professional case managers and are matched according to compatibility using a number of criteria. Once matched, they meet twice a month for 2-3 hours at a time. Their activities vary according to their interests, but we stress low or no cost outings. The matches commit to a year to their relationship, but our typical length of match is more than twice that. Throughout the relationship our match support staff speaks to Big, Little and parent/guardian on an ongoing basis in order to ensure that all parties are satisfied that the match is having a positive impact on the child.

Timetable:

Program start date: January 1, 2019

Program completion date: December 31, 2019

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	<u>150,000</u>
Other funding sources - itemized sources:	
a) <u>Grants</u>	<u>200,000</u>
b) <u>Special Events</u>	<u>200,000</u>
c) <u>Donations</u>	<u>156,000</u>
d) <u>Clothing Pickup</u>	<u>115,000</u>
Total Funding:	<u>821,000</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries</u>	<u>565,000</u>
b) <u>Benefits</u>	<u>89,600</u>
c) <u>Rent</u>	<u>32,000</u>
d) <u>Insurance</u>	<u>18,000</u>
Administrative expenses - itemized description:	
a) <u>Equipment</u>	<u>15,000</u>
b) <u>Professional Fees</u>	<u>10,000</u>
c) <u>Travel</u>	<u>9,000</u>
d) <u>Program Events & Expense</u>	<u>82,400</u>
Total Proposed Expenditures:	<u>821,000</u>

Part IV — Municipal Information

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

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

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

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Return of Organization Exempt From Income Tax

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

2017

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, and ending 2017

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

C Name of organization BIG BROTHERS BIG SISTERS OF SOUTHWESTERN CONNECTICUT, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2470 FAIRFIELD AVE
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06605

D Employer identification number
06-0943916

E Telephone number
(203) 389-8734

F Name and address of principal officer:
ELLEN TRACY, 2470 FAIRFIELD AVE, BRIDGEPORT, CT 06605

G Gross receipts \$ 806,419.

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.BBSSWCT.ORG

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE ORGANIZATION IS TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF CHILDREN AND YOUTHS, PRIMARILY THROUGH THE PROVISION OF A PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIP WITH A SCREENED, TRAINED, CARING ADULT.</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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	425
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	614,285.	569,208.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,097.	173,668.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	753,382.	742,876.
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)	602,934.	633,517.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	66,324.	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	119,448.	131,949.
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	722,382.	765,466.
19 Revenue less expenses. Subtract line 18 from line 12	31,000.	-22,590.	
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)	604,556.	583,947.
	22 Net assets or fund balances. Subtract line 21 from line 20	598.	2,579.
		603,958.	581,368.

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: 04/15/2018

ELLEN TRACY, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DAN PAPPALARDO, CPA Preparer's signature: DAN PAPPALARDO, CPA Date: _____

Firm's name: Sandra E. Welwood, LLC Firm's EIN: 06-1555228

Firm's address: 46 Main St., Danbury, CT 06810 Phone no.: (203) 730-0509

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



Municipality: _____

Form NAA-01

2019 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: 1088 Fairfield Avenue
Bridgeport, CT 06605

Federal Employer Identification Number: 06-1362705

Program title: Green Roof Solution for Roof Replacement

Name of contact person: Kim Fawcett

Telephone number: 203-333-4087 ext 113

Email address: kfawcett@bridgeportrescuemission.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: As part of energy conservation renovation to newly purchased 725 Park Avenue, Bridgeport, site of the Smilow Community Care Center. We are implementing green roofing solution as part of needed repairs.

Need for program: Bridgeport Rescue Mission gives over 556,000 meals every year to those in need. Every year the need has grown and we have grown to meet it. Now we are at capacity for services and need a larger space. We plan to incorporate green & energy-efficient solutions throughout. The roof now is over 30 years old.

Neighborhood area to be served: Bridgeport and all of Coastal Fairfield County

Plan to implement the program: Work to begin by summer of 2019 and will be complete by December 2020.

Timetable:

Program start date: June 2019

Program completion date: December 2020

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested \$150,000

Other funding sources - itemized sources:

a) Joel Smilow - Naming Partner 2,000,000

b) Other major gifts being solicited

c) (for entire building)

d) _____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Green Roof solution 250,000

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) N/A

c) _____

d) _____

Total Proposed Expenditures: \$250,000 for Green Roof

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____ - _____ - _____

Fax number: _____ - _____ - _____

Email address: _____

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If Yes, date post-project review due:

Date

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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

2016
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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable: C Name of organization: Bridgeport Rescue Mission Inc. D Employer identification number: 06-1362705
E Telephone number: 203-333-4087
G Gross receipts \$: 4,995,216.
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: X 501(c)(3)
J Website: www.bridgeportrescuemission.org
K Form of organization: X Corporation
L Year of formation: 1993
M State of legal domicile: CT

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: Rev Terence Wilcox, Executive Director. Date: [blank]

Paid Preparer Use Only: Print/Type preparer's name: Francis K. Brown II. Preparer's signature: [Signature]. Date: 5/15/2018. Check if self-employed: [blank]. PTIN: P00465640. Firm's name: Capin Crouse LLP. Firm's address: 972 Emerson Parkway, STE A, Greenwood, IN 46143. Firm's EIN: 36-3990892. Phone no. 317-885-2620.

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



Municipality: Bridgeport, CT

Form NAA-01
2019 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, Inc.

Address: 446 University Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 061379383

Program title: Bridgeport Public Education Fund College Access Programs

Name of contact person: Faith Harrison-Villegas

Telephone number: (203) 331-0551

Email address: fvillegas@bpef.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: _____

BPEF work is focused on 4 categories. 1) Mentoring for Academic Achievement and College/Career Success (MAACS) where we pair college students with high school students for college/career preparation mentoring. 2) is the annual college readiness workshops for seniors who have been accepted into a post-secondary education program. 3) The College Assistance Program (CAP) that supports matriculating students with semester stipends, emotional, academic support and tuition assistance. 4) alumni engagement within the community and opportunity to serve as members of the BPEF Board of Directors.

Need for program: _____

The college access and success programs began in 1983 to assist students from the 4 Bridgeport public high schools with access to and success in post-secondary institutions. Students are given information for 2-4 year colleges/universities, vocational-technical education programs, professional certifications or the military. Our programs support students as they transition into and through these programs to ensure that they succeed and become productive, gainfully employed members of the community.

Neighborhood area to be served: _____

Students in the Bridgeport Public High Schools are our target audience. The schools include Bassick, Central, Fairchild Wheeler STEM academies, and Harding High Schools.

Plan to implement the program: _____

Our college access and success programs are currently in operation and run throughout the school year. The college students are recruited, hired and trained in September. They are matched with the high school students and begin mentoring in early October. MAACS mentoring is facilitated in 24 weeks of the academic calendar and concludes in early May when the college students are preparing for final exams or graduation. The work of the College Assistance Program (CAP) runs concurrently and is an on-going year round process. Tracking, supporting and engaging the college students and alumni never stop.

Timetable:

Program start date: September 2, 2019

Program completion date: May 29, 2020

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	<u>150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Foundations</u>	<u>\$120,000.00</u>
b) <u>Individuals and Events</u>	<u>\$20,000.00</u>
c) <u>Corpoarations and businesses</u>	<u>\$20,000.00</u>
d) _____	_____
Total Funding:	<u>\$310,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Support for Matriculating students</u>	<u>\$22,000.00</u>
b) <u>Support events/fundraising</u>	<u>\$10,000.00</u>
c) <u>Workshops & Orientation</u>	<u>\$10,000.00</u>
d) <u>Mentor compensation</u>	<u>\$26,000.00</u>
Administrative expenses - itemized description:	
a) <u>Staff</u>	<u>\$160,000.00</u>
b) <u>Insurance</u>	<u>\$20,000.00</u>
c) <u>Accounting & Payroll</u>	<u>\$32,000.00</u>
d) <u>Rent & Materials</u>	<u>\$40,000.00</u>
Total Proposed Expenditures:	<u>\$320,000.00</u>

Part IV — Municipal Information

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

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

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

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

A For the 2017 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 PUBLIC EDUCATION FUND INC		D Employer identification number 06-1379383
	Doing business as		E Telephone number (203)331-0551
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 446 UNIVERSITY AVENUE		G Gross receipts \$ 584,786.
	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
	F Name and address of principal officer: FAITH VILLEGAS 446 UNIVERSITY AVENUE, BRIDGEPORT, CT 06604		

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		Prior Year	Current Year
Activities & Governance	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;		
	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	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	389,166.	567,538.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395.	512.
	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)	389,561.	568,050.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		264,686.	226,707.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 23,128.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		166,717.	134,539.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		431,403.	412,024.
19 Revenue less expenses. Subtract line 18 from line 12	-41,842.	156,026.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 389,092.	End of Year 551,415.
	21 Total liabilities (Part X, line 26)	64,275.	57,907.
	22 Net assets or fund balances. Subtract line 21 from line 20	324,817.	493,508.

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			
	FAITH VILLEGAS, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SANDRA D. CALLANAN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01200948
	Firm's name CIRONEFRIEDBERG, LLP	Firm's EIN 06-1533315	Phone no. 203-366-5876		
Firm's address 855 MAIN STREET, 6TH FLR BRIDGEPORT, CT 06604					

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



Municipality: Bridgeport

Form NAA-01
2019 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: _____
Central Connecticut coast YMCA dba Bridgeport YMCA

Address: 850 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0662195

Program title: Bridgeport YMCA School Readiness Program

Name of contact person: Carmen Colon, Vice President Bridgeport YMCAs

Telephone number: (203) 366-2809

Email address: ccolon@cccymca.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): _____

Description of program: _____

The Bridgeport YMCA provides 265 high quality school readiness slots at 3 sites in Bridgeport - the Bridgeport Y, the South End Community Center and the Kolbe Education Center. The Y program is accredited by the State of Connecticut and the National Association for the Education of Young Children (NAEYC). The program is enhanced by including additional enrichment and cultural activities, healthy meals and snacks, fitness, and health and dental clinics to benefit children and families.

Need for program: _____

According to the Bridgeport Child Advocacy Coalition's State of the Child in Bridgeport 2018 report: "Heightened behavioral, social-emotional, and academic skills taught in quality childcare settings are essential for early school success and have long-term implications for children's mental health, behavioral functioning, and social standing."(p.13) The enhancements provided by the Bridgeport Y also help address other issues faced by Bridgeport children: in 2017, 47.5% of Bridgeport children under the age of 6 lived in families in which both parents worked (BCAC, 10); 1 of 3 Bridgeport children live in poverty (BCAC,3); in 2017, 1 of 3 kindergarteners experienced tooth decay. (BCAC,26).

Neighborhood area to be served: _____

The Bridgeport YMCA welcomes children from throughout Bridgeport but typically serves children and families from the West End and West Side, Downtown, the Hollow, the South End and the East End and East Side.

Plan to implement the program: _____

The Bridgeport YMCA receives some government funding but faces a large gap in order to provide a high quality comprehensive program sufficient to meet the needs of the community. With additional funding, the Y can offer scholarship assistance, enrichment activities, and access to other Y programs including swimming lessons and summer camp. Over the past year, the Y has held a number of family Open Houses and other family friendly activities which have strengthened childcare families' bonds with the YMCA. As a result, there is increased demand for critical water safety and other youth development programs which are so beneficial to our Bridgeport children. With adequate funding, the Y hopes to provide financial assistance to these families.

Timetable:

Program start date: 9/01/2019

Program completion date: 08/31/2020

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	<u>50,000.00</u>
Other funding sources - itemized sources:	
a) <u>School Readiness per diem</u>	<u>\$2,504,897.00</u>
b) <u>Parent Fees</u>	<u>\$1,859,204.00</u>
c) _____	_____
d) _____	_____

Total Funding: \$4,364,101.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Wages/Insurance Benefits</u>	<u>\$3,208,255.00</u>
b) <u>Program/Food Supplies</u>	<u>\$218,013.00</u>
c) <u>Telephone/Transportation</u>	<u>\$16,273.00</u>
d) <u>Occupancy</u>	<u>\$261,113.00</u>

Administrative expenses - itemized description:	
a) <u>Equipment</u>	<u>\$8,781.00</u>
b) <u>Depreciation/Rent/AssocSupport</u>	<u>\$599,500.00</u>
c) <u>Publicity/Printing/Postage</u>	<u>\$5,640.00</u>
d) <u>Other (Contract Services/Training)</u>	<u>\$46,526.00</u>

Total Proposed Expenditures: \$4,364,101.00

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

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

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures.

Expenditures must equal or exceed total funding.

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

Part IV Municipal Information

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

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

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

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)

2017

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

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

C Name of organization: **CENTRAL CONNECTICUT COAST YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1240 CHAPEL ST
 City or town, state or province, country, and ZIP or foreign postal code
NEW HAVEN, CT 06511

D Employer identification number: **06-0662195**
E Telephone number: **(203) 777-9622**
G Gross receipts \$: **31,555,219**

F Name and address of principal officer: **DAVID STEVENSON**
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: ▶ **WWW.CCCYMCA.ORG**

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: **1994** **M** State of legal domicile: **CT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.</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	49
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	48
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1,637
	6 Total number of volunteers (estimate if necessary)	6	1,570
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,608,449	8,485,859
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,446,103	20,165,690
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	293,914	284,907
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,315	183,091
		29,433,781	29,119,547
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,000	0
	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)	18,015,393	17,212,275
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	165,522	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,331,216	10,430,101
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	28,350,609	27,642,376	
19 Revenue less expenses. Subtract line 18 from line 12	1,083,172	1,477,171	
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)	40,896,130	42,996,538
	22 Net assets or fund balances. Subtract line 21 from line 20	11,895,295	11,444,404
	29,000,835	31,552,134	

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: **MELISSA KESSELL, CFO**

Paid Preparer Use Only

Print/Type preparer's name STEVE C. ERICKSON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00544148
Firm's name ▶ WHITTLESEY PC	Firm's EIN ▶ 06-0903326		Firm's address ▶ 280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103	
Phone no. (860) 522-3111				

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



Municipality: Bridgeport

Form NAA-01
2019 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

Name of contact person: Rachel Andoh

Telephone number: (203) 382-0180

Email address: grants@jagfc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 34,000.00

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 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. Through a dedicated volunteer network, JA's research-driven educational curriculum provides relevant, hands-on experiences that focus on financial literacy, college/career readiness and entrepreneurship for K-12 students. All programs are provided free of charge to schools and students.

Need for program: _____

All Bridgeport schools are identified as "Priority Schools" because of extraordinarily low test scores; nearly all students are low income and are eligible to receive free/reduced cost meals. Drop-out rates far exceed the state average due in part to the fact that students do not grasp the relationship between education, earning capability and quality of life. Junior Achievement is a solution provider empowering students to make a connection between what they learn in school and how it can be applied in the real world.

Neighborhood area to be served: _____

The Bridgeport school population in grades K through 12.

Plan to implement the program: _____

JA's unique approach engages volunteers from the community to deliver our curriculum while sharing their experiences with students. All of our programs are grade-level appropriate and follow the common core curriculum; every program is also unique because each volunteer mentor brings a different style, different details and new and exciting information to each lesson. Students are exposed to career paths and ideas that they often know nothing about which allows them to open their eyes as they begin to think about what their futures will look like.

Timetable:

Program start date: 7/1/2019

Program completion date: 6/30/2020

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	34,000.00
Other funding sources - itemized sources:	
a) <u>Corporate, foundations, individual gifts</u>	<u>\$138,692.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$172,692.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries, benefits, payroll taxes</u>	<u>\$119,052.00</u>
b) <u>Program materials and supplies</u>	<u>\$13,827.00</u>
c) <u>Travel, mileage, training</u>	<u>\$2,126.00</u>
d) <u>Scholarships, awards, recognition</u>	<u>\$1,279.00</u>

Administrative expenses - itemized description:	
a) <u>Insurance, License fees</u>	<u>\$10,021.00</u>
b) <u>Overhead - rent, utilities, equipment</u>	<u>\$16,936.00</u>
c) <u>Operating costs - IT, telephone, office supplies, postage/frgt</u>	<u>\$7,896.00</u>
d) <u>Accounting and other professional fees</u>	<u>\$2,438.00</u>

Total Proposed Expenditures: \$173,575.00

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: 203-727-2707
Fax number: _____
Email address: max.perez@bridgeportct.gov

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

Form **990**

EXTENDED TO MAY 15, 2019

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)

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable:

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

C Name of organization: **JUNIOR ACHIEVEMENT GREATER FAIRFIELD COUNTY**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **835 MAIN ST** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **BRIDGEPORT, CT 06604**

D Employer identification number: **06-0644315**

E Telephone number: **203-382-0180**

G Gross receipts \$: **709,311.**

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 ▶ _____

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

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

J Website: ▶ **WWW.JAWCT.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1950** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: JUNIOR ACHIEVEMENT INSPIRES AND PREPARES YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.	
	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 21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 19
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 9
	6	Total number of volunteers (estimate if necessary)	6 1208
	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 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 725,190. Current Year: 664,057.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,918. 1,261.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<34,886.> <9,154.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	692,222. 656,164.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	565,861. 433,498.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,658.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	251,857. 239,906.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	826,468. 681,154.
19		Revenue less expenses. Subtract line 18 from line 12	<134,246.> <24,990.>
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	27,649. 29,965.
	22	Net assets or fund balances. Subtract line 21 from line 20	471,021. 446,031.

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: *Bernadine Venditto* Date: **11/30/18**
 ▶ **BERNADINE VENDITTO, PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **BRIAN C WHITE** Preparer's signature: *Brian C White CPA* Date: **11/30/18** Check if self-employed PTIN: **P00058320**
 Firm's name: **STUDLEY, WHITE & ASSOCIATES P C** Firm's EIN: **06-0990132**
 Firm's address: **P.O. BOX 399 DANBURY, CT 06813** Phone no. **203-748-6517**

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



Municipality: _____

Form NAA-01
2019 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 & Life Skills Program

Name of contact person: Natalie Gaudette, Development Director

Telephone number: (203) 334-6699

Email address: natalie.gaudette@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 low-income women. Through instruction and holistic support services, the program provides these women with the opportunity to learn English, advance their education, earn a high school diploma, and gain essential life skills like financial and health literacy. The program is open to women of all backgrounds and all services are free.

Need for program: _____

According to the 2016 U.S. Census Bureau's American Survey, 1-5 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. In addition, 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 in improving the success 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: 7/1/2019

Program completion date: 6/30/2020

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	<u>150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Private Foundations</u>	<u>\$416,275.00</u>
b) <u>Corporate, Local Organizations</u>	<u>\$160,000.00</u>
c) <u>Government Grant</u>	<u>\$203,000.00</u>
d) <u>Individual Donations, Special Events, Investment Income</u>	<u>\$1,268,500.00</u>
Total Funding:	<u>\$2,047,775.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Personnel</u>	<u>\$1,658,870.00</u>
b) <u>Management and Occupancy</u>	<u>\$167,680.00</u>
c) <u>Instructional Programming and Outreach</u>	<u>\$159,050.00</u>
d) <u>Administration</u>	<u>\$62,175.00</u>
Administrative expenses - itemized description:	
a) <u>Travel and Professional Development</u>	<u>\$5,500.00</u>
b) <u>Meetings and Public Relations</u>	<u>\$8,500.00</u>
c) <u>Fundraising and Professional Services</u>	<u>\$26,500.00</u>
d) <u>General Insurance and Miscellaneous</u>	<u>\$21,675.00</u>
Total Proposed Expenditures:	<u>\$2,047,775.00</u>

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Review

Is a post-project review required for this proposal?

Yes No

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

Date

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Return of Organization Exempt From Income Tax

2017

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 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

B Check if applicable:

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

C Name of organization: MERCY LEARNING CENTER OF BRIDGEPORT, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 637 PARK AVENUE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604

D Employer identification number: 22-2859879

E Telephone number: (203) 334-6699

G Gross receipts \$: 2,411,041.

H(a) is this a group return for subordinates? Yes X No

H(b) Are all subordinates included? Yes No

H(c) Group exemption number

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

J Website: WWW.MERCYLEARNINGCENTER.ORG

K Form of organization: X Corporation Trust Association Other

L Year of formation: 1987 M State of legal domicile: CT

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expenses.

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.

Sign Here: Signature of officer JANE E. FERREIRA, PRESIDENT, Date 08/27/2018

Paid Preparer Use Only: Print/Type preparer's name JENNIFER S BULL CPA, PRIN, Preparer's signature, Date 10/01/2018, Check self-employed, PTIN P00448361

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)



Municipality: Bridgeport

Form NAA-01
2019 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, Inc. (aka Wakeman Boys & Girls Club)

Address: 2414 Fairfield Avenue, Bridgeport, CT

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

Email address: margaret@wakemanclub.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 6,150

I your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes

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 \$6.7 million capital campaign, Wakeman Boys & Girls Club opened the Smilow-Burroughs Clubhouse on Fairfield Avenue in Bridgeport. This 23,000 square foot, LEED-certified building provides quality programs for more than 600 3rd – 12th graders annually along with hundreds of volunteers that support the community's youth. There are dozens of programs at this location alone each year which active youth participate and utilize every inch of the Clubhouse.

Need for program: After extremely high levels of use for almost 365 days/year, it is necessary for the Clubhouse to get a fresh coat of paint to maintain the appearance and not allow the walls, hallways, chair rails and doors to deteriorate from daily wear and tear. Keeping up with the maintenance of the Clubhouse will keep costs down long-term.

Neighborhood area to be served: The Smilow-Burroughs Clubhouse serves children primarily from the West End of Bridgeport. 81% of the members are Bridgeport residents where families face poverty, live in single parent homes, and live in neighborhoods where is it not save to place outside. 95% of members are eligible for free or reduced-price lunch.

Plan to implement the program: We are cognizant of the environmental impact that we can make by

choosing products that release low to no levels of toxins into the environment of time. Behr and Sherwin Williams offer Low VOC paint which will be used for this project.

Timetable:

Program start date: 9/1/19

Program completion date: 8/31/20

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 \$6,150

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Clubhouse first floor general painting \$4,000

b) Panels in Game Room, Cafeteria, 1st and 2nd Floor Hallways \$2,150

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures:

\$6,150

Part IV- Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Review

Is a post-project review required for this proposal?

D Yes **D** No

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

Date

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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

2016

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **SEP 1, 2016** and ending **AUG 31, 2017**

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

C Name of organization
WAKEMAN MEMORIAL ASSOCIATION, INC

D Employer identification number
06-0662198

Doing business as
385 CENTER STREET

E Telephone number
(203) 259-4805

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
385 CENTER STREET

City or town, state or province, country, and ZIP or foreign postal code
SOUTHPORT, CT 06890

G Gross receipts \$ **4,268,777.**

F Name and address of principal officer: **DAVID BLAGYS**
385 CENTER STREET, SOUTHPORT, CT 06890

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: **WAKEMANCLUB.COM**

K Form of organization: Corporation Trust Association 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)	34
	4	Number of independent voting members of the governing body (Part VI, line 1b)	34
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	211
	6	Total number of volunteers (estimate if necessary)	350
	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.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,432,038. Current Year: 1,800,156.
	9	Program service revenue (Part VIII, line 2g)	578,429. 563,297.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,845. 404,302.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,212. 5,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,131,524. 2,772,755.
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)	1,567,305. 1,779,294.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		b Total fundraising expenses (Part IX, column (D), line 25)	245,062.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	907,323. 1,014,898.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,474,628. 2,794,192.
	19	Revenue less expenses. Subtract line 18 from line 12	-343,104. -21,437.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 12,314,298. End of Year: 7,138,828.
	21	Total liabilities (Part X, line 26)	295,003. 115,222.
	22	Net assets or fund balances. Subtract line 21 from line 20	12,019,295. 7,023,606.

