

**ADDENDUM
TO
AGENDA**

CITY COUNCIL MEETING

MONDAY, JUNE 17, 2019

7:00 p.m.

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

ADDED:

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *87-18** Education and Social Services Committee Report 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.
- *90-18** Education and Social Services Committee Report re: Grant Submission: State of Connecticut Office of Early Childhood for the Smart Start Grant Program.
- *92-18** Education and Social Services Committee Report re: Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program.

AGENDA
CITY COUNCIL MEETING
MONDAY, JUNE 17, 2019

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

Prayer

Pledge of Allegiance

Roll Call

- 89-18** Public Hearing re: Proposed Resolution Authorizing the Sale of 55 Cannon Street.
- 92-18** Public Hearing re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program.

MINUTES FOR APPROVAL:

Approval of City Council Minutes: May 6, 2019

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- 94-18** Communication from Finance re: Proposed Approval of the Issuance of Pension Deficit Funding Bonds and the use of the Proceeds of the Pension Bonds, referred to Budget and Appropriations Committee.
- 95-18** Communication from Finance re: Proposed Approval of Tax Anticipation Notes (TANS) – To Pay Current Expenses and Obligations of the City – FY2020, referred to Budget and Appropriations Committee.
- 96-18** Communication from Finance re: Proposed Approval of General Obligation Bonds – To Fund Certain Capital Improvement Projects, referred to Budget and Appropriations Committee.
- 97-18** Communication from Finance re: Proposed Approval of General Obligation Bonds – To Refund Certain General Obligation Bonds, referred to Budget and Appropriations Committee.

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *57-17** Ordinance Committee Report re: Amendment to the Municipal Code of Ordinances, Chapter 13.04 – Utilities, amend Section 13.04.380 – Collection of Past Due Accounts and Late Payment Penalties.
- *71-18** Ordinance Committee Report re: Amendment to the Municipal Code of Ordinances, Chapter 10.12 – Stopping, Standing and Parking Generally, amend to add New Section 10.12.015 – Lawn Parking.

MATTERS TO BE ACTED UPON (CONSENT CALENDAR) CONTINUED:

- *79-18** Ordinance Committee Report re: Amendments to the Municipal Code of Ordinances, Chapter 5.48 – Street Vendors, Itinerant Vendors and Motor Vehicle Vendors, amend to add New Section 5.48.300 – Pedal Cabs (Pedicabs).
- *80-18** Contracts Committee Report re: Request by the Fire Chief Pursuant to and in accordance with C.G.S. §7-430 and their Collective Bargain Agreement, Fire Fighters Local 834 that Dennis Rodgerson having or soon to attain the age of sixty-five years or more to remain employed by the City for another year.
- *83-18** Contracts Committee Report re: Contract with Municipal Valuation Services (MVS) for 2020 Revaluation.
- *88-18** Contracts Committee Report re: Professional Services Agreement with James Duncan and Associates, Inc. for the City's Comprehensive Zoning Rewrite.
- *85-18** Budget and Appropriations Committee Report re: Municipal Suspense Tax Book.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, JUNE 17, 2019 AT 6:30 P.M., IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT.

NAME	SUBJECT
John Marshall Lee 30 Beacon Street Bridgeport, CT 06605	Fiscal Governance.
Pamala J. Williams 91 Clearview Drive Bridgeport, CT 06606	Jobs.
Cecil Young 99 Carroll Avenue Bridgeport, CT 06607	Cover-up of unjust termination.
Jacquelyn Cauthen Becoming D.I.V.A.S. 397 Charles Street Bridgeport, CT 06606	Becoming D.I.V.A.S. Network Summer Program Meetings.
Dorothy Nieves 45 Rockland Street Bridgeport, CT 06610	Zoning problem with new owners next door to property.

**CITY COUNCIL MEETING
PUBLIC SPEAKING
MONDAY, JUNE 17, 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 6:33 p.m.

Council President Nieves reviewed the rules and reminded everyone they had five minutes to address the Council. She announced that Council Member Banta would not be present due to work obligations.

ROLL CALL

The City Clerk Lydia Martinez called the roll.

130th District: Christina Smith, Pete Spain
131st District: 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

RECEIVED
CITY CLERK'S OFFICE
19 JUN 21 AM 11:12
CITY CLERK
LYDIA MARTINEZ

A quorum was present.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, JUNE 17, 2019 AT 6:30 P.M., IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT.

<u>NAME</u>	<u>SUBJECT</u>
John Marshall Lee 30 Beacon Street Bridgeport, CT 06605	Fiscal Governance.

Council Members, I know that each of you is occupied with many activities beyond being a family member, worker and friend of many with a wide group for whom you are a steward of

City events. But Mother's Day and Father's Day remind us of our adult responsibility to be good parents for all the youth, especially when the money runs out.

I am told that one of your duties as a legislative body is oversight. I can remember no Oversight Day, Week, Month or even mention held in the past ten years. Can you? You do legislate, through Ordinances vital to our residents. Money is vital as you realize every April when budgets are studied. But the school system is made less able to function and carry out its mission because of decisions made in the Executive offices and the lack of funds, this year, last year, the year before, etc. provided by Mayors. Need I go on? You know the need but have no priorities as a body; and it seems that long-term oversight on behalf of all families is not on your mind. Isn't that the essential work of a Finance Board? But we do not have one. And wouldn't that get addressed if you voted to request a MARB status?

As a matter of fact, it seems that Ganim2 has no announced priorities either. The school funding issue did not sneak up on the City did it? Is it a surprise that the ship has hit a glacier of cool indifference by the Mayor's office such that no new monies of significance become available? But his labor negotiators keep compensation increases part of the picture? Fair?

Why isn't the subject of educational financing a year round discussion of this body? You represent the kids and their families, don't you? Several of you have links with the school system. Is everything OK at your school? Many grants, long counted upon to fill in our lack of funding, have run out and not been replaced. And workers to help the neediest in Kindergarten to become on time readers equal with other school mates are history. How long is it reasonable to count on volunteers to provide such service?

The majority of you ran for office with the support of the DTC. Has anyone ever asked the leader of that body about his concern for the education of the children? Why not? Does the DTC have no education policy?

While you move to the July-August one meeting per month schedule, why not reflect on why you are not more active in making sure that the education system in Bridgeport is healthy and securing results. Is it an oversight that you are failing in oversight over this critical City responsibility? Plan your work and work your plan for full sight on behalf of all voters, including the young Council members who sit with you each year.

A lament of a Bridgeport voter:

Got work that pays for food, roof and coat,
Skilled tools in the heavy old sack that I tote,
And attend full mind to real news of note.
I read, view and learn, and click the remote,
So I can be wise, when it comes time. I vote.

'Politics is dirty', at least many folks say,
'Cuz those elected work to make the job pay,
For them and their own; all others mere prey!
All are not equal; and 'believers' get betrayed.
Especially the aged and weak left to pray.

We serve in uniform when we're called to fight.
We work to help others when storms cause all fright.
When the old and broke make plans for flight,
We then see things b'coming more wrong than right.
Are we just folks divided, to face a sorry plight?

Who'll raise a voice, a vote and some cents?
To support the few who are honest, make sense?
"Defeat Hate, Educate, Vote" works with patience,
To sweep out corruption, greed, and incompetents.
'Cuz our biggest all around sin is: **public ignorance.**

John Marshall Lee, Copyright, 2019.

Pamala J. Williams
91 Clearview Drive
Bridgeport, CT 06606

Jobs.

Council President Nieves called for Ms. William to come forward. There was no response. She repeated the call but there was no response.

Cecil Young
99 Carroll Avenue
Bridgeport, CT 06607

Cover-up of unjust termination.

Mr. Young came forward and apologized for giving the impression that he might become a problem. He mentioned the Chief of Police and said that he had letters from the police. There is also a letter from the Health Director at the time showing that he was at work, yet he was informed by others that he had not been at work and was fired. He listed the details and reminded everyone that this was the United States, not Russia.

Mr. Young said that there was a time when black people had no rights, but that time has passed. It is time for the Council to do the right thing. Mr. Young said that he was pleading with the Council Members, who took an oath, to look at the documents which show in black and white that he was at work and was even paid for that day's work. At the conclusion of his speaking time, Mr. Young thanked the Council for listening.

Jacquelyn Cauthen
397 Charles Street
Bridgeport, CT 06606

Becoming D.I.V.A.S. Network
Summer Program Meetings.

Ms. Cauthen came forward and said that after her workshop, she was able to get the Bridgeport Library to let her have a room from 10 a.m. to 3 p.m. on Tuesdays for 10 weeks. She was also able to get a plot at the Community Garden and would be teaching them how to grow vegetable and herbs. Ms. Cauthen will be showing the girls how to grow wheat grass and sprouts to help

them learn about healthy eating. She spoke about giving the girls a tote bag, a mug and the other items that the participants will be given. Ms. Cauthen said that if anyone was interested in sponsoring a young woman, to please contact her. There will be two field trips, one to Port Jefferson and another to Harlem, which is where Ms. Cauthen is from. She thanked the Council Members for their time.

Dorothy Nieves
45 Rockland Street
Bridgeport, CT 06610

Zoning problem with new owners
next door to property.

Council President Nieves called for Ms. Nieves to come forward. There was no response. She repeated the call and there was no response.

ADJOURNMENT

Council President Nieves adjourned the Public Speaking portion of the Council meeting at 6:49 p.m.

Respectfully submitted,

S. L. Soltes
Telesco Secretarial Services

CITY OF BRIDGEPORT
CITY COUNCIL MEETING
MONDAY, JUNE 17, 2019

7:00 PM

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

Mayor Ganim called the meeting of the City Council to order at 7:00 p.m.

PRAYER

Mayor Ganim requested Council Member McBride-Lee to lead those present in a prayer. Council Member McBride-Lee prayed for the family of Charles Coviello, who had passed away on June 13, 2019.

PLEDGE OF ALLEGIANCE

Mayor Ganim requested Council Member Castillo to lead those present in reciting the Pledge of Allegiance.

ROLL CALL

The City Clerk called the roll.

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

A quorum was present.

89-18 Public Hearing re: Proposed Resolution Authorizing the Sale of 55 Cannon Street.

Mayor Ganim opened the public hearing on Agenda Items 89-19 at 7:02 p.m. He asked if there was anyone present who wished to speak in favor of the item.

Mr. Coleman came forward and gave a brief overview of the proposal. He announced that there would be more details provided at the ECDE meeting scheduled for June 18th.

Ms. Jing Chen came forward and greeted the Council. She said that they already own 49 Cannon Street and that the additions of 55 Cannon will allow the number of apartments to increase. She reviewed the location of the site and said that the building will be renovated inside into one-bedroom apartments and studio apartments.

Mayor Ganim asked if there was anyone else present who wished to speak in favor of the item. No one came forward.

Mayor Ganim then asked if there was anyone else who wished to speak against the item. He repeated his request. Hearing none, Mayor Ganim closed the public hearing on Agenda Item 89-19 at 7:05 p.m.

92-18 Public Hearing re: Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program.

Mayor Ganim opened the public hearing on Agenda Items 92-18 at 7:05 p.m. He asked if there was anyone present who wished to speak in favor of the item. No one came forward. He repeated his request with no response.

Mayor Ganim then asked if there was anyone else who wished to speak against the item. He repeated his request with no response. Hearing none, Mayor Ganim closed the public hearing on Agenda Item 89-19 at 7:06 p.m.

MINUTES FOR APPROVAL:

Approval of City Council Minutes: May 6, 2019

**** COUNCIL MEMBER BROWN MOVED THE MINUTES OF THE MAY 6, 2019 MEETING.**

**** COUNCIL MEMBER HERRON SECONDED.**

**** THE MOTION TO APPROVE THE MINUTES OF THE MAY 6, 2019 MEETING AS SUBMITTED PASSED UNANIMOUSLY.**

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

94-18 Communication from Finance re: Proposed Approval of the Issuance of Pension Deficit Funding Bonds and the use of the Proceeds of the Pension Bonds, referred to Budget and Appropriations Committee.

95-18 Communication from Finance re: Proposed Approval of Tax Anticipation Notes (TANS) – To Pay Current Expenses and Obligations of the City – FY2020, referred to Budget and Appropriations Committee.

96-18 Communication from Finance re: Proposed Approval of General Obligation Bonds – To Fund Certain Capital Improvement Projects, referred to Budget and Appropriations Committee.

97-18 Communication from Finance re: Proposed Approval of General Obligation Bonds – To Refund Certain General Obligation Bonds, referred to Budget and Appropriations Committee.

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

94-18 COMMUNICATION FROM FINANCE RE: PROPOSED APPROVAL OF THE ISSUANCE OF PENSION DEFICIT FUNDING BONDS AND THE USE OF THE PROCEEDS OF THE PENSION BONDS, REFERRED TO BUDGET AND APPROPRIATIONS COMMITTEE.

95-18 COMMUNICATION FROM FINANCE RE: PROPOSED APPROVAL OF TAX ANTICIPATION NOTES (TANS) – TO PAY CURRENT EXPENSES AND OBLIGATIONS OF THE CITY – FY2020, REFERRED TO BUDGET AND APPROPRIATIONS COMMITTEE.

96-18 COMMUNICATION FROM FINANCE RE: PROPOSED APPROVAL OF GENERAL OBLIGATION BONDS – TO FUND CERTAIN CAPITAL IMPROVEMENT PROJECTS, REFERRED TO BUDGET AND APPROPRIATIONS COMMITTEE.

97-18 COMMUNICATION FROM FINANCE RE: PROPOSED APPROVAL OF GENERAL OBLIGATION BONDS – TO REFUND CERTAIN GENERAL OBLIGATION BONDS, REFERRED TO BUDGET AND APPROPRIATIONS COMMITTEE.

**** COUNCIL MEMBER CASTILLO SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

***57-17** Ordinance Committee Report re: Amendment to the Municipal Code of Ordinances, Chapter 13.04 – Utilities, amend Section 13.04.380 – Collection of Past Due Accounts and Late Payment Penalties.

***71-18** Ordinance Committee Report re: Amendment to the Municipal Code of Ordinances, Chapter 10.12 – Stopping, Standing and Parking Generally, amend to add New Section 10.12.015 – Lawn Parking.

***79-18 Ordinance Committee Report re: Amendments to the Municipal Code of Ordinances, Chapter 5.48 – Street Vendors, Itinerant Vendors and Motor Vehicle Vendors, amend to add New Section 5.48.300 – Pedal Cabs (Pedicabs).**

***80-18 Contracts Committee Report re: Request by the Fire Chief Pursuant to and in accordance with C.G.S. §7-430 and their Collective Bargain Agreement, Fire Fighters Local 834 that Dennis Rodgerson having or soon to attain the age of sixty-five years or more to remain employed by the City for another year.**

***83-18 Contracts Committee Report re: Contract with Municipal Valuation Services (MVS) for 2020 Revaluation.**

***85-18 Budget and Appropriations Committee Report re: Municipal Suspense Tax Book.**

***87-18 Education and Social Services Committee Report 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.**

***88-18 Contracts Committee Report re: Professional Services Agreement with James Duncan and Associates, Inc. for the City's Comprehensive Zoning Rewrite.**

***90-18 Education and Social Services Committee Report re: Grant Submission: State of Connecticut Office of Early Childhood for the Smart Start Grant Program.**

***92-18 Education and Social Services Committee Report re: Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program.**

Mayor Ganim asked if there was any Council Member who would like to remove an item from the Consent Calendar. Council Member Brown requested that Agenda Item 57-17 be removed. Council Member Spain requested Agenda Item 71-18 be removed. Council Member Vizzo-Paniccia requested that Agenda Items 79-18; 80-18 and 88-18 be removed. The City Clerk read the remaining items from the Consent Calendar into the record:

**** COUNCIL MEMBER VIZZO-PANICCIA MOVED THE FOLLOWING CONSENT CALENDAR ITEMS:**

***83-18 CONTRACTS COMMITTEE REPORT RE: CONTRACT WITH MUNICIPAL VALUATION SERVICES (MVS) FOR 2020 REVALUATION.**

***85-18 BUDGET AND APPROPRIATIONS COMMITTEE REPORT RE: MUNICIPAL SUSPENSE TAX BOOK.**

***87-18 EDUCATION AND SOCIAL SERVICES COMMITTEE REPORT 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.

***90-18 EDUCATION AND SOCIAL SERVICES COMMITTEE REPORT RE: GRANT SUBMISSION: STATE OF CONNECTICUT OFFICE OF EARLY CHILDHOOD FOR THE SMART START GRANT PROGRAM.**

***92-18 EDUCATION AND SOCIAL SERVICES COMMITTEE REPORT RE: RESOLUTION APPROVING PROGRAMS FOR CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT PROGRAM.**

**** COUNCIL MEMBER BROWN SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

57-17 Ordinance Committee Report re: Amendment to the Municipal Code of Ordinances, Chapter 13.04 – Utilities, amend Section 13.04.380 – Collection of Past Due Accounts and Late Payment Penalties.

**** COUNCIL MEMBER BROWN MOVED TO AMEND THE MUNICIPAL CODE OF ORDINANCES, CHAPTER 13.04 – UTILITIES, AMEND SECTION 13.04.380 – COLLECTION OF PAST DUE ACCOUNTS AND LATE PAYMENT PENALTIES AS AMENDED AND APPROVED BY THE ORDINANCE COMMITTEE ON MAY 29, 2019 AND AS OUTLINED IN THE DOCUMENT DATED JUNE 17, 2019 FROM THE OFFICE OF THE CITY ATTORNEY REGARDING THE REVISIONS.**

**** COUNCIL MEMBER NEWTON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER BROWN MOVED TO APPROVE AGENDA ITEM 57-17 AS AMENDED.**

**** COUNCIL MEMBER CASTILLO SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

71-18 Ordinance Committee Report re: Amendment to the Municipal Code of Ordinances, Chapter 10.12 – Stopping, Standing and Parking Generally, amend to add New Section 10.12.015 – Lawn Parking.

**** COUNCIL MEMBER SPAIN MOVED TO AMEND AGENDA ITEM 71-18 AS PER THE LETTER DATED JUNE 17, 2019 FROM THE OFFICE OF THE CITY ATTORNEY REGARDING THE REVISIONS.**

**** COUNCIL MEMBER LYONS SECONDED.**

Council Member Lyons said that there was an amendment that was provided by the City Attorney's Office. She said that there had been a number of vehicles and recreational vehicles that are being parked on lawns. The vehicles often leak oils and present a fire hazard. If there is a special event, the people need to get a permit. There has been damage to curbing due to people driving vehicles up onto the lawns.

**** THE MOTION PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER SPAIN MOVED TO APPROVE AGENDA 71-18 AS AMENDED.**

**** COUNCIL MEMBER BROWN SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

79-18 Ordinance Committee Report re: Amendments to the Municipal Code of Ordinances, Chapter 5.48 – Street Vendors, Itinerant Vendors and Motor Vehicle Vendors, amend to add New Section 5.48.300 – Pedal Cabs (Pedicabs).

**** COUNCIL MEMBER BROWN MOVED THE ITEM.**

**** COUNCIL PRESIDENT NIEVES SECONDED.**

Council Member Vizzo-Paniccia said that there was an issue with non-motorized vehicles on the road. She said that she was worried about legal liability. She said that she would be opposed to this.

Council Member Newton said that there was a public hearing earlier in the evening. He said that the first area would be at Seaside Park and it would not be throughout the City. There will be benchmarks to where the pedicabs would be going and most have bike routes.

Council Member Vizzo-Paniccia asked to respond to Council Member Newton and said that she was concerned about it trickling into other areas.

**** COUNCIL PRESIDENT NIEVES MOVED TO AMEND AGENDA ITEM 79-18 TO INSERT A REGISTRATION FEE OF \$50.00 IN SUBSECTION 5.48.340(B).**

**** COUNCIL MEMBER CASTILLO SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER BROWN MOVED TO APPROVE AGENDA ITEM 79-18 AS AMENDED.**

**** COUNCIL PRESIDENT NIEVES SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

80-18 Contracts Committee Report re: Request by the Fire Chief Pursuant to and in accordance with C.G.S. §7-430 and their Collective Bargain Agreement, Fire Fighters Local 834 that Dennis Rodgeron having or soon to attain the age of sixty-five years or more to remain employed by the City for another year.

**** COUNCIL MEMBER LYONS MOVED THE ITEM.**

**** COUNCIL MEMBER CASTILLO SECONDED.**

Council Member Vizzo-Paniccia said that she was voting against the continued employment after age 65.

**** THE MOTION PASSED WITH SIXTEEN (16) IN FAVOR (C. SMITH, SPAIN, TAYLOR-MOYE, BROWN, LANGAN, DEFILIPPO, HERRON, MCBRIDE-LEE, ROMAN-CHRISTY, ZAMBRANO VIGGIANO, CASTILLO, NIEVES, VALLE, JACKSON, N. SMITH AND NEWTON) ONE (1) OPPOSED (VIZZO-PANICCIA) AND ONE (1) ABSTENTION (LYONS).**

88-18 Contracts Committee Report re: Professional Services Agreement with James Duncan and Associates, Inc. for the City's Comprehensive Zoning Rewrite.

**** COUNCIL MEMBER HERRON MOVED TO APPROVE THE ITEM.**

**** COUNCIL MEMBER NEWTON SECONDED.**

Council Member Lyons said that she had some comments about the Zoning Rewrites. She said that it was very important to have discussion and it would be important to have chances to give input like they did with Plan Bridgeport.

Council Member Herron said that the Contracts Committee there was a long discussion about this in Committee and OPEd was told that they have to keep the Committee and the Council in the loop. She said that it would be important to have everyone involved and they will not allow companies to come forward to take over.

Council Member Roman-Christy said that she concurred with her colleagues because developers want to go into RA zones and build high density housing and this should not be allowed.

**** THE MOTION TO APPROVE PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER BROWN MOVED TO SUSPEND THE RULES FOR THE PURPOSES OF REFERRING AN ITEM TO THE ORDINANCE COMMITTEE.**

**** COUNCIL MEMBER LYONS SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

**** COUNCIL MEMBER BROWN MOVED TO REFER A PROPOSED AMENDMENT TO THE MUNICIPAL CODE OF ORDINANCES, CHAPTER 15.12 HOUSING CODE TO THE ORDINANCE COMMITTEE.**

**** COUNCIL MEMBER LYONS SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY. (ITEM #98-18)**

Mayor Ganim said that the Council Members were asking for a moment of silence for Mr. Coviello, who died on Thursday. All those present stood respectfully for the moment of silence.

Following the conclusion of the moment of silence, Council Member Newton said that the City had lost an important person in politics. He spoke about how he met Mr. Coviello when Council Member Newton was 20 years old and was ready to take over the world. He said that Mr. Coviello was probably the last of the politicians from the old school. Council Member Newton spoke about the advice Mr. Coviello had given him in the early years. Council Member Newton thanked Mr. Gaudett for trying to put together a collage of all the people Mr. Coviello touched

during his life time, but unfortunately they were not able to run it on the screens in the Chambers.

Council Member Herron said that she had seen Mr. Coviello on Monday before he died and he was happy and encouraging everyone to work together to make Bridgeport great. She said that he had been at her house a few days before he was hospitalized and he would be deeply missed during the upcoming elections. She said that they would have to work on making his legacy live on.

Council Member Lyons said that it was important to have his legacy live on through working together.

Council Member McBride-Lee said that Mr. Coviello had always shared his wisdom and spoke about the last political race he had participated in for the City. He helped everyone and that is something everyone should do. People need to come together and they need to bring everyone together. It will be important to keep his legacy alive. She said that she would really miss him.

Council President Nieves said that she got to know Mr. Coviello when she had first started organizing grass roots movements in her neighborhood. Mr. Coviello told her to never give up on her neighborhood or on Bridgeport. She said that she felt blessed in having known him.

Council Member Taylor-Moye said that she had known Mr. Coviello for many years and that he was a peace maker. He was kind but engaged. She said that Mr. Coviello had encouraged her to get out and do things. He was for all of the Districts and a wonderful encourager. She said that she knows he was in Heaven watching over all of them.

Mayor Ganim said that he would like to add words of condolences and encouragement to the family and to the member of the Council. He said that he had done some door to door campaigning with Mr. Coviello, who was known as Mr. Bridgeport, and at every third house, there was always a story told about Mr. Coviello. He introduced Mayor Ganim to many people in the East End. He was steady, calm and deliberate. At the last election, Mr. Coviello was on the ballot along with Mayor Ganim. When he was approached by someone and told to step aside, Mr. Coviello stood firm.

ADJOURNMENT

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

**** COUNCIL MEMBER BROWN SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

The meeting adjourned at 7:45 p.m.

Respectfully submitted,

S. L. Soltes

Telesco Secretarial Services

City of Bridgeport

City Council

Regular Meeting

June 17, 2019

**CITY OF BRIDGEPORT
CITY COUNCIL
NOTICE OF PUBLIC HEARING**

A Public Hearing will be held before the City Council of Bridgeport at a regular meeting to be held on Monday evening, June 17, 2019 beginning at 7:00 p.m., in the City Council Chamber, City Hall, 45 Lyon Terrace, Bridgeport, Connecticut, relative to:

Item #89-18

Proposed Resolution Authorizing the Sale of 55 Cannon Street.

Attest:

Lydia N. Martinez
City Clerk

AD ENDS ABOVE LINE

Requires Certification

2 Editions, Connecticut Post:

PLEASE PUBLISH ON (Thursday, June 6, 2019 & Thursday, June 13, 2019)

Emailed to: Legal Ad Dept. at publicnotices@ctpost.com

Account #: 111171

PO: 19000227-00

Dated: June 4, 2019

Sent By:

Althea Williams

City Clerk's Office

45 Lyon Terrace

Bridgeport, CT 06604

(203) 576-7205

(203) 332-5608 (Fax)

Public Hearing

June 4, 2019

Page 2 of 2

Ec: City Council Members

Mayor Joseph P. Ganim

J. Gomes, CAO

D. Shamas, Chief of Staff

T. Gaudett, Mayor's Aide

R. Christopher Meyer, City Attorney

M. Anastasi, Esquire

T. Toms, Associate City Attorney

E. Adams, Dir., Government Accountability & Integrity

T. Gill, Director, OPED

B. Coleman, Deputy Director, OPED

L. Haig, Director, Planning Department, OPED

E. Lavernoich, President of BEDCO

**CITY OF BRIDGEPORT
CITY COUNCIL
NOTICE OF PUBLIC HEARING**

A Public Hearing will be held before the City Council of Bridgeport at a regular meeting to be held on Monday evening, June 17, 2019 beginning at 7:00 p.m., in the City Council Chamber, City Hall, 45 Lyon Terrace, Bridgeport, Connecticut, relative to:

Item #92-18

Proposed Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program.

Attest:

Lydia N. Martinez
City Clerk

AD ENDS ABOVE LINE

Requires Certification

1 Edition, Connecticut Post:

PLEASE PUBLISH ON (Sunday, June 9, 2019)

Emailed to: Legal Ad Dept. at publicnotices@ctpost.com

Account #: 111171

PO: 19000227-00

Dated: June 4, 2019

Sent By:

Althea Williams

City Clerk's Office

45 Lyon Terrace

Bridgeport, CT 06604

(203) 576-7205

(203) 332-5608 (Fax)

Public Hearing

June 4, 2019

Page 2 of 2

Ec: City Council Members

Mayor Joseph P. Ganim

J. Gomes, CAO

D. Shamas, Chief of Staff

T. Gaudett, Mayor's Aide

R. Christopher Meyer, City Attorney

M. Anastasi, Esquire

T. Toms, Associate City Attorney

E. Adams, Dir., Government Accountability & Integrity

T. Gill, Director, OPED

B. Coleman, Deputy Director, OPED

M. Perez, Director, Business Development, OPED

V. Mobilio, Economic Development Associate, OPED



CITY OF BRIDGEPORT
DEPARTMENT OF FINANCE
MARGARET E. MORTON GOVERNMENT CENTER
999 Broad Street
Bridgeport, Connecticut 06604
Telephone 203-576-7251 Fax 203-576-7067

JOSEPH P. GANIM
Mayor

KENNETH A. FLATTO
Finance Director/CFO

COMM. 94-18 Ref'd to Budget & Appropriations Committee
on 06/17/2019.

TO: Bridgeport City Council
FROM: Kenneth Flatto, Director of Finance *K. Flatto*
DATE: June 13, 2019
Re: FY 2020 Bond Issuance Resolution - Pension related Obligation Bonds

A. Bond Resolution to City Council –referral to Budget and Appropriations Committee

The City of Bridgeport Finance Department and Mayor are recommending the City Council adopt four resolutions approving FY 2020 General Obligation bond financings to include: an issuance of up to \$125 million of General Pension Obligation Bonds during fiscal year 2020.

This issuance of these new Pension Obligation Bonds, recently authorized by special State Legislation, will now allow the City to finance bonds at incredibly low rates to replenish the city's only underfunded Pension Plan (Plan A) in a manner to realize savings for budgets over the next decade through lower required contributions to such Pension Plan.

Thank you for your consideration of this matter.

Cc: Mayor Joseph P. Ganim

RECEIVED
CITY FINANCE OFFICE
13 JUN 12 PM 12:07
K. FLATTO

CITY OF BRIDGEPORT CONNECTICUT

To the City Council of the City of Bridgeport:

The Committee on **BUDGET & APPROPRIATIONS** begs leave to report; and recommends for adoption the following resolutions:

NO.

APPROVAL OF THE ISSUANCE OF PENSION DEFICIT FUNDING BONDS AND THE USE OF THE PROCEEDS OF THE PENSION BONDS

THE BACKGROUND IS: The City has a very substantial unfunded pension liability (the “Unfunded Liability”) for its pension obligations to active and retired policeman and firemen covered by the City’s Pension Plans A for police and firemen (the “Participants”). The City’s actuary has determined that the amount of the Unfunded Liability as of June 30, 2018 exceeds *\$/[Ken to complete]*.

The City currently pays the annual pension obligation to the Participants out of the City’s general fund budget and from amounts available in the Pension Plan A Investment Trust (the “Plan A Trust”). Over the next several years, such annual payments will substantially increase. The issuance of pension bonds will fund a portion of the Unfunded Liability. The issuance of pension bonds is authorized by Public Act No. *[To come – Number not yet assigned]* (the “Act”).

The proceeds of the pension bonds shall be used to satisfy the Unfunded Liability and will be deposited for investment in the Plan A Trust and will be invested in accordance with prudent fiduciary practices.

The City Council has determined that it is in the best interests of the City for the City to issue pension bonds pursuant to the Act to fund part of the Unfunded Liability and that the Mayor, the Finance Director, and the Treasurer (the "Officials") shall have all authority to take all such actions desirable, necessary or appropriate for the issuance of the pension bonds and the investment of their proceeds as provided herein.

NOW, THEREFORE, BE IT RESOLVED, that having received the recommendation of the Mayor of the City with respect to the action authorized herein, the City Council hereby approves the appropriation of the amounts necessary to: (i) issue general obligation bonds secured by the City's full faith and credit (the "Bonds") in an amount not to exceed \$125,000,000 (exclusive of Financing Costs, as hereinafter defined) for the purposes of funding and satisfying the Unfunded Liability; and (ii) finance such additional costs and expenses, in an amount not to exceed ten percent (10%) of such authorization, as the Officials shall approve for the funding of necessary and appropriate financing and/or issuance costs including, but not limited to legal, advisory, credit enhancement, trustee, underwriters' discount, printing and administrative expenses, as well as the cost of the establishment and maintenance of any reserve pursuant to Chapter 109, Chapter 113, Chapter 117 and other chapters of the Connecticut General Statutes (the "Financing Costs"); and be it further

RESOLVED, that the City Council authorizes and approves that the Bonds be secured by the City's property taxes, including interest, penalties and related charges, pursuant to Chapter 113, Chapter 117 and other chapters of the Connecticut General Statutes, and, if deemed necessary or appropriate by the Officials and in the City's best interest, hereby authorizes the Officials: (i) to establish a property tax intercept procedure and a debt service payment fund pursuant to Chapter 117 of the Connecticut General Statutes, §7-560 et seq., and other Chapters

of the Connecticut General Statutes, on such terms as the Officials deem necessary or appropriate, and (ii) to take all further actions which the Officials deem necessary or appropriate to so secure the Bonds or which are contemplated by law; and be it further

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

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

secure the City's obligations arising under the credit enhancement, including the establishment of a reserve from proceeds of the Bonds; and be it further

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

RESOLVED, that proceeds of the Bonds, to the extent not applied to Financing Costs, shall be deposited into the Plan A Trust, not later than five (5) days after the date of the issuance of the Bonds, to fund the outstanding Unfunded Liability; and be it further

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

RESOLVED, that, in the issuance of the Bonds, the City shall take all actions necessary to comply with the terms of the Act including making the necessary submissions to the Office of Policy and Management and the Office of the Treasurer of the State of Connecticut and, after the issuance of the Bonds, the City shall comply with all of the other requirements of the Act including but not limited to the minimum funding standards for the City's pension plans established thereunder; and be it further

RESOLVED, that the City shall, in each annual general fund budget, appropriate funds in an amount sufficient to meet the actuarially required contribution as defined in Section 7-374c(a)(2) of the Connecticut General Statutes, as amended, and contribute such amounts to the Pension Plan A Trust as required by Section 7-374c(c)(3) of the Connecticut General Statutes, as amended; and be it further

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



CITY OF BRIDGEPORT
DEPARTMENT OF FINANCE
MARGARET E. MORTON GOVERNMENT CENTER
999 Broad Street
Bridgeport, Connecticut 06604
Telephone 203-576-7251 Fax 203-576-7067

JOSEPH P. GANIM
Mayor

KENNETH A. FLATTO
Finance Director/CFO

COMM. 95-18 Ref'd to Budget & Appropriations Committee
on 06/17/2019.

To: Bridgeport City Council
From: Kenneth Flatto, Director of Finance *K. Flatto*
Date: June 13, 2019
Re: FY 2020 Bond Issuance Resolution – TANS

A. Bond Resolutions to City Council –referral to Budget and Appropriations Committee

The City of Bridgeport Finance Department and Mayor are recommending the City Council adopt four resolutions approving FY 2020 General Obligation bond financings to include: issuance of up to \$35 million in Tax Anticipation Notes during fiscal year 2020.

The issuance of TANS is conducted solely during the peak winter season when City cash flow is lowest. Such issuance will be at only 50% of the level of TANS issued a few years ago. The city has discontinued issuance of TANS during late spring each year as cash flow improves.

Thank you for your consideration of this matter.

Cc: Mayor Joseph P. Ganim

CITY OF BRIDGEPORT
CITY CLERK'S OFFICE
19 JUN 12 PM 12:07

CITY OF BRIDGEPORT, CONNECTICUT

To the City Council of the City of Bridgeport:

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

NO.

APPROVAL OF TAX ANTICIPATION NOTES To Pay Current Expenses and Obligations of the City – FY2020

BE IT RESOLVED, that having received the recommendation of the Mayor of the City of Bridgeport (the “City”) with respect to the action authorized herein, the City Council of the City of Bridgeport (the “City Council”) hereby approves the appropriation of an amount up to \$35,000,000.00 and the issuance of general obligation tax anticipation notes secured by the City’s full faith and credit (the “Notes”), in an aggregate amount up to \$35,000,000.00 (exclusive of Financing Costs, as hereinafter defined) for the purposes of (i) paying current expenses and obligations of the City as are determined by the Mayor, the Finance Director and the Treasurer (collectively, the “Officials”) to be in the best interest of the City to pay through the issuance of the Notes; and (ii) financing such additional costs and expenses, in an amount not to exceed one percent (1%) of such authorization, as the Officials shall approve for the funding of necessary and appropriate financing and/or issuance costs including, but not limited to legal, financial advisory, investments fees, net temporary interest or other financing and transactional costs, credit enhancement, trustee, underwriters’ discount, printing and administrative expenses, as well as the costs of the establishment and maintenance of any reserve pursuant to Chapter 109, Chapter 112 and other chapters of the Connecticut General Statutes (the “Financing Costs”); and

BE IT FURTHER RESOLVED, the Officials are further authorized on behalf of the City to make temporary borrowings as authorized by the Connecticut General Statutes, including, but not limited to Section 7-405a of the Connecticut General Statutes, and to issue notes of the City in anticipation of the receipt of tax collections and such notes shall be issued and renewed at such time and with such maturities, requirements and limitations as provided by the provisions of this resolution and the Connecticut General Statutes; and

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

BE IT FURTHER RESOLVED, that the City Council hereby authorizes the Officials to determine the date, maturity, prices, interest rates whether fixed or floating, form, manner of sale (whether by negotiation or public sale) or other terms and conditions of the Notes, including the terms of any reserve that might be established as authorized herein, whether any of the Notes issued will be issued as taxable notes and whether the Notes will be issued in one or more series on the same or one or more separate dates, all in such a manner as the Officials shall determine to be in the best interest of the City, and to take such actions and to execute such documents, or

to designate other officials or employees of the City to take such actions and to execute such documents, as deemed to be necessary or advisable and in the best interests of the City by the Officials in order to issue, sell and deliver the Notes; and

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

BE IT FURTHER RESOLVED, that the Notes shall be signed by the Mayor, the Treasurer and the Finance Director provided that such signatures of any two of such officers of the City affixed to the Notes may be by facsimiles of such signatures printed on the Notes, and each of such Officials and any designee of any of them is authorized to take such actions, and execute such agreements, instruments and documents, on behalf of the City, that they deem necessary, appropriate or desirable to consummate the intendment of this and the foregoing resolutions.



CITY OF BRIDGEPORT
DEPARTMENT OF FINANCE
MARGARET E. MORTON GOVERNMENT CENTER
 999 Broad Street
 Bridgeport, Connecticut 06604
 Telephone 203-576-7251 Fax 203-576-7067

JOSEPH P. GANIM
 Mayor

KENNETH A. FLATTO
 Finance Director/CFO

COMM. 96-18 Ref'd to Budget & Appropriations
 Committee on 06/17/2019.

TO: Bridgeport City Council
FROM: Kenneth Flatto, Director of Finance *KA Flatto*
DATE: June 13, 2019
Re: FY 2020 Bond Issuance Resolution - Capital

A. Bond Resolution to City Council – referral to Budget and Appropriations Committee

The City of Bridgeport Finance Department and Mayor are recommending the City Council adopt resolutions approving FY 2020 General Obligation bond financings which include an issuance of up to \$26.625 million of new money FY 2020 CIP General Obligation Bonds during fiscal year 2020.

This new money Capital Bond Issuance will be scheduled on a timeline as projects are needed from the FY2020 CIP approved by the Council recently during the annual budget process. All these projects were approved as part of the Council adopted Capital Plan for FY2020-2024.

Thank you for your consideration of this matter.

Cc: Mayor Joseph P. Ganim

11:50 AM
 CITY CLERK
 19 JUN 12 PM 12: 07
 CITY CLERK'S OFFICE

CITY OF BRIDGEPORT CONNECTICUT

To the City Council of the City of Bridgeport:

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

No.