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: **DAVID BLAGYS, EXECUTIVE DIRECTOR** Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JOSEPH V. BARRANCA, CPA** Preparer's signature: **JOSEPH V. BARRANCA** Date: **05/29/18** Check if self-employed PTIN: **P00591111**

Firm's name: **CAPOSSELA, COHEN, LLC** Firm's EIN: **06-1415579**

Firm's address: **368 CENTER STREET SOUTHPORT, CT 06890** Phone no. **203.254.7000**

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



Municipality: Bridgeport

Form NAA-01
2019 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

Address: 570 State Street, Bridgeport, CT 06604

Federal Employer Identification Number: 22-2809353

Program title: East End Community Building Initiative

Name of contact person: John Heyder, Interim Executive Director - BNT

Telephone number: (203) 290-4255

Email address: john@bntweb.org

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

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____
See Attachment

Need for program: _____
See Attachment

Neighborhood area to be served: _____
East End, Bridgeport

Plan to implement the program: _____
See Attached

Timetable:

Program start date: January 2019

Program completion date: January 2021

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	<u>150,000.00</u>
Other funding sources - itemized sources:	
a) <u>DOH (Flex) & Deferred Developer Fee</u>	<u>\$2,492,968.00</u>
b) <u>City HOME</u>	<u>\$300,000.00</u>
c) <u>Wells Fargo</u>	<u>\$100,000.00</u>
d) <u>Capital for Change - Amortizing Debt</u>	<u>\$825,000.00</u>
Total Funding:	<u>\$3,717,968.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Construction</u>	<u>\$1,931,385.00</u>
b) <u>Architectural & Engineering</u>	<u>\$133,343.00</u>
c) <u>Finance & Interim Costs</u>	<u>\$407,935.00</u>
d) <u>Site Aquisition / Reserves</u>	<u>\$819,003.00</u>
Administrative expenses - itemized description:	
a) <u>Fees & Professional Services</u>	<u>\$400,333.00</u>
b) <u>Other Soft Costs</u>	<u>\$155,969.00</u>
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$3,847,968.00</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:	_____
City of Bridgeport, Health Administration Office, 999 Broad Street, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez, Director of Business Development
Telephone number:	203-576-3976
Fax number:	203-576-3979
Email address:	max.perez@bridgeportct.gov

Post-Project Review	
Is a post-project review required for this proposal?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, date post-project review due:	
April 2021	

Date	

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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.

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 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	G Gross receipts \$ 4,617,590.
	570 STATE STREET		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 If "No," attach a list. (see instructions)
F Name and address of principal officer: ELIZABETH TORRES SAME AS C ABOVE		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: TO STRENGTHEN NEIGHBORHOODS IN BRIDGEPORT, CONNECTICUT BY DEVELOPING AFFORDABLE HOUSING, CREATING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,061,580.	994,232.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,110,791.	3,362,561.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,567.	1,365.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,272.	247,420.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,177,210.	4,605,578.
	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)	1,155,722.	1,171,324.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,069.	22,919.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,130,287.	3,026,812.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,308,928.	4,198,136.
19 Revenue less expenses. Subtract line 18 from line 12	1,868,282.	407,442.	
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)	27,741,064.	28,254,086.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,845,547.	6,951,127.
Part II Signature Block		20,895,517.	21,302,959.

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			
	ELIZABETH TORRES, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KIMBERLY NARDONE	Preparer's signature KIMBERLY NARDONE	Date 07/12/18	Check if self-employed <input type="checkbox"/>	PTIN P01058771
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099			
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000			

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



Municipality: Bridgeport

Form NAA-01
2019 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 Costal Fairfield County

Address: 1542 Barnum Avenue, Bridgeport, CT 06610

Federal Employer Identification Number: 22-259707

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: _____
See attached.

Need for program: _____
See attached.

Neighborhood area to be served: _____
See attached.

Plan to implement the program: _____
See attached.

Timetable:

Program start date: January 1, 2019

Program completion date: December 31, 2019

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	<u>150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Mortgage Receipts</u>	<u>\$100,600.00</u>
b) <u>Donor Contributions</u>	<u>\$1,860,000.00</u>
c) <u>ReStore Net</u>	<u>\$450,000.00</u>
d) <u>Other</u>	<u>\$100,000.00</u>
Total Funding:	<u>\$3,566,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Direct Construction</u>	<u>\$1,520,000.00</u>
b) <u>Program Compensation</u>	<u>\$1,102,000.00</u>
c) <u>Other Compensation</u>	<u>\$287,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Interest</u>	<u>\$32,000.00</u>
b) <u>Insurance, Legal, and Accounting</u>	<u>\$204,000.00</u>
c) <u>Rent</u>	<u>\$196,000.00</u>
d) <u>Other</u>	<u>\$225,000.00</u>
Total Proposed Expenditures:	<u>\$3,566,000.00</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, Health Administration Office, 999 Broad Street	_____
Name of municipal liaison:	Max Perez
Telephone number:	(203) 727-2707
Fax number:	(203) 576-3979
Email address:	max.perez@bridgeportct.gov

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

Date	

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Description of Program

Habitat for Humanity of Coastal Fairfield County (Habitat CFC) is dedicated to eliminating substandard housing in Fairfield County through constructing, rehabilitating and preserving homes; by advocating for fair and just housing policies; and by providing training and access to resources to help families improve their shelter conditions. Habitat for Humanity was founded on the conviction that every man, woman and child should have a simple, durable place to live in dignity and safety, and that decent, affordable shelter in decent communities should be a matter of conscience and action for all.

Habitat CFC funds itself with donations and grants, builds quality housing with the funding (at reduced cost through volunteer labor) and sells the house to a low income family (earning 35-60% of area median income), taking back a 30 year, 0% mortgage, the amount of which approximates the direct cost of building the house. Habitat CFC relies almost entirely on contributions and grants to fund its operations. In 2019, we expect to complete at least 12 new homes.

Future homeowners must contribute a total of 500 hours of sweat equity towards the construction of their own and others' houses. Homeowners become fully invested in improving their neighborhoods and feel empowered to improve their families' lives in tangible ways.

Habitat CFC continues to incorporate energy efficient building practices into our construction. 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.

Check out Habitat CFC's scores and improvement over time: (note: not all homes are listed, but the results for those omitted are very similar for that year of completions).

2010:

56 and 58 Laurel Ct -- 57

2011:

265 Peace St -- 62

156 Beach St -- 56

554 Jane St -- 58

Stamford 1st Building -- 64

2012:

Stamford 2nd Building -- 62

129 Washington Terr -- 52

683 & 687 Kossuth St -- 54

202 & 204 Wells St -- 57

65 Whittier St -- 54

2013: (scores below would have been better under prior rating system. Started using a new, more stringent goal line from the EPA that makes it harder to achieve good scores)

302 Berkshire -- 58

348 Wilmot - 58

1076 Kossuth St -- 54

561 Bishop Ave -- 25 with PV panels (would have been 51 without the solar panels).

526 Norman St -- 53

2014:

12/16 Laurel Ct -- 54/55

751 Kossuth St - 52

186/188 & 194 East Ave - 50/51 & 52

2015:

665/667 Barnum Ave & 675 Barnum Ave -- 52/52 & 53

101/103 James St - 52/50

2016:

917 Wood Ave - 52

31 Clifton Pl - 49

51 George St - 53

84 Maple St - 51

37 Cedar St - 52

50 Evelyn St - 56

221/223 Beach St -- 50/50

169 Fifth St -52
67 Sheridan St -49

2017:

221/223 Jefferson St- 49/50
110/112 Newfield Ave -49/49
1972 Seaview Ave -49

2018:

216 Cloverhill Ave- 49
171/173 Deforest Ave- 47/47
5 Lee Ave- 49
677 Noble Ave- 51
63/65 Waldorf Ave- 49/49

2019:

208/210; 216/218 Read St- 44/45; 44/45

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

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

- Habitat homeowners pay more than \$600,000 annually in local real estate taxes on formerly blighted, tax delinquent properties.

- 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. Ideally, we would like 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.

Total number of recipients

Since 1985 Habitat CFC broken ground on over 220+ homes and has helped over 1,000 family members in Fairfield County. In 2019, at least 12 families will become new Habitat homeowners.

Plan to implement the program

Habitat CFC will build at least 12 decent, affordable homes for hardworking families in 2019. 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 Engagement Department facilitates 7,300+ volunteer opportunities which provides more than 48,500 hours of onsite labor throughout the year.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017 or fiscal year beginning 2017 and ending 2017

2017

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

HABITAT FOR HUMANITY OF COASTAL FAIRFIELD COUNTY, INC.

Employer identification number

-*7077

Name and title of officer

STUART ADELBERG CEO

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 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1b contains the value 5,547,607.

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 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Officer's PIN: check one box only

[X] I authorize WHITTLESEY PC

ERO firm name

to enter my PIN 97077

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 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 2017 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.

06298800006

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 Date

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



Municipality: Bridgeport

Form NAA-01

2019 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

Address: _____

52 George E. Pipkins Way Bridgeport Ct 06608

Federal Employer Identification Number: 06-0676851

Program title: Hall Senior Center

Name of contact person: Faith Douglass

Telephone number: 203 - 345- 2046 —

Email address: fdouglass@hnhonline.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \$30,000

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): Human & Social Services for Senior Citizens age 60 & older

Description of program:

Financial assistance is requested from the Neighborhood Assistance Act grant program to fund Hall Senior Center that runs Monday through Friday 9am – 3pm. Hall Senior Center serves over 80 persons, offering free continental breakfast and hot lunch; daily exercise, recreational and therapeutic activities like yoga and 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 Group Therapy sessions for caregivers of the aged.

Need for program: All of Hall's seniors live on fixed incomes, over 74% 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. Hall Senior Center also enjoyed a Grant from the Community Development Block Grant in 2016, however Hall was denied such funds both in 2017 & 2018. The \$15,000 form CDBG has not yet been replaced, but NAA support will help to cover this 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 director and assistant director; open Monday through Friday 9am-3pm. 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 Wednesday. Balance classes, yoga, Tai Chi, & recreation is also offered. The programming keeps the older clients cognitively fit and emotionally healthy.

Timetable:

Program start date: 1/1/2020

Program completion date: 12/31/2020

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	\$30,000
Other funding sources - itemized sources:	
a) <u>Title III funds: Senior Center Use, Caregiver Support</u>	<u>\$34,054</u>
b) <u>Grants Pending</u>	<u>\$30,000</u>
c) <u>Other, Fund Raiser/Donation/Membership</u>	<u>\$16,550</u>
d) <u>In-Kind Donations and Volunteer Hours</u>	<u>\$48,000</u>
Total Funding:	<u>\$158,604</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Gross Salaries & Employee Fringe Benefits</u>	<u>\$75,704</u>
b) <u>Vehicle Maintenance/Oil/Gas</u>	<u>\$5,500</u>
c) <u>Training/conferences/travel</u>	<u>\$750</u>
d) <u>Program supplies/field trips/food</u>	<u>\$14,000</u>
Administrative expenses - itemized description:	
a) <u>Contractual (Educ., Program, Professionals)</u>	<u>\$52,000</u>
b) <u>Utilities/Maintenance/Communication</u>	<u>\$7,000</u>
c) <u>Property/Liability Insurance</u>	<u>\$2,500</u>
d) <u>Audit/Fingerprinting/Background Checks</u>	<u>\$1,150</u>
Total Proposed Expenditures:	<u>\$158,604</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: _____
Margaret E. Morton Government Center

Mailing address: 999 Broad Street
Bridgeport, CT 06604

Name of municipal liaison: Max Perez
203 -576-3976

Telephone number: _____
203-576-3979

Fax number: _____

Email address: Max.perez@bridgeportct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If Yes, date post-project review due:

3/1/20

Date

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

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.

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NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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.

2017

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 9/30, 2018

B Check if applicable:

<input type="checkbox"/> Address change	C HALL NEIGHBORHOOD HOUSE, INC. 52 GEORGE E. PIPKIN'S WAY BRIDGEPORT, CT 06608	D Employer identification number 06-0676851
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

F Name and address of principal officer: **PAUL H. RUNKO**
SAME AS C ABOVE

G Gross receipts \$ **4,670,182.**

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

H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes No

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**

Part I Summary

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 OF THE EAST SIDE OF BRIDGEPORT AND THE SURROUNDING 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**

4 Number of independent voting members of the governing body (Part VI, line 1b) **13**

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) **13**

6 Total number of volunteers (estimate if necessary) **100**

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.**

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,127,481.	4,238,527.
9 Program service revenue (Part VIII, line 2g)	442,249.	377,565.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,101.	4,691.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,453.	47,176.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,677,284.	4,667,959.
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)	2,763,265.	3,026,186.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	69,021.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,574,135.	1,678,639.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,337,400.	4,704,825.
19 Revenue less expenses. Subtract line 18 from line 12	339,884.	-36,866.
20 Total assets (Part X, line 16)	Beginning of Current Year 8,592,992.	End of Year 8,578,533.
21 Total liabilities (Part X, line 26)	3,352,501.	3,371,421.
22 Net assets or fund balances. Subtract line 21 from line 20	5,240,491.	5,207,112.

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: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **ROBERT J BAILEY, CPA** Preparer's signature: **ROBERT J BAILEY, CPA** Date: _____
 Firm's name: **HOPE & HERNANDEZ, P.C.** Check if self-employed PTIN: **P00080579**
 Firm's address: **2500 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
2019 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: _____

School Volunteer Association of Bridgeport

Address: 280 Tesiny Avenue, Bridgeport, CT 06606 (new address as of April, 2019)

Federal Employer Identification Number: 06-6089700

Program title: School Volunteer Association of Bridgeport Volunteer Programs

Name of contact person: Anne Gribbon

Telephone number: (203) 275-1120

Email address: agribbon@bridgeportedu.net

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 12,000.00

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: _____

SVAB recruits adults from the greater Bridgeport community to help children with their reading and math skills, foster their love of reading, strengthen their emotional/social health and expand their world knowledge. Over 650 volunteers join us each year for our annual Read Aloud Day, and approximately 800 individuals volunteer throughout the school year as read aloud volunteers, book buddies, tutors or mentors.

Need for program: _____

According to "The State of the Child in Bridgeport 2018" report issued by the Bridgeport Child Advocacy Coalition (BCAC), "During the 2017-18 school year, 100% of Bridgeport Public School students were eligible for free or reduced-priced lunch." The BCAC report also states that "16.5% of students were not fluent in English, compared to 7.1% statewide. The results of the Smarter Balance Assessment show that 25.7% of students met or exceeded the achievement level in English Language Arts/Literacy vs. 55.3% statewide."

Neighborhood area to be served: _____

Bridgeport Public Schools

Plan to implement the program: _____

The SVAB works closely with the Bridgeport Public Schools through the School Volunteer Office to implement the programs. The Superintendent, Principals, Administrators, Teachers and Guidance Counselors are willing partners in assuring volunteers are placed and able to function effectively in the schools.

Timetable:

Program start date: 08/01/2018

Program completion date: 07/31/2019

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	<u>12,000.00</u>
Other funding sources - itemized sources:	
a) <u>Individuals</u>	<u>\$25,000.00</u>
b) <u>Corporations</u>	<u>\$10,000.00</u>
c) <u>Foundations and Organizations</u>	<u>\$65,000.00</u>
d) <u>Cash Reserves</u>	<u>\$143,850.00</u>
Total Funding:	<u>\$243,850.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Enrichment Programs</u>	<u>\$65,000.00</u>
b) <u>Equipment & Supplies</u>	<u>\$7,650.00</u>
c) <u>Grant to Board of Education Staff Salaries</u>	<u>\$167,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Tax Preparation</u>	<u>\$1,000.00</u>
b) <u>Dues, Conferences and Miscellaneous</u>	<u>\$3,200.00</u>
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$243,850.00</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 Morton Govt. Cntr., Health Adm Off, 999 Broad Street, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez
Telephone number:	203-727-2707
Fax number:	203-576-3979
Email address:	max.perez@bridgeportct.gov

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

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01**, *2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Short Form Return of Organization Exempt From Income Tax

2017

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/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning Aug 1, 2017 and ending July 31, 2018

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

C Name of organization: School Volunteer Association of Bridgeport, Inc

D Employer identification number: 06 609700

Number and street (or P.O. box, if mail is not delivered to street address): 900 Boston Avenue Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: Bridgeport, CT 06610-2110

E Telephone number: 203 275-1120

F Group Exemption Number: 1165

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: svabridgeport.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) \$ 87,116

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	75,699
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	1,417
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,116	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	4,000
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	650
	14 Occupancy, rent, utilities, and maintenance	14	643
	15 Printing, publications, postage, and shipping	15	3153
	16 Other expenses (describe in Schedule O)	16	66,190
	17 Total expenses. Add lines 10 through 16	17	74,636
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,480
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	294,050
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	306,530

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



Municipality: Bridgeport

Form NAA-01

2019 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: Southwestern AHEC, Inc.

Address: 5 Research Drive, 2nd Floor, Shelton, CT 06484

Federal Employer Identification Number: 06-1615577

Program title: Community Health Worker Core Competency Training

Name of contact person: Meredith Ferraro, Executive Director

Telephone number: 203-372-5503

Email address: mferraro@swctahec.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 10,000

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 Community Health Worker Core Competency Training is an essential step in implementation of the State of Connecticut's study on the feasibility of creating a CHW certification program. The 2-month/10 day curriculum prepares members of the community with the skills needed to serve as Community Health Workers in a variety of healthcare settings, including providing assistance with access to medical and non-medical services, case management, culturally appropriate health education, patient navigation and other support services that address social determinants of health for medically underserved people. Funding will enable SWAHEC to expand the program from two to three offerings per year.

Need for program:

The healthcare system in Connecticut is shifting away from paying healthcare providers to treat illness to a system that provides incentives for patient-centered care, health outcomes and coordinated prevention efforts. Community Health Workers, as trusted, culturally and linguistically competent members with deep connections to immigrant, migrant, minority and other vulnerable populations, are able to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality of service delivery. The passage of Senate Bill 126 in 2017 and its directive for a feasibility study on CHW certification in Connecticut, marked an important step toward the goal of integrating CHWs into healthcare practice.

Neighborhood area to be served: Shelton

Plan to implement the program:

Southwestern AHEC will provide the Community Health Worker Core Competency Training three times over the period of one year. Each session will 20-25 members of the community in the training, which includes 20 modules offered over a two-month period and 3 additional days of training in Motivational Interviewing and Mental Health First Aid.

Timetable:

Program start date: September 2019

Program completion date: September 2020

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	<u>\$10,000</u>
Other funding sources - itemized sources:	
a) <u>Tuition from participants</u>	<u>\$42,000</u>
b) <u>Funding from other grants/foundations</u>	<u>\$ 6,740</u>
c) _____	_____
d) _____	_____

Total Funding: \$58,740

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>AHEC Trainers</u>	<u>\$30,000</u>
b) <u>Motivational Interviewing Trainers/ Mental Health First Aid Trainers</u>	<u>\$10,800</u>
c) <u>Mileage</u>	<u>\$ 600</u>
d) <u>Training Materials/Food for trainings</u>	<u>\$12,000</u>
Administrative expenses - itemized description:	
a) <u>Accounting, space, grant management, marketing</u>	<u>\$ 5,340</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$58,740

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: <u>City of Bridgeport</u>
Mailing address: <u>999 Broad Street, Bridgeport, CT 06604</u>
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>(203) 576-3976</u>
Fax number: <u>(203) 576-3979</u>
Email address: <u>Max.Perez@bridgeportct.gove</u>

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

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01**, *2018 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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

2017

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 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

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 SOUTHWESTERN AHEC INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 RESEARCH DRIVE-2ND FLOOR City or town, state or province, country, and ZIP or foreign postal code SHELTON, CT 06484	D Employer identification number 06-1615577
	E Telephone number 203-372-5503	G Gross receipts \$ 720976.
	F Name and address of principal officer: MEREDITH FERRARO 5 RESEARCH DRIVE, 2ND FLOOR, SHELTON, CT 06484	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.SWCTAHEC.ORG	L Year of formation: 2006 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

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF AHEC IS TO OPEN DOORS TO BETTER HEALTH IN UNDERSERVED COMMUNITIES THROUGH EDUCATION,		
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	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
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 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 647623.	Current Year 684786.
	9 Program service revenue (Part VIII, line 2g)	15600.	35344.
	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)	658.	846.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	663881.	720976.
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)	440112.	424480.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18585.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	230050.	257769.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	670162.	682249.	
19 Revenue less expenses. Subtract line 18 from line 12	-6281.	38727.	
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year 197943.	End of Year 253346.
	21 Total liabilities (Part X, line 26)	45839.	62515.
	22 Net assets or fund balances. Subtract line 21 from line 20	152104.	190831.

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 MEREDITH FERRARO, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SANDRA D. CALLANAN	Preparer's signature Date 03/12/19
	Firm's name ▶ CIRONEFRIEDBERG, LLP	Check <input type="checkbox"/> self-employed PTIN P01200948
	Firm's address ▶ 855 MAIN STREET, 6TH FLR BRIDGEPORT, CT 06604	Firm's EIN ▶ 06-1533315
		Phone no. 203-366-5876

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



Municipality: Bridgeport

Form NAA-01
2019 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 Program (CASC Program)

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: _____

Within our After School & Saturday Program we will teach and enrich the lives of inner city children by providing the following: 1) Computer Program (will teach children word, excel and using graphics to create a story); 2) Arts Program (Arts and crafts, & Drawing); 3) STEM (Science, Technology, Engineering & Math- to build rockets; and 4) Cooking Program to teach culinary skills and cooking.

Need for program: _____

The after school hours are critical when school is over and when families are at work. Further, studies show that afterschool programs can boost academic performance, reduce risky behaviors and provide a safe environment. By providing educational enrichment programs, we are giving our youth the opportunity to learn new skills, unleash their potential, and develop a natural optimistic curiosity about life. These new skills and attitudes will help them become better employees, parents and community members in the future.

Neighborhood area to be served: _____

Hollow region of Bridgeport. This is Bridgeport's poorest and densest region where majority of residents are renters.

Plan to implement the program: _____

The Program will be held after school from September + June from 2:30pm-5:30pm. The Cardinal Shehan Center will prepare flyers to be distributed to schools and the community. We will post on social media. This Program will be held at the Cardinal Shehan Center. The Shehan Center will hire the necessary staff to administer the Program.

Timetable:

Program start date: September 2019

Program completion date: June 2020

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	25,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$25,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Photography Supplies (chemicals, photo paper, cameras)</u>	<u>\$5,000.00</u>
b) <u>STEM Supplies (canisters, paper, alka-seltzers tablets)</u>	<u>\$2,000.00</u>
c) <u>Robot Materials</u>	<u>\$4,000.00</u>
d) <u>Cooking Materials, Computer Equipment</u>	<u>\$6,000.00</u>

Administrative expenses - itemized description:

a) <u>Staff: Computer Instructor</u>	<u>\$2,000.00</u>
b) <u>Staff: Photography Instructor</u>	<u>\$2,000.00</u>
c) <u>STEM: Instructor</u>	<u>\$2,000.00</u>
d) <u>Cooking: 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: _____

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

Date	

Return of Organization Exempt From Income Tax

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

2017

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 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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 CARDINAL SHEHAN CENTER, INC.		D Employer identification number 06-1101081
	Doing business as		E Telephone number 203-336-4468
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,098,254.
	1494 MAIN STREET		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	H(c) Group exemption number
F Name and address of principal officer: TERRANCE J. O'CONNOR		If "No," attach a list. (see instructions)	
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.SHEHANCENTER.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: 1964 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE EDUCATIONAL, SOCIAL, AND RECREATIONAL OPPORTUNITIES FOR LOW AND MODERATE INCOME YOUTH.		
	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	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	106
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,641,224.	Current Year 1,155,027.
	9 Program service revenue (Part VIII, line 2g)	451,851.	460,688.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,102.	130,342.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,227.	33,342.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,165,404.	1,779,399.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,000.
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)		1,172,430.	1,212,044.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 128,604.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		642,771.	673,573.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,831,201.	1,911,617.	
19 Revenue less expenses. Subtract line 18 from line 12	1,334,203.	-132,218.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,057,882.	End of Year 7,103,861.
	21 Total liabilities (Part X, line 26)	144,956.	151,608.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,912,926.	6,952,253.

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	TAXPAYER'S COPY	Date			
	TERRANCE J. O'CONNOR, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name JAMES G. WOODS	Preparer's signature <i>James G Woods CPA</i>	Date 12/21/18	Check if self-employed <input type="checkbox"/>	PTIN P01429665
	Firm's name VENMAN & CO. LLC, CPA'S	Firm's EIN 06-0674034	Phone no. 203-929-9945		
	Firm's address 375 BRIDGEPORT AVENUE SHELTON, CT 06484				

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



Municipality: Bridgeport

Form NAA-01

2019 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: Green Village Initiative

Address: 325 Lafayette Street, Unit 9101, Bridgeport, CT 06604

Federal Employer Identification Number: 27-1439954

Program title: Cultivating Change through Urban Agriculture

Name of contact person: Crustina Sandolo

Telephone number: (914) 356-4493

Email address: cristina@gogvi.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): Urban Agriculture, School Gardens and Community Gardens

Description of program: _____

Through this project we will educate hundreds of students, teachers and community gardeners of all skill-levels about growing organic, healthy food using organic, environmentally friendly growing practices, cultivating a movement of environmental stewards and leaders of organic agriculture in Bridgeport, CT.

Funding will go towards developing and implementing in-class lesson plans, workshops, field trips, and resources that support hundreds of gardens, positioning organic growers as environmental stewards.

Need for program: _____

Many Bridgeport neighborhoods are designated as Food Deserts by the U.S. Department of Agriculture: low-income census tracts with a significant number of residents more than a half-mile from a grocery store. A Community Health Assessment showed cost as a barrier to eating healthy (Bridgeport Community Allied to Reach Health Equity, 2013). Our garden programs are critical to the long-term sustainability of Bridgeport's local food system: Increasing awareness of the importance of local food and of supporting local farmers to current and future consumers will ensure that future consumer dollars enter Bridgeport's food economy.

Neighborhood area to be served: _____

Our urban farm serves as a resource hub for almost 40 school and community gardens. What was once an abandoned lot is now a community farm with over 100 garden beds. The farm hosts educational field trips for hundreds of students each year, and has 40 community garden plots that neighbors use to grow food for their families. It is a venue for interactive educational workshops and home to a farm stand, which offers affordable fresh produce, doubling Supplemental Nutrition Assistance Program purchases. Growers from around the city come to the farm to build their skills; hundreds of visitors purchase organic produce from our farm stand.

Plan to implement the program: _____

We will engage over 200 Bridgeport students in experiential field trips at Reservoir Community Farm, and 150 growers in gardening plots and workshops. We will make School Garden Lesson Plans available to teachers on the district's following curriculum websites (e.g. Math, Science, English Language Arts). We will deploy Professional Development opportunities for Bridgeport Teachers to build confidence in using school gardens as an academic tool. We will provide resources to community gardens and school gardens in the form of: toolkits, soil, seedlings, seeds, crop-plans, fact sheets, volunteers, and technical assistance.

Timetable:

Program start date: 7/1/2018

Program completion date: 6/30/2020

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	<u>50,000.00</u>
Other funding sources - itemized sources:	
a) <u>Patagonia Foundation</u>	<u>\$4,000.00</u>
b) <u>Other Foundations</u>	<u>\$6,000.00</u>
c) <u>Newman's Own Foundation (Expected)</u>	<u>\$23,000.00</u>
d) _____	_____

Total Funding: \$83,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Full Time E.D.; Program Manager; Program Coordinator</u>	<u>\$56,000.00</u>
b) <u>Compensation for Farm Staff</u>	<u>\$4,230.00</u>
c) <u>Field Trips (bus travel)</u>	<u>\$900.00</u>
d) <u>Educational / Gardening Materials and Supplies</u>	<u>\$4,500.00</u>

Administrative expenses - itemized description:	
a) <u>Fringe / benefits</u>	<u>\$8,421.00</u>
b) <u>Communications and Travel</u>	<u>\$1,000.00</u>
c) <u>Other Indirect costs (11%)</u>	<u>\$8,000.00</u>
d) _____	_____

Total Proposed Expenditures: \$83,000.00

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 & Economic Development
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604
Name of municipal liaison: Max Perez, Director of Business Development
Telephone number: 203-576-3976
Fax number: 203-576-3979
Email address: max.perez@bridgeportct.gov

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">9/30/2020</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Return of Organization Exempt From Income Tax

2017

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

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (GREEN VILLAGE INITIATIVE INC.), EIN (27-1439954), Address (325 LAFAYETTE STREET, UNIT 9101, BRIDGEPORT, CT 06604), and other identifying information.

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

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

Signature block for Penny Cook, Board Chair, dated 05/01/2018.

Preparer information for Robert J. Susalka, dated 11/14/2018, including firm name and address.

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



Municipality: BRIDGEPORT

Form NAA-01
2019 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 Lavernoch, President

Telephone number: (203) 335-3800

Email address: Lavernoch@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 in Bridgeport's low-income neighborhoods. Collaboration and partnership with Bridgeport's Neighborhood Revitalization Zones, other neighborhood groups, Bridgeport City government and MetroCOG (regional planning agency). Current project priority through June 2020 is the Bridgeport Brass Redevelopment Planning Project, a partnership with the City of Bridgeport, MetroCOG, and the CT DECD.

Need for program: _____

Bridgeport has numerous properties that are former industrial or commercial sites where future use is affected by real or perceived environmental contamination, commonly known as "brownfields". Residents and neighborhood organizations generally lack the background to identify, access, or manage the resources that are available to assess and remediate these sites. In addition, many funding sources for the assessment or remediation of brownfields do not provide adequate, or in some cases any, funding for project management. The City does not have enough experienced staff to manage all of 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 from other census tracts and neighborhoods are ultimately expected to benefit from this initiative, via improved economic activity throughout the City and region.

Plan to implement the program: _____

Communication with City officials to identify properties/projects where assessment/remediation funding has been obtained, but have not been addressed due to inadequate staff capacity. Manage existing funded assessment/remediation projects or identify resources for new projects. Meet with Neighborhood Revitalization Zones and other neighborhood groups to identify properties requiring assessment or remediation of known contamination. Inform & engage constituencies in remediation and redevelopment. Coordinate activities with MetroCOG, which has EPA assessment and remediation funding.

Timetable:

Program start date: July 1, 2019

Program completion date: December 31, 2020

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	<u>50,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$50,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Personnel and office overhead</u>	<u>\$40,000.00</u>
b) <u>Accounting, audit, legal expenses</u>	<u>\$10,000.00</u>
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, Connecticut
Mailing address: _____ Margaret E. Morton Government Center 999 Broad Street Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>(203) 576-3976</u>
Fax number: <u>(203) 576-3979</u>
Email address: <u>max.perez@bridgeportct.gov</u>

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

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

2017

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 2017 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 ECONOMIC DEVELOPMENT CORP		D Employer identification number 23-7374878
	Doing business as		E Telephone number (203) 335-3800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 140,795.
	10 MIDDLE STREET, 14TH 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 BRIDGEPORT, CT 06604		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: EDWARD LAVERNOICH 10 MIDDLE STREET, 14TH FLOOR, BRIDGEPORT, CT		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.BRBC.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: 1974 M State of legal domicile: CT	

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	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 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 204,424.	Current Year 140,793.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	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)	995.	2.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,419.	140,795.
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)	34,231.	29,966.
	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)	160,006.	48,123.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	194,237.	78,089.
19 Revenue less expenses. Subtract line 18 from line 12	11,182.	62,706.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 512,464.	End of Year 546,590.
	21 Total liabilities (Part X, line 26)	75,027.	46,762.
	22 Net assets or fund balances. Subtract line 21 from line 20	437,437.	499,828.

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 November 21, 2018			
	EDWARD LAVERNOICH, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SANDRA D. CALLANAN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01200948
	Firm's name ▶ CIRONEFRIEDBERG, LLP	Firm's EIN ▶ 06-1533315		Phone no. 203-366-5876	
Firm's address ▶ 855 MAIN STREET, 6TH FLR BRIDGEPORT, CT 06604					

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



Municipality: BRIDGEPORT

Form NAA-01
2019 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: Implementation of West End Coastal Resiliency Planning Recommendations

Name of contact person: Edward Lavernoich, President

Telephone number: (203) 335-3800

Email address: Lavernoich@brbc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 10,000.00

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; coastal resiliency implementation

Description of program: _____

The CT Department of Economic and Community Development has funded a planning study managed by the Bridgeport Economic Development Corporation to recommend programmatic and policy responses to the ever-increasing threat of coastal flood hazards in Bridgeport's West End neighborhood.

Need for program: _____

The neighborhood is threatened by coastal flood hazards, and the resilience of individual blocks and properties must be addressed, in the absence of any significant major infrastructure investments. The neighborhood has critical importance to the City's and the region's economy, with over \$600 Million in property value, and the operations of 25 companies. As of 2015, the area was the location of 2,218 jobs.

Neighborhood area to be served: _____

The focus of the project is Bridgeport Census Tract 703.

Bridgeport residents from other census tracts and neighborhoods are ultimately expected to benefit from this initiative, via the preservation of critical economic activity in the focus area throughout the City and region.

Plan to implement the program: _____

Work with the consultant to finalize the Planning Recommendations. Engage stakeholders, city officials, and state officials in a process to determine which recommendations should be prioritized for implementation. Seek appropriate resources, and public-private coordination and support for the prioritized recommendations. Explore the establishment of demonstration projects focused on priorities.

Timetable:

Program start date: July 1, 2019

Program completion date: December 31, 2020

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	10,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$10,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Personnel and office overhead</u>	<u>\$7,500.00</u>
b) <u>Accounting, audit, legal expenses</u>	<u>\$2,500.00</u>
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$10,000.00

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

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

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

2017

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 2017 calendar year, or tax year beginning and ending

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

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

D Employer identification number: **23-7374878**

E Telephone number: **(203) 335-3800**

G Gross receipts \$: **140,795.**

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

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

J Website: **WWW.BRBC.ORG**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	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)	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 2017 (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.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 204,424. Current Year: 140,793.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	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)	995. 2.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,419. 140,795.
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)	34,231. 29,966.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		16b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	160,006. 48,123.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	194,237. 78,089.
	19	Revenue less expenses. Subtract line 18 from line 12	11,182. 62,706.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 512,464. End of Year: 546,590.
	21	Total liabilities (Part X, line 26)	75,027. 46,762.
	22	Net assets or fund balances. Subtract line 21 from line 20	437,437. 499,828.

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: *[Signature]* Date: **November 21, 2018**
EDWARD LAVERNOICH, PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **SANDRA D. CALLANAN** Preparer's signature: _____ Date: _____
 Firm's name: **CIRONEFRIEDBERG, LLP** Firm's EIN: **06-1533315**
 Firm's address: **855 MAIN STREET, 6TH FLR BRIDGEPORT, CT 06604** Phone no.: **203-366-5876**

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



Municipality: Bridgeport

Form NAA-01

2019 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 tempera

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 2021.

Timetable:

Program start date: December 2019

Program completion date: December 2021

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	<u>150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Corporate Sponsorship</u>	<u>\$50,000.00</u>
b) <u>Foundation/Individual Support</u>	<u>\$100,000.00</u>
c) <u>Zoo Endowment</u>	<u>\$50,000.00</u>
d) <u>Grant Support</u>	<u>\$50,000.00</u>

Total Funding: \$400,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Engineering Costs</u>	<u>\$15,000.00</u>
b) <u>Site prep</u>	<u>\$30,000.00</u>
c) <u>Construction & Labor</u>	<u>\$70,000.00</u>
d) <u>Materials</u>	<u>\$275,000.00</u>

Administrative expenses - itemized description:	
a) <u>Staff</u>	<u>\$10,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$400,000.00

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;">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>

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Connecticut's Beardsley Zoo
NAA Grant Request- April 2019
Greenhouse- New Skin and Framing

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.

The north side of the greenhouse is single-pane glass. As with windows, single-pane units have been replaced by dual-pane glazing. The new standard in greenhouses is an insulated, double-pane unit with argon glass and a stainless-steel spacer. Dual panes with thermally-broken frames are more efficient at controlling temperature swings. 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.

Greenhouses must optimize crop growth and energy use by allowing sunlight in during the day, retaining as much heat as possible during cold weather, and providing sufficient ventilation to avoid excessive interior temperature and humidity. A new thermally-enhanced greenhouse will allow for efficiency in environmental controls including heating, cooling and water irrigation.

This upgrade will reduce temperature variations, will cause less stress on rare plant species and will enable the Zoo to diversify our collection. The greenhouse upgrade will also permit each of the greenhouses to be kept at separate growing conditions, allowing the Zoo to grow plants in tropical, subtropical and arid climates.



Municipality: Bridgeport

Form NAA-01
2019 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 South Central CT, Inc d/b/a NeighborWorks New Horizons

Address: 235 Grand Ave
New Haven CT, 06513

Federal Employer Identification Number: 22-3237413

Program title: Community Development

Name of contact person: Thomas Cruess

Telephone number: (203) 562-4514

Email address: Tom@nwnh.net

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): See Attached

Description of program: _____
NWNH delivers services to residents and community members through partnerships with service programs or directly through our Community Building & Engagement Department. These programs enable NWNH to provide First-Time Homebuyer Education, Ready to Rent classes, Budget Coaching, Financial Fitness/Literacy, After School, Summer. NWNH is also planning an annual community wide event (Impact Fair Haven). See attached for more details.

Need for program: _____

NeighborWorks New Horizons addresses the need for affordable housing and strong communities. Connecticut is still one of the ten least affordable states in the nation with the fair market rent for a two-bedroom unit is \$1,295, requiring an hourly wage of \$24.90 in order for the housing to be affordable. Connecticut has a 34% renter population, over 450,000 households with an estimated average wage of \$17.38. The gap between the affordable and fair market rent for these families is \$391 a month. For minimum wage earners, the gap is \$770. These gaps leave little income for other needs such as food, health care, education, and reliable transportation to and from work. In Milford, a person earning \$10.10 an hour would have to work 2.5 full time jobs in order to afford a two-bedroom fair market rent unit.

Neighborhood area to be served: _____
Mill Hill

Plan to implement the program: _____

The following individuals are involved in the administration and implementation of the Community Development program:

Yves Galliotte - Director of Operations & Programs
Michelle Lee Rodriguez - Project Manager
Ivette Hernandez - Lead Resident Services Coordinator
Marilys Lugo - Resident Services Coordinator

Timetable:

Program start date: 09/01/2019

Program completion date: 09/01/2020

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	150,000
Other funding sources - itemized sources:	
a) <u>NWNH</u>	<u>\$85,538.00</u>
b) <u>Contributions</u>	<u>\$15,000.00</u>
c) <u>Foundations</u>	<u>\$21,250.00</u>
d) _____	_____
Total Funding:	<u>\$271,788.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Staff Salaries</u>	<u>\$155,951.04</u>
b) <u>Benefits</u>	<u>\$38,987.76</u>
c) <u>Interns (3)</u>	<u>\$40,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Audit</u>	<u>\$12,752.00</u>
b) <u>Payroll Service</u>	<u>\$612.00</u>
c) <u>Legal & Credit Report fees</u>	<u>\$1,020.00</u>
d) <u>Other Operating Expenses</u>	<u>\$22,465.20</u>
Total Proposed Expenditures:	<u>\$271,788.00</u>

Part IV — Municipal Information

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

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

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

Date	

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01**, *2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

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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.**

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

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



HOME BUYER EDUCATION PROGRAM WORK PLAN

Revised as of March 2019

TARGET COMMUNITY

The target area for Mutual Housing Association of South Central CT, Inc. DBA NeighborWorks New Horizons (NWNH) home buyer counseling program is New Haven County, CT.

OVERVIEW

Incorporated in 1992, NWNH is a partnership of community residents, local and state government, and private enterprise that is committed to providing affordable housing and revitalizing neighborhoods throughout Connecticut.

PROGRAMS AND SERVICES

NWNH has three main areas of business, Real Estate Development, Property Management, and Community Building. Since its inception, NWNH activities have included the development of over 650 affordable housing units throughout the state of Connecticut. We have used a variety of financing to accomplish these developments including CHFA mortgages, Low Income Housing Tax Credits, City HOME funding, HUD and numerous private financing vehicles.

Since 1998, NWNH has provided credit and pre-purchase counseling through their Homebuyer Education program. The course includes individual assessments to develop housing goals, group classes and follow up counseling to help potential buyers achieve their objectives. The class occurs every six weeks as an eight hour session that comprises lessons on credit, the lender, fair housing, legal aspects of purchasing, working with realtors and insurance agents, the importance of a home inspection, protecting the investment, appraisal considerations, and avoiding foreclosure.

In addition to providing quality and affordable housing, NWNH offers residents and community members educational and enrichment opportunities. These programs focus on resident participation, and leadership helping participants improve their community, their economic status, and their overall quality of life. All our programs are offered free of charge. Some of these include: Ready to Rent – a tenancy education workshop, Resident Leadership Seminars, Youth After-School and Summer Camp Programs, and the Rent Rebate program which promotes volunteerism and participation in community-building activities.

REGISTERING FOR A HOME BUYER CLASS

Anyone interested in taking a class normally calls our certified Homebuyer Counselor at NWNH. The class schedule for the entire year is listed on the CHFA website. The Homebuyer Counselor will register the participant for the next available class and mail or email out a packet of information including:

- Class flyer
- An intake form to complete

NWNH can offer classes in Spanish. If the person needs a class in a different language or needs a sign language interpreter, we would consult with CHFA for any additional resource.

NWNH's Homebuyer Education Program offers a comprehensive curriculum that offers a wide array of services to potential homebuyers in preparation for homeownership. The Housing Counseling program offers an 8-Hour Homebuyer Education class that covers the topics: Are you Ready to Buy a Home; The Process of Homeownership; Preventing Predatory Lending; Understanding Credit, Managing Your Money, Getting a Mortgage Loan, Shopping for a Home, Maintaining/Repairing Your Home, Fair Housing, and Keeping Your Home. Professionals involved in the home buying process are invited to discuss their area of expertise. NWNH also offers financial fitness, credit assessment, credit repair and counseling, ongoing one-on-one counseling that includes but is not limited to financial management, budgeting, pre-purchase counseling, assessing readiness, financing a home, and finally selecting and retaining a home.

Even though these topics are already discussed during the class, the counselor reiterates them during individual counseling sessions with a client. Handouts are also provided.

When classes are offered, each has a sign-in sheet which contains information that includes the counselor providing the class, the name of the class provided, that date of the event, the duration of the class, and each participant's name, address, and telephone number with their signature. Credit reports are conducted with no charge to the participant as well as any of the housing counseling services provided. All credit information is held in strict confidentiality. Credit reports are held subject to the Fair Credit Reporting Act.

INDIVIDUAL COUNSELING

One-on-One Counseling is available to anyone who wants it at no charge. The client would simply call the Homebuyer Counselor directly to make an appointment. At the first meeting the Homebuyer Counselor will review the client's credit, their monthly budget and analyze the income to determine housing affordability. The counselor also prepares action plans for each client. The action plans should be signed by both the counselor and the client.

HOMEBUYER EDUCATION 2017-2018 GOALS

- Clients counseled – 40
- Clients completing homebuyer education - 100
- Closings – 10 (Closings that are verified with HUD 1 Settlement Statement)
 - Real Estate Settlement Procedure Act (RESPA)

ALTERNATIVE SETTINGS

The counselor offers alternative hours outside the range of our 9am to 5pm office hours (weekdays). He makes himself available either earlier in the morning or later at night to accommodate those clients with inflexible working hours. Through the use of our satellite offices, the counselor also offers to meet with the client at a nearby office in case their means of transportation is somewhat limited. Telephone counseling is also made available to clients.

RECORD KEEPING

On-Line

- NWNH utilizes the HCO On-Line program to track the client and store information
- The online program is password protected. The access information is shared with only those whose job functions require its use, such as the Homebuyer Counselor.

Hard Copy Files

- A central file for each client will be used to store hard copies. Files are stored in a locked cabinet.
- All meetings and phone calls with the client are logged.
- Any letters, correspondence, or copies of client documents (loan docs, etc.) to or on behalf of the client are kept in their confidential file.

Individual File documentation includes:

- File Number
- Date activity occurred
- Start and end time of session
- Name of housing counselor
- Client's name, address and phone number
- FHA case number if applicable
- HUD project number or name for clients renting HUD-assisted housing
- HUD client number for cases receiving HUD funding for housing counseling
- Client Action Plan
- Screening interview information
- Financial Analysis/Budget
- Disclosure/Conflict of Interest statements given to client
- Alternatives discussed
- Log of activities performed on behalf of the client (stored online)
- Required data elements are kept in the on-line system
- Copies of pertinent records and correspondence
- Statement about how the person qualifies as a client
- Follow Up Activities
- Termination Date (date client file closed and reason for termination)

Group Files Documentation Includes:

- File Number
- Attendees Name (First and Last)
- Attendees Address (City, state and zip code)
- Attendees Phone number
- Attendee Race
- Attendee Ethnicity
- Attendee Income Level (AMI)
- Attendee Referred by
- Attendee First Time Home Buyer (yes or no)
- Signature of each client
- Date, duration and location of workshop
- Counselor and/or Instructors
- Workshop Subject
- Conflict of Interest Statement

Credit Reports and Confidentiality

- All credit files are kept in a locked filing cabinet.
- Counselor has their own pass code to enter their client files on the computer
- All printed information is kept in client files in a locked office
- All one-on-one credit counseling is done in a private area

SUPERVISORY REVIEWS

Monthly reviews will be conducted by the supervisor on all the case and individual files in order to make sure they are in compliance. Furthermore, it has been discussed with the counselor that an internal audit will be scheduled for twice a year starting in 2018. One will be held by the end of June and another by the end of December. Random files will be pulled for that process. The internal audit will serve as a follow up to double check if any findings identified during the monthly reviews have been addressed by the counselor.

FOLLOW-UP

The Housing Counselor will make a reasonable effort to contact clients within 60 days of no contact to determine the client's status – progressing toward housing goal, modification or termination of counseling and outcomes from counseling. The counselor will first contact the client by telephone and record the outcome of the contact. If the counselor is unsuccessful in reaching the client after 2 attempts, the counselor will then write a letter or email, requesting that the client contact the counselor within 30 days of the date of the letter.