APPROVAL OF GENERAL OBLIGATION BONDS – To Fund Certain Capital Improvement Projects

WHEREAS, the City Council has approved capital plan authorizations in the total amount of \$26,625,000 for various capital projects to the City's 2020-2024 Capital Plan (the "2020-2024 Capital Plan Projects"); and

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

WHEREAS, the City Council has determined it to be in the best interest of the City to approve borrowing authorization for the 2020-2024 Capital Plan in the amount of \$26,625,000 for the 2020-2024 Capital Plan Projects, all as more particularly listed on Exhibit A attached hereto (the "Projects"); and now therefore, be it

RESOLVED, that having received the recommendation of the Mayor of the City with respect to the action authorized herein, the City Council hereby approves the appropriation of the amounts necessary to: (i) fund the Projects in an aggregate principal amount not to exceed \$26,625,000 and the issuance of general obligation bonds secured by the City's full faith and credit (the "Bonds"), in an aggregate principal amount not to exceed \$26,625,000 (exclusive of

Financing Costs, as hereinafter defined) for the purposes of funding the Projects; and (ii) finance such additional costs and expenses, in an amount not to exceed two percent (2%) of such authorization, as the Mayor, the Finance Director, and the Treasurer (collectively, the "Officials") shall approve for the funding of necessary and appropriate financing and/or issuance costs including, but not limited to legal, advisory, credit enhancement, trustee, underwriters' discount, printing and administrative expenses, as well as the cost of the establishment and maintenance of any reserve pursuant to Chapter 109, Chapter 117 and other chapters of the Connecticut General Statutes (the "Financing Costs"); and be it further

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

RESOLVED, that the City Council authorizes and approves that the Bonds be secured by the City's property taxes, including interest, penalties and related charges, pursuant to Chapter 117 and other chapters of the Connecticut General Statutes, and, if deemed necessary or appropriate by the Officials and in the City's best interest, hereby authorizes the Officials: (i) to establish a property tax intercept procedure and a debt service payment fund pursuant to Chapter

117 of the Connecticut General Statutes, §7-560 et seq., and other Chapters of the Connecticut General Statutes, on such terms as the Officials deem necessary or appropriate, and (ii) all further actions which the Officials deem necessary or appropriate to so secure the Bonds or which are contemplated by law; and be it further

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

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

authorized, on the City's behalf, to grant security to the issuer of the credit enhancement to secure the City's obligations arising under the credit enhancement, including the establishment of a reserve from proceeds of the Bonds; and be it further

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

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

RESOLVED, that the Bonds shall be signed by the Officials provided that such signatures of any two of such officers of the City affixed to the Bonds may be by facsimiles of

such signatures printed on the Bonds, and each of such Officers and any designee of any of them is authorized to take such actions, and execute such agreements, instruments and documents, on behalf of the City, that they deem necessary, appropriate or desirable to consummate the intendment of this and the foregoing resolutions; and be it further

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

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

Exhibit A
Bonding Authorizations

<u>Project Descriptions</u>	<u>FY2020 Adopted Capital Plan</u>
BOARD OF EDUCATION:	
Cesar Batella – Replace Ice Storage Syst. w/Chiller	\$100,000
JFK Air Handling Admin – 2 Roof Tops Units	450,000
Madison – Roof Top Heating Units Replace 4 Units	225,000
Bryant – Masonry and Parapet	160,000
Edison School – Boiler Replacement (2 Units)	160,000
Park City Magnet – HVAC Equip-Replace 2 Boilers	250,000
Marin – HVAC Equipment – Replace 3 A/C Units	300,000
TOTAL BOARD OF EDUCATION:	\$1,645,500
ECONOMIC DEVELOPMENT:	
Land Management/Acquisition	\$1,000,000
City Owned Properties – Development Ready Program	1,000,000
Lafayette Blvd./Fairfield Ave./Redesign-(10% City Match)	400,000
Site Improvement/Public Housing	600,000
Gateway to South End/Citywide Strategic Acquisition	1,000,000
Blight/Demolition/Clean Up/Property Management	3,000,000
Seaview Ave. Corridor/Waterfront Project (20% City Match)	2,000,000
TOTAL ECONOMIC DEVELOPMENT:	\$9,000,000
PUBLIC FACILITIES:	
Roadway Paving, Bridges, Culverts, Intersections	\$1,000,000
Public Facilities Equipment	1,000,000
Muni Bldg. HVAC/Heating/Elec./Facilities	1,450,000
City Wide Building & Security Improvements	1,000,000
Public Facilities Buildings at 990 Housatonic Avenue	350,000
Energy Conservation/Conversion Program	250,000
Harbor Yard Ballpark Upgrades	150,000
Arena Rehabilitation	5,000,000
Street Lights Wattage Upgrade	500,000
Parks Maintenance Equipment (including Golf Course)	400,000
Various Park Improvement Projects	200,000
Ferry Terminal Ramp/Loading Dock (20% City Match)	225,000
Citywide Signage	125,000
Citywide Deco Lights	500,000
Traffic Lights Upgrades	125,000

<u>Project Descriptions</u>	<u>FY2020 Adopted Capital Plan</u>
Veterans Memorial Park Improvements	100,000
Tennis Courts Improvements	100,000
Kennedy Stadium	150,000
Knowlton Park	100,000
Park Restrooms	120,000
Pleasure Beach Park	300,000
Golf Course Improvements	150,000
Beardsley Zoo Improvements	640,000
TOTAL PUBLIC FACILITIES:	\$13,935,000
OTHER DEPARTMENTS:	
Fire Apparatus Replacement Program/Vehicles	\$705,000
WPCA Capital Improvements	1,140,000
IT Telephony & Computer Replacement Program	200,000
TOTAL OTHER DEPARTMENTS:	\$2,045,000
TOTAL ALL DEPARTMENTS:	\$26,625,000



CITY OF BRIDGEPORT
DEPARTMENT OF FINANCE
MARGARET E. MORTON GOVERNMENT CENTER
999 Broad Street
Bridgeport, Connecticut 06604
Telephone 203-576-7251 Fax 203-576-7067

JOSEPH P. GANIM
Mayor

KENNETH A. FLATTO
Finance Director/CFO

COMM. 97-18 Ref'd to Budget & Appropriations
Committee on 06/17/2019.

TO: Bridgeport City Council

FROM: Kenneth Flatto, Director of Finance

DATE: June 13, 2019

Re: FY 2020 Bond Issuance Resolution – Refunding Bonds

A. Bond Resolutions to City Council –referral to Budget and Appropriations Committee

The City of Bridgeport Finance Department and Mayor are recommending the City Council adopt four resolutions approving FY 2020 General Obligation bond financings to include: issuance of General Obligation Refunding Bonds of up to \$40 million if rates make such transactions favorable during fiscal year 2020.

The intent of the refinancing of Build America Bonds and any other Bonds, if feasible to save money, allows the City to take advantage of historically low interest rates to improve the City's aggregate debt service costs for outstanding debt for the next decade. This plan of finance would only include bonds which achieve a net present value savings of at least 1.5%.

Thank you for your consideration of this matter.

Cc: Mayor Joseph P. Ganim

RECEIVED
CITY CLERK'S OFFICE
19 JUN 12 PM 12:05
MILANO CITY CLERK

CITY OF BRIDGEPORT, CONNECTICUT

To the City Council of the City of Bridgeport:

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

NO.

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

BE IT RESOLVED, that having received the recommendation of the Mayor of the City of Bridgeport (the "City") with respect to the action authorized herein, the City Council of the City of Bridgeport hereby approves the issuance of general obligation bonds secured by the City's full faith and credit (the "Refunding Bonds"), in an amount up to \$40 million (exclusive of Financing Costs, as hereinafter defined) for the purposes of (i) refunding such portions of the outstanding maturities (including the payment of principal, accrued interest and any call premium) of the City's 2009 Series C Taxable Recovery Zone Economic Development Bonds, the City's 2010 Series B Taxable Build America Bonds, the City's 2014 Series B Refunding Bonds, and such other outstanding general obligation bonds of the City (collectively, the "Prior Bonds") as are determined by the Mayor, the Finance Director and the Treasurer (collectively, the "Officials") to be in the best interest of the City to refund; and (ii) financing such additional costs and expenses, in an amount not to exceed two percent (2%) of such authorization, as the Officials shall approve for the funding of necessary and appropriate financing and/or issuance costs including, but not limited to legal, financial advisory, escrow fees, verification fees, investments fees, net temporary interest or other financing and transactional costs, credit enhancement, trustee, underwriters' discount, printing and administrative expenses, as well as

the costs of the establishment and maintenance of any reserve pursuant to Chapter 109, Chapter 117 and other chapters of the Connecticut General Statutes (the "Financing Costs"); and

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

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

BE IT FURTHER RESOLVED, that the Officials, if they determine it to be advisable, necessary or appropriate, hereby are authorized, on behalf of the City, to enter into an indenture of trust and/or a supplemental indenture of trust (collectively, the "Indenture") with a bank or

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

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

BE IT FURTHER RESOLVED, that the City Council hereby authorizes the Officials to determine the date, maturity, prices, interest rates, form, manner of sale (whether by negotiation or public sale) or other terms and conditions of the Refunding Bonds, including the terms of any

reserve that might be established as authorized herein and whether any of the Refunding Bonds issued will be issued as taxable bonds, all in such a manner as such Officials shall determine to be in the best interest of the City, and to take such actions and to execute such documents, or to designate other officials or employees of the City to take such actions and to execute such documents, as deemed to be necessary or advisable and in the best interests of the City by such Officials in order to issue, sell and deliver the Refunding Bonds; and

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

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

the payment of such agreements with the full faith and credit of the City, if they deem it necessary, appropriate or desirable; and

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

Item# *57-17 Consent Calendar

Amendment to the Municipal Code of Ordinances, Chapter 13.04 – Utilities, amend Section 13.04.380 – Collection of Past Due Accounts and Late Payment Penalties.



**Report
of
Committee
on
Ordinances**

City Council Meeting Date: June 17, 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.

CITY CLERK
19 JUL -9 AM 9:47
CITY CLERK OFFICE



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

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

Item No. *57-17 Consent Calendar

WHEREAS, the City Charter of the City of Bridgeport, Chapter 11 Section 22 entitled Water Pollution Control Authority, authorizes the City Council to establish a Water Pollution Control Authority; and

WHEREAS, pursuant to the Charter of the City of Bridgeport, the City Council enacted Chapter 13.04 of the Code of Ordinances, entitled Utilities; and

WHEREAS, individual members of the City Council have received numerous complaints about the collection practices of the WPCA; and

WHEREAS, public trust and confidence in this Board and in municipal government has been significantly diminished in light of the neglect of maintaining the membership of the Board current; and

NOW, THEREFORE, BE IT ORDAINED: By the City Council of the City of Bridgeport that the Bridgeport Municipal Code of Ordinances, Chapter 13.04 – Utilities, Section 13.04.380 – Collection of Past Due Accounts and Late Payment Penalties is hereby amended as follows:

A. The WPCA shall exercise due diligence in collecting the full amount due from all customers. The WPCA shall exercise all lawful means to collect delinquent unpaid sewer use charges. [~~including retaining independent legal counsel and/or an independent collecting agent.~~] All legal action to collect delinquent sewer use charges shall be instituted, on behalf of the City, by the law department of the City of Bridgeport. Independent counsel may only be retained by the Chief City Attorney if a conflict of interest, requiring recusal, prevents the law department from representing the City of Bridgeport. The customer shall become liable for all costs associated with collecting delinquent accounts.

B. A list of such unpaid accounts turned over for collection shall be submitted to the chairman of the WPCA semiannually.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *57-17 Consent Calendar

-2-

C. Any unpaid sewer user charges shall constitute a lien upon the real estate against which such charge was levied from the date it became delinquent. Each such lien may be continued, recorded and released in the manner provided by the General Statutes of the State of Connecticut for continuing, recording and releasing property tax liens and encumbrances except [~~taxes, and~~] each lien may be foreclosed in the same manner as a lien for property taxes, but no court action to foreclose a lien shall be instituted, until the amount due, including accrued interest, exceeds \$4,000.00.

D. The tax collector of the city and the general manager are designated as collectors of sewer user charges. In addition, the board of directors of the WPCA may designate other persons to collect sewer user charges. Such designated persons may collect such charges in accordance with the provisions of the General Statutes, aforesaid, for the collection of property taxes.

E. The Law Department of the City of Bridgeport shall establish a program permitting an owner of real property which is subject to a sewer lien to enter into a payment plan, for the payment of any arrearage. Any such repayment plan shall not relieve the property owner of the obligation to pay current user fees and must be approved by the WPCA Board of Directors. No foreclosure of the lien may be sought if:

1. The property owner complies with the agreement;
2. Current sewer use charges are paid.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *57-17 Consent Calendar

-3-

AS AMENDED BY SUBSTITUTION FROM THE FLOOR BY FULL COUNCIL ON JUNE 17, 2019:

A. The WPCA shall exercise due diligence in collecting the full amount due from all customers. The WPCA shall exercise all lawful means to collect delinquent unpaid sewer use charges including retaining independent legal counsel and/or an independent collecting agent. The customer shall become liable for all costs associated with collecting delinquent accounts.

B. A list of such unpaid accounts turned over for collection shall be submitted to the chairman of the WPCA semiannually.

C. Any unpaid sewer user charges shall constitute a lien upon the real estate against which such charge was levied from the date it became delinquent. Each such lien may be continued, recorded and released in the manner provided by the General Statutes of the State of Connecticut for continuing, recording and releasing property tax liens and encumbrances except taxes, and may be foreclosed in the same manner as a lien for property taxes.

D. The tax collector of the city and the general manager are designated as collectors of sewer user charges. In addition, the board of directors of the WPCA may designate other persons to collect sewer user charges. Such designated persons may collect such charges in accordance with the provisions of the General Statutes, aforesaid, for the collection of property taxes.

E. The Law Department of the City of Bridgeport shall establish a program permitting an owner of real property which is subject to a sewer lien to enter into a payment plan, for the payment of any arrearage. Any such repayment plan shall not relieve the property owner of the obligation to pay current user fees and interest and must be approved by the WPCA Board of Directors. No foreclosure of the lien may be sought if:

1. The property owner complies with the agreement;
2. Current sewer use charges and interest are paid.



City of Bridgeport, Connecticut Office of the City Clerk

Report of Committee on Ordinances
Item No. *57-17 Consent Calendar

-4-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ORDINANCES

Eneida L. Martinez, Co-Chair

Marcus A. Brown, Co-Chair

Michelle A Lyons
Michelle A. Lyons

Ernest E. Newton, II
Ernest E. Newton, II

Rosalina Roman-Christy

Pete Spain

M Valle
Maria I. Valle

City Council Date: June 17, 2019 as amended (Off The Floor) by full Council.

Item# *71-18 Consent Calendar

Amendment to the Municipal Code of Ordinances, Chapter 10.12 – Stopping, Standing and Parking Generally, amend to add New Section 10.12.015 – Lawn Parking.



**Report
of
Committee
on
Ordinances**

City Council Meeting Date: June 17, 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 JUL -9 AM 9:47
OFFICE



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport:

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

Item No. *71-18 Consent Calendar

WHEREAS, Chapter 10, Section 12 of the Bridgeport Municipal Code (the "Ordinance") establishes sensible regulations on parking vehicles;

WHEREAS, residents have repeatedly raised concerns to Council representatives regarding motor vehicles routinely parked on any unpaved portion of a front yard;

WHEREAS, residents have complained that reported lawn parking has a negative effect on their neighborhood's appeal, property values, and, in some instances, safety.

WHEREAS, the City of Bridgeport zoning regulations prohibit parking on lawns in residential zones (see Zoning Table 7 and Zoning section 11-2-129).

NOW, THEREFORE BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances, Chapter 10, Section 12, is hereby amended as follows:

Chapter 10.12 – STOPPING, STANDING AND PARKING GENERALLY

New Section:

10.12.015 - Lawn parking

Purpose of chapter.

- A. Violations. No motor vehicles (including automobiles, trucks, boats, campers, recreational vehicles, and motorcycles) shall be parked on any portion of a yard except on an area that is an approved driveway. Parking on a lawn is prohibited.
- B. Penalty. Any person who receives a notice from the police department shall pay to the clerk of the police department the following sums: 1. \$50.00 2. Additional Penalty. In the event any person fails to comply within 14 days from the date of issuance thereof, then the penalty will increase to \$100; if not paid within 30 days from the date of issues, the penalty will increase to \$150. If the balance owed exceeds \$200, or if the car is in violation for 72 hours or longer, the city will tow.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *71-18 Consent Calendar

-2-

AS AMENDED BY SUBSTITUTION FROM THE FLOOR BY FULL COUNCIL ON
JUNE 17, 2019:

Chapter 10.12 – STOPPING, STANDING AND PARKING GENERALLY

New Section:

10.12.015 - Lawn parking

Purpose of chapter.

- A. Violations. No motor vehicles, including but not limited to, automobiles, trucks, boats, recreational vehicles, and motorcycles, shall be parked on any portion of a yard except on an area that is an approved driveway. Such approval must be obtained from the Zoning Department. Parking on a lawn is prohibited; except: (1) a camper may park on the lawn of a rear yard and (2) parking for an event, for which an event permit has been obtained, may be permitted on private property with the property owner's permission for only the duration of time as the permit is valid.

- B. Penalty. Any person who receives a notice of violation shall pay the issuing authority the following sums: 1. \$50.00 2. Additional Penalty. In the event any person fails to comply within 14 days from the date of issuance thereof, then the penalty will increase to \$100; if not paid within 30 days from the date of issues, the penalty will increase to \$150. If the balance owed exceeds \$200, or if the car is in violation for 72 hours or longer, the city will tow.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *71-18 Consent Calendar

-3-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ORDINANCES

Eneida L. Martinez, Co-Chair

Marcus A. Brown, Co-Chair

Michelle A. Lyons
Michelle A. Lyons

Ernest E. Newton, II

Rosalina Roman-Christy

Pete Spain

Maria I. Valle

City Council Date: *June 17, 2019 as amended (Off The Floor) by full Council.*

Item# *79-18 Consent Calendar

Amendments to the Municipal Code of Ordinances, Chapter 5.48 – Street Vendors, Itinerant Vendors and Motor Vehicle Vendors, amend to add New Section 5.48.300 – Pedal Cabs (Pedicabs).



**Report
of
Committee
on
Ordinances**

City Council Meeting Date: June 17, 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 JUL -9 AM 9:47

OFFICE



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport:

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

Item No. *79-18 Consent Calendar

WHEREAS, due to the large population and heavy commerce of Bridgeport the public streets are congested with countless vehicles for transporting consumer goods and individuals; and

WHEREAS, in coming years, as Steelepoint Harbor expands, and the downtown area prospers, the public streets will be more congested with vehicles, especially around the Transportation Center and the Metro-North Railroad station; and

WHEREAS, pedicabs are a new zero-emissions, no fossil fuels, mode of transportation currently being introduced in the City that due to their high maneuverability and unique character have the potential to benefit the environment and become a new and increasingly utilized form of paid transportation for City tourists and residents; and

WHEREAS, due to the quantity of pedestrian and vehicular traffic within the City the safe operation of pedicabs is of great concern to the City Council because presently the City has no mechanism to monitor the quantity or operational procedures of these slow-moving passenger vehicles; and

WHEREAS, the City Council finds that authorizing the operation of pedicabs furthers the City's interest in providing diverse social and cultural experiences and entertainment for residents and visitors of the City; and

WHEREAS, the City Council further finds that this ordinance balances the City's interest in allowing pedicabs with the City's interest in maintaining safe streets and roads by imposing reasonable permitting requirements that ensure operating and equipment standards upheld; and

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances **Chapter 5.48 - STREET VENDORS, ITINERANT VENDORS AND MOTOR VEHICLE VENDORS** is hereby amended to add New Section 5.48.300 as follows:



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on **Ordinances**
Item No. *79-18 Consent Calendar

-2-

~~ARTICLE XVII. PEDAL CABS (PEDICABS)~~

~~See. 17-141. 5.48.300 – Pedal Cabs (Pedicabs)~~

5.48.310 – Definitions.