NeighborWorks New Horizons Community Building & Engagement

Community Building and Engagement plays a pivotal role in NeighborWorks® New Horizons as it helps the organization stay true to its mission and overall vision. For the next 5 years, we would like to continue our efforts to always press forward as new services and resources are made available to our residents and the community through staff and/or partners.

Regular Surveys conducted at some of our sites have helped us to better understand the needs and wants of our residents as we also develop strategies to link them with resources available so that they may overcome barriers and enhance their quality of life.

❖ **Youth Empowerment & Leadership:**

- ✓ *After School & Summer Activities: Are offered to youth ages 6-12 at our family sites every year. The NWNH after-school and summer programs focus on reading, college preparedness, financial literacy and leadership and participation in the community.*
- ✓ *College Prep: Sessions have been held at one of our Bridgeport sites by a representative from UB. We are hoping to add the following schools by year end: Gateway Community College, University of New Haven, as well as Housatonic Community College.*
- ✓ *Resources: PAL, LEAP, University of Bridgeport*

Measurements: #Participants Per site and overall, #Test Grade Improvement per site and overall, #College registrants, #Scholarship applicants

❖ **Financial Education**

- ✓ *First Time Homebuyer Education teaches future homeowners all aspects of the home buying process; including mortgage pre-qualification, the importance of credit scoring, prospecting for a home, the sales contract, mortgage insurance, the closing, budgeting and sustaining the home physically and financially after the purchase. NeighborWorks® New Horizons began this program in 2004 and have served over 600 participants.*

Measurements: #Participants, #Purchased Home, #Overall Course Satisfaction, #Credit Score Improvement, #Debt Decrease, #Mortgage Ready

- ✓ ***Ready to Rent** helps tenants become more marketable to a prospective landlord. The class teaches Fair Housing Law, tenant/landlord rights, duties and responsibilities, the leasing contract, credit reporting and repair, security deposits and apartment prospecting techniques. This class was started as a way to offer NWNH applicants who did not pass the application process an opportunity to address the issues that led to their denial. All potential residents are strongly encouraged to take the course and it is also offered to members of the public.*

Measurements: #Participants, #Renters, #Overall Course Satisfaction, #Credit Score Improvement, #Debt Decrease

- ✓ ***Budget Coaching** helps residents understand their finances through financial exercises including budgeting, and cost saving ideas. NWNH staff works with residents to manage a household budget, decrease spending and address credit issues.*

Measurements: #Participants, #Rent payment improvement, #Debt Decrease

❖ **Activities & Events**

- ✓ **Resident Safety** - Residents will learn how to be safe inside and outside of their home. Gain a better understanding on what a Block-Watch is, and how having an “invisible” one can help secure their community. Residents will have the opportunity to meet with community police officer through the referral of our police resident.
- ✓ **Case Management Services** – Residents of NWNH can take advantage of on-site staff for one-on-one assistance in accessing information to resources, benefits, supports and programs that will help to improve their economic status and overall quality of life. Staff also assists with conflict resolution and crisis intervention for residents as needed through the guidance of Community Mediation, Inc.
- ✓ **NeighborWorks Week** - Entire communities of resident volunteers do a community project of their choice, such as health and wellness, international day, beautification, and family day.
- ✓ **Social Activities:** Senior Socials will be a time for our senior residents to come together and join one another for meals and games such as: dominos, game cards, or bingo. Staying socially active keeps the individuals connected to what is around them, giving them a true sense of belonging.

Measurements: #Participants, #Overall Event/Activity Satisfaction

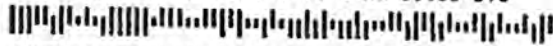


Department of the Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2017
Notice date	March 5, 2018
Employer ID number	22 3237413
To contact us	Phone 1-877 829-5500 FAX 801-620-5555

Page 1 of 1

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MUTUAL HOUSING ASSOCIATION OF SOUTH
CENTRAL CONNECTICUT INC
235 GRAND AVENUE 2ND FLOOR
NEW HAVEN CT 06513-3722



018180

MAR 5 '18 2:53

Important information about your December 31, 2017 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2017 Form 990.

Your new due date is November 15, 2018.

What you need to do

File your December 31, 2017 Form 990 by November 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



Municipality: Bridgeport, CT

Form NAA-01
2019 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: _____

Continuum of Care, Inc.

Address: 109 Legion Avenue, New Haven, CT

Federal Employer Identification Number: 06-0836524

Program title: Bridgeport Crisis Program - Exterior paint of house

Name of contact person: Deborah Cox

Telephone number: (203) 562-2264

Email address: dcox@continuumct.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 23,000.00

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): crisis housing for persons with mental health disorders

Description of program: _____

Continuum's Crisis Services program offers beds with outpatient clinical care and day services as a short-term alternative to psychiatric inpatient care. The goals are to stabilize clients and reduce the stigma of social disruption often associated with hospitalization and to promote successful reintegration into the community. This short stay in a comfortable home-like environment away from their usual residence allows individuals to reflect and problem-solve around issues that may be causing them stress.

Need for program: _____

Inpatient care is often not the most effective place for individuals who are struggling through a psychological break. They need to build a new, more solid foundation in order to truly move their lives forward. The program provides a highly skilled and supportive environment with 24-hour care & intensive case management to help 250 individuals annually to connect to longer-term housing and community supports that will enable them to rebuild a new life and not return to the same conditions and behaviors that got them to the state of crisis in the first place.

Neighborhood area to be served: _____

Washington Terrace – Washington Ave. Area

Plan to implement the program: _____

The plan is to repaint the exterior of the large 3-story home. The paint is very badly peeling, and it would greatly help the neighbors to have a more presentable home in the neighborhood, and it would benefit the clients to feel like they are entering and living in a more presentable home. While the interior is well kept, the sun has done a lot of damage on the exterior paint.

Timetable:

Program start date: Fall, 2019

Program completion date: Fall, 2019

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	<u>23,000.00</u>
Other funding sources - itemized sources:	
a) <u>funding from grants</u>	<u>\$3,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>materials and labor</u>	<u>\$23,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$23,000.00

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:	_____
	Max Perez, City Hall Annex, 999 Broad Street, Bridgeport, CT 06604
Name of municipal liaison:	Max Perez
Telephone number:	203.727.2707
Fax number:	_____
Email address:	max.perez@bridgeportct.gov

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

Date	

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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

2016

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable:

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

C Name of organization: **CONTINUUM OF CARE, INC.**
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
109 LEGION AVENUE
City or town, state or province, country, and ZIP or foreign postal code
NEW HAVEN, CT 06519

D Employer identification number: **06-0836524**

E Telephone number: **203-562-2264**

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

G Gross receipts \$: **28,813,278.**

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.CONTINUUMCT.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1966** M State of legal domicile: **CT**

Part I Summary

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.			
Activities & Governance	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 2016 (Part V, line 2a)	5	873
	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 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		23,616,638.	24,857,578.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,676,728.	3,727,719.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,855.	97,440.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,337,118.	28,805,684.
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)	20,717,129.	22,881,381.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,205,425.	6,947,469.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,922,554.	29,828,850.
19 Revenue less expenses. Subtract line 18 from line 12	414,564.	-1,023,166.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	15,746,846.	17,188,861.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,590,637.	20,596,540.
		-843,791.	-3,407,679.

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: **PATTI WALKER, PRESIDENT & CEO** Date: _____
Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **LORI BUDNICK** Preparer's signature: **LORI BUDNICK** Date: **05/10/18** Check self-employed PTIN: **P00046310**
Firm's name: **BLUM, SHAPIRO & COMPANY, P.C., CPA'S** Firm's EIN: **06-1009205**
Firm's address: **29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000** Phone no. **860 561-4000**

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



Municipality: City of Bridgeport

Form NAA-01
2019 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, Site: 338 Stillman Street, Bridgeport, CT 06610

Federal Employer Identification Number: 22-3059815

Program title: McGivney Youth Programs

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): \$ 130,000.00

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 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 since 1992. McGivney's youth programs consist of After School Program and Summer Camp. The Center provides opportunities, resources, and fulfillment to disadvantaged, inner-city children through participation in character and confidence building academic enrichment, recreation, and social interaction. NAA support will supplement the cost of our part-time staff salaries who help prepare Bridgeport youth to be successful both in and out of the classroom.

Need for program: _____

There is a need in Bridgeport for quality and affordable care for children after school and during summer break. Many families rely on the McGivney Community Center to fill this need. The vast majority of our members, 92%, fall into the Extremely Low, Very Low, and Low Income Limits as determined by HUD. Our members suffer from poverty and the problems it creates, and the McGivney Community Center works to provide academic enrichment and opportunities that might not be accessible elsewhere. Each member is required to participate in tutoring every day after school, and in science, math, and literacy during Summer Camp.

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 children that attend After School Program and Summer Camp live within the neighborhood.

Plan to implement the program: _____

The McGivney Community Center has been providing After School Program and Summer Camp to kindergarten through high school students since 1992. After School Program runs from September to June, and Summer Camp runs for 7 weeks from late June to August. We are continuing to grow the number of children that we serve and the number of opportunities that we are able to provide.

Timetable:

Program start date: July 1, 2019

Program completion date: June 30, 2020

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	<u>130,000.00</u>
Other funding sources - itemized sources:	
a) <u>State of CT Judicial Branch</u>	<u>\$25,187.50</u>
b) <u>Near & Far Aid</u>	<u>\$15,000.00</u>
c) <u>City of Bridgeport CDBG</u>	<u>\$15,000.00</u>
d) <u>City of Bridgeport Youth Service Bureau</u>	<u>\$10,000.00</u>
Total Funding:	<u>\$65,187.50</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Part-Time Staff/Instructors</u>	<u>\$155,000.00</u>
b) <u>Program Supplies</u>	<u>\$32,500.00</u>
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Telephone</u>	<u>\$3,800.00</u>
b) <u>Insurance</u>	<u>\$4,200.00</u>
c) <u>Electric</u>	<u>\$11,000.00</u>
d) <u>Gas</u>	<u>\$7,500.00</u>
Total Proposed Expenditures:	<u>\$214,000.00</u>

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project 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>

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures.

Expenditures must equal or exceed total funding.

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

Part IV Municipal Information

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

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

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

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

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

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

D Employer identification number 22-3059815

E Telephone number (203) 333-2789

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

G Gross receipts \$ 586,194.

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 0928

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

J Website: WWW.MCGIVNEY.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1990

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 TO THE YOUTHS OF THE COMMUNITY STIMULATING AND ENRICHING PROGRAMS THAT FOSTER ACADEMIC SUCCESS AND SELF-ESTEEM.</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)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	33	
	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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	460,590.	334,098.
	9	Program service revenue (Part VIII, line 2g)	48,861.	49,771.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,019.	27,528.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,315.	104,789.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	540,785.	516,186.
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)	327,631.	339,010.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>47,849.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	150,449.	157,398.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	478,080.	496,408.
	19	Revenue less expenses. Subtract line 18 from line 12	62,705.	19,778.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	800,028.	862,626.
	21	Total liabilities (Part X, line 26)	183,130.	215,767.
	22	Net assets or fund balances. Subtract line 21 from line 20	616,898.	646,859.

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: TERRANCE O'CONNOR Date: _____
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL A. MALETTA CPA Preparer's signature: MICHAEL A. MALETTA CPA Date: 1/24/19
 Check if self-employed PTIN: P00435529
 Firm's name: MALETTA & COMPANY Firm's EIN: 061209905
 Firm's address: 43 ENTERPRISE DRIVE Phone no.: 8605826715
BRISTOL, CT 06010-7457



Municipality: Bridgeport

Form NAA-01

2019 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: _____

Career Resources, Inc.

Address: 350 Fairfield Avenue, 3rd Floor, Bridgeport, CT

Federal Employer Identification Number: 06-1427945

Program title: STRIVE Bridgeport

Name of contact person: Angela Pellegrino-Grant

Telephone number: (203) 953-3245

Email address: pellegrinogrant@careerresources.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00

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): Job readiness training for unemployed persons with barriers to employment

Description of program:

The STRIVE program specifically targets adults with barriers to employment, providing them with the tools needed to forge a successful workplace career path. The STRIVE model is built on five pillars: job readiness, occupational skills training; case management; job placement, retention, and advancement; and, follow-up. The program model is highly interactive and personalized, focusing on attitudinal training designed to expand participants' self-awareness and personal accountability. Participants learn to replace negative attitudes and behaviors that have become possible barriers to successful job placement with strong workplace skills.

Need for program:

According to the most recent Bureau of Labor statistics [2018], Bridgeport has the third highest unemployment rate in Connecticut, 7.0%, exceeded only by the cities of Waterbury and Hartford, with rates of 7.50% and 7.80%, respectively. US Census estimates [2018] indicate that 20.08% of Bridgeport's residents live under the federal poverty level, including one out of every three children. The Bridgeport STRIVE program helps to mitigate the circumstances of poverty in the city by moving participants into sustainable employment through providing participants with the skills needed to advance in the workplace.

Neighborhood area to be served:

The city of Bridgeport.

Plan to implement the program:

City residents are recruited from local recovery programs and partner referrals. Training occurs over a three-week period. Facilitators provide individual and group coaching and personalized daily feedback to participants. Hands-on, interactive methods are used to teach workplace communication, decision-making, and professional job-seeking skills through group activities and role play scenarios. STRIVE's facilitated group training contributes enormously to the success of each program participant. Case managers offer follow up assistance to individual graduates to encourage job retention and to provide service referrals in the areas of health, housing, transportation, child care, professional attire, education, food security and financial counseling.

Timetable:

Program start date 7/1/2019

Program completion date 6/30/2020

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	<u>75,000.00</u>
Other funding sources - itemized sources:	
a) <u>The WorkPlace</u>	<u>\$76,000.00</u>
b) <u>The State of Connecticut</u>	<u>\$35,000.00</u>
c) _____	_____
d) _____	_____

Total Funding: \$186,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries + Fringe</u>	<u>\$126,000.00</u>
b) <u>Participant Support</u>	<u>\$25,000.00</u>
c) <u>Program Supplies/Materials</u>	<u>\$20,000.00</u>
d) _____	_____

Administrative expenses - itemized description:	
a) <u>Administrative Expenses</u>	<u>\$15,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$186,000.00

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">9/30/2020</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

EXTENDED TO MAY 15, 2018

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)

2016
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return (termination)
 Amended return
 Application pending

C Name of organization: **CAREER RESOURCES, INC.**
 Doing business as:
 Number and street (if P.O. Box if mail is not delivered to street address): **350 FAIRFIELD AVENUE** Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **BRIDGEPORT, CT 06604**

D Employer identification number: *********

E Telephone number: **203 334 5627**

G Gross assets: **5,479,626.**

H(a) Is this a group structure for a group of related organizations? Yes No

H(b) Are you a related organization? Yes No

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

J Website: **CAREERRESOURCES.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1995** **M** State of legal domicile: **CT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES JOB-TRAINING, PLACEMENT AND SUPPORT SERVICES FOR DISLOCATED AND		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 50% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)		3
4 Number of independent voting members of the governing body (Part VI, line 1b)		7
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		124
6 Total number of volunteers (estimate if necessary)		20
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.
Revenue		
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	5,344,403.	5,203,711.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	394,830.	266,985.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (C), line 12)	5,751,107.	5,479,626.
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), line 1)	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)	4,881,266.	4,778,411.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b Total fundraising expenses (Part IX, column (D), line 25)	53,988.	
17 Other expenses (Part IX, column (A), lines 11d, 14e)	869,303.	942,800.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,750,569.	5,721,211.
19 Revenue less expenses. Subtract line 18 from line 12	538.	241,585.
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)	906,595.	636,456.
22 Net assets or fund balances. Subtract line 21 from line 20	291,199.	262,645.
	615,396.	373,811.

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, this return 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: **SCOTT WILDERMAN, CEO** Date: _____

Preparer Print/Type preparer's name: **DAVID A. SCARAMOZZA** Preparer's signature: _____ Date: _____
 Check self-employed PTIN: **P00157253**

Preparer Use Only Firm's name: **CARTER, HAYES + ASSOCIATES, P.C.** Firm's EIN: ****-*******
 Firm's address: **1952 WHITNEY AVENUE
 HAMDEN, CT 06517** Phone no. **203-287-3990**

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

832021 12-15-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Municipality: Bridgeport

Form NAA-01
2019 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: _____

Groundwork Bridgeport

Address: 1001 Main Street, Suite 20, Bridgeport, CT 06604

Federal Employer Identification Number: 06-1556949

Program title: Urban Fellows

Name of contact person: Christina Smith

Telephone number: (203) 335-6126

Email address: operations@groundworkbridgeport.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 131,500.00

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): After-School Youth Program for Bridgeport Students

Description of program: _____

The Urban Fellows program trains highschool students from Bridgeport on ways to improve Bridgeport's physical environment and create vibrant public spaces. The year round program teaches them about landscape design, horticulture, and creative placemaking with the aim of preparing the students to be the future stewards of the environment in which they live.

Need for program: _____

This program fills an opportunity gap for Bridgeport high-school students to participate in educational after-school and summer activities. Additionally, this program seeks to address the issues of blight that plague parts of the city as a result of a lack of funding to provide the stewardship needed for sites across the city. The city still suffers from a negative perception which results in a hesistant for outsiders to invest and the goal of this program is to help with addressing this negative perception by improving the physical enviornment.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

We run the program year-round meeting with students after-school during the school year from 3:30 to 6. The goal of the program will be to work with residents, businesses, community organizations and the city to identify sites that the students will design during the studio and then implement after review by the various stakeholders.

Timetable:

Program start date: September 1, 2019

Program completion date: October 31, 2020

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	<u>131,500.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Student Stipends</u>	<u>\$25,000.00</u>
b) <u>Project Materials (plants/trees, paint, planters, etc.)</u>	<u>\$25,000.00</u>
c) <u>Wages/Salaries</u>	<u>\$50,000.00</u>
d) <u>Subcontractors</u>	<u>\$5,000.00</u>

Administrative expenses - itemized description:

a) <u>Rent</u>	<u>\$12,000.00</u>
b) <u>Accounting</u>	<u>\$12,000.00</u>
c) <u>Insurance</u>	<u>\$2,500.00</u>
d) _____	_____

Total Proposed Expenditures:

\$131,500.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

City of Bridgeport - Office of Planning and Economic Development

Mailing address: _____

999 Broad Street, Bridgeport, CT 06604

Name of municipal liaison: Max Perez

Telephone number: (203) 727-2707

Fax number: _____

Email address: max.perez@bridgeportct.gov

Post-Project Review

Is a post-project review required for this proposal?

Yes

No

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

January 30, 2021

Date

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

2017

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 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 GROUNDWORK BRIDGEPORT, INC.		D Employer identification number 06-1556949
	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
	1001 MAIN STREET		203 335-6126
	Room/suite 20	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604	F Group Exemption Number ▶
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ HTTP://GROUNDWORKBRIDGEPORT.ORG/			
J Tax-exempt status (check only one) — <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			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 175,211.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															175,211.												
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															175,211.													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits															106,720.												
	13	Professional fees and other payments to independent contractors															1,007.												
	14	Occupancy, rent, utilities, and maintenance															8,799.												
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O															31,527.												
17	Total expenses. Add lines 10 through 16															148,053.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															27,158.												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															8,544.												
	20	Other changes in net assets or fund balances (explain in Schedule O)															0.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															35,702.												

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

Form **990-EZ** (2017)



Municipality: _____

Form NAA-01

2019 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: March for Educational Foundation

Address: 60 Ferry St Bld 3 Apt 2C Middletown CT 06457

Federal Employer Identification Number: 80-0250434

Program title: Free Summer Enrichment program

Name of contact person: Timothy L Cooper

Telephone number: 203-522-2511

Email address: timothy@marchfo-education.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 20,000.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: This eight week free program will allow 30 youth to attend for free and allow them to participate in an active organized summer full of educational tutoring, field trips, swimming and constructed performing

Need for program: Because many families can not afford a traditional summer camp and programs, we have brought together a team of people who are willing to spend time with youth during the summer when they can congregate in a safe environment

Neighborhood area to be served: The Orcutt Boys and girls club is located on the East Side of Bridgeport CT but we have opened the summer program to the entire City of Bridgeport

Plan to implement the program: The Orcutt Boys and girls club will allow us the space needed to house this program we have youth volunteers and professionals that will insure each program fulfills it's mission to engage youth

Timetable:

Program start date: July 1, 2019

Program completion date: August 22, 2019

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

50,000.00

Other funding sources - itemized sources:

a) Yankee Institute for Public Policy

\$1,000.00

b) Ashler Construction

\$500.00

c) _____

d) _____

Total Funding:

1,500.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Building Rent

\$8,000

b) Food

\$2,400

c) _____

d) _____

Administrative expenses - itemized description:

a) Program Administrator

\$6,400

b) Program Director

\$6,400

c) Program Manager

\$1,280

d) Secretary/Administrative Assistant

4,160

Total Proposed Expenditures:

e) Tutor/Educator

\$6,000

f) Theatre director

\$384

g) Program Assistant

\$880

Total Proposed Expenditures

~~\$35,790~~ \$35,904

Part IV — Municipal Information

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



Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____ - _____

Fax number: _____ - _____

Email address: _____

Post-Project Review

Is a post-project review required for this proposal?

Yes No

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

Date

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 22 2010

THE MARCH FOR EDUCATION FOUNDATION
C/O TIMOTHY COOPER
133 HOLLISTER ST
STRATFORD, CT 06615

Employer Identification Number:
80-0250434
DLN:
17053306356009
Contact Person:
ERIC KAYE ID# 31612
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 26, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)



Municipality: Bridgeport, CT

Form NAA-01
2019 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' Club & Girls' Club of Bridgeport, CT Inc.

Address: 102 Park Street Bridgeport, CT 06608

Federal Employer Identification Number: 06-0669105

Program title: Orcutt Club Programs / Administration

Name of contact person: Robert Keeley

Telephone number: (203) 368-4644

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 & Girls Club of Bridgeport provides opportunities for area youth to achieve academic and athletic success while providing a safe haven. The Club strives to instill good character, citizenship, healthy habits through evidence based programs.

Need for program: _____

The club serves Bridgeport youth with 95% coming from families that are at or beneath the federal poverty level. The club provides a safe environment that shields our youth from dangerous activities occurring in Bridgeport.

Neighborhood area to be served: _____

East Side of Bridgeport, CT

Plan to implement the program: _____

Timetable:

Program start date: October 1, 2019

Program completion date: September 30, 2020

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	150,000.00
Other funding sources - itemized sources:	
a) <u>Donations / Events</u>	<u>\$25,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$25,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Program Staff Costs</u>	<u>\$155,000.00</u>
b) <u>Program Supplies</u>	<u>\$25,000.00</u>
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Accounting</u>	<u>\$7,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$187,000.00

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;">Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;"> 4/1/2019 _____ Date</p>
--

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures.

Expenditures must equal or exceed total funding.

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

Part IV Municipal Information

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

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

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

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

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 203-368-4644

G Gross receipts \$ 182988

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) () ◀ (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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	13
	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 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>420311</u>	<u>182940</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>122</u>	<u>48</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>420433</u>	<u>182988</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>222095</u>	<u>191991</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2275</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>154794</u>	<u>131245</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>376889</u>	<u>323236</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>43544</u>	<u>-140248</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>848389</u>	<u>706381</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>20605</u>	<u>15075</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 03/21/2019 Check if self-employed PTIN P01896941
Firm's name ▶ KML ACCOUNTING AND TAX Firm's EIN ▶ _____
Firm's address ▶ 18 PLASKON DRIVE 06484- Phone no. 203-914-0832

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



Municipality: Bridgeport, CT

Form NAA-01
2019 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' Club & Girls' Club of Bridgeport, CT Inc.

Address: 102 Park Street Bridgeport, CT 06608

Federal Employer Identification Number: 06-0669105

Program title: Operating And Capital Campaign

Name of contact person: Robert Keeley

Telephone number: (203) 368-4644

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 & Girls Club of Bridgeport was built in 1930 and in need of repairs and upgrades our facility. We are in need of an elevator, new fire escape, new windows, doors and new security and fire system.

Need for program: _____

The club needs to reduce its heating costs by installing new windows and doors and upgrade the security and fire systems. Also and elevator and new fire escape.

Neighborhood area to be served: _____

East Side of Bridgeport, CT

Plan to implement the program: _____

Timetable:

Program start date: October 1, 2019

Program completion date: September 30, 2020

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested 150,000.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Elevator, New Fire escape, Windows, doors and security \$200,000.00

b) and fire systems _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$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 Review</p> <p style="text-align: center;">Is a post-project review 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 review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

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 203-368-4644

G Gross receipts \$ 182988

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)

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

H(c) Group exemption number ▶ _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:			
		TO PROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CULTURAL ENRICHMENT, PERSONAL EDUCATION AND SOCIAL RECREATION PROGRAMS.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	13
	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 34	7b	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		420311	182940
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		122	48
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)		420433	182988
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)	222095	191991
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	2275	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	154794	131245
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	376889	323236
19 Revenue less expenses. Subtract line 18 from line 12	43544	-140248	
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)	848389	706381
	22 Net assets or fund balances. Subtract line 21 from line 20	20605	15075
		827784	691306

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: 03/21/2019 Check if self-employed PTIN: P01896941
 Firm's name ▶ KML ACCOUNTING AND TAX Firm's EIN ▶ _____
 Firm's address ▶ 18 PLASKON DRIVE 06484- Phone no. 203-914-0832

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
THE MISSION IS TO PROVIDE CITIZENSHIP &
LEADERSHIP DEV., CULTURAL ENRICHMENT, PERSONAL,
EDUCATION, AND SOC. PRGMS RECREATIONAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 145456 including grants of \$) (Revenue \$)
HEALTH AND SOCIAL RECREATION-DEVELOPS HEALTH AND LIFE
SKILLS, GIVING THE CAPACITY TO YOUNG PEOPLE TO ENGAGE IN
POSITIVE BEHAVIORS THAT NURTURE THEIR OWN WELL BEING.

4b (Code:) (Expenses \$ 177780 including grants of \$) (Revenue \$)
SOCIAL AND RECREATIONAL DEVELOPMENT - TO ENABLE OUR YOUTH
TO DEVELOP THEIR OWN CREATIVITY AND CULTURAL AWARENESS
THROUGH KNOWLEDGE AND APPRECIATION OF THE VISUAL AND
PERFORMING ARTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 323236



Municipality: Bridgeport

Form NAA-01
2019 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 Hospital Foundation

Address: 267 Grant Street, Bridgeport, CT 06610

Federal Employer Identification Number: 22-2908698

Program title: REACH Youth Program

Name of contact person: Kate Hough

Telephone number: (203) 418-2844

Email address: kaitlin.hough@bpthosp.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): _____

Description of program: _____

Bridgeport Hospital's REACH Youth Program is an intensive outpatient program (IOP) for children and adolescents. The REACH Program accepts all forms of insurance, including Medicare and Medicaid. The REACH program serves 200 children annually. The program provides evidenced-based care to a predominantly minority and low income community and fulfills a crucial gap in services. The children at REACH experience severe behavioral, emotional and/or psychiatric difficulties that impede their daily functioning at home, school or both. The REACH Program is designed to return children to school and to keep families intact.

Need for program: _____

The REACH Youth Program is the only one of its kind in the area. REACH fills a crucial gap in services in Bridgeport and the surrounding towns. A substantial number of the youth admitted to the REACH Program have experienced significant Adverse Childhood Experience (ACE). Examples of ACE are: household dysfunction, abuse or neglect.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

REACH is a mental health program for children and adolescents who are struggling through school and life but who have limited access to high quality mental health services. With its unique level of intensity and comprehensive and coordinated services, REACH fills a crucial gap in services in Bridgeport and the surrounding communities.

Teens and young adults are high risk for mental illness. This is especially true of young people living in distressed communities like Bridgeport. According to the Bridgeport Child Advocacy Coalition 2014 State of

Timetable:

Program start date: 2006

Program completion date: n/a

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	<u>50,000.00</u>
Other funding sources - itemized sources:	
a) <u>Patient/Insurance Payments</u>	<u>\$1,230,000.00</u>
b) <u>Grants/Gifts</u>	<u>\$650,000.00</u>
c) <u>Fundraising Events</u>	<u>\$10,000.00</u>
d) _____	_____
Total Funding:	<u>\$1,890,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries</u>	<u>\$1,683,772.00</u>
b) <u>Physician Fees</u>	<u>\$23,000.00</u>
c) <u>Outside Contractual Services</u>	<u>\$40,479.00</u>
d) <u>Rental Property</u>	<u>\$201,563.00</u>
Administrative expenses - itemized description:	
a) <u>Travel/Meeting</u>	<u>\$9,058.00</u>
b) <u>Dietary Services</u>	<u>\$3,539.00</u>
c) <u>Medical Supplies</u>	<u>\$605.00</u>
d) <u>General Supplies</u>	<u>\$8,204.00</u>
Total Proposed Expenditures:	<u>\$1,889,389.66</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, Office of Planning & Economic Development
Mailing address:	_____
	45 Lyon Terr., Bridgeport, CT 06604
Name of municipal liaison:	Max Perez
Telephone number:	(203) 727-2707
Fax number:	_____
Email address:	max.perez@bridgeportct.gov

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

Date	

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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

2015
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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

B Check if applicable

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

C Name of organization
BRIDGEPORT HOSPITAL FOUNDATION, INC.

D Employer identification number

22-2908698

Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
267 GRANT STREET

E Telephone number
203-688-6088

City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06610

G Gross receipts \$ **32,663,215.**

F Name and address of principal officer: **STEPHEN JAKAB**
267 GRANT ST, BRIDGEPORT, CT 06610

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

H(c) Group exemption number ▶

J Website: ▶ **HTTP://FOUNDATION.BRIDGEPORTHOSPITAL.ORG/**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1988** **M** State of legal domicile: **CT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
FUNDRAISING FOR BRIDGEPORT HOSPITAL.

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** **12**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **11**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5** **0**

6 Total number of volunteers (estimate if necessary) **6** **13**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **826.**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,085,513.	10,635,795.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,636.	870,119.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,343.	194,857.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,457,492.	11,700,771.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	97,143.	88,961.
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)	2,510,384.	2,623,303.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,503,286.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,047,963.	1,962,993.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,655,490.	4,675,257.
19 Revenue less expenses. Subtract line 18 from line 12	4,802,002.	7,025,514.

	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	71,975,415.	81,074,474.
21 Total liabilities (Part X, line 26)	2,708,244.	1,477,365.
22 Net assets or fund balances. Subtract line 21 from line 20	69,267,171.	79,597,109.

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: *Stephen Jakab* Date: **7/25/17**
Type or print name and title: **STEPHEN JAKAB, PRESIDENT**

Paid Preparer Use Only Print/Type preparer's name: **MARY-EVELYN ANTONETTI** Preparer's signature: _____ Date: _____
Firm's name: **KPMG LLP** Check if self-employed PTIN: **P00431862**
Firm's address: **ONE FINANCIAL PLAZA, 755 MAIN STREET HARTFORD, CT 06103** Firm's EIN: **13-5565207**
Phone no.: **860-297-6085**

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015 or tax year beginning OCT 1 2015 and ending SEP 30 20 16

2015

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

BRIDGEPORT HOSPITAL FOUNDATION, INC.

Employer identification number

22-2908698

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

Check the box for the type of return being filed with Form 8453-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 of 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-). 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>11,700,771.</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, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 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.

Sign Here

Stephan J. Fabel
Signature of officer

7/25/17
Date

PRESIDENT
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer(see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Signature	<i>[Signature]</i>	Date	<u>7/25/17</u>	Check if also paid preparer	<input type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00315411</u>
Use Only	Firm's name (or yours if self-employed), address, and ZIP code	<u>YALE NEW HAVEN HEALTH SERVICES CORP</u>			EIN	<u>22-2529464</u>			
		<u>789 HOWARD AVENUE</u>			Phone no.	<u>203-688-9585</u>			
		<u>NEW HAVEN, CT 06519</u>							

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>Mary-Evelyn Antonetti</u>	<i>[Signature]</i>	<u>7/21/2017</u>	<input type="checkbox"/>	<u>P00431862</u>
	Firm's name	Firm's EIN		<u>13-5565207</u>	
	<u>KPMG LLP</u>				
	Firm's address	Phone no.			
	<u>ONE FINANCIAL PLAZA, 755 MAIN STREET</u>	<u>860-297-6085</u>			
	<u>HARTFORD, CT 06103</u>				



Municipality: Bridgeport

Form NAA-01
2019 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 Hospital Foundation

Address: 267 Grant Street, Bridgeport, CT 06610

Federal Employer Identification Number: 22-2908698

Program title: REACH Youth Program

Name of contact person: Kate Hough

Telephone number: (203) 418-2844

Email address: kaitlin.hough@bpthosp.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): _____

Description of program: _____

Bridgeport Hospital's REACH Youth Program is an intensive outpatient program (IOP) for children and adolescents. The REACH Program accepts all forms of insurance, including Medicare and Medicaid. The REACH program serves 200 children annually. The program provides evidenced-based care to a predominantly minority and low income community and fulfills a crucial gap in services. The children at REACH experience severe behavioral, emotional and/or psychiatric difficulties that impede their daily functioning at home, school or both. The REACH Program is designed to return children to school and to keep families intact.

Need for program: _____

The REACH Youth Program is the only one of its kind in the area. REACH fills a crucial gap in services in Bridgeport and the surrounding towns. A substantial number of the youth admitted to the REACH Program have experienced significant Adverse Childhood Experience (ACE). Examples of ACE are: household dysfunction, abuse or neglect.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

REACH is a mental health program for children and adolescents who are struggling through school and life but who have limited access to high quality mental health services. With its unique level of intensity and comprehensive and coordinated services, REACH fills a crucial gap in services in Bridgeport and the surrounding communities.

Teens and young adults are high risk for mental illness. This is especially true of young people living in distressed communities like Bridgeport. According to the Bridgeport Child Advocacy Coalition 2014 State of

Timetable:

Program start date: 2006

Program completion date: n/a

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	<u>50,000.00</u>
Other funding sources - itemized sources:	
a) <u>Patient/Insurance Payments</u>	<u>\$1,230,000.00</u>
b) <u>Grants/Gifts</u>	<u>\$650,000.00</u>
c) <u>Fundraising Events</u>	<u>\$10,000.00</u>
d) _____	_____
Total Funding:	<u>\$1,890,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries</u>	<u>\$1,683,772.00</u>
b) <u>Physician Fees</u>	<u>\$23,000.00</u>
c) <u>Outside Contractual Services</u>	<u>\$40,479.00</u>
d) <u>Rental Property</u>	<u>\$201,563.00</u>
Administrative expenses - itemized description:	
a) <u>Travel/Meeting</u>	<u>\$9,058.00</u>
b) <u>Dietary Services</u>	<u>\$3,539.00</u>
c) <u>Medical Supplies</u>	<u>\$605.00</u>
d) <u>General Supplies</u>	<u>\$8,204.00</u>
Total Proposed Expenditures:	<u>\$1,889,389.66</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, Office of Planning & Economic Development
Mailing address: _____ 45 Lyon Terr., 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 Review</p> <p align="center">Is a post-project review required for this proposal?</p> <p align="center"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p align="center">If Yes, date post-project review due:</p> <p align="center">_____</p> <p align="center">Date</p>
--

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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

Department of the Treasury

Internal Revenue Service

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

B Check if applicable: C Name of organization BRIDGEPORT HOSPITAL FOUNDATION, INC.

D Employer identification number 22-2908698

E Telephone number 203-688-6088

F Name and address of principal officer: STEPHEN JAKAB, 267 GRANT STREET, BRIDGEPORT, CT 06610

G Gross receipts 32,663,215

H(a) Is this a group return for subordinates? Yes [X] No []

H(b) Are all subordinates included? Yes [] No [X]

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [] 501(c)(1) or 527 [] 4947(a)(1) [] 527

J Website: HTTP://FOUNDATION.BRIDGEPORTHOSPITAL.ORG/

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Year of formation: 1988 M State of legal domicile: CT

1 Briefly describe the organization's mission or most significant activities: FUNDRAISING FOR BRIDGEPORT HOSPITAL.

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

3 Number of independent voting members of the governing body (Part VI, line 1a) 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 11

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0

6 Total number of volunteers (estimate if necessary) 13

7 a Total unrelated business revenue from Part VIII, column (C), line 12 826.

7 b Net unrelated business taxable income from Form 990-1, line 34 0.

8 Contributions and grants (Part VII, line 1h) 9,085,513.

9 Program service revenue (Part VIII, line 2g) 10,635,795.

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) 146,636.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,457,492.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 97,143.

14 Benefits paid to or for members (Part IX, column (A), line 4) 88,961.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,510,384.

16 a Professional fundraising fees (Part IX, column (A), line 11e) 0.

16 b Total fundraising expenses (Part IX, column (D), line 25) 2,503,286.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,047,963.

18 Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25) 4,655,490.

19 Revenue less expenses: Subtract line 18 from line 12 4,802,002.

20 Total assets (Part X, line 16) 71,975,415.

21 Total liabilities (Part X, line 26) 81,074,474.

22 Net assets or fund balances: Subtract line 21 from line 20 69,267,171.

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: STEPHEN JAKAB, PRESIDENT Date: 9/25/16

Paid Preparer: Name: MARY-EVELYN ANTONETTI, Firm: KPMG LLP, Firm's address: ONE FINANCIAL PLAZA, 755 MAIN STREET, HARTFORD, CT 06103

Use Only: Firm's EIN: 13-5565207, Phone no: 860-297-6085

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015 or tax year beginning OCT 1 2015 and ending SEP 30 2016

2015

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 990-B

Name of exempt organization

BRIDGEPORT HOSPITAL FOUNDATION, INC.

Employer identification number

22-2908698

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

Check the box for the type of return being filed with Form 8453-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 of 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-). 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), lines 12)	1b	<u>11,700,771.</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 990-B check here	<input type="checkbox"/>	b Balance due (Form 990-B, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 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.

Sign Here

Stephan J. Fabel
Signature of officer

7/25/17
Date

PRESIDENT
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4183, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <i>[Signature]</i>	Date <u>7/25/17</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00315411</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>YALE NEW HAVEN HEALTH SERVICES CORP</u> <u>789 HOWARD AVENUE</u> <u>NEW HAVEN, CT 06519</u>	EIN <u>22-2529464</u>	Phone no. <u>203-688-9585</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/type preparer's name <u>Mary-Evelyn Antonetti</u>	Preparer's signature <i>[Signature]</i>	Date <u>7/21/2017</u>	Check self-employed <input type="checkbox"/>	PTIN <u>P00431862</u>
	Firm's name <u>KPMG LLP</u>	Firm's EIN <u>13-5565207</u>			
	Firm's address <u>ONE FINANCIAL PLAZA, 755 MAIN STREET</u> <u>HARTFORD, CT 06103</u>	Phone no. <u>860-297-6085</u>			



Municipality: City of Bridgeport

Form NAA-01
2019 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 Youth Lacrosse Inc.

Address: P.O.Box 55256 Bridgeport, CT. 06604
56 Fairview Ave. Bridgeport, CT. 06606

Federal Employer Identification Number: 26-2798868

Program title: Bridgeport Youth Lacrosse Sports Academy

Name of contact person: Donald Wilson

Telephone number: (203) 273-6084

Email address: bridgeportyouthlacrosse@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 47,220.00

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 free programs targets 250 students from Bridgeport who are in grades five through eight. Sports for Peace is the theme and combines fun social activities with hands-on academic work to provide a rich and engaging overall experience for program participants. Preventing youth violence is a complex social problem that requires a multifaceted response built from prevention, intervention, enforcement and providing opportunities for change. BYLSA will maximize the use of our city-wide partnerships and strategic planning to focus on reducing the violence through sports and other enrichment programs.

Need for program: _____

One of BYLSA's biggest goals is to diminish the disparity between the quality of holistic sports programs (programs that provide a complement of youth development supports, services, and opportunities) available to Bridgeport's urban youth and those offered to their suburban counterparts. Additionally, another significant challenge impacting children in Bridgeport is youth violence. BYLSA partners with Bridgeport Public School (BPS) System, Lighthouse - BPS's after-school program, MUCK MUDD Academy, Jewels of Joy Counseling and others. Together implementing various strategies (academic support, S.T.E.A.M academy, violence prevention & intervention) to develop a plan focused on reducing youth violence.

Neighborhood area to be served: _____

BYLSA targets Bridgeport Public School (BPS) children in two distinct age groups for different activities. The first are Bridgeport youth ages five to fifteen who we engage through programming. The second group are young Bridgeport adults ages 16 to 21 who each volunteer to tutor, coach, and mentor to the first group 20 to 30 hours a year. Many of these youth participate in our coaches and referee training programs which gives them the opportunity to received a small stipend. All beneficiaries are high-risk, potential victims or perpetrators of Youth Violence, qualify for Free or Reduced Lunch, are under-served, minority children who have been deemed racially, ethnically and economically isolated by the Connecticut Department of Education.

Plan to implement the program: _____

The students from this program come from all over the city with the help of a city-based program hosted by the board of education. This program runs from July1 - August 2, 2019 and serves 250 youth. Groups of 20 students rotate through fun activities covering academics, sports, and self-development. Activities includes Basketball, Lacrosse, Track & Field, Soccer, Team-building activities, and Mentoring.

Timetable:

Program start date: July 1, 2019

Program completion date: August 2, 2019

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 47,220.00

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) _____
- b) _____
- c) _____
- d) _____

Total Proposed Expenditures:

Bridgeport Youth Lacrosse
Direct Service Program
2019 - 2021

Budget Narrative

For each line identified in the SFP Request, I've provided a detailed explanation of the proposed expense below.

Personnel expenses are being requested, staff has been identified- the name of the staff person, hourly rate, and hours to be worked on the project. Grant is covering all individual salaries.

Grant is covering all travel/mileage reimbursement is being requested, We'll list the purpose and rate per mile.

Grant is covering all supplies to be purchased, please identify the specific item(s), quantity and cost per unit.

Grant is covering all other costs proposed, please provide an itemized description with associated costs.

<u>Line #</u>	<u>Cost Justification</u>	<u>Total Cost</u>
	Complete explanation including all detail goes HERE	
1-A	Salaries are as followed: 1 Program Directors (DW) @ 40/hr x45 hrs/wk x 4wks= \$7,200	\$7,200
1-B	10 Coaches/Mentor @ 15.00/hr x 40hrs/wk=\$/wk/coaches (Julia Consorte, Nijah Wilson, Sarah Stevens, Jeff Baptiste, Elie Laurena Garfield Brown, Chris Rosado, Wesley Sainval, Wilson Ortiz, Alex Wisner 12 Additional staff provided by WorkForce Youth Job Placement =\$6,000 x 4weeks = \$24,000	\$24,000
2	Participant Supplies/ Training Needs/ Support	\$1,200
3	Transportation 4 planned field trips	\$2,500

	<p>Beach day, Hiking Adventure, Adventure park, Movies @\$250 each Includes Drivers and Vehicle We Transport Transportation Company</p>	
4	<p>STEM/STEAM Supplies (STEAM Supplies) (Notebooks/Writing utensils)</p>	\$4,400.00
5	<p>Marketing/Printing Flyers, posters, Yard Signs</p>	\$1,200
6	<p>Food – Refreshments from BJs Includes multipack snacks (Nabisco and Goldfish) - \$9.99/8.99 per unit, water, Gatorade \$13.99/unit</p>	\$1,600
7	CPR/AED Training \$29.99 / 4	\$120
8	Other: Walkie Talkies 10@29.99	\$300
9	Insurance & Bonding	\$1,000
10	Accounting and Auditing Services	\$200
11	Equipment - Lease/ Maintenance/ Rental/ Purchase	\$1,500
12	<p>Other Direct Costs: Mouth Pieces, Sticks, Balls, Pennies</p>	\$2,000
	TOTAL SFP Request	\$47,220

2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call 860-297-5687.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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

2017

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JANUARY 01**, 2017, and ending **DECEMBER 31**, 2017

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 YOUTH LACROSSE	D Employer identification number 26-2798868
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 56 FAIRVIEW AVENUE	E Telephone number (203) 273-6084
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT CT 06606	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **31,973**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I		<input type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	26,829
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	5,144
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,973	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	1,874
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,605
	14 Occupancy, rent, utilities, and maintenance	14	3,420
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	19,634
	17 Total expenses. Add lines 10 through 16	17	27,533
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,440
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	5,512
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,952

For Paperwork Reduction Act Notice, see the separate instructions.



Municipality: Bridgeport

Form NAA-01
2019 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: _____

WPKN

Address: 244 University Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 22-3162248

Program title: Connecting Undeserved Communities

Name of contact person: Steven di Costanzo

Telephone number: (917) 880-8222

Email address: gm@wpkn.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 12,000.00

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): Strengthening and enriching communities

Description of program: _____

Public radio plays an important role in connecting communities and educating on a deeper level than found in mainstream media. WPKN is a volunteer driven organization that runs a 24 hour, 7 days a week operation with 1 FT paid General Manager and a PT underwriting and sales manager. There is a critical need for a person to take on some responsibility for the station operations to allow the GM more time to interact with the community. It will also allow the 60 talented, volunteer on-air programmers to do what they do best; to produce innovative programs for the community. Compelling content is what attracts and keeps audiences.

Need for program: _____

The outcome of WPKN's first strategic planning session in December 2018 was to prioritize and expand its mission with new outreach into the community. WPKN's home city of Bridgeport is the most ethnically diverse in the State with 39% Hispanic, 33% Black, 21.7% White, 3.1% Asian, and 1.96% more than two. Common foreign languages are Spanish, Portuguese and French Creole. In these difficult times it is important for people to have public spaces available to them that are human-driven and free from commercial influence that promote diversity, tolerance and freedom of expression.

Neighborhood area to be served: _____

WPKN's broadcast originates in Bridgeport and is well-positioned to easily allow residents of the city and surrounding communities access to voicing their views, concerns, and solutions to community issues. Since the signal also serves many surrounding communities as well as a broad region that impacts Bridgeport, it serves to connect Connecticut communities and the North shore of Long Island. There are almost no other locally-based media that give community organizations a place to reach such a broad audience.

Plan to implement the program: _____

In anticipation of a new fiscal year, WPKN will put out a call for resumes in late 2019 for an Administrative Assistant (25 hours per week) with a proposed hiring date of 01/01/2020. Responsibilities will include assisting the General Manager in the coordination of special events, phone call follow-up, assuring general upkeep of the station and compliance documents. Working with the General Manager on website/publications/printed material and social media.