- (a) For purposes of this ~~article~~ chapter, a "pedal cab" (pedicab) is defined as a multi-wheeled vehicle propelled by human power, capable of transporting passengers other than the operator thereof and which is made available to the public as a mode of transportation. A pedal cab shall be deemed to be a type of bicycle for purposes of this article and for purposes of the application of Connecticut laws applicable to the use of bicycles on public highways.
- (b) "Operator" means the individual who actually operates the pedicab whether as the owner, an employee of the owner or as an independent contractor. "Owner" means any person who owns, leases, or otherwise has possession of the pedicab.

~~(Ord. No. 1601, 11-5-09)~~

~~See. 17-142. 5.48.320 - Licenses and registrations required for operation of pedal cabs.~~

- (a) No person shall utilize any portion of any public street or highway for the operation of a pedal cab unless said person is licensed to do so in accord with the requirements of this ~~article as administered by the New Haven Traffic Authority~~ Chapter 5.48.
- (b) No pedal cab shall be operated on any portion of any public street or highway unless said pedal cab is registered by the owner in accord with the requirements of this ~~article as administered by the New Haven Traffic Authority~~ Chapter 5.48.

~~(Ord. No. 1601, 11-5-09)~~

~~See. 17-143. 5.48.330 - Pedal cab operator's license.~~

- (a) Application for a license to operate a pedal cab or for renewal thereof shall be made to the chief of police upon a form furnished by the chief and shall contain information set out in this chapter. Licenses shall only be issued to individuals who have a valid connecticut motor vehicle driver's license and are at least eighteen (18) years-of-age, and shall not be issued to partnerships, corporations, limited liability companies or other similar legal entities. Information to be contained on said operator's application (or provided therewith) shall include:



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on **Ordinances**
Item No. *79-18 Consent Calendar

-3-

- (1) Name.
- (2) Residence address and business address.
- (3) Date and place of birth.
- (4) Motor Vehicle Driver's License information, including any restrictions placed upon the applicant's operation of a motor vehicle.
- (5) A complete set of fingerprints.
- (6) Whether the driver has ever been convicted of any felony or a misdemeanor and, if so, the details thereof.
- (7) Whether the driver has ever been denied any form of driver's license or has had any driver's license suspended or revoked.
- (8) Proof of worker's compensation insurance coverage in accord with Connecticut law (if applicable), proof of liability insurance in such types and such amounts as approved by the mayor including, where deemed appropriate by the mayor, provision that the City of New Haven be named as an additional insured on the relevant policy or policies of insurance.
- (9) A valid copy of certification of completion of the League of American Bicyclists Road 1 course, or equivalent as approved by the traffic authority.
- (10) The name of the owner(s) of the pedal cab(s) to be operated by the driver.
- (11) Such additional detailed information as may, in the opinion of the chief of police, be necessary to evaluate the fitness of the applicant to be granted a pedal cab operator's license.
- (12) Such other licensing requirements of Chapter 5.48, including but not limited to those set forth in sections 5.48.040 and 5.48.050.

The application form shall also require the operator to state, under oath that he has read the regulations set forth in this article; that he understands those regulations; and that he agrees to abide by them at all times.

- (b) Should any of the above-referenced information provided by the licensee become inaccurate or outdated, the licensee shall promptly provide correct and accurate information to the chief of police in the form of an amended application. No license fee shall be charged for such an amended application.
- (c) License fee. The annual license fee for each license to operate a pedal cab shall be as set out in section ~~17-201~~ 5.48.070 of this chapter.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *79-18 Consent Calendar

-4-

- (d) License renewable, not transferable. An operator's license shall be valid for not more than one (1) year. Such license may not be sold, assigned or otherwise transferred.
- (e) License to be posted. The operator's license shall state that complaints about the licensee may be made to the chief of police. The license shall be posted in any pedal cab while it is being operated by the licensee in a place where it is clearly visible to the passengers being carried therein.

(Ord. No. 1601, 11-5-09)

~~Sec. 17-144. 5.48.340 - Pedal cab registration.~~

- (a) Application for a pedal cab registration or for renewal thereof shall be made by the owner of the pedal cab to the chief of police upon a form furnished by the chief and shall contain information set out in this chapter. Information to be contained on said application (or provided therewith) shall include:
 - (1) Name of the owner of the pedal cab.
 - (2) Business address.
 - (3) The following identifying information:
 - a. In the case of individual owners: Date and place of birth.
 - b. In the case of corporations, partnerships, limited liability companies or any other form of legally recognized entity:
 - (i) State and date of establishment or creation.
 - (ii) Certificate of legal existence or similar documentation establishing that the existence and operation of the entity is in current compliance with the laws of the State of Connecticut and the state in which it was created.
 - (4) Whether the owner has ever been convicted of any felony or a misdemeanor and, if so, the details thereof.
 - (5) A serial number, vehicle identification number or similar individual identification number permanently affixed to, and by which the registered pedal cab may be identified.
 - (6) A valid copy of each operator's certificate of completion of the American League of Bicyclists in the Road 1 course, or equivalent as approved by the traffic authority.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *79-18 Consent Calendar

-5-

- (7) Proof of insurance in such types and such amounts as ~~approved by the mayor from time to time including~~ required by section 5.48.050, without limitation, liability insurance and, if applicable, worker's compensation insurance for any employees of the owner and further including, ~~as where deemed appropriate by the mayor,~~ provision that the City of ~~New Haven~~ Bridgeport be named as an additional insured on the relevant policy or policies of insurance. In addition, the owner shall indemnify and hold harmless the City of ~~New Haven~~ Bridgeport from any liability associated with the operation of the licensed pedal cab.
- (8) A cash or surety bond or other form of security in the amount of two hundred dollars (\$200.00) to ensure compliance with the provisions of this article and to ensure prompt surrender of the pedal cab registration in the event that it is no longer in active use. A single bond or other form of security may be tendered to cover more than one registration issued to the same owner provided that the amount thereof shall, at all times, be maintained in an amount equal to two hundred dollars (\$200.00) multiplied by the number of pedal cab registrations issued to the same owner.
- (9) The fare schedule itemizing all charges which the owner and/or operator shall charge to passengers for transporting them.
- (10) Such additional detailed information as may, in the opinion of the chief of police, be necessary to evaluate the fitness of the applicant or the pedal cab vehicle to be granted a pedal cab registration.

The application form shall also require the signatory for the applicant to state, under oath that he has read the regulations set forth in this article; that he understands those regulations; and that the applicant agrees to abide by them at all times.

- (b) Registration fee. The annual fee for each pedal cab registration shall be ~~as set out in section 17-201 of this chapter~~ \$50.00. **(as amended from the floor on June 17, 2019 to add registration fee).**
- (c) Should any of the above-referenced information provided by the owner become inaccurate or outdated, the owner shall promptly provide correct and accurate information to the chief of police in the form of an amended application. No registration fee shall be charged for such an amended application.
- (d) Registration renewable, not transferable. A pedal cab registration shall be valid for not more than one year. A pedal cab registration shall be assigned to each individual pedal cab and may not be sold, assigned or otherwise transferred. Each pedal cab shall be inspected for compliance with the requirements of this article at the time of initial registration and annually thereafter at the time of registration renewal.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *79-18 Consent Calendar

-6-

- (e) Registration to be posted. The pedal cab registration shall state that complaints about the pedal cab may be made to the chief of police. The registration shall be posted in the pedal cab at all times in a place where it is clearly visible to the passengers being carried therein.

(Ord. No. 1601, 11-5-09)

~~Sec. 17-145.~~ 5.48.350 - Limitation upon number of registrations to be issued.

No more than twenty (20) pedal cab registrations shall be issued, except at the discretion of the ~~New Haven Traffic Authority~~ mayor for special events. Applications for pedal cab registrations shall be processed in the order in which they are received.

(Ord. No. 1601, 11-5-09)

~~Sec. 17-146.~~ - 5.48.360 - Designated hours and areas of operation.

The ~~New Haven Traffic Authority~~ Board of Police Commissioners ("Board") as the Traffic Authority for the City of Bridgeport shall determine appropriate hours of operation and acceptable streets and areas in which pedal cabs shall operate. It shall be unlawful for any person to operate a pedal cab at other times or in other locations than those designated by the ~~director~~ Board.

(Ord. No. 1601, 11-5-09)

~~Sec. 17-147.~~ 5.48.370 - Pedal cab equipment and operation.

Pedal cabs shall be operated in accord with the laws of the State of Connecticut applicable to the use of bicycles on the public highways and shall follow all traffic laws without limitation, and shall meet the following requirements:

- (1) Pedal cabs shall be equipped with the safety equipment described in C.G.S. Section 14-288 at all times. In addition, pedal cabs shall:
 - a. Display a battery or generator-operated lighted lamp or lamps upon the rear part of such bicycle at all times when lamps are required to be lit pursuant to C.G.S. Section 14-96a. Such lamp or lamps shall, when lighted, emit a red light which in clear weather shall be visible at a distance of not less than five hundred (500) feet in the direction from which such pedal cab is proceeding.
 - b. Be equipped with battery or generator-operated turn signal lamps. Such lamps shall, when lighted, emit a flashing yellow light which in clear weather shall be visible at a distance of not less than five hundred (500) feet, both in the direction to and from which such pedal cab is proceeding.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *79-18 Consent Calendar

-7-

- c. Be equipped with a pedal-power delivery system of chains and gears (or the equivalent thereof) sufficient to permit the Pedal cab to accelerate from a standing position at a rate which will not unduly impede the flow of traffic.
 - d. Be equipped with a hydraulic or mechanical disc brake system which will permit the pedal cab to stop safely in an emergency situation without affecting the stability of the vehicle.
 - e. Be equipped with spoke reflectors placed upon each wheel and reflective tape marking the side edges of the pedal cab at both front and rear.
 - f. Be equipped with at least one side-view or rear-view mirror designed to allow the driver to observe traffic to the rear of the pedal cab.
 - g. Be equipped with seat belts for each passenger.
- (2) Pedal cabs shall be operated in the manner described in C.G.S. Section 14-286a and 14-288 at all times. In addition:
- a. Turn signals shall be given by the use of the turn signal lamps required pursuant to this section.
 - b. Pedal cabs shall pick up and discharge passengers as close to the curb line of the street as possible.
 - c. Pedal cabs shall be operated in a manner which does not impede or block the normal or reasonable movement of vehicular or pedestrian traffic except where necessary to comply with applicable provisions of law.
 - d. Passengers shall be required to remain seated at all times while the pedal cab is in motion.
 - e. Not more than three (3) passengers shall be permitted in a pedal cab at any time.
 - f. Pedal cabs shall be liable to pay for metered on-street or off-street parking operated by the City of New Haven in the same manner as is applicable to any motor vehicle utilizing such a metered parking space.
 - g. Operators of pedal cabs shall comply with any restrictions set forth on their motor vehicle driver's license at all times while driving a pedal cab.
 - h. A clearly-legible copy of the fare schedule shall be posted in the pedal cab at all times in a place where it is clearly visible to the passengers being carried therein.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *79-18 Consent Calendar

-8-

- i. Pedal cabs shall not be operated while the operator is under the influence of alcohol or controlled substances other than medication prescribed for the operator by a physician which does not adversely affect the ability of the pedal cab driver to operate the pedal cab.

(Ord. No. 1601, 11-5-09)

See ~~17-148~~: 5.48.380 - Revocation of registration or license.

- (a) The police chief of police shall also have the power to deny or revoke any registration or license issued hereunder for cause after due notice in writing to the applicant/owner/licensee and after affording the applicant/owner/licensee the opportunity to be heard thereupon. Cause shall be deemed to include, but not be limited to false information knowingly given in the application for a license or registration, physical or mental impairment which jeopardizes the safety of passengers or other members of the public, failure to maintain complete and accurate license or registration information on file, or for any violation of the provisions of this chapter. The police chief of police may also take criminal convictions occurring subsequent to the granting of the license or registration into account to establish cause for denying or revoking any registration or license issued hereunder, but only after appropriately assessing the conviction(s) according to the factors listed in section ~~17-1.4(a)~~. In addition, a pedal cab registration shall be revoked for any pedal cab which, in the determination of the police chief of police, is not in active service. This authority shall be in addition to any other means of enforcement of city ordinances.
- (b) In addition to the denial/revocation procedure authorized pursuant to subsection (a) of this section, the police chief of police may also suspend any registration or license immediately and for a period not to exceed five (5) days if he determines that the interests of public safety so require. In any such case the owner/licensee shall be afforded the opportunity to be heard within seventy-two (72) hours following such suspension.

(Ord. No. 1601, 11-5-09; Ord. No. 1673, 4-2-12)

See ~~17-149~~: 5.48.390 - Penalties.

It shall be unlawful to violate any of the provisions of this article, and the penalty for violation of any provision, as levied by the police chief of police and his designees or by the director of transportation, traffic and parking and his designees, shall be a fine of fifty dollars (\$50.00) for the first offense, and an additional fifty dollars (\$50.00) per offense thereafter to the maximum allowable under state statute (~~two hundred fifty dollars (\$250.00)~~) as amended.



City of Bridgeport, Connecticut

Office of the City Clerk

Report of Committee on Ordinances
Item No. *79-18 Consent Calendar

-9-

In any instance in which the operator or owner/licensee shall feel the penalty was unfairly imposed, he/she shall be afforded the opportunity to be heard within seventy-two (72) hours following receipt of notice of the violation.

(Ord. No. 1601, 11-5-09)

Sec. 17-150: 5.48.400 - Implementation.

The provisions of this article are effective immediately upon passage of the ordinance form which it derives [~~Ord. No. 1601, passed on Nov. 5, 2009~~] and all provisions shall be enforced immediately publication.

(Ord. No. 1601, 11-5-09)

Sec. 17-151: 5.48.410 - Severability.

If any provision of this article is held to be invalid by a court of competent jurisdiction then such provision shall be considered separately and apart from the remaining provisions of this section, which shall remain in full force and effect.

~~Except as above amended, the New Haven Code of Ordinances shall remain in full force and effect.~~

(Ord. No. 1601, 11-5-09)

Sees. 17-152—17-170.—Reserved.





City of Bridgeport, Connecticut Office of the City Clerk

Report of Committee on Ordinances
Item No. *79-18 Consent Calendar

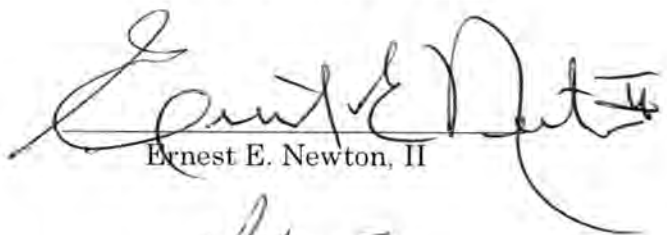
-10-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ORDINANCES



Eneida L. Martinez, Co-Chair

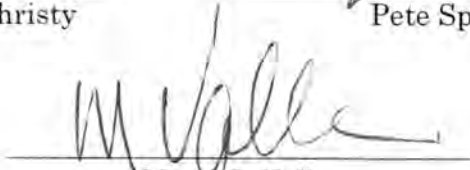

Marcus A. Brown, Co-Chair


Michelle A. Lyons


Ernest E. Newton, II


Rosalina Roman-Christy


Pete Spain


Maria I. Valle

City Council Date: **June 17, 2019** as amended (Off The Floor) by Full Council.

Item # *80-18 Consent Calendar

Request by the Fire Chief Pursuant to and in accordance with C.G.S. §7-430 and their Collective Bargain Agreement, Fire Fighters Local 834 that **Dennis Rodgeron** having or soon to attain the age of sixty-five years or more to remain employed by the City for another



**Report
of
Committee
on
Contracts**

City Council Meeting Date: June 17, 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 JUL -9 AM 9:48
CITY CLERK OFFICE



City of Bridgeport, Connecticut Office of the City Clerk

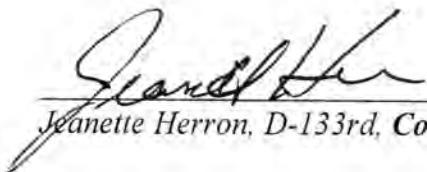
To the City Council of the City of Bridgeport:

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

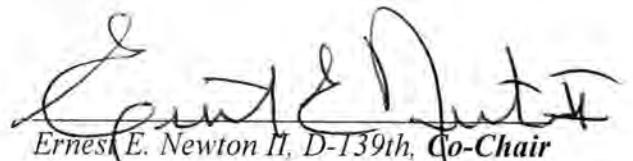
Item No. *80-18 Consent Calendar

BE IT RESOLVED, that the request by the Fire Department pursuant to and in accordance with C.G.S. §7-430 and their Collective Bargain Agreement, Fire Fighters Local 834 that **Dennis Rodgerson** of the Bridgeport Fire Department now having or soon to attain the age of sixty-five years to remain employed by the City for another year be and it hereby is, in all respects, approved, ratified and confirmed.

**RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
CONTRACTS**



Jeanette Herron, D-133rd, Co-Chair



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

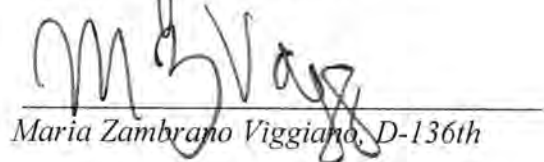
Jack O. Banta, D-131st



Alfredo Castillo, D-136th



Michael A. Defilippo, D-133rd



Maria Zambrano Viggiano, D-136th

OPPOSED

AmyMarie Vizzo-Paniccia, D-134th

City Council Date: June 17, 2019

Item # *83-18 Consent Calendar

Contract with Municipal Valuation Services (MVS) for
2020 Revaluation.



Report
of
Committee
on
Contracts

City Council Meeting Date: June 17, 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 JUL -9 AM 9:47
OFFICE



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport:

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

Item No. *83-18 Consent Calendar

RESOLUTION

(OCTOBER 1, 2020 GRAND LIST REAL PROPERTY REVALUATION)

WHEREAS, pursuant to Connecticut General Statutes §12-62(b)(1), the City of Bridgeport ("City") is required to revalue all real property within the City limits for the October 1, 2020 Grand List; and

WHEREAS, Connecticut General Statutes §12-62(b)(3) the City is required to perform a full, physical inspection of each parcel once in every ten assessment years, if verification of current assessor's data cannot first be obtained through questionnaires to property owners; and

WHEREAS, the City requested proposals to perform the required revaluation for the October 1, 2020 Grand List; and

WHEREAS, the City received bids and selected a contractor, Municipal Valuation Services, LLC ("the Contractor"), to perform the revaluation; and

WHEREAS, the agreed upon compensation for performing all services related to the revaluation, including the mailing of questionnaires and necessary physical inspections, is \$495,000, plus an additional \$2.50 per parcel for digital images; and

WHEREAS, the City has also agreed to pay software licensing fees not exceeding \$60,000, which may be required for the Contractor to complete the revaluation; and

WHEREAS, the procedure to revalue all real property in Bridgeport for the October 1, 2020 Grand List must commence as soon as possible, and the Contractor has agreed to start as soon as the Contract is executed.

NOW, THEREFORE, be it hereby Resolved by the City Council, that Kenneth Flatto, Director of Finance, may execute the attached Contract for The Complete Reappraisal and Revaluation of Real Property Located Within the Corporate Limits of the City of Bridgeport, Connecticut, and may execute such other documents which may be deemed appropriate or necessary in furtherance of the Project with the review and approval of the Office of the City Attorney.




City of Bridgeport, Connecticut Office of the City Clerk

Report of Committee on Contracts
Item No. *83-18 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
CONTRACTS



Jeanette Herron, D-133rd, Co-Chair




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

Jack O. Banta, D-131st



Alfredo Castillo, D-136th



Michael A. Defilippo, D-133rd



Maria Zambrano Viggiano, D-136th



Amy Marie Vizzo-Paniccia, D-134th

City Council Date: June 17, 2019

City of Bridgeport, Connecticut
2020 Revaluation

CONTRACT

**THE COMPLETE REAPPRAISAL AND REVALUATION
OF REAL PROPERTY (TAXABLE AND EXEMPT)
LOCATED WITHIN THE CORPORATE LIMITS
OF THE CITY OF BRIDGEPORT, CONNECTICUT
EFFECTIVE OCTOBER 1, 2020**

This agreement, made this _____ day of May, 2019, by and between the City of Bridgeport, a municipal corporation, located in the County of Fairfield, State of Connecticut, hereinafter termed the **CITY**, and Municipal Valuation Services, LLC, hereinafter termed the **CONTRACTOR**.

WITNESSETH THAT:

WHEREAS, the **CITY**, through its **ASSESSOR**, plans to undertake a complete reappraisal and revaluation of all property located within the corporate limits of the **CITY** for the Grand List of October 1, 2020; and

WHEREAS, the **CONTRACTOR** is to assist the **ASSESSOR** in making such reappraisal and revaluation and represents that it is experienced and qualified to carry on such work, and is familiar with the recognized appraisal practices and with the standards required for determining ad valorem values for assessment purposes; and

WHEREAS, in agreeing to enter into this Contract, the **CITY** has relied on **CONTRACTOR**'s various representations in its Response to Request for Proposal, attached hereto as Appendix B;

NOW, THEREFORE, the **CITY** and the **CONTRACTOR**, for the consideration and under the conditions hereinafter set forth, hereby agree as follows:

1) ENGAGEMENT OF CONTRACTOR

The **CITY** hereby engages the **CONTRACTOR**, and the **CONTRACTOR** hereby agrees to conduct a full revaluation and statistical update for all real property located within the city limits and to furnish all the databases, labor, materials, supplies and equipment and perform all services and work for the project in strict accordance with the Contract Specifications, attached hereto as Appendix A and incorporated herein.

Pursuant to the procedure set forth in General Statutes §12-62(b)(4), the **CONTRACTOR** shall send a questionnaire to each parcel owner to (A) obtain information concerning the property's acquisition and (B) obtain verification of the accuracy of data listed on the current assessor's property record for such parcel. The **CONTRACTOR** shall develop and institute a quality assurance program with respect to responses received to such questionnaires. If the Assessor is satisfied with the results of said program concerning such questionnaires, the

**City of Bridgeport, Connecticut
2020 Revaluation**

CONTRACTOR shall fully inspect, pursuant to General Statutes §12-62(a)(3), those parcels of improved real property for which the Assessor has determined that satisfactory verification of data listed on the current Assessor's property record has not been obtained and is otherwise unavailable.

All of **CONTRACTOR's** methods, labor, records, materials, forms and supplies shall comply with the requirements of the Connecticut General Statutes and Special Acts, Regulations of Connecticut State Agencies, rulings of the Secretary of Office of Policy and Management, ordinances and agreements of the **CITY**, and decisions of several courts, all of which the **CONTRACTOR** is deemed to have continuing knowledge of.

2) COMMENCEMENT AND COMPLETION DATES

The **CONTRACTOR** agrees to commence the work on or before June 1, 2019.

3) COMPENSATION

The **CITY** agrees to pay the **CONTRACTOR** the following compensation for the **CONTRACTOR'S** services to be performed by the **CONTRACTOR** per the Contract Specifications:

All Services and Costs pertaining to the Full Revaluation, including mailing of questionnaires and full inspections	\$495,000
Digital Imaging and photo data entry into CAMA For all <u>improved</u> parcels (not vacant land)	\$2.50/parcel
MAI litigation support	\$1,200/day

- a) The agreed upon fee of \$495,000 shall be compensation for all services to be provided by the **CONTRACTOR** under this Contract and the Contract Specifications, regardless of the number of physical inspections required or performed.
- b) The **CONTRACTOR** is responsible for all costs and fees that **CONTRACTOR** is, or may be, required to pay in fulfilling its obligations under this Contract and the Contract Specifications. Notwithstanding the same, the **CITY** has allocated an additional maximum of \$60,000 regarding licensing fees which may be legally owed for the **CONTRACTOR's** use of software and data to which Vision Government Solutions, Inc. may have proprietary rights. **CONTRACTOR** shall submit any such proposed expense and claim from Vision to the **CITY** for verification, approval and payment. The **CONTRACTOR** shall be solely responsible for any such licensing fees exceeding \$60,000.
- c) The **CITY** agrees to pay \$2.50 per parcel for digital imaging and photo data entry into the CAMA system. The **CITY** anticipates that it will require such digital imaging for all parcels containing improvements, but not for vacant land.

**City of Bridgeport, Connecticut
2020 Revaluation**

- d) The **CITY** agrees to pay **CONTRACTOR** a fee of \$1,200 per day for MAI litigation attendance and support. Said per diem fee shall be regardless of the number of cases, type of procedure (pretrial, trial, mediation, arbitration), and court/venue location. The **CITY** has sole discretion whether to use the **CONTRACTOR** for such matters, and the **CITY** may retain experts in lieu of or in addition to the **CONTRACTOR**.
- e) All payments shall be made by the **CITY** in accordance with p. 3.6.1 of the Contract Specifications.

4) INDEMNIFICATION AND INSURANCE

- a) The **CONTRACTOR** is an independent contractor and not an agent or employee of the **CITY**. The **CONTRACTOR** agrees to indemnify, hold harmless and defend the **CITY** at the **CONTRACTOR'S** expense from and against any and all claims, liability, loss, damage or expense arising out of, or in any manner connected with, the operations to be performed under this contract, including costs and expenses for, or on account of, any patented or copyrighted equipment, materials, articles or processes used in the performance of this contract, or due to violations or enforcement of the General Statutes pertaining to the revaluation of real property.
- b) Upon execution of this contract, and thereafter no less than fifteen (15) days prior to the expiration date of any insurance policy delivered pursuant to this contract, the **CONTRACTOR** shall deliver to the **CITY** a certificate(s) of insurance to show compliance with the Contract Specifications.
- c) Financially responsible insurers duly licensed to do business in the State of Connecticut shall issue each policy of insurance. The insurers shall be reasonable, acceptable to the **CITY** and shall have an A.M. Best Company rating of "A/VII" or better.
- d) Each policy of insurance shall include a waiver of subrogation in favor of the **CITY** and shall provide no less than thirty (30) days notice to the **CITY** in the event of a cancellation or change in conditions or amounts of coverage.
- e) The **CONTRACTOR** will promptly notify the **CITY** of any claim or case formally brought against the **CONTRACTOR**.

**City of Bridgeport, Connecticut
2020 Revaluation**

IN WITNESS WHEREOF THE CITY OF BRIDGEPORT, CONNECTICUT AND

Have executed this contract on the date first above-mentioned.

IN THE PRESENCE OF:

CITY OF BRIDGEPORT, CONNECTICUT

By:

(Witness)

(Date)

MUNICIPAL VALUATION SERVICES, LLC.

By:

(Witness)

Michael Fazio, Managing Member

(Date)

**City of Bridgeport, Connecticut
2020 Revaluation**

APPENDIX A

CONTRACT SPECIFICATIONS FOR REVALUATION SERVICES

1 DEFINITIONS

- 1.1 **ASSESSOR:** The word "Assessor" shall mean the City Tax Assessor of Bridgeport, Connecticut.
- 1.2 **PROJECT:** The word "PROJECT" shall mean the revaluation of all real property within the corporate limits of Bridgeport, Connecticut for assessment purposes.
- 1.3 **CONTRACTOR:** The word "CONTRACTOR" shall mean the certified revaluation company who shall perform this project.
- 1.4 **City:** The word "City" shall hereinafter mean The City of Bridgeport, Connecticut.

2 SCOPE OF PROJECT

This Project includes a full revaluation, for all physical inspections as identified by data mailer findings, for all real property (taxable and exempt), for all permits, for all property sales occurring from October 1, 2019 to October 1, 2020, and to include new photo images for all properties, within the corporate limits of Bridgeport, Connecticut effective as of October 1, 2020.

CONTRACTOR shall create a property owner data mailing submission plan implementing a direct mail system to taxpayers confirming property improvements of all properties outside of the City ten year inspection list in conformance with the State of CT revaluation statutory requirement evaluating subjective criteria such as grade, effective year built, building condition, and parcel site issues. Inspections shall include all permit inspections. Physical inspection is necessitated when data mailing return is not returned, or if it indicates substantial property modification at the discretion of the Assessor and/or his/her designee. Evaluation shall include review of items such as outlier sales, evaluating building styles, waterfront analysis, and any other need as arises. The data mailer implementation plan shall commence on or after June 1, 2019.

CONTRACTOR shall furnish all the databases, labor, materials, supplies and equipment and perform all work for the project in strict accordance with the hereinafter-listed specifications.

All work will be carried out and all forms, materials, and supplies utilized in this project shall conform to and be carried out in accordance with the requirements of the Secretary, Office of Policy and Management, the Connecticut General Statutes, and Regulations of Connecticut State Agencies pertaining hereto, and shall be subject to the direct supervision and approval of the ASSESSOR of the City of Bridgeport.

The values to be determined shall be the present true and actual value of each parcel of real property as that term is used in Title 12 of the Connecticut General Statutes and shall be based upon recognized methods of appraisal and conform to Uniform Standards of Professional Appraisal Practices, as

required by Connecticut General Statutes for the licensing and certification of all individuals involved in the appraisal of real estate.

The Project will cover and include all real property in Bridgeport including the following categories:

1. All taxable real estate, land, buildings, and improvements.
2. All tax-exempt real estate, land, buildings, and improvements.
3. All public utility real estate, land, buildings, and improvements.

2.1 **EFFECTIVE DATE:** The effective date of this project shall be for the October 1, 2020 Grand List and the pricing and valuation by CONTRACTOR of all land, buildings and property under this CONTRACT shall reflect the present true and actual value as of October 1, 2020.

2.2 **PARCEL COUNT:**

CONTRACTOR's price for the revaluation is based upon the following anticipated parcel counts (estimated by City as of October 1, 2020).

Source of data is the City M-13 report for 2017 Grand List.

Residential	28,290
Commercial	2,527
Industrial	581
Public Utility	26
Vacant Land	1,766
Apartments	1,070
Exempts	1,680
 Total Real Estate parcels	 35,940

2.3 **City DATA**

Current Basis of Assessment	70%
Taxable Grand List as of October 1, 2017	\$6,039,257,518
Date of Last Revaluation	October 1, 2015
Estimated 2020 Population	148,000
Area of the City	19 sq. miles *

* To include harbor, watercourse, ect.

3 GENERAL CONDITIONS

3.1 STATE CERTIFICATION

The CONTRACTOR must hold, from the time of submission of the proposal through the completion of all work hereinafter required, a valid Connecticut Revaluation Company Certification pursuant to Section 12-2c of the Connecticut General Statutes.

3.2 PERSONNEL

CONTRACTOR shall provide experienced and qualified personnel in compliance with the requirements for the Equal Employment Opportunity provisions of Federal and State governments. CONTRACTOR shall submit to the City, written qualifications of all personnel assigned to this project.

All personnel assigned to this project shall be subject to the approval of the ASSESSOR, prior to the commencement of the individual's duties in the City and shall be caused to be removed from the project by CONTRACTOR upon written notification of the ASSESSOR.

3.2.1 Minimal Qualifications

3.2.1a Project Manager or Supervisor:

The administration of this project shall be assigned by CONTRACTOR to a project manager or supervisor, who shall be certified by the State of Connecticut as a Revaluation Supervisor pursuant to Section 12-2c of the Connecticut General Statutes, and such other statutes and regulations that the State of Connecticut may promulgate from time to time, and shall have not less than three (3) years of practical appraisal management experience in the appraisal of commercial, industrial, apartment, and residential type properties. The project manager or supervisor shall be subject to approval by the ASSESSOR.

3.2.1b Reviewers and Appraisers:

Reviewers and appraisers shall be certified under the Connecticut Revaluation Certification Program pursuant to Section 12-2c of the Connecticut General Statutes, and such other statutes and regulations that the State of Connecticut may promulgate from time to time, and shall not have less than three (3) years of practical appraisal experience in the appraisal of the particular type of properties for which they are responsible. Two (2) years of this experience shall have been in the mass appraisal field and shall have occurred within the past five (5) years. All reviewers and appraisers shall be subject to the approval of the ASSESSOR prior to the commencement of their duties on this project.

3.2.1c Background Check:

All personnel will be subject to background checks by the Bridgeport Police Department.

3.2.2 Identification

All field personnel shall have visible clip-on identification cards, which shall include an up-to-date photograph, supplied by CONTRACTOR and signed by the City's Assessor. In addition, all field personnel shall carry a "Letter of Introduction" signed by the ASSESSOR. All automobiles used by field personnel shall be registered with the City's Police Department giving license number, make, model, year and color of all vehicles used on this Project.

3.3.3 Office Hours and Staffing:

CONTRACTOR shall maintain an office in the Bridgeport City Hall, as needed, from the commencement of work on this project through the conclusion of the public hearings. This office shall be staffed at Contractor's expense with clerical staff as needed, as well as other qualified full-time persons so as to ensure the successful completion of this project in accordance with the completion dates set forth in the Contract Specifications and any Addenda thereto.

3.2.4 Conflict of Interest

No resident of the City or City employee shall be employed by CONTRACTOR, except in a clerical capacity, without the prior approval of the ASSESSOR and the MAYOR.

3.3 PROTECTION OF THE CITY

3.3.1 Bonding

CONTRACTOR shall, to secure the faithful performance by CONTRACTOR of the terms of this CONTRACT, furnish to the City a Performance Surety Bond in the amount of this contract; which bond shall be issued by a bonding company licensed to do such business in the State of Connecticut, with a minimum. Best Company rating of "A/VII." Said bond shall be delivered to the City prior to the commencement of actual work and shall be in a form satisfactory to and approved by the City 'S attorney. It is understood and agreed that upon completion and delivery to the City of the revaluation and its approval by the ASSESSOR and after completion of the duties of the Board of Assessment Appeals, the performance bond shall be reduced to 10% of the value of the contract for the purpose of covering the defense of all appeals taken by taxpayers. The reduced amount of the bond shall remain effective until a final resolution in the courts of any timely appeals taken from the doings of the Board of Assessment Appeals on the list of October 1, 2020.

3.3.2 Insurance

CONTRACTOR shall, at its own expense, provide and keep in force:

3.3.2a Workers' Compensation insurance in the required amount, and Employers' Liability insurance in the following amounts:

Bodily injury by accident-	\$100,000 each accident.
Bodily injury by disease-	\$500,000 each accident and,
Bodily injury by disease-	\$100,000 each employee.

The policy must provide coverage for benefits payable under the Connecticut Workers Compensation Act, and include the Voluntary Compensation endorsement.

3.3.2b Appraiser's Professional Liability insurance providing errors and omissions coverage for professional services rendered as an appraiser. The minimum limit of liability shall be \$1,000,000 per claim, subject to a \$2,000,000 aggregate.

Any deductible applicable to a claim must be noted on the Certificate of Insurance. If the policy is written on a claim made policy form, CONTRACTOR must maintain the insurance for a period of two years from the completion of the contract.

3.3.2c During the term of the contract, CONTRACTOR shall provide Public Liability insurance for bodily injury and property damage. The Public Liability insurance shall be written on a comprehensive form and include, without limitation, coverage for premises and operations, completed operations, independent contractors, broad form property damage, blanket contractual and personal injury. The required limits of liability are:

- \$2,000,000- General Aggregate
- \$2,000,000- Product-Completed Operations Aggregate
- \$1,000,000- Personal and Advertising Injury
- \$1,000,000- Each Occurrence
- \$ 300,000- Fire Damage/Fire
- \$ 5,000- Medical Expense/Person

3.3.2d Automobile Liability insurance shall be written with a Comprehensive Form and include coverage for owned, hired, and non-owned vehicles. The limit for any one accident or loss shall be \$1,000,000.

3.3.2e Insurance Certification: An Insurance certificate shall be required to be filed with the City, certifying coverage and limits of automobile, bodily injury liability, property damage liability and Worker's Compensation.

The City to be named as Additional Insured on the Insurance coverage named herein for the claims arising out of the COMPANY'S performance of the contract herein".

3.3.2f Patent/Copyright Liability: CONTRACTOR shall save the City harmless from any liability of any nature or kind, including costs and expenses for, or on account of, any patented or copyrighted equipment, materials, articles or processes used in the performance of this contract.

The City must be named as an Additional Insured on the policy.

3.3.2g Defense of City: All insurance companies shall have the duty to defend the City of against liability or property damage claims arising from the conduct CONTRACTOR and/or agents or employees.

3.3.3 Penalties

3.3.3a Failure by CONTRACTOR to complete all work prior to the date specified herein, December 30, 2020 shall be cause for a penalty payment by CONTRACTOR, on request of the ASSESSOR, in the amount of TWO HUNDRED DOLLARS (\$200.00) per day beyond the specified date of completion. For the purposes of this penalty only, completion of all work no later than December 30, 2020 is defined as follows:

3.3.3.a.i Completed property record cards with all pricing, review and final valuations.

3.3.3.a.ii Final Assessment notices addressed and in envelopes prepared for mailing.

Penalties due under this clause shall be deducted from the contract price and will represent a fair and equitable estimate of the damages the City will suffer if CONTRACTOR'S work is not completed by December 30, 2020. The City shall have the right to use the funds withheld from each periodic payment to these CONTRACT SPECIFICATIONS to satisfy in whole or in part, this penalty clause. Delays occasioned by strike, explosion or acts of God or an order of court or other public authority are excepted.

3.3.3.c Bankruptcy, Receivership, Insolvency: If CONTRACTOR, with the result that it does not pay its debts as they become due, or if a receiver shall be appointed for its business or its assets and not voided within 60 days, or if interest herein shall be sold under execution or if it shall be adjudicated insolvent or bankrupt, then and forthwith thereafter, the City shall have the right, at its option and without prejudice to its rights hereunder, to terminate the contract.

3.3.3.d Termination: If either party fails to fulfill in a timely and satisfactory manner their obligations under this agreement, or shall violate any of the covenants, conditions or stipulations of this agreement, which failure or violation shall continue for 30 days after written notice of said failure or violation is received by the offending party, unless the correction of such failure inherently requires a longer period of time and provided further that the applicable party is proceeding diligently to correct the failure, then the opposing party shall thereupon have the right to terminate this agreement by giving written notice to the offending party of such termination and specify the effective date thereof, at least seven (7) days before the effective date of such termination.

In the event of termination, all finished work and documentation, complete and incomplete, shall, at the option of the ASSESSOR, be delivered to them. CONTRACTOR shall be entitled to the release of the performance bond and to receive just and equitable compensation for any work performed under this agreement completed prior to the date of termination.

Notwithstanding the above, in the event of termination, neither party shall be relieved of liability by virtue of its breach of this agreement.

3.3.3.e Hold Harmless Agreement: CONTRACTOR shall, at all times, defend, indemnify, protect and save harmless, the City and its officers, agents and employees from any and all claims or demands for damage for bodily injury, including death or property damages sustained by any party, including officers, agents and employees of CONTRACTOR. Said hold harmless clause shall include, but not limited to investigation, defense and settlement or payment or judgment of any liabilities.

3.3.3.f Sever ability: In the event any part of any clause or provision of this contract or contract specifications is judicially determined to be unenforceable, it shall be deemed severable from the remainder of that clause or provision and such remainder shall be binding upon the parties to this contract.

3.3.3.g Waiver: No action or failure to act by the City shall constitute a waiver of any right or duty afforded it under the contract or contract specifications.

3.3.3.h Misrepresentation or Default: The City may void this agreement if CONTRACTOR has misrepresented any offering or defaults on any contract with a Connecticut municipality. CONTRACTOR shall, also, immediately notify the City of any claim or case formally brought against CONTRACTOR.

3.4 CHANGES AND SUBLETTING OF CONTRACT

3.4.1 Changes

Changes in these specifications or to the contract will be permitted only upon written mutual agreement of CONTRACTOR and the City.