Timetable:

Program start date: 01/01/2020

Program completion date: 12/31/2020

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	<u>12,000.00</u>
Other funding sources - itemized sources:	
a) <u>Operating expenses</u>	<u>\$8,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$20,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>25 hour per week Administrative Assistant</u>	<u>\$20,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$20,000.00

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: _____ 999 Board Street, Bridgeport, CT 06604
Name of municipal liaison: Max Perez, Director of Business Development
Telephone number: 203-576-3976
Fax number: 203-576-3979
Email address: max.perez@bridgeportct.gov

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

**2019 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on **Form NAA-01, 2019 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV Municipal Information

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

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

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

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

2016

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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 WPKN Incorporated Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 244 University Avenue City or town, state or province, country, and ZIP or foreign postal code Bridgeport, CT 06604 F Name and address of principal officer: John Rivera same as C above	D Employer identification number 22-3162248 E Telephone number 203-331-9756 G Gross receipts \$ 426,353. 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.WPKN.com		
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: 1963 M State of legal domicile: CT		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WPKN, Inc is a non-profit corporation established for the purpose of operating noncommercial 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 11 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 2 6 Total number of volunteers (estimate if necessary) 6 130 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, line 34 7b 0.													
Revenue	8 Contributions and grants (Part VIII, line 1h) 245,181. 389,928. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 149. 159. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,397. 24,472. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 266,727. 414,559.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> <tr> <td>245,181.</td> <td>389,928.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>149.</td> <td>159.</td> </tr> <tr> <td>21,397.</td> <td>24,472.</td> </tr> <tr> <td>266,727.</td> <td>414,559.</td> </tr> </table>	Prior Year	Current Year	245,181.	389,928.	0.	0.	149.	159.	21,397.	24,472.	266,727.	414,559.
Prior Year	Current Year													
245,181.	389,928.													
0.	0.													
149.	159.													
21,397.	24,472.													
266,727.	414,559.													
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) 74,244. 88,698. 16a Professional fundraising fees (Part IX, column (A), line 11e) 12,834. 14,242. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,758. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 160,848. 154,536. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 247,926. 257,476. 19 Revenue less expenses. Subtract line 18 from line 12 18,801. 157,083.													
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 249,519. 407,452. 21 Total liabilities (Part X, line 26) 1,050. 1,900. 22 Net assets or fund balances. Subtract line 21 from line 20 248,469. 405,552.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> <tr> <td>249,519.</td> <td>407,452.</td> </tr> <tr> <td>1,050.</td> <td>1,900.</td> </tr> <tr> <td>248,469.</td> <td>405,552.</td> </tr> </table>	Beginning of Current Year	End of Year	249,519.	407,452.	1,050.	1,900.	248,469.	405,552.				
Beginning of Current Year	End of Year													
249,519.	407,452.													
1,050.	1,900.													
248,469.	405,552.													

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 John Rivera, Treasurer Type or print name and title	Date _____
Preparer Use Only	Print/Type preparer's name Nathaniel S. Yordon, CPA	Preparer's signature Nathaniel S. Yordon
	Firm's name ▶ Capossela, Cohen, LLC Firm's address ▶ 368 Center Street Southport, CT 06890	Date 03/11/18 Check <input type="checkbox"/> if self-employed PTIN P00045695 Firm's EIN ▶ 06-1415579 Phone no. 203.254.7000

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

CITY OF BRIDGEPORT, CONNECTICUT
CIVIL SERVICE COMMISSION

CITY HALL * 45 LYON TERRACE * BRIDGEPORT, CONNECTICUT 06604-4023 * (203) 576-7103 * Fax 576-7102



DAVID J. DUNN
Personnel Director

Commissioners

RICHARD P. RODGERS
MELVA FALBERG
Dr. HERRON GASTON
PAUL GRECH

May 28, 2019

Lydia Martinez, City Clerk
City of Bridgeport
City Hall
45 Lyon Terrace
Bridgeport, CT 06604

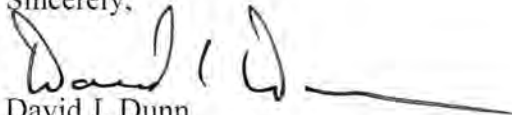
Dear Ms. Martinez:

Please find enclosed a proposed revision to the Bridgeport Civil Service Commission Rules, to be submitted to the Miscellaneous Matters Committee. The proposed revision amends Rule XV regarding residency preference to state the following:

“To obtain such credit, an applicant shall a) have filed on or before the date of the examination proof that he or she has been domiciled in the City of Bridgeport for the twelve (12) months preceding the date of the examination; and b) have filed proof that he or she was domiciled in the City of Bridgeport at the date of certification of hire.”

Chapter 17 section 206 (a) of the City Charter provides that the “Said commission shall: (1) After public hearing adopt and amend rules and regulations for the administration of the chapter which shall have the force and effect of law, upon majority vote of the common council and approval by the mayor”.

Sincerely,


David J. Dunn
Personnel Director

/djb

Enc. Proposed Civil Service Rule
Draft Minutes 5/14/19

RECEIVED
CITY CLERK'S OFFICE
19 MAY 28 PM 3:41
CLERK

RULE XV. RESIDENT PREFERENCE

An individual domiciled in the City of Bridgeport who receives a passing mark on an open competitive examination shall have 15% added to their passing grade in determining his or her order or rank in the eligibility list, said points shall be in addition to any applicable Veterans preference points. To obtain such credit, an applicant shall a) have filed on or before the date of the examination proof that he or she has been domiciled in the City of Bridgeport for the twelve (12) months preceding the date of the examination; and b) have filed proof that he or she was domiciled in the City of Bridgeport at the date of certification of hire. Domiciled is defined to be that place where an individual has his/her true, fixed and permanent home and to which whenever the individual is absent he/she has the intention of returning.

Any individual who falsely reports their domicile as the City of Bridgeport, CT, who is domiciled outside the City of Bridgeport, CT, will not receive the preference points, will be prohibited from competing in any future Civil Service examinations and will be subject to the penalties set forth in Section 221 of the City Charter.

CIVIL SERVICE COMMISSION REGULAR MEETING

May 14, 2019 at 2:00 p.m.
City Hall, 45 Lyon Terrace
Bridgeport, CT 06604
Wheeler Rooms A and B

MINUTES

Commissioner Gaston called the regular meeting of the Civil Service Commission to order at 2:01 p.m. Present were Commissioners Falberg, Grech and Rodgers; Personnel Director David Dunn; Clerk to the Commission Deborah Brelsford; Atty. John Mitola; Mr. Bepko; Ms. Latiquea Coley; Lt. Brian Dickerson; Police Officer A. Wilde; Eric Amado

1. Meeting Minutes

The Minutes from the Civil Service Commission meeting on April 9, 2019 are submitted for review.

**** COMMISSIONER RODGERS MOVED TO TABLE THE MINUTES OF APRIL 9, 2019.**

**** COMMISSIONER GRECH SECONDED.**

**** THE MOTION TO TABLE THE REGULAR CIVIL SERVICE COMMISSION MEETING ON APRIL 9, 2019 PASSED UNANIMOUSLY.**

2. Vacancy Report – NOTED FOR THE RECORD.

Mr. Dunn presented the Vacancy Report.

VACANCIES – Report 05/14/2019

Competitive Positions

Former

Replacement

BOARD OF EDUCATION
Custodian I
Custodian I
Mason Maintenance

Isaiah S Nelson
Mark C Stevenson

Mark Ambrose

Non-competitive Positions

Former

Replacement

POLICE
School Crossing Guard

Police Recruits (26)

Natasha Ruiz

Ushema R Brown

Michael Van Growski
Angelique Cruz
Alexis Santana
Antonio Molina
David Bahr
Corey Baldwin
Jenny Ribeiro
Xiomara Nieves
Allison Abresky

Joseph Seagren
 Jonathan Ferrao
 Matthew DeFilippo
 Michael Swix
 Devon Bonds
 Joseph Albani
 Israel Colon
 Bernard Webb
 Lamar Robinson
 Caitlyn Hracs
 Richard Rivera
 Keith Porter
 Matthew Hoffman
 Wally Franco
 Rajvi Blake-Jarvis
 Keith Grieco
 Oscar Soler

PUBLIC FACILITIES

Maintainer I Grade I & II (16)

PARKS & RECREATION

Seasonal Maintainer I, Grade I (35)
 Seasonal Golf Course Starter/Ranger (8)
 Seasonal Groundskeepers (6)
 Greenhouseman (1)
 Zoo Keeper (1)

REGISTRAR OF VOTERS

Seasonal Machine Technician
 P/T Election Specialist

Kenneth C Garner
 James A Smith Jr.

HEALTH

Public Health Nurse I
 Veteran Affairs Coordinator

Donna McGrew
 Milta Feliciano

Megan A Anderson
 Larry Robinson

3. Merit Report –

STEP INCREASES DECEMBER 27, 2017

Dept	Employee	Position	Increase
School Crossing Guards	Elizabeth Espinal	School Crossing Guard	\$30.50/Day (1) to \$32.89/Day (2)
School Crossing Guards	Ivonne Latorre	School Crossing Guard	\$30.50/Day (1) to \$32.89/Day (2)
School Crossing Guards	Carolina Quinteros	School Crossing Guard	\$30.50/Day (1) to \$32.89/Day (2)
School Crossing Guards	Dialma Robles	School Crossing Guard	\$30.50/Day (1) to \$32.89/Day (2)
School Crossing Guards	Lashalyz Torres	School Crossing Guard	\$30.50/Day (1) to \$32.89/Day (2)
School Crossing Guards	Joshua Vazquez	School Crossing Guard	\$30.50/Day (1) to \$32.89/Day (2)

STEP INCREASES MAY MEETING.

FIRE	Job Title	Effective Date
THEODORE LANDWEHR	SUPERINTENDENT OF MAINTENANCE	5/5/2019
		\$95,820.00 (1) TO \$100,386.00 (2)

MERIT INCREASES EFFECTIVE MAY 2019 MEETING
Increase Effective on June 1st, 2019

BOE

217412 - Xavier, Jose	Janitress	\$32,901.00 (Step 1) to \$34,633.00 (Step 2)
*Retroactive April 1, 2019		

Engineering

217408 - Buotte, Michael	Engineering Aid IV	\$64,673.00 (Step 1) to \$66,229.00 (Step 2)
*Retroactive April 1, 2019		

Public Facilities Divisions – Increase Effective on June 1st

***Roadway Management**

217102 – Lefevre, Scott	Maintainer I Grade I	\$33,623.00 (Step 2) to \$35,299.00 (Step 3)
216283 – Ordonez Cruz, Arturo	Maintainer I Grade I	\$31,941.00 (Step 1) to \$33,623.00 (Step 2)
215972 – Venezia, Anthony	Maintainer I Grade I	\$33,623.00 (Step 2) to \$35,623.00 (Step 3)

***Transfer Station**

215436 – Hampton, Jesus	Maintainer I Grade II	\$34,283.00 (Step 1) to \$36,086.00 (Step 2)
216182 – Carlos Vazquez	Maintainer I Grade II	\$34,283.00 (Step 1) to \$36,086.00 (Step 2)
214025 – Estephan, Joseph	Maintainer V	\$52,666.00 (Step 4) to \$55,061.00 (Step 5)
212661 – Macedo, Getulio	Maintainer V	\$50,271.00 (Step 3) to \$52,666.00 (Step 4)

4. Permanent Appointments – CERTIFIED FOR PAYROLL.

PERMANENT APPOINTMENTS

Dept	Employee	Position	Effective
Benefits Admin	Terry Jones	Benefits Coord	4/5/19
Library	Adam Cleri	Librarian I	4/9/19
Library	Jodi Weisz	Librarian I	5/1/19
School Crossing Guards	Hazel Cain	School Crossing Guard	3/19/19
School Crossing Guards	Rafael Cruz	School Crossing Guard	3/19/19
School Crossing Guards	Jeanette Lopez	School Crossing Guard	3/19/19
School Crossing Guards	Melvin Portee	School Crossing Guard	3/19/19

PERMANENT APPOINTMENTS - MAY MEETING

FIRE	Job Title	Effective Date
EARL KING	PUMPER ENGINEER	5/3/2019

5. Vote to Amend Civil Service Commission Residence Rule XV – Common Council Request.

The Commission has received a request from the Bridgeport Common Council to amend the Civil Service residency rule:

Now therefore it be resolved that the Bridgeport City Council hereby calls on the Civil Service Commission to amend Rule XV of the Rules of the Civil Service Commission to state the following:

"To obtain such credit, an applicant shall a) have filed on or before the date of the examination proof that he or she has been domiciled in the City of Bridgeport for twelve (12) months preceding the date of the examination; and b) have filed proof that he or she was domiciled in the city of Bridgeport at the date of the certification of hire."

Mr. Dunn said that the Council has been discussing issues about new hires. He explained that there is a suspicion that there are some exam candidates who arrange for a Bridgeport mailing address for the residency points. This will put an end to that.

**** COMMISSIONER RODGERS MOVED TO AMEND CIVIL SERVICE COMMISSION RESIDENCE RULE XV.**

**** COMMISSIONER GRECH SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

6. Request from The City Council

The Commission has received a request from the Bridgeport Common Council regarding proposed resolution: Clean Slate Hiring Policy for the City of Bridgeport.

Earlier, Council Member Newton had presented a resolution regarding hiring ex-offenders to the Council. This proposal is a further refinement of the original resolution. Commissioner Grech asked if this would apply to the Police. Mr. Dunn said that the Police and Board of Education are exempt. Mr. Dunn gave some examples of how they would have to evaluate the candidates if there is a nexus between the offense and the position. Atty. Mitola pointed out that Personnel ultimately makes the final decision.

**** COMMISSIONER RODGERS MOVED TO TABLE THE CLEAN SLATE HIRING POLICY FOR THE CITY OF BRIDGEPORT.**

**** COMMISSIONER GRECH SECONDED.**

7. Request for Waiver

The Commission has received a request from Mr. Joseph Bepko, entry level Police Officer candidate, for a 6 month waiver, until he is released from Coast Guard Reserve.

Mr. Bepko, the candidate's father was present. He explained that his son was in the Coast Guard and has not quite completed his enlistment obligations.

**** COMMISSIONER FALBERG MOVED TO APPROVE THE REQUEST FROM MR. JOSEPH BEPKO, ENTRY LEVEL POLICE OFFICER CANDIDATE, FOR A 6 MONTH WAIVER, UNTIL HE IS RELEASED FROM COAST GUARD RESERVE.**

**** COMMISSIONER GRECH SECONDED.
** THE MOTION PASSED UNANIMOUSLY.**

8. Request for Appeal.

The Commission has received a request from Ms. Latiquea Coley, regarding the entry level Police Officer exam #2350 hiring process.

Ms. Latiquea Coley came forward. DD explained that Ms. Coley had not passed the Cooper's test.

Commissioner Gretch asked why this was a waiver to extend not an appeal. Lt. Brian Dickerson, Officer A. Wilde came forward to speak about the situation. Ms. Coley said that there was still time on the clock when she completed what she thought was the correct number of sit ups.

Lt. Dickerson said that Captain Garcia, who was not able to come due to a conflict in scheduling, had written a report and there was also a report from Officer Wilde. He added that there were representatives from the State of Connecticut present the day of the exam who were observing the test along with the other applicants.

Officer Wilde gave a detailed explanation of which type of sit up is considered valid. He also explained what happened at the end of the sit up time period.

Commissioner Gaston said that he would like to table this because there was a great level of detail and Captain Garcia was not able to attend.

**** COMMISSIONER RODGERS MOVED TO TABLE THE APPEAL FROM MS. LATIQUEA COLEY, REGARDING THE ENTRY LEVEL POLICE OFFICER EXAM #2350 HIRING PROCESS.
** COMMISSIONER GRECH SECONDED.
** THE MOTION PASSED UNANIMOUSLY.**

9. Legal Report

Atty. Mitola said there was no report at this time.

10. Personnel Director Report.

Mr. Dunn presented his report:

- **Fire Equipment Mechanic Exam** – This is scheduled to take place at the end of the month. Currently, there are only 2 applicants signed up to take the test.

- **Entry Level Firefighter Exam** – There are almost 200 applicants. In order to take the exam, one must pass the CPAT exam and present the card. The firefighters are trained at the Connecticut Fire Academy and they require the CPAT card before starting

the training. The tests are scheduled for June 8th and June 15th. The CPAT testing will conclude on June 5th, so they have scheduled 15th for those who have just completed the CPAT.

• **Custodian 1 Exam** – There will be an open, competitive exam in June. There are over 100 candidates.

Mr. Eric Amado came forward and spoke about the background checks that the City is working on. He said that one question was whether they could mandate finger printing for any individual who is working in the Police Department. Commissioner Grech said that The City is being audited regarding the accessibility to the NCIC system. He explained that when an employee is working on the system, they must receive clearance to do so.

Mr. Amado said that they were requesting a policy for fingerprinting all employees who might be transferred to the Police Department. Mr. Dunn said that they would draft something up and present it to the Commission.

• **Dates for appeal hearings for entry level Police Officer applications.**

Ms. Breilsford said that she would check with the Commissioners regarding potential dates for the Police Officer Exam appeal hearings.

ADJOURNMENT

**** COMMISSIONER RODGERS MOVED TO ADJOURN.
** COMMISSIONER FALBERG SECONDED.
** THE MOTION PASSED UNANIMOUSLY.**

The meeting adjourned at 2:55 p.m.

Respectfully submitted,

S. L. Soltes
Telesco Secretarial Services



OFFICE OF THE CITY CLERK RESOLUTION FORM

RECEIVED
CITY CLERK'S OFFICE
19 MAY 29 PM 12:09

TEST

SECTION I CITY COUNCIL SUBMISSION INFORMATION

Log ID/Item Number:	86-18
Submitted by Councilmember(s):	Maria I. Valle
Co-Sponsors(s):	Aidee Nieves Choose an item. Choose an item. Choose an item.
District:	137TH
Subject:	Proposed resolution for Traffic Calming Measures for 137 th District
Referred to:	Board of Police Commissioners
City Council Date:	June 3, 2019

SECTION II RESOLUTION (PLEASE TYPE BELOW)

WHEREAS, the City Council desires to ensure the safety and well-being of its citizens, inhabitants and all other persons traveling on the streets of Bridgeport; and

WHEREAS, our streets and roads are heavily travelled by motor vehicle, commercial truck, bicyclist, motorcyclist and pedestrians alike; and

WHEREAS, the 137th District is an urban, densely developed area with multi-family residential streets that experiences a steady flow of commercial and other motor vehicles along with pedestrian traffic made up of children, families, the disabled, and elderly residents; and

WHEREAS, traffic problems have continued to grow over recent months as vehicles speed through, not slowing for others or pedestrians, increasing the risk of a serious accident; and

WHEREAS, City Council representatives have received a steady increase in complains from constituents regarding traffic safety concerns and have piecemeal been requesting the Board of Police Commissioners to implement various traffic control techniques and methods; and

WHEREAS, it is time the traffic engineer studies the problem and develop a comprehensive plan consistent with the NRZ traffic calming strategy to promote safe and pleasant conditions for motorists, bicyclists, pedestrians, and residents on streets in the district; and

WHEREAS, in the short term the following actions are requested to promote safe and pleasant conditions for motorists, bicyclists, pedestrians, and residents along our neighborhood streets:

1. All Way Stop at Stillman Street and Brooks Street (pictures of recent rollover accident are attached and it's a sight that is not uncommon in the 137th District in recent months),



OFFICE OF THE CITY CLERK RESOLUTION FORM

2. All Way Stop at Hough Avenue and Cedar Street,
3. Flashing signage like that which has been placed on Fairfield Avenue (Block Rock Area) at Barnum Avenue and Hallett Street an area which has been previously addressed) as it is a long stretch from East Main Street to Seaview Avenue there are trucks (training school) driving through the area; Charter Oak School is housed at 510 Barnum Avenue, OPTIMUS Health Clinic,
4. Make Stillman Street a one-way street (between Helen and Pembroke) like that at Black Rock School; and

NOW, THEREFORE BE IT RESOLVED by the Bridgeport City Council that the Board of Police Commissioners have the traffic engineer study the problem and develop a comprehensive plan consistent with the NRZ traffic calming strategy to promote safe and pleasant conditions for motorists, bicyclists, pedestrians, and residents on streets; and

BE IT FURTHER RESOLVED by the Bridgeport City Council that the Board of Police Commissioners have the traffic engineer study as soon as possible the feasibility of implementing the following traffic control measures at the locations indicated below;

1. All Way Stop at Stillman Street and Brooks Street,
2. All Way Stop at Hough Avenue and Cedar Street,
3. Flashing signage (like that which has been placed on Fairfield Avenue in the Black Rock Area) at Barnum Avenue and Hallett Street,
4. Make Stillman Street a one-way street (between Helen and Pembroke) like that at Black Rock School; and

that all traffic control measures be implemented with appropriate signage and markings.

-Attachments-



OFFICE OF THE CITY CLERK RESOLUTION FORM

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	

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): Public Hearing Held on:	

SECTION V AMENDMENTS/EXHIBITS

Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
-----------------	--	-------

SECTION VI COMMITTEE ACTION/APPROVAL INFORMATION

Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

SECTION VII WITHDRAWN/SINE DIE INFORMATION

Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
-----------------	--	-------

SECTION VIII DATE OF APPROVAL/DENIAL FROM CITY COUNCIL

City Council Approval Date: _____

SECTION IX COMMENTS (if any)









Item# *73-18 Consent Calendar

Grant Submission: re State of Connecticut Department of Economic & Community Development – Urban Action Grant Program for McLevy Hall. (#19449)



Report
of
Committee
on

CEED and Environment

City Council Meeting Date: June 3, 2019

Attest: *Lydia N. Martinez*

Lydia N. Martinez, City Clerk

Approved by: *Joseph P. Ganim, Mayor*

Date Signed: _____

Please Note: Mayor did not sign Report.

RECEIVED
CITY CLERK'S OFFICE
19 JUN 24 PM 3:34
TEST CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport:

The Committee on **Economic and Community Development and Environment** begs leave to report; and recommends for adoption the following resolution:

Item No. *73-18 Consent Calendar

**A Resolution by the Bridgeport City Council
Regarding the
State of Connecticut
Department of Economic & Community Development Urban Action Grant Program
for McLevy Hall Restoration (#19449)**

WHEREAS, the **State of Connecticut Department of Economic & Community Development** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **State of Connecticut Urban Action Grant Program**; and

WHEREAS, funds under this grant will be used to restore the exterior of the historical building known as McLevy Hall; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **State of Connecticut Department of Economic & Community Development – Urban Action Grant Program** to restore the exterior of McLevy Hall.

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

1. That it is cognizant of the City's grant application to and contract with the **State of Connecticut Department of Economic & Community Development** for the purpose of the **Urban Action Grant Program**.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to execute and file such application with the **State of Connecticut Department of Economic & Community Development – Urban Action 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 the City Clerk

**Report of Committee on ECD and Environment
Item No. *73-18 Consent Calendar**

-2-

**RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

Mary A. McBride-Lee, **Co-Chair**

Maria I. Valle, **Co-Chair**

Alfredo Castillo

Jeanette Herron

Rosalina Roman-Christy

Eneida L. Martinez

Nessah J. Smith

City Council Date: June 3, 2019

Item# *75-18 Consent Calendar

Grant Submission: re State of Connecticut Department of Transportation Dial-A-Ride Municipal Grant Program for the Elderly and Disabled. (#FY20-22)



**Report
of
Committee
on**

EEA and Environment

City Council Meeting Date: June 3, 2019

Attest: Lydia N. Martinez

Lydia N. Martinez, City Clerk

Approved by: Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor did not sign Report.