3.4.2 Subletting

CONTRACTOR shall not assign, transfer or sublet the contract or any interest or part therein, without first receiving written approval from the City. It should be mutually agreed and understood that said consent by the City shall in no way release CONTRACTOR from any responsibility or liability as covered in these specifications and contract.

3.5 COMPLETION DATE AND TIME SCHEDULE

Signing of Contract: Within 30 days after receipt of notice of acceptance by the City of its bid, as possibly revised by negotiations, CONTRACTOR shall execute with the City a contract in the form agreeable to the City and incorporating these contract specifications.

Contractor shall commence the revaluation work not later than two weeks after contract signing, and shall continue uninterruptedly in a diligent fashion so as to ensure completion within the schedule of completion dates hereinafter set forth below:

3.5.1 Completion Dates

3.5.2 Completion Dates

The following phases of the PROJECT must be completed in accordance with the following schedule. Failure to substantially complete the stated performance by the stated dates shall constitute a material breach of this Contract:

- 3.5.2.a** Data Mailer implementation starts on or after June 1, 2019 and completed by July 1, 2020.
- 3.5.2.b** Complete and deliver to the Assessor commercial, industrial, public utility, and tax-exempt valuation by September 1, 2020 (except for current building permits).
- 3.5.2.c** Complete and deliver to the Assessor land study and values set by September 1, 2020.
- 3.5.2.d** Complete and deliver building cost manual by September 1, 2020.
- 3.5.2.e** Complete and deliver to the Assessor study of market rents, expenses and capitalization factors by September 1, 2020.
- 3.5.2.f** Deliver completed CAMA database with 2020 digital photo images, property record cards with all measurements, listings, sketches, pricing, and suggested values to the ASSESSOR no later than September 1, 2020.
- 3.5.2.g** ASSESSOR completes review and final adjustments made for real property no later than November 5, 2020.
- 3.5.2.h** Assessment change notices mailed to comply with requirements of Connecticut State Statutes, Section 12-62(f) by November 15, 2020. (CONTRACTOR to pay postage)
- 3.5.2.i** Informal hearings to begin no later than November 29, 2020 and end no later than December 20, 2020.
- 3.5.2.j** Notices of results of informal hearings completed shall be completed on forms approved by the Assessor and mailed out (CONTRACTOR to pay postage), computer field and final property record cards printed and delivered to the ASSESSOR in alphabetical street order no later than December 30, 2020.

3.5.3 Assessment Date

The completed appraisals, upon approval of the ASSESSOR, will serve as the basis for assessments effective on the Grand List of October 1, 2020.

3.5.4 Delays:

CONTRACTOR shall not be liable for delays caused by reasons of war, strike, explosion, acts of God, order of court or other public authority.

3.6 PAYMENT SCHEDULE

3.6.1 Periodic Payments

Payments shall be made in the following manner:

Thirty (30) days after the execution date of this contract, and at the end of each thirty (30) day period thereafter for the term of this contract, CONTRACTOR will certify in writing to the ASSESSOR the percentage of the total work completed under the contract which CONTRACTOR has performed during the said thirty (30) day period. Such notification will itemize and accurately indicate the extent and nature of work performed by volume, street, and category or in any manner as required by the ASSESSOR. The itemization shall be categorized by each of the "Stages of Completion" listed on the Payment Schedule as shown below.

The City, upon determination by the ASSESSOR that the certification of CONTRACTOR concerning work during said period is accurate, will pay to CONTRACTOR a percentage of the total compensation due under the contract equal to the percentage of work certified as having been completed during said period, less ten percent (10%), which is to be retained by the City for payment to CONTRACTOR at such time that he or she has performed fully and satisfactorily all its obligations, requirements, and litigation under the contract. The retained ten (10%) percent of the contract price is to be paid upon the completion of work of the Board of Assessment Appeals on the October 1, 2020 Grand List in accordance with provisions of Section 3.3.3b of this contract

This contract makes provisions for a reduction of the performance bond to 10% of the contract price so as to ensure the defense of any appeals resulting from the revaluation work.

3.6.2 Fiscal Year Limitations:

The contract cost shall be paid in the 2019/2020 and 2020/2021 City Fiscal Years according to the provisions of this section and subject to the appropriation of necessary funds by the City's fiscal authority. CONTRACTOR shall incur no cost in any fiscal year in excess of that year's annual appropriation plus the balance of prior years' unexpended appropriations.

2.3.1 Project Pricing

Project Cost Breakdown

Description	Total Value
Project Supervision	
Residential Valuation	
Residential Data Mailer & Inspections as stated in Section 2	
Residential Field Review	
Commercial Valuation	
Commercial Data Mailer & Inspections as stated in Section 2	
Commercial Field Review	
Data Entry	
Data Entry Printing	
Project Finalization & Support	
Associated Project Expenses	
Bonding	
TOTAL	

Fiscal Year 2020 Revaluation:

\$ _____

Other Required Services

Digital Images

(price per image, including data entry into the CAMA system)

\$ _____

4 RESPONSIBILITIES OF CONTRACTOR

4.1 GOOD FAITH

CONTRACTOR shall, in good faith use, its best efforts to assist the ASSESSOR in determining the present true and actual valuations of all real property situated in the City, and shall not undervalue or overvalue any land, building or other property to avoid or minimize its responsibilities specified herein.

4.2 PUBLIC RELATIONS

The parties of this revaluation project recognize that a good public relations program is required in order that the public of the City may be informed as to the purpose, benefits and procedures of the revaluation program.

CONTRACTOR shall provide reasonable assistance to the ASSESSOR in conducting a program of public information through the press and other media, such as meeting with citizens, service clubs and property owner groups as a means of establishing understanding and support for the revaluation program and sound assessment administration. CONTRACTOR shall supply visual aids and other media at its disposal to this end. All public releases shall be approved by the ASSESSOR prior to release.

4.3 CONDUCT OF COMPANY EMPLOYEES

As a condition of this contract, CONTRACTOR'S employees shall, at all times, treat the residents, employees and taxpayers of the City with respect and courtesy; CONTRACTOR shall take appropriate and meaningful disciplinary measures against those who violate the terms of this provision. A suitable dress code for all employees will also be implemented.

4.4 RECORDS

4.4.1 General Provisions

CONTRACTOR shall provide all record cards, street cards, owner cards, supplies, equipment, forms, literature, notices and papers to be used in this project at no additional cost to the City.

4.4.2 Records are City Property

The original or a copy of all records and computations, including machine readable databases, made by CONTRACTOR in connection with any appraisal of property in the City shall, at all times, be the property of the City and, upon completion of the project or termination of this

contract by the City, shall be left in good order in the custody of the ASSESSOR. Such records and computations shall include, but not be limited to:

- 4.4.2.a Assessor's Maps;
- 4.4.2.b Land Value Maps;
- 4.4.2.c Materials and Wages, Cost Investigations and Schedules;
- 4.4.2.d Data Collection Forms, Listing Cards, Property Record Cards with property
- 4.4.2.e Capitalization Rate Data;
- 4.4.2.f Sales Data;
- 4.4.2.g Depreciation Tables;
- 4.4.2.h Computations of land and/or building values;
- 4.4.2.i All letters of memorandum to individuals or groups explaining methods used for
- 4.4.2.j Operating statement of income properties;
- 4.4.2.k Duplicated notice of valuation changes;
- 4.4.2.l Database of all property records, CAMA system, and integration with administrative System;
- 4.4.2.m In addition, throughout the conduct of said revaluation, any criteria, guidelines, price schedules or statement of procedures used in such revaluation by the Contractor shall be available by contractor for public inspection in the Assessor's office and shall be available thereafter, all in accordance with Section 12-62 (c) of the Connecticut General Statutes.

4.4.3 ASSESSOR'S Records

CONTRACTOR shall use a system approved by the ASSESSOR for the accurate accounting of all records and maps, which may be taken from the ASSESSOR'S office in conjunction with this project. All such records and maps shall be returned immediately following their use. None of the ASSESSOR'S records shall be taken outside the corporate limits of the City without prior written permission of the ASSESSOR.

The ASSESSOR will permit CONTRACTOR to copy all residential building sketches from existing field cards, together with the outside dimensions of all auxiliary buildings such as garages, barns, sheds, and swimming pools. CONTRACTOR will be permitted to copy and sketch all commercial and industrial properties, which are presently outlined on existing ASSESSOR's field cards.

4.4.4 Property Record Cards (Street Cards)

CONTRACTOR shall complete and file by Map order, Property Record Cards, commonly referred to as "Street Cards" or "Field Cards". These cards shall contain all manner of information affecting value, including but not limited to, information as to location of property, classification as to usage, owner of record, source of title, size, shape and physical characteristics of land, with the breakdown of front feet, square feet or acreage as applicable, along with the unit of value applicable to each, public utilities available, public improvements, census tract number, zoning regulations in effect as of the assessment date. All physical improvements shall be listed giving all interior and exterior construction details, quality of construction, age, condition, replacement values, percent of physical, functional and economic

depreciation, depreciated values, fair market value and 70% assessment value will be shown. A computer-generated sketch of all buildings, with the appropriate scale of such sketch, shall also be shown on these cards. The "Street Cards" or "Field Cards" will contain a digitized photo of each house.

4.4.5 ASSESSMENT NOTICES

At the close of the PROJECT, a notice shall be sent, at CONTRACTOR'S expense by first class mail, to each property owner of record, setting forth the valuation that has been placed upon the property identified in the notice, prepared on a form approved by the ASSESSOR. CONTRACTOR will provide the needed information for the notice. Also enclosed with such notice shall be information specifying the dates, times and places of the informal public

hearings and information describing the property owner's right to appeal the valuation of his property, including the manner in which an appeal may be filed with the Board of Assessment Appeals. Such notices shall be subject to approval by the ASSESSOR in accordance with Connecticut General Statutes.

At that same time, the company should be prepared to make data available via the Web so that taxpayers can log in and review properties on-line.

4.6 INFORMAL PUBLIC HEARINGS

At a time mutually agreeable to the ASSESSOR and CONTRACTOR and following completion of all review work by the ASSESSOR and CONTRACTOR, CONTRACTOR shall hold public hearings so that owners of property or their legal representative may appear at specified times to discuss, with qualified members of CONTRACTOR'S staff, the valuations of their property. CONTRACTOR'S personnel shall explain the manner and methods of arriving at value. Informal public hearings, at the ASSESSOR's discretion, may be held on weeknights and Saturdays.

CONTRACTOR, in conjunction with recommendations of the ASSESSOR, shall schedule a sufficient number of hearings and provide sufficient personnel to handle said hearings expeditiously and fairly. Any information offered by the taxpayer or their legal representative shall be given consideration, and an adjustment shall be made where warranted. The public hearings shall be completed by December 20, 2020.

CONTRACTOR shall keep a record, on a form approved by the ASSESSOR, of all owners that requested a hearing and the result of that hearing. A copy of those records shall be given to the ASSESSOR.

CONTRACTOR shall be responsible for sending notice, by First Class mail at CONTRACTOR'S expense, to each taxpayer or his or her legal representative who appears at these hearings seeking review of valuation. Such notice shall include the original valuation determined by CONTRACTOR and any adjusted valuation as deemed appropriate based on any information received at such hearing, or a statement that no change is warranted. Such notice shall be subject to approval by the ASSESSOR and shall contain information describing the property owner's rights to appeal the valuation, including the manner in which an appeal may be filed with the Board of Assessment Appeals.

4.7 BOARD OF ASSESSMENT APPEALS

CONTRACTOR shall have a qualified member or members, approved by the ASSESSOR, of its staff, available for attendance at any deliberations of the Board of Assessment Appeals held after the completion of the revaluation, Sundays excluded, but such availability and attendance shall not be required after the date for the completion of the duties of the Board of Assessment Appeals on the October 1, 2020 Grand List or for one complete calendar year beyond completion of the revaluation, whichever comes first, to assist in the settlement of complaints and to explain the valuations made.

4.8 LITIGATION

In the event of appeal to the courts, CONTRACTOR shall furnish a competent witness or witnesses, approved by the ASSESSOR, to defend the valuation of the properties appraised. It is understood that CONTRACTOR shall furnish said witness or witnesses on any court action instituted on the October 1, 2020 Grand List assessments, CONTRACTOR shall be compensated at a per Diem rate of \$_____. CONTRACTOR shall provide supporting data, including written appraisal if deemed necessary by the ASSESSOR, for any said court appeals. CONTRACTOR shall also comply with any request by the City to answer any interrogatories, provide witnesses for depositions or to otherwise participate in the discovery process pertaining to any litigation described herein. CONTRACTOR shall not be held responsible for any assessment changed from the original valuation figure by parties other than CONTRACTOR.

4.9 INFORMATION

4.9.1 Information to City

CONTRACTOR shall give to the ASSESSOR any and all information requested pertaining to the project for a period of one (1) year after completion of the duties of the Board of Assessment Appeals on the October 1, 2020 Grand List, without any additional cost to the City

5 BUILDING COST SCHEDULES

5.1 General

CONTRACTOR shall prepare for usage in the project as hereinafter specified, building cost schedules. These schedules will reflect the unit-in-place method based upon the square foot or cubic foot area of buildings as applicable. These schedules shall be used in computing the replacement cost in the City for all residential, commercial, industrial, and farm construction. They shall reflect the wage scale for the various trades, labor efficiencies, overhead, profit, engineer and architect fees and all other direct

and indirect costs of construction. Before final acceptance, they shall be proven by testing against known sales. All finalized schedules shall be approved by the ASSESSOR before adoption and usage by CONTRACTOR.

5.2 Types of Cost Schedules

5.2.1 Residential

Residential cost schedules shall include schedules for various classifications, types, models, and story heights on a per square foot basis, normally associated with residential buildings. The schedule shall be flexible with special sections reflecting the various additions and deductions for construction components from the base specifications, along with prices for different types of heating systems, bathrooms, porches, breezeways, attached, detached, and basement garages, and finished basements and schedules for other building improvements usually found on residential property including, but not limited to, in-ground swimming pools, barns, sheds, tennis courts, gazebos, and hot tubs.

5.2.2 Commercial

Commercial building cost schedules shall be prepared in unit costs of material in place and charted on a per square foot basis, and shall be prepared for various story heights and contain all the additions and deductions for construction components from base specifications.

5.2.3 Industrial and Special Structures

Cost schedules for industrial and special purpose structures shall be prepared in unit costs of material in place and charted on a per square foot basis, and shall contain all the additions and deductions for construction components from base specifications.

5.3 Depreciation Schedules

Depreciation schedules or methods to be used in determining the amount of depreciation shall reflect the normal and accepted depreciation rates of buildings according to classification. These schedules or methods shall cover residential, commercial, industrial, and farm buildings and shall be approved by the ASSESSOR.

5.4 Schedule for City

CONTRACTOR shall supply and leave for the City not less than three (3) copies of all the above required building cost schedules and depreciation schedules for the City's usage, one copy of which shall be turned over to the ASSESSOR upon approval of the schedules.

6 APPRAISAL SPECIFICATIONS

6.1.1 Appraisal of Land

CONTRACTOR shall appraise all land within the City: including residential, vacant, commercial, industrial, agricultural, special use, public utility, and tax-exempt.

6.1.2 Land Value Study

Land shall be valued on the basis of an analysis of all sales data occurring during the two-year period prior to October 1, 2020. The analysis and application of sales data shall be governed by procedures and techniques expressly approved by the ASSESSOR. CONTRACTOR shall make a careful investigation of this data and shall consult owners, realtors, banks and other sources for information relative to sales of properties within the City. All factors affecting the final values of land shall be considered, such as location, zoning, inland wetlands, topography, soil condition, utilities, size, vacancy, form of ownership, non-conforming uses, and zoning variances.

Non-conforming uses and zoning variances shall be considered in establishing values. A brief description of each lot or parcel of land, together with the valuation computations, shall be entered on the field record card.

6.1.3 Land Value Inspection

CONTRACTOR will make necessary adjustments in value to compensate for topographical irregularities such as high banks, steep slopes, swamps, irregular shapes or anything else which may detract from the usefulness of the land. Non-conforming uses and zoning variances shall be considered in establishing values. Conversely, necessary market supported adjustments for land with location factors such as direct ocean frontage, direct deep water access, and water front footage shall be adjusted.

6.1.4 Land Value Unit

CONTRACTOR shall prepare land unit values by front foot, square foot, acreage or fractional acreage; whichever in the judgment of CONTRACTOR and ASSESSOR most accurately reflects the market for the appraised land.

6.1.5 Land Value Map

CONTRACTOR shall delineate the land value units on all streets and acreage in the City on a suitable map to be provided by the City. The land value map shall be returned to the City prior to the completion of the PROJECT.

6.1.6 Neighborhood Delineation

After consideration of the environmental, economic and social characteristics of the City, CONTRACTOR shall, with the cooperation and approval of the ASSESSOR, delineate "neighborhood" units within the City. Each neighborhood unit will, in CONTRACTOR'S opinion, exhibit homogenous characteristics. Each neighborhood unit will be assigned a separate identification code, which will be used for valuation. These neighborhood codes shall be recorded and maintained on all property record cards and the computer database.

6.2 APPRAISAL OF RESIDENTIAL BUILDINGS AND STRUCTURES

6.2.1 Physical Inspections

Interior Inspections

Contractor to perform on-site inspections of improved Taxable and Exempt Real properties pursuant to Section 2, as specified conditions within the Scope of the Project.

The data collector shall have each interior inspection dated and verified by having an adult owner or resident of each building or dwelling unit sign the data collection form.

When entrance to a building for an inspection is refused, the data collector shall make note of the fact and within two (2) working days, notify the ASSESSOR of the fact in writing, giving the facts as to the time of the visit and if possible, the name of the party refusing entrance and other pertinent information. The ASSESSOR shall review the situation, and if he/she shall be unable to gain the cooperation of the party involved, he/she shall so notify the CONTRACTOR, and they shall proceed to estimate the value of the building on the basis of facts ascertainable without entry and make adequate notations of the lack of cooperation, and the manner of arriving at value, conspicuously on the property record card.

The data collection form shall indicate the initials of the data collector and the date(s) of the inspection(s) and attempts, if multiple. The field card must also have the initials of the person whom completed the data entry as well.

All inspections shall be conducted in a courteous, dignified, respectful and careful manner so as to minimize any disturbance to the use and occupancy of such structures.

If after the site visit, contact was not established with a property owner, a notification letter approved by the ASSESSOR, shall be mailed by the CONTRACTOR, informing the property owner of the revaluation process and the fact that the representatives of the CONTRACTOR were not able to make contact, and requesting that within a prescribed time limit the property owner contact the CONTRACTOR, by telephone or mail, for alternative arrangements for the inspection of the property.

6.2.2 Exterior Field Review

6.2.2a All properties shall be reviewed in the field by CONTRACTOR's personnel qualified as reviewers as previously prescribed in these specifications.

The properties shall be reviewed for classification, final value, and to assure that they are correlated to comparable properties. The ASSESSOR shall be notified of the dates of review and be entitled to accompany the reviewers during this phase of the revaluation.

6.2.2b Field Recording: Physical data and characteristics of the land parcel shall be observed in the field and recorded.

6.2.3 Pricing and Valuations

Pricing and valuations of all land and buildings must reflect the present true and actual value as of October 1, 2020 and shall be done from and in accordance with the previously approved manuals and schedules.

The final valuation shall be the true and actual value of the structures plus the true and actual value of the land. In arriving at the true and actual value of the structures, replacement cost new less depreciation from all causes may be considered along with other factors affecting the value of the property, all of which shall be noted on the property record card.

6.3 APPRAISAL OF COMMERCIAL, INDUSTRIAL, PUBLIC UTILITY, AND SPECIAL PURPOSE PROPERTIES

6.3.1 General

All commercial, industrial, public utility and special purpose buildings shall be classified, priced and reviewed in the same manner as residential properties, as set forth previously in these specifications.

6.3.2 Income Approach

Income and expense data gathered by the City shall be utilized by CONTRACTOR for income producing and, where appropriate, owner-occupied properties. Any income and expense data with accompanying summary reports and rent schedules shall become property of the City. All information filed and furnished with Income and Expense report shall not be a public record and is not subject to the provisions of Section 1-200 et seq. (Freedom of Information) of the Connecticut General Statutes. From these returns and other data sources, such as field investigations and interviews, CONTRACTOR will establish market or economic rent and expenses for income producing properties. CONTRACTOR shall also develop capitalization rates by investigating sales and income data. Rates shall be established for the various classes of property and checked by bankers, investors and appraisers to ensure their accuracy. When the rates and methods have been approved by the ASSESSOR, CONTRACTOR shall perform the income approach using both actual and economic income and expenses CONTRACTOR shall be responsible for entering all income data into the CAMA system.

6.3.3 Review

All final reviews and inspections shall be made in the same manner and for the same purpose as prescribed for residential properties. The reviewer shall be completely trained and fully experienced in the appraisal of the particular type and kind of commercial, industrial, public utility or special purpose building; the final value of which he or she is responsible.

6.4 CONTROL AND QUALITY CHECKS

6.4.1 Field Checks

The ASSESSOR shall spot check in the field, properties picked at random by him/her with or without the appropriate CONTRACTOR'S supervisor.

6.4.2 Building Permits

The Contractor shall be responsible for all building permit data collection on properties which were issued building permits between July 1, 2019 and October 1, 2020.

6.4.3 Sales Analysis

Sales analyses of properties shall be performed as a means of sustaining the values derived. These analyses shall be done on the aggregate of all residential properties and on each of the neighborhoods previously delineated. The sales analyses shall include, at a minimum, sales ratios and coefficients of variance and dispersion. Any additional requests for sales analyses by the ASSESSOR shall also be performed.

6.4.4 Performance Based Revaluation Standards:

All fair market values that are developed by the CONTRACTOR must meet the Performance Based Testing Standards developed by the State of Connecticut Office of Policy and Management in accordance with Section 12-62i of the Connecticut General Statutes.

7 RESPONSIBILITIES OF THE CITY

7.1 Nature of Service

It is clearly understood and agreed that the service rendered by CONTRACTOR are in the nature of assistance to the ASSESSOR and all decisions as to proper valuation shall rest with the ASSESSOR.

7.2 Cooperation

The City, and its employees will cooperate with and render all reasonable assistance to CONTRACTOR and its employees.

7.3 Items Furnished By the City

The City shall furnish the following:

7.3.1 Maps

The City shall furnish one (1) set of the most up-to-date City Tax Maps that are currently available showing streets, and property lines and boundaries.

7.3.2 Land Dimensions

The City will make available lot sizes and total acreage to CONTRACTOR of all pieces of property where the map or present records fail to disclose measurement or acreage.

7.3.3 Zoning

The City will provide current City zoning regulations and zoning maps.

7.3.4 Existing Property Record Cards

The City will make available the present street cards.

7.3.5 Property Transfers

The City shall notify CONTRACTOR, on a regular basis, of property splits and transfers occurring after the initial creation of the revaluation database by CONTRACTOR. CONTRACTOR shall the revaluation database as necessary.

7.3.6 Signing of Communications

The City shall sign, by the ASSESSOR or Assessor's designee, communications to be mailed at CONTRACTOR'S expense, for the purpose of contacting a property owner for inspection of the property.

7.3.7 Mailing Address

The City shall make available through the ASSESSOR'S or Tax Collector's Office the current mailing address and other relative data that exists on the administrative program for all property owners.

7.3.8 Office Space

The City shall furnish to CONTRACTOR sufficient office space to carry out the terms of this contract. If the City is unable to provide space, the City will reimburse CONTRACTOR for

leased space, subject to the City's approval for appropriateness and cost. The City shall provide installation of a telephone line and CONTRACTOR shall be responsible for all monthly charges on such lines for the duration of the project.

7.3.9 Media

The City shall have information above available on computer disk for the purposes of creating a legal file on CONTRACTOR's computers during the initial stages of revaluation.

7.3.10 Obligation to Keep Current

The City shall continuously and currently the information specified above.

7.3.11 Sales Information

The City shall continuously and currently provide copies of all sales information available to it with respect to transfer of parcels.

8 TRAINING:

- 8.1 Personnel:** The Assessor shall determine the individuals and the amount of training each individual shall receive. If more than one person is receiving training at the same time, the training time shall be calculated as if one person is receiving training.
- 8.2 Location:** All training shall take place on the City's computer hardware within the City, unless both the City and CONTRACTOR agree to an alternate training site or computer hardware.
- 8.3 Documentation:** CONTRACTOR will provide a detailed user manual for the CAMA software and Grand List production interface.

9 TRANSMITTAL OF DELIVERABLES TO THE ASSESSOR

9.1 Records

Regular periodic delivery of appraisals and other information required under this agreement, as completed and in accordance to a schedule hereinabove set forth or agreeable to the ASSESSOR shall be made to the ASSESSOR for his review. All appraisals of buildings either complete or under construction, shall be completed as of October 1, 2020. All completed and/or corrected records shall be turned over to the ASSESSOR as of December 30, 2020. The final inspection and review shall take into consideration any known or apparent changes in the individual property since they were first inspected in order that the final appraisal of property shall be appraised as of October 1, 2020.

This information and/or appraisals and records shall not be made public until after the informal public hearings, except to the extent public access may be compulsory under provisions of applicable law.

It is understood and agreed that the Revaluation of properties covered by this contact shall meet or exceed the standards as outlined in the Connecticut Performance Based Revaluation Standards and Certification of Revaluation (Connecticut General Statutes sec. 12-62i-1 to 12-62i-7), shall be acceptable to the ASSESSOR and shall conform to the procedures and technical requirements of the ASSESSOR and, at least weekly, Contractor shall meet with said ASSESSOR to discuss the progress and various other details of the project.

**City of Bridgeport, Connecticut
2020 Revaluation**

APPENDIX B

March 11, 2019

Bernd Tardy
Acting City Purchasing Agent
Purchasing Department
Margaret E. Morton Government Center
999 Broad Street, 2nd Floor
Bridgeport, Connecticut, 06604



RE: TAB10719CR: Bridgeport, Connecticut Proposals for FY2020 Revaluation Services

Dear Mr. Tardy,

This letter is an Addenda to our response to the Request for Proposal for FY2020 Revaluation Services.

Our response to the RFP indicated a proposed cost of \$495,000, plus the cost of the Vision usage licenses. Our total proposed cost including the cost of any Vision licensing agreements is **\$555,000**, calculated as follows:

Base Revaluation Proposed Cost	\$495,000
Vision Licensing Cost	\$60,000
Total FY2020 Revaluation Cost*	\$555,000

*Total cost does not include the digital image option at \$2.50 per parcel or MAI litigation support at \$1,200 per day.

In addition, our performance of the contract will not be impacted if data mailers are sent out after mid-November, provided the contract is signed in April 2019. In the interim, work can be completed on sales verification, permit inspections, market analysis, job set-up, and income/expense analysis.

We assure the City of Bridgeport that adequate field review will be completed by qualified staff supervised by Christopher Kerin and myself.

Respectfully Submitted,

Michael Fazio, MAI



Response to Request for Proposal

Revaluation of Real Properties for the October 2020 Grand List
TAB10719CR

Bridgeport, Connecticut
March 7, 2019

Municipal Valuation Services, LLC

23 SHERMAN STREET, FAIRFIELD CT 06824

TEL: (203) 292-5500 FAX: (203) 259-9501

COPY



March 5, 2019

Bernd Tardy
Acting City Purchasing Agent
Purchasing Department
Margaret E. Morton Government Center
999 Broad Street, 2nd Floor
Bridgeport, Connecticut, 06604

RE: TAB10719CR: Bridgeport, Connecticut Proposals for FY2020 Revaluation Services

Dear Mr. Tardy,

Thank you for the opportunity to bid on your Request for Proposal. We are a Connecticut-based revaluation company, founded in Bridgeport, built on the expertise of three MAI-designated appraisers with combined experience of over 80 years in the local real estate market. Our firm is staffed entirely with Connecticut residents. In addition to our unmatched revaluation expertise, working with Munival provides an opportunity to support the local economy. To ensure superior quality and service, our principals work closely with Assessors, and remain fully involved in all projects.

We are pleased to submit our bid without exception to perform the services as outlined in the enclosed specifications.

For further information and clarification and to whom all official notices or correspondence shall be sent:

Michael Fazio, MAI, Member, LLC
Phone: (203) 292-5500 (ext. 301)
Fax: (203) 295-9501
Email: mike@kfvfg.com

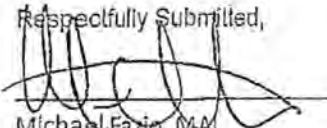
The proposed bid amount is valid for 60 days from the date of bid opening.

An Affirmative Action Employer, Municipal Valuation Services, LLC (Munival) maintains an active Affirmative Action plan. We are also recognized by the State of Connecticut as a Small Business Enterprise (SBE).

In addition to meeting all testing requirements of the Office of Policy and Management, our work will conform to the Uniform Standards of Professional Appraisal Practices (USPAP). It will meet the high standards and stringent ethics of the Appraisal Institute.

With our unmatched background and experience appraising residential and commercial properties in Connecticut, we believe we are the best choice to partner with the Bridgeport Assessor's Office. We look forward to continuing our relationship with you. Please contact me for further information or clarification.

Respectfully Submitted,



Michael Fazio, MAI

Table of Contents

TABLE OF CONTENTS.....	4
BID PROPOSAL FORM.....	5
PROJECT COST BREAKDOWN.....	7
MUNIVAL ADVANTAGES AND STRENGTHS.....	8
REVALUATIONS ASSIGNMENTS COMPLETED.....	10
RECENT AND CURRENT REVALUATIONS ASSIGNMENTS.....	11
REVALUATIONS ASSIGNMENTS COMPLETED USING VISION CAMA.....	13
LOCAL MARKET EXPERTISE.....	14
LITIGATION SUPPORT SERVICES.....	15
MUNIVAL PERSONNEL.....	16
PUBLIC RELATIONS.....	19
PROPOSED PROJECT TIME SCHEDULE.....	23
CERTIFICATION REQUIREMENT ASSURANCE.....	24
CONNECTICUT REVALUATION CERTIFICATION.....	25
KEY PERSONNEL QUALIFICATIONS AND LICENSES.....	26
REVALUATION METHODOLOGY.....	36
SALES ANALYSIS.....	37
SALES VERIFICATION PROCESS.....	37
DATA COLLECTION & MANAGEMENT.....	38
VENDOR REFERENCES.....	41
NO CONFLICTS FORM.....	42



Bid Proposal Form

City of Bridgeport

Bid TAB10718CR

PROPOSAL FORM FOR 2020 REVALUATION

THE REVALUATION OF ALL REAL PROPERTY
(TAXABLE AND EXEMPT), LOCATED WITHIN
THE CORPORATE LIMITS OF THE CITY OF BRIDGEPORT, CONNECTICUT,
EFFECTIVE OCTOBER 1, 2020.

The undersigned Proposer affirms and declares:

- 1. That this PROPOSAL is executed by said Proposer with full knowledge and acceptance of the CONTRACT (including the Reappraisal and Revaluation Specifications) enclosed with the REQUEST FOR PROPOSALS on the subject project.
- 2. That should this PROPOSAL be accepted in writing by the Chief Executive Officer of the City of Bridgeport, Connecticut, said Proposer will furnish the services for which this PROPOSAL is submitted at the price bid and in compliance with the provisions of said CONTRACT.
- 3. That this PROPOSAL is accompanied by surety in the form and amount indicated below:

<u> X </u>	Bid Proposal Bond	Amount \$ <u> \$49,500 </u>
_____	Certified Check	Amount \$ _____

- 4. That the Proposer or his or her representative has visited the City of Bridgeport; is familiar with its geography, general character of houses and its commercial and industrial areas; has examined the quality and condition of the ASSESSOR'S records; verified the parcel counts, and has met with the ASSESSOR to make himself or herself knowledgeable of those matters and conditions in the City which would influence this bid proposal.
- 5. That all items, documents and information required to accompany this PROPOSAL of the aforesaid CONTRACT are enclosed herewith.
- 6. That the Proposer proposes to furnish the services and materials required to complete the subject project in accordance with the aforesaid CONTRACT for the following amount:

Proposal Requirement \$ \$495,000 (See Below)

*Due to the unclear total cost of the Vision usage license, we are unable to include it in our bid total. The cost may be in addition to our bid amount.

2/13/2019 11:41 AM

p. 18



City of Bridgeport

Bid TAB10719CR

- 7. Proposed scheduled prices for aforementioned proposals are valid for Sixty (60) days.
- 8. That the Proposer understands and accepts that, although the proposed price is a major factor for consideration, the City reserves the right to award the contract to other than the low cost Proposer after an analysis of the additional factors outlined in the aforesaid CONTRACT.

FIRM NAME OF PROPOSER: Municipal Valuation Services, LLC

BY: SIGNATURE: [Handwritten Signature]

TYPE NAME: Michael Fazio, MAI

TITLE: Member, LLC



Project Cost Breakdown

Description	Total Value
Project Supervision	\$24,750
Residential Valuation	\$123,750
Residential Data Mailer & Inspections as stated in Section 2 of RFP	\$49,500
Residential Field Review	\$24,750
Commercial Valuation	\$123,750
Commercial Data Mailer & Inspections as state in Stection 2 of RFP	\$24,750
Commercial Field Review	\$24,750
Data Entry	\$24,750
Data Entry Printing	\$24,750
Project Finalization & Support	\$12,375
Associated Project Expenses	\$12,375
Bonding	\$24,750
TOTAL	\$495,000

Fiscal Year 2020 Revaluation: \$495,000

Other Required Services

Vision License \$ *SEE BELOW

Digital Images
(price per image, including data entry into the CAMA system) \$2.50 per parcel

Litigation Support with MAI Appraiser \$1,200 per day

*Due to the unclear total cost of the Vision usage license, we are unable to include it in our bid total. The cost may be in addition to our bid amount.



Munival Advantages and Strengths

Company Overview

Munival is built on a foundation of valuation experience, and local market expertise. Our three principals, Chris Kerin, Mike Fazio, and David Herbst are MAI appraisers, with over 80 years of combined appraisal experience in the Connecticut market. Since 2010 we have successfully completed over 20 revaluations within Connecticut, including the Cities of Danbury, East Hartford, New Britain, New Haven, and Stamford. The principals are directly involved in the entire revaluation process, including completing all valuation work, collaborating with the Assessor, and attending informal hearings.

We are available for expert testimony in support of our valuations, and have participated in hundreds of pre-trial conferences, and dozens of trials. Our firm is based in Fairfield, Connecticut; we have deep expertise and experience within Bridgeport.

Valuation Expertise

Munival combines the mass appraisal experience of a leading revaluation company, with the litigation expertise of Connecticut-certified, MAI-designated, appraisers. In addition to our revaluation experience, we have appraised over 125 commercial properties in Bridgeport within the previous five years. We have provided litigation support services to the City of Bridgeport during the past 20 years and have developed a strong working relationship with the City Attorney and Tax Assessor.

Our valuation expertise includes a wide range of property types, including single family residential, multi-family, mill buildings, manufacturing, warehouse, big box retail, shopping centers, corporate and multi-tenant office, and senior housing. Our specialized appraisal experience in Bridgeport includes the Port of Bridgeport, the Holiday Inn, tank farms, waterfront industrial properties, marinas, and numerous residential and commercial properties in the Black Rock section of the city. We have robust experience in waterfront real estate within Fairfield County, and have completed revaluation assignments in the shoreline communities of Greenwich, Norwalk, Stamford, Fairfield and Westport, and appraisal assignments in Bridgeport and virtually every shoreline community in Connecticut.

Company Resources

In addition to our three principals, we have assembled a team of data collectors, project managers, data entry personnel, customer service representatives, and analysts. Our team ensures that projects have remained on schedule, and we have a track record of good communication, both with our municipal clients, and the public.

We have unmatched access to local and regional market data. We maintain a proprietary internal database of commercial sales, leases, capitalization rates, and expenses, with over 7,000 entries, giving us unique insight into the regional commercial real estate markets. We subscribe to CoStar, a commercial database



reporting current lease offerings, completed leases, sale offerings, and confirmed sales. CoStar also enables us to analyze local market data such as vacancy, rental rate, and absorption rates across all property types, isolating for property characteristics such as physical characteristics and location. In addition, we are members of the Connecticut Multiple Listing Service, with access to current residential listings and closed sales.



Revaluations Assignments Completed

Recent Revaluation Assignments Completed

Municipal Valuation Services, LLC has specialized in municipal revaluation services for 14 years. Since 2008, we have successfully completed over 20 Revaluations within Connecticut.

Municipality	# of Parcels	Scope of Services	Grand List Year
Barkhamstead	2,129	Full Revaluation	2018
Naugatuck	11,257	Full Revaluation	2018
New Canaan	7,394	Update Revaluation	2018
Ansonia	5,934	Update Revaluation	2017
Bristol	16,367	Full Revaluation	2017
Danbury	27,600	Update Revaluation	2017
New Britain	17,454	Full Revaluation	2017
Simsbury	9,398	Update Revaluation	2017
Southbury	10	Top 10 Commercial	2017
Stamford	37,875	Update Revaluation	2017
New Haven	27,612	Update Revaluation	2016
Shelton	15,300	Update Revaluation	2016
East Hartford	16,367	Full Revaluation	2016
East Hampton	6,159	Full Revaluation	2015
Southington	15,687	Update Revaluation	2015
Trumbull	13,013	Full Revaluation	2015
Torrington	14,680	Update Revaluation	2014
Berlin	8,686	Update Revaluation	2012
Bristol	10	Top Commercial	2012
Southbury	12	Top Commercial	2012
East Hartford	16,415	Full Revaluation	2011
Middlebury	10	Top Commercial	2011
Trumbull	13,007	Update Revaluation	2011
Wallingford	15	Review Commercial Values	2011
East Hampton	6,299	Full Revaluation	2010
Fairfield	21,234	Full Revaluation	2010
Greenwich	22,124	Full Revaluation	2010
Chester	1,835	Update/ Hybrid	2008
Torrington	14,810	Full Physical	2008
Woodbury	5,200	Full Physical	2008
Southbury	10,030	Full Physical	2007
Middlebury	10	Top Commercial	2006
Westport	400	Commercial Real Estate	2005
Westport	10,000	Review Residential Values	2005
Greenwich	21,300	Update Revaluation	2005
Stratford	13	Top Commercial	2004
Norwalk	2,000	Commercial Real Estate	2003



Recent and Current Revaluations Assignments

Recent Revaluation Assignments Completed

Municipal Valuation Services, LLC has broad experience across the State of Connecticut in Revaluation assignments. Since 2010, we have successfully completed over 20 Revaluations within Connecticut, including 18 utilizing the Vision Government Solutions CAMA system. Revaluations completed within the past five years include major urban centers such as Stamford and New Haven, suburban communities such as Simsbury and Trumbull, and rural communities including Preston and East Hampton.

The following table summarizes the Revaluation assignments completed within the previous five years.