19 JUN 24 PM 3: 34
CITY CLERK'S OFFICE



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. *75-18 Consent Calendar

A Resolution by the Bridgeport City Council
Regarding the
State of Connecticut Department of Transportation
Dial-A-Ride Municipal Grant Program for the Elderly and Disabled (#20408-#22408)

WHEREAS, the **State of Connecticut Department of Transportation** 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 Department of Transportation Dial-A-Ride Municipal Grant Program for the Elderly and Disabled**; and

WHEREAS, funds under this grant will be appropriated to Greater Bridgeport Transit Authority to provide transportation services to the elderly and disabled residents; and

WHEREAS, it is desirable and in the public interest that The Greater Bridgeport Transit Authority submit an application to the **State of Connecticut Department of Transportation** to support the Dial-A-Ride Municipal Grant Program.

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

1. That it is cognizant of the Greater Bridgeport Transit Authority grant application to and contract with the **State of Connecticut Department of Transportation** for the purpose of the **Dial-A-Ride Municipal Grant Program for the Elderly and Disabled**.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to execute and file such documents with **the Greater Bridgeport Transit Authority's application** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



City of Bridgeport, Connecticut Office of the City Clerk

**Report of Committee on ECD and Environment
Item No. *75-18 Consent Calendar**

-2-

**RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

Mary A. McBride-Lee, **Co-Chair**

Maria I. Valle, **Co-Chair**

Alfredo Castillo

Jeanette Herron

Rosalina Roman-Christy

Eneida L. Martinez

Nessah J. Smith

City Council Date: June 3, 2019

Item# *76-18 Consent Calendar

Grant Submission: re State of Connecticut Department of Economic & Community Development – Urban Action Grant Program. (#19215)



Report
of
Committee
on

CEA and Environment

City Council Meeting Date: June 3, 2019

Attest:

Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by:

Joseph P. Ganim, Mayor

Date Signed:

Please Note: Mayor did not sign Report.

RECEIVED
CITY CLERK'S OFFICE
19 JUN 24 PM 3:34
ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on **Economic and Community Development and Environment** begs leave to report; and recommends for adoption the following resolution:

Item No. *76-18 Consent Calendar

**A Resolution by the Bridgeport City Council
Regarding the
State of Connecticut
Department of Economic and Community Development Urban Action Grant Program
for Remington Arms Complex (#19215)**

WHEREAS, the **State of Connecticut Department of Economic and Community Development** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **State of Connecticut Urban Action Grant Program**; and

WHEREAS, funds under this grant will be used to support ongoing demolition, site remediation and historic preservation at the Remington Arms Complex; and

WHEREAS, the State of Connecticut Bond Commission approved the use of \$1M of Urban Action Grant funds at the December 11, 2018 Bond Commission Meeting; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **State of Connecticut Department of Economic and Community Development** to assist with the ongoing demolition, site remediation and historic preservation at the Remington Arms Complex.

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

1. That it is cognizant of the City's grant application to and contract with the **State of Connecticut Department of Economic and Community Development** for the purpose of the **Urban Action Grant Program**.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to execute and file such application with the **State of Connecticut Department of Economic and Community Development – Urban Action 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 the City Clerk

**Report of Committee on ECD and Environment
Item No. *76-18 Consent Calendar**

-2-

**RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

Mary A. McBride-Lee, **Co-Chair**

Maria I. Valle, **Co-Chair**

Alfredo Castillo

Jeanette Herron

Rosalina Roman-Christy

Eneida L. Martinez

Nessah J. Smith

City Council Date: June 3, 2019

Item# *78-18 Consent Calendar

Resolution authorizing execution of an Easement Agreement for 337 Knowlton Street.



**Report
of
Committee
on**

CEA and Environment

City Council Meeting Date: June 3, 2019

Attest:

Lydia N. Martinez

Lydia N. Martinez, City Clerk

Approved by:

Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor did not sign Report.

RECEIVED
CITY CLERK'S OFFICE
19 JUN 24 PM 3:31



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. *78-18 Consent Calendar

Resolution Authorizing Execution of an Easement Agreement 337 Knowlton Street

WHEREAS, in July of 2011, the City of Bridgeport, acting through its Office of Planning and Economic Development (“OPED”) acquired via donation the 1-acre property known as 337 Knowlton Street (the “Property”) and subsequently, using primarily federal funding through the Neighborhood Stabilization Program, demolished a 37,000 square foot blighted warehouse and created a public waterfront access area, together with a permeable parking lot, in order to increase the citizenry’s use and enjoyment of the Pequonnock River and to support private investment at 305 Knowlton Street (the “Adjacent Property”) which was then just emerging as a privately developed artists’ colony in an historic building on the City’s East Side; and

WHEREAS, the East Side Neighborhood Revitalization Zone (“ESNRZ”) Strategic Plan calls for “concentrated efforts towards redeveloping the waterfront to support increased public access especially along Knowlton Street and the Pequonnock River” (ESNRZ Plan p58); and

WHEREAS, the Waterfront Master Plan, approved by the City Council on May 1, 2017 (Item #06-16), declares public access to the waterfront as “the single most important aspect of its redevelopment,” and further supports the “[transformation of] obsolete industrial sites into visible, vibrant spaces for work, living and play”; and

WHEREAS, Plan Bridgeport, approved by the City Council on April 1, 2019 (Item #32-18) establishes the objective of improving 3.5 linear miles, or 18,480 linear feet, of public waterfront access area (primarily on the East Side, East End, Downtown) by the year 2029; and

WHEREAS, in furtherance of Plan Bridgeport, and in public-private partnership, OPED wishes to enter into the attached easement agreement (the “Easement Agreement”) with the owner of the Adjacent Property (the “Adjacent Owner”); and

WHEREAS, pursuant to the Easement Agreement, the Adjacent Owner shall make annual payment to the City in an amount equal to what the full taxes would be on the Property if it were privately owned, and will additionally expend private funds to improve the Property and make it more inviting by: filling in ruts; reseeding grass; creating a stone-dust public waterfront path along the full length of the approximately 250 linear feet of the Property; installing benches; installing lighting as may be needed; insuring and maintaining the property; and



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on ECD and Environment
Item No. *78-18 Consent Calendar

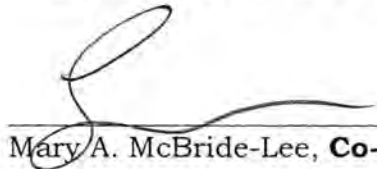
-2-

WHEREAS, the Adjacent Owner will make such improvements to the Property in connection with, and in support of, his further investment in the Adjacent Property, enhancing its identity as an artists' enclave and further developing it as an event space per the Adaptive Reuse approval granted by the Planning and Zoning Commission on March 25, 2019 (Item #19-16); and


WHEREAS, pursuant to the Easement Agreement, OPED will expand the permeable shared parking area and install public access signage; and

NOW THEREFORE BE IT RESOLVED BY THE CITY COUNCIL that it, based upon the statements and representations made herein, hereby authorizes, directs and empowers the Director of OPED to finalize and execute the Easement Agreement in substantially the form attached hereto and made a part hereof, and is further authorized to negotiate and to execute such other agreements, subject to the review and approval of the Office of the City Attorney, and to take such other necessary or desirable actions in furtherance of, and consistent with, this resolution in the best interests of the City.

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT



Mary A. McBride-Lee, **Co-Chair**

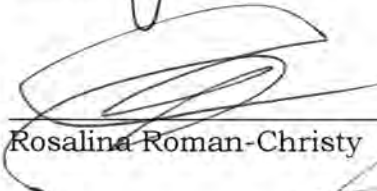


Maria I. Valle, **Co-Chair**




Alfredo Castillo

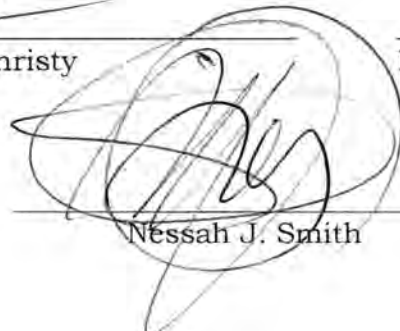
Jeanette Herron



Rosalina Roman-Christy



Eneida L. Martinez



Nessah J. Smith

City Council Date: June 3, 2019

After recording, please return to:

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

EASEMENT AGREEMENT

THIS EASEMENT AGREEMENT (the "**Easement**") is made this ____ day of _____ 2019 by the **CITY OF BRIDGEPORT**, a municipal corporation having an address at 45 Lyon Terrace, Bridgeport, Connecticut, through the **Office of Planning and Economic Development ("OPED")**, (collectively, the "**City**" or the "**Grantors**") in favor of the **SHIRAN NICHOLSON**, an individual having an address at _____ ("**Nicholson**" or the "**Grantee**").

RECITALS:

WHEREAS, the City is the owner of certain real property located in the City of Bridgeport being commonly known as 337 Knowlton Street, ("Grantor Parcel" or the "Easement Area") being more particularly described in a Quit Claim Deed, dated July 1, 2011 recorded in Book 8445 Page 87 of the Bridgeport Land Records; and

WHEREAS, Nicholson is the owner of certain real property located in the City of Bridgeport being commonly known as 305 Knowlton Street, ("Grantee Parcel") being more particularly described in a Warranty Deed, dated _____, 2019 recorded in Book _____, Page ____ of the Bridgeport Land Records; and

WHEREAS, by Bridgeport City Council Resolution Item #____, approved _____, 2019 (the "**Resolution**"), the Bridgeport City Council approved the grant of an easement from the City to Nicholson subject to the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Grantors do hereby give, grant, bargain, sell and convey unto the Grantee a non-exclusive easement (the "**Easement**") in, over, along and across the Grantor's Property (the "**Easement Area**") for the following purposes and uses on the following terms and conditions:

1. **Grant of Easement AS-IS**. EXCEPT AS SPECIFICALLY SET FORTH IN THIS AGREEMENT, GRANTOR MAKES NO REPRESENTATIONS, WARRANTIES, PROMISES, COVENANTS, AGREEMENTS OR GUARANTEES OF ANY KIND OR CHARACTER WHATSOEVER TO GRANTEE, INCLUDING, WITHOUT LIMITATION, REPRESENTATIONS AND WARRANTIES REGARDING THE ENVIRONMENTAL CONDITION AND/OR PHYSICAL CONDITION OF THE EASEMENT AREA AND/OR ITS SUITABILITY FOR ANY PARTICULAR PURPOSE, INCLUDING THE SUITABILITY OF THE SOILS AS STRUCTURAL FILL. Further, Grantee acknowledges that Grantee has had an opportunity to independently and personally inspect the Easement Area and perform any tests and/or studies desired by Grantee in connection therewith and Grantee acknowledges that it shall rely solely upon the results of

Grantee's own evaluations and inspections of the Easement Area and activities conducted thereon or other information obtained or otherwise available to Grantee, rather than any information that may have been provided by Grantor to Grantee, including without limitation, environmental reports or materials provided by the former owner of a portion of the Easement Area. Except as expressly set forth to the contrary in this Agreement, Grantee agrees that the Easement Area is being used and accepted by Grantee at Easement-Signing in its then present condition, "AS IS, WHERE IS, WITH ALL FAULTS, IF ANY, AND WITHOUT ANY REPRESENTATION, WARRANTY, PROMISE, COVENANT, AGREEMENT OR GUARANTEE WHATSOEVER, EXPRESS OR IMPLIED".

2. **Permitted Use.** The Easement Area shall be available for free unencumbered and non-exclusive use for: (1) ingress/egress and/or parking for the Grantee and his customers, associates, invitees, and employees and (2) installation of outdoor art exhibits ("Art Park") in accordance with Section 7 hereof; provided that, the Grantee's use of Easement Area is consistent with its Planning & Zoning Commission approval dated March 29, 2019 ("P&Z Approval") attached hereto as Exhibit __. The Easement Area shall include approximately eighty-eight (88) parking spaces on a pervious surface ("Parking Area"). No vehicle shall be permitted to park outside the Parking Area.
 - (a) **Private Events.** The Grantee may enjoy exclusive use of the Easement Area for private events upon providing Grantor with a quarterly seasonal schedule to be reviewed and approved by the Grantor.
3. **Term.** This Easement shall commence on July 1, 2019 and shall continue in full force and effect until June 30, 2029 or until the earlier termination of this Agreement as provided herein, whichever occurs first ("Term").
 - (a) **Extension Options.** The Grantee shall, provided this Easement is in full force and effect and Grantee is not in default under any of the terms and conditions hereof at the time of notification or commencement, have two (2) successive extension options each for a term of ten (10) years commencing on the July 1st immediately following the proceeding term ("Extended Term"), on the same terms and conditions set forth in this Easement Agreement ("Option"). Further, if Grantee elects to exercise said Option(s), then Grantee shall provide Grantor with written notice at least sixty (60) days prior to the commencement of the Extended Term. If Grantee fails to provide such notice, Grantee shall have no further or additional right to extend or renew the term of the Easement. Said Option(s) is transferable in accordance with Section 6(a) hereof.
4. **Fee**
 - (a) **Payment of Real Estate Taxes.** Grantee shall be responsible for any and all real estate taxes levied, imposed or assessed during the Term of this Easement by governmental authorities upon the Grantor Parcel as if the Grantee were the fee simple owner thereof. In addition, Grantee shall pay any new tax of a nature not presently in effect, but which may hereafter be levied, assessed or imposed upon Grantor or the Grantor Parcel, if such tax is based on or arises out of the ownership, use or operation of the Grantor Parcel.

- (b) Grantee to Provide Evidence of Payment. Grantee shall furnish Grantor, within thirty (30) days after the date when any Real Estate Tax would become delinquent, with evidence satisfactory to Grantor, evidencing the payment thereof. A certificate, receipt or bill of the appropriate official authorized to make or issue the same or to receive payment of any such tax, shall be prima facie evidence that such tax is due and unpaid or has been paid at the time of the making or issuance of such certificate, receipt or bill.

5. **Grantee's Representations.** The Grantee represents as follows:

- (a) Grantee shall maintain the Easement Area, at its sole costs and expense, in good condition at all times. That the maintenance shall include, but is not limited to:
- (i) All improvements necessary for safe ingress/egress and parking such as driving and parking surface repairs including, but not limited to, filling ruts and maintenance,
 - (ii) Keeping the site clean, free of trash, obstructions, dangerous conditions, debris, snow and ice, and removing any graffiti or other unsightly vandalism therein;
 - (iii) Lawn care including, but not limited to, reseeding grass, landscaping, and tree maintenance within the Easement Area; and
 - (iv) Keeping the sidewalks, cross-walks and parking spaces within the Easement Area properly illuminated between sunset and sunrise.
- (b) Grantee shall install at least two (2) park benches and a permeable pedestrian path, at least twenty (20) feet wide, along the length of the water's edge;
- (c) That, in the event the Grantee fails to perform any obligations identified in subsection (a) hereof within thirty (30) days following written request of the Grantor, Grantor shall have the right, but not the obligation, to perform such repairs or maintenance and the Grantee shall reimburse the Grantor for the costs thereof promptly upon the submission of an invoice to the Grantee for same;
- (d) Fee title to the Easement Area shall continue to vest in Grantor, its successors and assigns at all times during the Term, subject to the Easement interest and any additional rights expressly and specifically granted in this Easement Agreement to the Grantee. During the Term, title to any and all improvements constructed on the Grantor Property by the Grantee with the prior written approval of the Grantor, which may be withheld in the exercise of its commercial business judgment ("**Improvements**"), and all personal property and fixtures installed or located therein, shall, at all times, vest in and become the property of Grantor;
- (e) That, at the written request of the Grantor, Grantee shall immediately and expeditiously preserve or reinstate the previously secured Department of Energy and Environmental Protection/Office of Long Island Sound Programs (DEEP/OLISP) permit rights for dock installation or assign said right to the City to preserve;

- (f) Grantee shall make no changes, alterations or additions within or upon the Easement Area except as permitted by this Easement for driveway, parking and pedestrian access without the prior written permission of the Grantor which permission shall not be unreasonably withheld or delayed. Grantee may request the right to construct additional fencing, hardscape or landscape improvements to prohibit or limit public access during non-public access hours if the Grantee can provide evidence to the Grantor that absent such improvements, the property is subject to illicit or detrimental activity; and
- (g) Grantee shall comply with all federal, state and local laws applicable to the Easement Area and the use thereof and shall not use or allow the Easement Area to be used for any unlawful purpose or purpose that may make void or voidable any insurance then in force with respect thereto or violate any of the terms and conditions of this Easement.

6. **Grantor's Representations.** The Grantor represents as follows:

- (a) Grantor shall expand parking area to accommodate roughly 88 spaces with permeable surface; and
- (b) Grantor shall install signs to indicate areas of public access, public parking and public access hours that are consistent with Bridgeport park rules.

7. **Art Park Installation.** The parties hereto mutually agree to notify the other of any proposed art exhibits prior to installation. Should a situation arise where both parties are contemplating the installation of art, Grantor agrees to defer to Grantee's installation subject to Grantor's review and approval of Grantee's conceptual art plan.

8. **Restrictions.**

- (a) **Grantee Assignment or Transfers.** Grantee shall request the consent of OPED in writing, which request shall contain the material terms of any sale, assignment, sublease, license, lease or other transfer that Grantee desires to grant to others not less than thirty (30) days prior to any such transaction; provided that, Grantee is not in default under any of the terms and conditions of this Easement at the time of notification. OPED's consent, in the exercise of its commercial business judgment, shall not be unreasonably provided OPED determines that:
 - (i) the proposed transferee expressly accepts all the ongoing obligations of the Grantee under the Easement Agreement; and
 - (ii) the proposed transferee possesses the financial and administrative capacity to meet the ongoing obligations of the Easement Agreement; and
 - (iii) the proposed transaction will not adversely affect the quality of the neighborhood; and
 - (iv) the proposed transaction is not inconsistent with the Grantee's P&Z Approvals; and

- (v) the Grantee has neither created, nor threatens to create, a nuisance with respect to crime, noise or illicit activity; and
 - (vi) the Grantee is not a party to a pending claim or litigation against the City.
- (b) Grantor Access. The City shall retain the right of access to the Easement Area for purposes of conducting environmental testing, monitoring and maintenance. Should the City need to install maintenance wells, and the like, said wells may not be disturbed or moved or covered over without the City's express prior written consent.
9. **Non-Discrimination**. Grantee shall not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, sexual orientation, marital status, national origin, sex, mental retardation or physical disability, including, but not limited to blindness, in the use of the Easement Area or any improvements to be erected thereon, and shall not effect or execute any agreement, lease, conveyance, or other instrument whereby the Easement Area or any part thereof is restricted on the basis of race, color, religious creed, age, sexual orientation, marital status, national origin, sex, mental retardation or physical disability, including, but not limited to blindness, in the sale, lease or occupancy thereof. Grantee shall comply with all state, and local laws, in effect from time to time, prohibiting discrimination or segregation by reason of race, color, religious creed, age, sexual orientation, marital status, national origin, sex, mental retardation or physical disability, including, but not limited to, blindness, in the use of the Easement Area.
10. **Indemnification and Insurance Requirements**.
- (a) **Indemnification**. Grantee, for itself, its contractors and any of its consultants, employees, agents, successors and assigns, agrees to defend, indemnify and hold harmless and City, its appointed and elected officials, officers, department heads, employees and agents, from and against any and all claims, liabilities, obligations, causes of action of whatsoever kind and nature for damages, including costs and expenses, including reasonable attorneys' and consultants' fees arising from Grantee's activities on the Easement Area, provided, however, that Grantee shall not be responsible or obligated for claims that arise from the sole proximate cause of the City.
 - (b) **Insurance Requirements**. Grantee must submit evidence of the following insurance coverages in the form and manner required for the benefit of City prior to any entry onto the Easement Area. Grantee shall procure, present to City, and maintain in effect without interruption the insurance coverages identified below with insurers licensed to conduct business in the State of Connecticut reasonably acceptable to City.

Commercial General Liability (occurrence form) insuring against claims or suits brought by members of the public alleging bodily injury or personal injury or property damage and claimed to have arisen solely out of operations conducted by Grantee at the Easement Area prior to Closing. Coverage shall be broad enough to include contingent liability, contractual liability, with limitations of \$5,000,000 for

each occurrence/aggregate with a combined single limit for bodily injury and personal injury.

Business Automobile Insurance insuring against claims or suits brought by members of the public alleging bodily injury or personal injury or property damage and claimed to have arisen out of the use of owned, hired or non-owned vehicles in connection with business. Coverage will be broad enough to include contractual liability, with limitations of \$2,000,000 for each occurrence/aggregate with a combined single limit for bodily injury, personal injury and property damage.

Builder's Risk/Installation Floater covering contractor's labor, materials and equipment to be used for completion of the work performed at the Easement Area described in this Agreement against all risks of direct physical loss, excluding earthquake and flood, for an amount to cover the Improvements.

Workers' Compensation insuring in accordance with statutory requirements in order to meet obligations towards employees in the event of injury or death sustained in the course of employment. Liability for employee suits shall not be less than \$500,000 per claim.

General requirements. All policies shall include the following provisions:

Cancellation notice—City shall be entitled to receive from Grantee or Grantee's insurance carriers not less than 30 days' written notice of cancellation or non-renewal **BY POLICY ENDORSEMENT** to be given to City at the addresses for notice set forth in this Agreement.

Certificates of Insurance—All policies will be evidenced by an original certificate of insurance on an ACORD 25S form authorized and executed with the original signature or official stamp of the insurer or a properly-authorized agent or representative thereof reflecting all coverages required and delivered to City prior to any entry onto the Easement Area under this Agreement.

Additional insured—In instances where City has an insurable interest in the Easement Area and to the extent coverage is attainable, Grantee will arrange with their respective insurance agents or brokers to name City as additional insured parties **BY POLICY ENDORSEMENT** on all policies of primary and excess insurance coverages. Grantee shall submit to City upon execution of this Agreement and annually thereafter, evidence of the existence of the required insurance in the form required hereby. Such endorsements shall specifically designate City in the following form and manner:

City of Bridgeport, its elected and appointed officials, officers, department heads,
employees, agents, servants, successors and assigns, ATIMA
City of Bridgeport
Office of Planning and Economic Development
999 Broad Street
Bridgeport, Connecticut 06604
Re: 337 Knowlton Street Easement

11. **Mechanics Liens.** Grantee shall not permit any mechanic's or other lien to be filed against the Easement Areas or any other land of the Grantors by reason of any act or omission of Grantee or Grantee's employees, agents or contractors. If any such mechanic's or other lien or charge shall at any time be filed against the Easement Areas or any other land of Grantors, Grantee shall, within thirty (30) days of said filing, cause the same to be discharged of record or a bond posted in substitution thereof.
12. **Subordinate to ELUR.** The Easement granted herein or any interests that Grantee, or any assignees of Grantee, may now or hereafter hold in and to the Easement Area shall be automatically and irrevocably subordinate to (i) any Environmental Land Use Restrictions under Connecticut General Statutes Sections 22a-133n to 22a-133s, inclusive, that are approved by the Connecticut Commissioner of Energy and Environmental Protection or a Licensed Environmental Professional in accordance with the requirements of C.G.S. Sections 22a-133n to 22a-133s, R.C.S.A Sections 22a-133k-1 through 3 inclusive, R.C.S.A Section 22a-133q-1 ("ELURs") executed and recorded against the title to any property which includes any portion of the Easement Area on the Land Records of the City of Bridgeport, whether recorded prior to or after the date of this Easement. Grantee covenants and agrees to execute and deliver, upon demand, such further instruments subordinating this Easement to the lien of any such ELUR.
13. **Miscellaneous.**
 - (a) **Governing Law.** This Easement shall be governed by, and construed and enforced in accordance with, the laws of the State of Connecticut.
 - (b) **Entire Agreement; Amendments.** This Easement contains the complete understanding and agreement of the parties hereto with respect to all matters referred to herein, and all prior representations, negotiations, and understandings are superseded hereby. Any oral representations of modifications concerning this Easement shall be of no force and effect. This Easement may not be modified except by written agreement executed and delivered by the parties and recorded in the Land Records of the City of Bridgeport, Connecticut. Any extension of this Easement shall be recorded on the Land Records of the City of Bridgeport, Connecticut.
 - (c) **Severability.** If any one or more of the provisions contained in this Easement are for any reason held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision of this Easement, and this Easement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained in this Easement.
 - (d) **Counterparts.** This Easement may be executed in a number of identical counterparts, each of which for all purposes shall be deemed to be an original, and all of which shall collectively constitute but one agreement, fully binding upon, and enforceable against the parties hereto.

- (e) Reservation of Rights. The Grantors reserve the right to themselves, their successors and assigns, to use the Easement Area for any uses and purposes that do not in any way interfere with the purpose for which this Easement is granted.

TO HAVE AND TO HOLD the said rights, privileges, and authority unto the said Grantee, and its successors and assigns forever, to it and their own proper use and behoof.

[Signature Pages Follow]

DRAFT

IN WITNESS WHEREOF, the Grantor has executed this Easement this ___ day of _____, 2019.

GRANTOR:
CITY OF BRIDGEPORT

Signed, sealed and delivered
In the presence of:

By: _____
Thomas Gill
Director, Office of Planning and Economic
Development, duly-authorized

GRANTEE:
SHIRAN NICHOLSON

Signed, sealed and delivered
In the presence of:

STATE OF CONNECTICUT)
)
COUNTY OF FAIRFIELD)

SS.: at Bridgeport _____, 2019

Personally appeared, Thomas Gill, Director of the Office of Planning and Economic Development of City of Bridgeport, signer and sealer of the foregoing instrument, and acknowledged the same to be his and City of Bridgeport's free act and deed before me.

Notary Public
My commission expires:
Commissioner of the Superior Court

STATE OF CONNECTICUT)
)
COUNTY OF FAIRFIELD)

SS.: at Bridgeport _____, 2019

Personally appeared, Shiran Nicholson, signer and sealer of the foregoing instrument, and acknowledged the same to be his free act and deed in such capacity before me.

Notary Public
My commission expires:
Commissioner of the Superior Court

Item # *70-18 Consent Calendar

Program Year 45 Annual Action Plan:
Community Development Block Grant Program (CDBG)
Homeless Emergency Solutions Grant Program (HESG)
Housing Opportunities for Persons with Aids Program (HOPWA)
HOME Investment Partnership Program.



**Report
of
Special Committee
On
CDBG**

City Council Meeting Date: June 3, 2019

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

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor did not sign Report.

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19 JUN 24 PM 3:30



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport:

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

Item No. *70-18 Consent Calendar

**PROGRAM YEAR 45 ANNUAL ACTION PLAN
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
HOMELESS EMERGENCY SOLUTIONS GRANT PROGRAM
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM
HOME INVESTMENT PARTNERSHIP PROGRAM**

WHEREAS, the City of Bridgeport, Connecticut (the "City") is required to prepare and submit to the U.S. Department of Housing and Urban Development ("HUD") an *Annual Action Plan* which presents a vision statement of guidance, "to develop viable urban neighborhoods through comprehensive funding of programs that have the largest benefit to the City, and aid in the provision of a suitable living environment and expanded economic opportunities principally for low and moderate-income persons"; and

WHEREAS, the City of Bridgeport will develop a *Program Year 45 ("PY 45") Annual Action Plan* and anticipates the following allocation of federal funds from the U.S. Department of Housing & Urban Development for FY 2019-2020; and

WHEREAS, the city has received official notification from HUD of its annual allocation. The city is eligible to apply for the following HUD Entitlement Funds. The PY 45 allocation is listed below:

Community Development Block Grant Program	\$ 3,237,448.00
Homeless Emergency Solutions Grant Program	\$ 272,282.00
HOPWA	\$ 954,233.00
HOME	\$ 1,117,204.00

WHEREAS, two joint public hearings held, by the Citizen's Union and the Special Committee on Community Development Block Grant (CDBG) of the City Council on May 8 and May 9, 2019. The Citizen's Union deliberated and voted on May 14, 2019, and the Special Committee on CDBG deliberated and vote on May 16, 2019. The Special Committee recommendations were posted for a 15-day public comment period on May 18, 2019, prior to being submitted for a full council consideration. That public comment period will end on June 3, 2019 at noon. The final Annual Action Plan and resolution is expected to be presented to the full City Council on June 3, 2018; and



City of Bridgeport, Connecticut Office of the City Clerk

Report of Committee on Special Committee on CDBG
Item No. *70-18 Consent Calendar

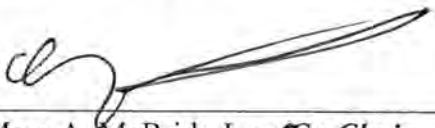
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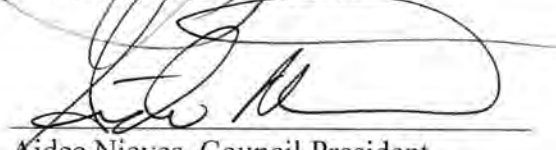
WHEREAS, the City Council of the City of Bridgeport will vote to accept the *PY 45 Annual Action Plan, when submitted*, as part of the City's *Five Year 2013-2018 Consolidated Housing and Community Development Plan* in order for the City to apply for, and receive funds under the following four formula grant programs: Community Development Block Grant ("CDBG") Program; HOME Investment Partnerships ("HOME") Program; the Homeless Emergency Solutions Grant ("HESG") Program and the Housing Opportunities for Persons with AIDS ("HOPWA") Program; and

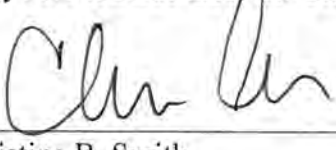
Now, therefore be it **RESOLVED**, that the Mayor of the City of Bridgeport, and/or his designees, the Director or the Deputy Director of the Office of Planning and Economic Development, is/are hereby authorized and empowered to sign the required certifications and any necessary documents and/or agreements required by the Secretary of the U.S. Department of Housing and Urban Development to accept and execute the Community Block Grant Program, Homeless Emergency Solutions Grant Program, HOME Program, Housing Opportunities for Persons with AIDS Program and to present to HUD for approval.

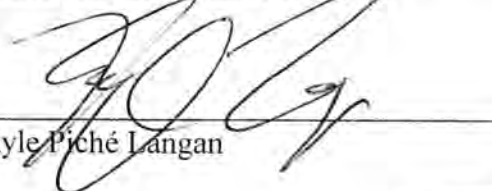
**RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
SPECIAL COMMITTEE ON CDBG PROGRAM**


Nessah J. Smith, *Co-Chair*


Mary A. McBride-Lee, *Co-Chair*


Aidee Nieves, Council President


Christina B. Smith


Kyle Piché Langan


Michael DeFilippo


Marcus A. Brown

City Council Date: June 3, 2019

App #	Agency Name	PY 45 Request	PY45 Citizen's Union Recommendation	PY45 Special Committee Recommendations
CDBG - Public Service				
001	COB: Dept of Youth Services-YSB Match	\$ 50,000.00	\$50,000.00	\$50,000.00
002	COB: Police CT Against Violence (CAV)	\$ 50,000.00	\$20,000.00	\$10,000.00
003	COB: Police Citywide Youth Fitness	\$ 50,000.00	\$0.00	\$0.00
004	COB: Public Facilities Mayor's Conservation Corps	\$ 66,607.82	\$27,000.00	\$17,000.00
005	COB: Public Facilities- Anti-Littering/Park City Picking It up	\$ 95,215.00	\$0.00	\$0.00
007	COB: Public Facilities- North End Progressive Senior Summer Program	\$ 20,000.00	\$10,000.00	\$10,000.00
008	COB: Mayor's Initiative for Reentry Affairs (MIRA)	\$ 100,000.00	\$0.00	\$10,000.00
010	COB: Dept of Social Services- Utility Shut-Off Protection	\$ 20,000.00	\$5,000.00	\$20,000.00
011	Bridgeport Organization for Youth Sports, Inc. (BOYS)- STEAMulating Young Mind	\$ 25,000.00	\$25,000.00	\$15,000.00
012	Children in Placement- Court Appointed Volunteer Guardian ad Litem for Bridgeport	\$ 25,000.00	\$18,000.00	\$18,000.00
013	Downtown Cabaret Theatre of Bridgeport- LMI School Free Ticket	\$ 57,600.00	\$20,000.00	\$20,000.00
014	Bridgeport Neighborhood Trust- Empowerment Academy Homeownership Program	\$ 50,000.00	\$0.00	\$0.00
015	Time For A Change Ministry Rehabilitation Center- Project Overcome	\$ 200,000.00	\$0.00	\$0.00
016	Applied Behavior Rehabilitation Institute, Inc- Homes For The Brave	\$ 54,143.00	\$14,790.45	\$14,790.45
017	Bridgeport Caribe Youth Leaders- Building Today's Youth... Tomorrow's Leaders	\$ 50,000.00	\$20,000.00	\$20,000.00
019	March For Education Foundation- Summer Enrichment	\$ 95,744.00	\$0.00	\$0.00
020	Central Connecticut Coast YMCA- Ralphola Taylor Community Center	\$ 35,000.00	\$0.00	\$8,000.00
021	Central Connecticut Coast YMCA- South End Community Center	\$ 20,000.00	\$0.00	\$8,000.00
022	Gifted Hands Boxing Association, Inc- Fighting For Better	\$ 95,934.70	\$0.00	\$0.00
023	The Village Initiative Project, Inc- V.I.P College Prep Program	\$ 50,000.00	\$45,000.00	\$43,826.75
027	ABCD Inc- Community Outreach Workers	\$ 112,242.00	\$0.00	\$0.00
029	Ortiz Boxing Gym Inc, LLC- Ortiz Boxing	\$ 75,000.00	\$35,000.00	\$35,000.00
035	Bridgeport Hope School-Expand Our Horizons	\$ 38,310.00	\$0.00	\$0.00
037	Bridgeport Hope School- Enrichment Education	\$ 25,100.00	\$0.00	\$0.00
039	Jerome Orcutt Boys & Girls Club- After-School/Summer Program	\$ 450,213.00	\$10,000.00	\$0.00
042	Hall Neighborhood House- Hall Senior Center Transportation & Defibrillator	\$ 26,850.00	\$0.00	\$0.00
043	Hall Neighborhood House- Hall Early Learning Center Help Me Learn	\$ 45,727.44	\$7,000.00	\$12,000.00
044	Hall Neighborhood House- Hall Youth Services Transportation & Defibrillator	\$ 25,332.00	\$0.00	\$0.00

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App #	Agency Name	PY 45 Request	PY45 Citizen's Union Recommendation	PY45 Special Committee Recommendations
045	School Volunteer Association of Bridgeport, Inc- Reading Enrichment	\$ 10,350.00	\$8,000.00	\$8,000.00
048	WeCare Community Center, Inc- Community Services Network	\$ 85,000.00	\$0.00	\$0.00
049	Connecticut Institute for Refugees and Immigrants(CIRI)- Refugee Mentoring Project	\$ 18,644.00	\$0.00	\$5,000.00
050	Liberation Programs, Inc- Health & Wellness Center Community Room	\$ 100,000.00	\$0.00	\$0.00
051	Liberation Programs, Inc- Bilingual Recovery Coach	\$ 100,000.00	\$0.00	\$0.00
052	Greater Bridgeport Symphony Society- GBS Orchestral Outreach to the Elderly	\$ 19,554.00	\$7,500.00	\$7,500.00
053	Greater Bridgeport Symphony Society- In-School Concert Program	\$ 24,880.00	\$7,500.00	\$7,500.00
054	Mount Aery Baptist Church- Mount Aery CARE	\$ 100,000.00	\$0.00	\$0.00
055	Urban League of Southern Connecticut- Urban Youth Empowerment Workplace Skills	\$ 25,000.00	\$0.00	\$0.00
056	McGivney Community Center- After School Program	\$ 15,000.00	\$15,000.00	\$15,000.00
058	Access Educational Services- STEM National Society of Black Engineers	\$ 34,000.00	\$25,000.00	\$25,000.00
059	Restoration and Hope, Inc- Youth Music Program	\$ 50,000.00	\$0.00	\$0.00
061	Park City Communities- Resident Services	\$ 51,000.00	\$0.00	\$0.00
062	Park City Communities- Resident Services	\$ 37,000.00	\$0.00	\$0.00
064	Park City Communities- PT Partners' Residents Leadership Development	\$ 57,600.00	\$20,000.00	\$20,000.00
065	Puerto Rican Parade of Fairfield County, Inc (PRPFC)- Youth Enrichment Program	\$ 150,000.00	\$0.00	\$0.00
067	COB: Public Facilities- East Side Senior Center- Program	\$ 85,000.00	\$10,000.00	\$10,000.00
068	COB: Public Facilities- East Side Senior Center- Rental	\$ 100,000.00	\$56,000.00	\$50,000.00
069	Bethel Memorial Deliverance Church Outreach- Pantry/Outreach - Incomplete	\$ 35,000.00	\$0.00	\$0.00
071	Green Village Initiative, Inc- Community Gardens and School Gardens	\$ 25,000.00	\$0.00	\$10,000.00
072	COB: Dept on Aging- Senior Citizens Program	\$ 28,960.00	\$20,000.00	\$10,000.00
074	nOURish Bridgeport, Inc- Bridgeport Farmers Market Collaborative	\$ 25,000.00	\$5,545.00	\$6,000.00
	Public Service Total Requests	\$ 2,679,446.96	-	-
	Total Public Service Funds are capped at 15% of total CDBG allocation	\$ 485,617.20	\$481,335.45	\$485,617.20
	CDBG - Public Facilities			
006	COB: Public Facilities- Beauty Bridgeport Projects	\$ 30,000.00	\$0.00	\$0.00
009	COB: OPED - NRZ Technical Assistance Project	\$ 175,000.00	\$0.00	\$0.00
018	Chemical Abuse Services Agency, Inc (CASA)- Recovery House Bathrooms & Parking Lots	\$ 88,400.00	\$0.00	\$0.00
025	EnterChange Ministries Inc- The Grandview Project	\$ 183,750.00	\$0.00	\$0.00

App #	Agency Name	PY 45_ Request	PY45 Citizen's Union Recommendation	PY45 Special Committee Recommendations
026	Bridgeport Economic Development Corp- East Side NRZ East Main Street Banners	\$ 19,400.00	\$19,400.00	\$19,400.00
028	Action for Bridgeport Community Development (ABCD)-Facility Maintenance Rehab	\$ 686,293.39	\$686,293.39	\$500,000.00
030	Career Resources Inc- Isaiiah House Renovations 112 Clinton Avenue	\$ 100,000.00	\$100,000.00	\$100,000.00
031	Career Resources Inc- Isaiiah House Renovations 120 Clinton Avenue	\$ 110,000.00	\$110,000.00	\$110,000.00
032	Career Resources Inc- Isaiiah House Renovations 341 Clinton Avenue	\$ 140,000.00	\$140,000.00	\$140,000.00
033	Career Resources Inc- Isaiiah House Renovation 405-407 Clinton Avenue	\$ 67,000.00	\$67,000.00	\$67,000.00
036	Bridgeport Hope School, Inc-School Renovations	\$ 52,000.00	\$0.00	\$0.00
038	Jerome Orcutt Boys & Girls Club - Facilities Upgrades and Improvements	\$ 1,000,000.00	\$0.00	\$262,123.20
040	Bridgeport Community Land Trust- Community Gardens Upkeep	\$ 21,000.00	\$0.00	\$5,000.00
041	Hall Neighborhood House-Facilities Upgrade and Improvements	\$ 288,024.00	\$0.00	\$0.00
057	McGivney Community Center-Facility Upgrades	\$ 231,320.00	\$231,320.00	\$231,320.00
063	Park City Communities-Resident Services -	\$ 33,995.41	\$0.00	\$0.00
066	Cardinal Shehan Center- Building and Facility Upgrades and Renovation	\$ 249,498.00	\$249,498.00	\$249,498.00
070	Second Stone Ridge Cooperative-Repair/Rebuild Walkways, Swoops, and Drainage	\$ 346,375.94	\$0.00	\$0.00
073	Russell Temple CME Church- Streetscape Maintenance and Sidewalk Repair	\$ 75,000.00	\$0.00	\$0.00
	Public Facilities Total Requests	\$ 10,031,520.04	-	-
	Public Facilities Funds Awarded		\$1,603,511.39	\$1,684,341.20
	CDBG - Housing			
034	COB: Bridgeport Lead Free Families - Match to Lead Poison Prevention Grant	\$ 25,000.00	\$25,000.00	\$25,000.00
	COB: OPED/HCD Homeowner Rehab	\$ 100,000.00	\$120,829.81	\$100,000.00
	COB: OPED/HCD Housing Delivery Costs	\$ 175,000.00	\$175,000.00	\$175,000.00
024	The Connection, Inc- 1187 Park Avenue Renovation	\$ 128,600.00	\$0.00	\$0.00
047	COB: Bridgeport Fire Dept- Free Smoke Alarm Program	\$ 105,000.00	\$105,000.00	\$50,000.00
	Housing Total Requests	\$ 533,600.00	-	-
	Housing Funds Awarded		\$425,829.81	\$350,000.00
	CDBG - Economic Development			
046	Downtown Special Services District-Colorful Bpt Downtown Open Space Beautification - not eligible in this category	\$ 40,000.00	\$0.00	\$0.00
060	Bridgeport Arts + Cultural Council Inc (BACC) Project Main Street	\$ 75,000.00	\$75,000.00	\$70,000.00

App #	Agency Name	PY 45_ Request	PY45 Citizen's Union Recommendation	PY45 Special Committee Recommendations
	Economic Development Total Requests	\$ 115,000.00		
	Total Economic Development Funds Awarded		\$75,000.00	\$70,000.00
	Total Public Facilities/Housing/Econ. Development Requested	\$ 10,680,120.04		
	Total Public Facilities/Housing/Econ. Development Available for Allocation	\$ 2,104,341.20	\$2,104,341.20	\$2,104,341.20
	**Total Reprogramming Amount Available for PF/Housing (estimate)			
	Section 108 - pending final payment acknowledgement			
	CDBG - Planning/Administration			
	Administration	\$ 647,489.60	\$647,489.60	\$0.00
	Total Admin Funds Awarded	-		\$2,589,958.40
	Total CDBG Funding Awarded			\$ 647,489.60
	Total CDBG ADMIN			
	To Be Awarded			
	Total CDBG Allocation			\$3,237,448.00
	HESG - Emergency Solutions Grant			
	Street Outreach			
200	Bpt. Tabernacle Comm. Dev. Initiative- Homeless Prevention	\$ 25,800.00	\$0.00	\$0.00
	Total Street Outreach Awarded	-	\$0.00	\$0.00
	Emergency Shelter			
	Central CT Coast YMCA - Alpha Comm. Services Families in Transition	\$ 70,000.00	\$40,000.00	\$40,000.00
	Total Emergency Shelter Awarded	-	\$40,000.00	\$40,000.00
	HMIS			
	CT Coalition	\$ 25,000.00	\$25,000.00	\$25,000.00
	Total HMIS Awarded	-	\$25,000.00	\$25,000.00
	Homeless Prevention			
201	City of Bpt-Social Services Dept- Emergency Rental Assist. Prog.	\$ 70,000.00	\$30,000.00	\$30,388.50

App #	Agency Name	PY 45_ Request	PY45 Citizen's Union Recommendation	PY45 Special Committee Recommendations
203	Supportive Housing Works - Bpt. Homeless Prevention Fund	\$ 30,000.00	\$30,000.00	\$30,000.00
207	Action for Bridgeport Community Development-Emergency Rental Asst.	\$ 100,000.00	\$0.00	\$0.00
206	Action for Bridgeport Community Development-Emergency Utility/Asst.	\$ 70,000.00	\$30,000.00	\$30,388.50
208	New Reach- Stable Families Program	\$ 14,223.00	\$15,000.00	\$14,223.00
	Total Homeless Prevention Awarded		\$105,000.00	\$105,000.00
	Rapid Rehousing			
202	United Way of Coastal FFid County - Bpt. Rapid Rehousing	\$ 80,000.00	\$51,860.85	\$51,860.85
204	The Connection Inc. - Home Works Program	\$ 50,000.00	\$30,000.00	\$30,000.00
	Total HP/RR Requests Received	\$ -	\$81,860.85	\$30,000.00
	HP/RR Available (35% of total after admin)	\$ -		
	Total HESG Awarded	\$ -	\$251,860.85	\$200,000.00
	Administrative (7.5% a of allocation)	\$ -		\$20,421.15
	Total HESG Funding Allocation	\$ -		\$ 272,282.00
	HOPWA - Housing Opportunities for People With HIV/AIDS			
300	Recovery Network of Programs	\$ 152,527.10	\$152,606.01	\$152,527.10
301	CASA	\$ 241,139.00	\$180,000.00	\$180,078.91
302	Mid Fairfield Aids Project	\$ 182,231.00	\$161,000.00	\$161,000.00
303	Catholic Charities	\$ 172,124.00	\$130,000.00	\$130,000.00
304	Inspirica	\$ 210,415.00	\$150,000.00	\$150,000.00
305	APEX	\$ 152,000.00	\$ 152,000.00	\$152,000.00
	Total HOPWA Awarded	\$ 1,110,436.10	\$ 925,606.01	\$925,606.01
	Administrative (3% a of allocation)			\$28,626.99
	Total HOPWA Funding Allocation			\$954,233.00
	HOME Program			
	Administration (10% of allocation)			\$111,720.40
	Total Available for Affordable Housing Development			\$1,005,483.60
	HOME Program Funding Allocation			\$1,117,204.00

App #	Agency Name	PY 45 Request	PY45 Citizen's Union Recommendation	PY45 Special Committee Recommendations
	TOTAL CDBG ENTITLEMENT ALLOCATION	\$3,237,448.00		
	Planning and Administrative	\$ 647,489.60		
	Public Service	\$ 485,617.20		
	Section 108	\$ -		
	Total CDBG for Public Facilities/Housing/Econ. Dev	\$ 2,104,341.20		
	TOTAL HESG ENTITLEMENT ALLOCATION	\$ 272,282.00		
	Administrative	\$ 20,421.15		
	Total HESG to be awarded	\$ 251,860.85		
	TOTAL HOPWA ENTITLEMENT ALLOCATION	\$954,233.00		
	Administrative	\$ 28,626.99		
	Total HOPWA to be awarded	\$ 925,606.01		
	TOTAL HOME ENTITLEMENT ALLOCATION	\$1,117,204.00		
	Administrative	\$ 111,720.40		
	Total HOME to be awarded	\$ 1,005,483.60		
	updated (5/14/19)			