Municipality	Contact	Phone	# of Parcels	Scope of Services	Grand List Year
Barkhamstead	C. Smith	860-379-3600	2,129	Full Revaluation	2018
Naugatuck	C. Tyler	203-720-7016	11,257	Full Revaluation	2018
New Canaan	S. Caldarella	203-594-3005	7,394	Update Revaluation	2018
Ansonia	Marsha Benno	203-736-6950	5,934	Update Revaluation	2017
Bristol	Tom DeNoto	860-584-6240	16,367	Full Revaluation	2017
Danbury	Brian Lastra	203-797-4556	27,600	Update Revaluation	2017
New Britain	Mike Konik	860-826-3323	17,454	Full Revaluation	2017
Simsbury	Dave Gardner	860-658-3251	9,398	Update Revaluation	2017
Southbury	Mike Moriarty	203-262-0674	10	Top 10 Commercial	2017
Stamford	Greg Stackpole	203-977-4018	37,875	Update Revaluation	2017
New Haven	Alex Pullen	203-946-7122	27,612	Update Revaluation	2016
Shelton	Bill Gaffney	203-924-1555	15,300	Update Revaluation	2016
East Hartford	Brian Smith	860-291-7260	16,367	Full Revaluation	2016
East Hampton	Terry Dinnean	860-267-2510	6,159	Full Revaluation	2015
Southington	Brian Lastra	860-276-6205	15,687	Update Revaluation	2015
Trumbull	Mark DeVestern	203-452-5016	13,013	Full Revaluation	2015
Torrington	Donna Patchen	860-489-2222	14,680	Update Revaluation	2014



Revaluation Assignments Currently Under Contract

The following table summarizes revaluation assignments currently under contract.

Municipality	Contact	Phone	# of Parcels	Scope of Services	Grand List Year
Torrington	T. DiStasio	860-489-2222	14,719	Full Revaluation	2019
Stratford	M. Fonda	203-385-4025	19,865	Full Revaluation	2019

The Torrington revaluation contract includes sending datamailers to all property owners, with physical inspections for parcels that do not return datamailers, or where discrepancies are identified. We anticipate the majority of data collection to take place from February through June 2019, with valuation to take place during July through September 2019, and informal hearings in December 2019.

The Stratford contract is for a full revaluation with physical inspections of all parcels. Data collection is currently underway, with completion projected in July 2019. The majority of valuation work will be completed between July 2019 and September 2019, with informal hearings in December 2019.



Revaluations Assignments Completed Using Vision CAMA

Our firm has significant experience performing revaluations on Vision CAMA software. Since 2010, we have completed 18 revaluations utilizing Vision CAMA software. Revaluations performed on Visions software include the following municipalities:

Municipality	Version	Grand List Year
Naugatuck	Version 6.5	2018
Barkhamstead	Version 6.5	2018
Ansonia	Version 6.5	2017
Bristol	Version 6.5	2017
Danbury	Version 6.5	2017
New Britain	Version 6.5	2017
Stamford	Version 6.5	2017
New Haven	Version 6.5	2016
East Hartford	Version 6.5	2016
East Hampton	Version 6.5	2015
Southington	Version 6.4	2015
Trumbull	Version 6.5	2015
Berlin	Version 6.4	2012
Bristol	Version 6.5	2012
East Hartford		2011
Trumbull		2011
Fairfield		2010
East Hampton		2010
Westport		2005



Local Market Expertise

Local Revaluations Completed

Municipal Valuation Services, LLC has local revaluation experience, including the completion of assignments in the surrounding municipalities of Fairfield and Trumbull. In addition our fee appraisal firm Kerin & Fazio has completed over 250 commercial appraisal assignments in Eastern Fairfield County during the previous five years, including 125 within Bridgeport.



Recent Eastern Fairfield County Fee Appraisal Assignments

Retail Appraisal Assignments



Office-Industrial Appraisal Assignments



Litigation Support Services

Litigation Support Services Overview

In addition to providing revaluation services, Chris Kerin, Mike Fazio and David Herbst also serve Connecticut municipalities through their fee appraisal company, Kerin & Fazio, LLC. Kerin & Fazio specializes in commercial real estate appraisal and provides litigation support and expert testimony to a wide range of municipal clients.

Recently, Christopher Kerin was the expert witness for West Hartford in the case, "Walgreen Eastern Company, Inc. v. City of West Hartford". The Superior Court ruled accepted Chris's valuation, which was based on the Highest & Best Use as a retail pharmacy. The decision was appealed to the Connecticut Supreme Court, which upheld the lower court's ruling in a July 2018 decision. The case has wide ranging impact, with more than a dozen pending Walgreen's tax appeal cases in Connecticut.

In the Summer of 2017, the New Britain Superior Court accepted David Herbst's valuation in the case, "Anthony J. Spadaccini and Sole, LLC vs. City of Norwalk", and ruled that the plaintiffs had failed to prove aggrievement. The subject property was a retail gasoline station and convenience store. David's valuation was based primarily on the Income Approach utilizing the net operating income from the going concern. The case is significant in affirming that the income approach based on the going-concern income can be an appropriate methodology for tax assessment purposes.

In January 2010, the Bridgeport Superior Court upheld the Bridgeport Assessor's valuation of a 136 slip marina after Michael Fazio's appraisal and testimony (Frank Gulia, Jr. Trustee v. City of Bridgeport). Judge Aronson found Mike's analysis, based on the unit of comparison of price per slip, credible, and ruled that the plaintiff did not prove aggrievement. Mike worked with the Attorney Russell Liskov during the appraisal process and throughout the trial.

Chris, Mike and David are partners in both Municipal Valuation Services, LLC and Kerin & Fazio, LLC. In the last five years we have been involved in hundreds of pre-trial conferences in Connecticut Superior Courts.

We have provided litigation support services to the City of Bridgeport during the past 30 years and have developed a strong working relationship with the City Attorney and Tax Assessor.

Recent Litigation Support Clients

Beacon Falls	Fairfield	Stamford
Bloomfield	Greenwich	Stratford
Branford	Middlebury	Thomaston
Bridgeport	Milford	Torrington
Bristol	New Haven	Trumbull
Danbury	New Milford	Wallingford
Darien	Norwalk	West Hartford
Deep River	Redding	Westport
East Hampton	Shelton	Wethersfield
East Windsor	Southbury	Woodbury



Municipal Personnel

In addition to our three principals, we have assembled a team of data collectors, project managers, data entry personnel, customer service representatives, and analysts. Our team ensures that projects have remained on schedule, and we have a track record of good communication, both with our municipal clients, and the public.

<p>Project Manager, Field Appraisal Supervisor, Residential Appraiser Michael Fazio, MAI</p>	<p>An expert in valuation, Mike is the project manager for valuation and field review. Mike personally completes the residential mass valuation, attends informal hearings, and is a primary contact during the revaluation process. In addition to valuation, Mike has an expertise in GIS (ESRI software), and is proficient with Oracle and SQL databases.</p>
---	---

Mike is a Certified General Appraiser in Connecticut, with the MAI designation, and is a licensed Municipal Revaluation Supervisor in the State of Connecticut. He has 35 years of experience appraising residential and complex commercial properties. Mike holds a Master's and Bachelor's Degree in Finance from Sacred Heart University.

<p>Project Manager, Field Appraisal Supervisor, Commercial Appraiser Christopher Kerin, MAI</p>	<p>Chris is an expert in valuation who personally completes the commercial mass valuation, attends informal hearings, and participates in pre-trial conferences. With his valuation expertise, Chris is able to articulate the valuation methodology during the informal hearing process which has historically resulted in a reduction in tax appeals experienced by the municipality.</p>
--	---

Chris is a Certified General Appraiser in Connecticut, with the MAI designation, and is a licensed Municipal Revaluation Supervisor. Chris has 30 years of experience appraising residential and commercial properties in Connecticut. He holds a Bachelor's Degree in Finance with a concentration in Real Estate and Urban Economic Studies from the University of Connecticut. See his full resume on the following pages.



<p>Commercial Valuation & Field Review David Herbst, MAI</p>	<p>David is a valuation expert specializing in complex commercial properties that are not well suited for a mass valuation process. He is responsible for the valuation of hospitality properties, senior housing, and specialized industrial properties, and participates in informal hearings and pre-trial conferences.</p>
	<p>David is a graduate of the University of Michigan, with a Bachelor's degree in Economics. He is a Connecticut Certified General Appraiser in Connecticut, with the MAI designation, and is certified to perform Commercial/Industrial municipal revaluations.</p>
<p>Project Coordinator, Customer Service Tama Careathers</p>	<p>Tama has worked with Munival since 2006, and serves as our Project Coordinator for revaluations assignments. She is an expert in the revaluation process, and is a primary point of contact for municipal clients and the public. Tama is responsible for tracking assignment progress, managing data collection and data entry personnel, and scheduling informal hearings.</p>
<p>Data Collection, Data Entry & Hearing Officer Brian Smith, Jr.</p>	<p>Brian specializes in residential and commercial data collection, data entry, and public hearings. He has five years of experience and will be available throughout the revaluation process as needed.</p>
<p>Data Collection, Data Entry & Hearing Officer Pamela Aldred</p>	<p>Pam has two years of revaluation experience including data collection, data entry and informal hearings. She is currently pursuing her Certified Residential Real Estate Appraiser license. Pamela will be available throughout the revaluation process as needed.</p>
<p>Data Collection Matt Feato</p>	<p>Matt's revaluation experience includes data collection and data entry. He will be available throughout the revaluation process as needed.</p>
<p>Data Collection Kyle Clark</p>	<p>Kyle's revaluation experience includes data collection and data entry. He will be available throughout the revaluation process as needed.</p>
<p>Data Collection Rob Przybyłowicz</p>	<p>Rob has a diverse real estate background in residential appraisal that includes on site construction management, consulting and appraisal. He is a certified residential appraiser in Connecticut. He will be available throughout the revaluation process as needed.</p>



Data Entry & Hearing Officer
Justin McGuire

Justin's diverse real estate background includes leasing, sales, appraisal and municipal revaluation data collection and informal hearings. He is pursuing his Certified General Appraiser license as well as his Revaluation Certification for both Land/Residential and Commercial/Industrial. He will be available throughout the revaluation process as needed.

Hearing Officer
Vincent O'Brien

Vincent will be available to conduct informal hearings. He is a Practicing Affiliate of the Appraisal Institute, and has experience in the commercial appraisal field. A graduate of the University of Connecticut, Vincent holds a Bachelor's degree in Business Management with a concentration in Entrepreneurship. He has earned his Certified General Real Estate Appraiser license.

Hearing Officer
Ryan Brighindi

Ryan will be available to conduct informal hearings. He is a Practicing Affiliate of the Appraisal Institute, and is pursuing his Certified General Appraiser license. A graduate of the University of Connecticut, Ryan holds a Bachelor's degree in Business.

Customer Service/Data Entry
Lexus Slerras

Lexus will be available to assist taxpayers with their customer service needs. She is a point of contact to answer taxpayer phone calls and emails and she will be on hand to schedule informal hearings when needed.



Public Relations

We will work with the Bridgeport Assessor's office to increase public awareness, understanding, and support of the revaluation process. Our experience has shown that public relations issues arise when the public is misinformed or ignored.

At the Assessor's discretion, we suggest leveraging the Web, social media, local media, public meetings, and direct mailings to meet public relations goals throughout the revaluation process. In addition, the data collection process provides opportunities to interact with the public, and our data collectors are trained in effective public relations strategies. In past assignments, our public relations program has included:

- Press releases and outreach through social media
- Direct mailings
- Direct contact and public meetings
- Customer service representatives

Press Releases and Social Media

We suggest a series of press releases and social media outreach to meet the following goals:

- Introduce the revaluation process
- Provide field worker locations
- Present an article explaining the valuation process and the appeal process

Direct Mailings

We would work with the Assessor to generate direct mailings to taxpayers to meet public relations goals. Mailings could coincide with field worker visits, describe the revaluation process, or provide answers to frequently asked questions (see sample brochure on following page).

Direct Contact and Public Meetings

Direct contact is the most important public relations effort, because it cultivates trust and confidence in the community. When field workers inspect a property with care, they help build community trust. Direct contact can also be conducted through local access cable or City meetings. Our public presentations are professionally prepared and executed. We provide handouts, and encourage audience participation. In these presentations, we use an inquiry approach to build support and credibility for the revaluation project.

Our project managers will attend all meetings to outline the revaluation program. They have broad, collective experience that includes course instruction for the Connecticut Bar Association, New Haven County Bar Association, Connecticut Association of Assessing Officers, Northeast Regional Association of Assessing Officers and other local organizations. They also have organized and attended many meetings



with community boards, condo associates and citizen groups concerning assessment issues and explanations of the revaluation process.

Customer Service Representatives

An additional important aspect of our public relations capabilities is our in-house customer service, with representatives available during normal business hours. Our representatives are well versed in the revaluation process, and are trained to treat tax payers with respect and courtesy.

Direct Mailings – Sample Brochure

After I receive my notice in November of 20xx, what can I do if I disagree with my new assessed value?

An assessment appeal is not a complaint about taxes or how much your assessment has changed. It is an attempt to prove that your property's estimated market value is inaccurate or unduly based on recent sales of comparable properties. Your first appeal should be with the revaluation company. At your hearing, revaluation staff will be available to explain the procedures used to value your property. If you are not satisfied with the results of that hearing, the Board of Assessment Appeals will be meeting in the Spring of 20XX to hear all appeals on the Grand List of 20XX. Your final appeal is before the courts under Section 42-727a of the General Statutes.

Does this revaluation affect my October 1, 2016 assessment and my July, 20XX tax bill?

No. As in any other non-revaluation year, unless you make improvements to your property, your assessment will remain unchanged from the October 1, 20XX Grand List. The roll call for the 20XX Grand List will be established in May of 20XX and your July 20XX tax bill will be calculated based on your current assessment.


Permitted by
State of
Connecticut
Watersbury, CT
Permit No. 2033

City of XXXXXX

**QUESTIONS
AND
ANSWERS
ABOUT THE 20XX
REVALUATION**

Assessor's Office
123 Any Street
Any Town, CT 06000

Tel: (xxx) xxx-xxxx or
Visit www.anytown.ct.gov



THANK YOU IN ADVANCE FOR
YOUR COOPERATION.

REVALUATION SCHEDULE

Data Collection: Through September 20xx

Assessment Notices Mailed: November 20xx

Informal Hearings with Revaluation Company: December 20xx

Board of Assessment Appeals: March 20xx

MRB Rate Set: May 20xx

Tax Bills Due: July 20xx



What is the purpose of this brochure?

This brochure serves to inform you that the City of Any Town will be conducting a revaluation of all property for the Grand List on October 1, 2020.

Why is Any Town undergoing a revaluation now?

The State of Connecticut, pursuant to Section 12-82 of the General Statutes, requires that the City of Any Town conduct the revaluation for the Grand List on October 1, 2020. The purpose of a revaluation is to eliminate any assessment inequities that may have developed since the implementation of the previous 2003 revaluation. A revaluation ensures fairness and equity in the collection of revenue for City purposes.

What exactly is a revaluation?

A revaluation is an update of all real property values as of October 1, 2020. It consists of appraising the value of the properties, both taxable and exempt, using recent sales, building data and income and expense information of similar properties. All residential, commercial, apartment, industrial, vacant land, churches, school buildings and all other real estate will be valued.

How does the City perform a revaluation?

The Town has contracted with Municipal Valuation Services, a Connecticut certified revaluation company, to assist in the revaluation. The firm will analyze recent sales data, review the calculated values, and meet with the public to answer questions about the methods utilized and the estimated assessments. Valuation models are developed based on market data collected since the last revaluation. These models are then statistically tested as is required by the State Statutes and the Office of Policy and Management, to verify their ability to accurately and equitably predict estimates of current market values. The Assessor's Office will be directing all activities of the revaluation consultants, and will be overseeing quality control and valuation analysis. For more information and the revaluation process updates, visit www.anytownct.org.



What is market value?

The Appraisal Institute defines market value as "the most probable price, as of a specified date, in cash, or in terms equivalent to cash, or in other precisely revealed terms, for which the specified property rights should sell after a reasonable exposure in a competitive market under all conditions requisite to a fair sale, with the buyer and seller each acting prudently, knowledgeably, and for self-interest, and assuming that neither is under undue duress." Sales such as foreclosures and family sales are not considered to be "arm's length" or market transactions.

Does the City want to inspect the interior of my property?

Only recent property sales will be inspected during the 2020 revaluation. A careful inspection and analysis of recent sales helps identify and quantify the features that motivate buyers and sellers in the "anytown real estate market."

No other property inspections are required. A complete inventory of each property in the City will be undertaken during the 2020 revaluation. Since this time, data accuracy was maintained through an ongoing inspection program, which included the physical inspection of all renovated properties and new construction.

Your role as a taxpayer in Any Town is to maintain that the data we have on your property (or any property) is correct. If you desire an interior inspection, you may phone the Assessor's office to schedule an appointment.

If I recently purchased my property, how much time will this field inspection take?

The inspection time varies according to the size and complexity of your home, but in most cases will only take ten to twenty minutes.

Will these field representatives be identified?

Yes. Each representative will be properly identified. You may also call the Assessor's Office and/or the Police Department to verify a representative's identity.

How and when will my taxes be affected by this revaluation?

The revaluation will first affect your July 2020 tax bill. The amount of your new tax bill is calculated by multiplying your new assessed value times the new mill rate. Since the new mill rate will not be established until the budgetary process has been completed in May of 2020, it is not possible to determine your new tax bill at this time.

When will I be notified of my new assessed value?

The revaluation company will send out assessment notices in November, 2020.

City of Any Town

Assessor's Office
123 Any Street
Any Town, CT 06000

Phone: 203-555-1000 Fax: 203-555-2100



Munival/Kerin & Fazio Website – Frequently Asked Questions



VALUATION GROUP



HOME

VALUATION

MUNICIPAL

PROPERTIES

ABOUT US

NEWS

Frequently Asked Questions

Why is Any Town undergoing a revaluation now?

The State of Connecticut, pursuant to Section 12-62 of the General Statutes, requires that each municipality conduct a revaluation. The purpose of a revaluation is to eliminate any assessment inequities that may have developed since the implementation of the previous revaluation. A revaluation ensures fairness and equity in the collection of revenue for municipal purposes.

What exactly is a revaluation?

A revaluation is a process of all real property values as of October 1 of the revaluation year. It consists of establishing the value of the properties, both taxable and exempt, using recent sales, building costs and income and expense information of similar properties. All residential, commercial, agricultural, industrial, vacant land, churches, schools, buildings and all other real estate will be valued.

How does the Town perform a revaluation?

The Town has contracted with Municipal Valuation Services, a Connecticut certified revaluation company, to assist in the revaluation. The firm will analyze recent sales data, review the calculated values, and meet with the public to answer questions about the methods utilized and the completed assessments. Valuation models are developed based on market data collected since the last revaluation. These models are then statistically tested and compared by State Statutes and the Office of Policy and Management to verify their ability to accurately and equitably predict estimates of current market value. The Assessor's Office will be directing all activities of the revaluation consultants, and will be overseeing quality control and valuation analysis.

What is market value?

The Appraisal Institute defines market value as "the most probable price, as of a specified date, in cash or in some equivalent to cash, or in other readily convertible terms, for which the specified property rights should sell after a reasonable exposure in a competitive market under all conditions requisite to a fair sale, with the buyer and seller each acting prudently, knowledgeably, and for self-interest, and assuming that neither is under undue duress." Sales such as foreclosures and family sales are not considered to be "true length" arm's length transactions.

Will field representatives be identified?

Yes! Each representative will be properly identified. You may also call the Assessor's Office and/or the Police Department to verify a representative's identity.

How and when will my taxes be affected by this revaluation?

The revaluation will first affect your July tax bill. The amount of your new tax bill is calculated by multiplying your new assessed value times the new mill rate. Since the new mill rate will not be established until the budgetary process has been completed in May, it is not possible to determine your new tax bill at this time.

When will I be notified of my new assessed value?

The revaluation company will send out assessment notices at the end of the year.

After I receive my notice in November, what can I do if I disagree with my new assessed value?

An "assessment appeal" is not a complaint about taxes or how much your assessment has changed. It is an attempt to assure that your property's estimated market value is accurate or unfair based on recent sales of comparable properties. Your first appeal should be with the revaluation company. As your hearing, revaluation will be available to explain the procedures used in value your property. If you are not satisfied with the results of that meeting, the Board of Assessment Appeals will be meeting in the Spring to hear all appeals on the Grand List. Your first appeal is before the courts under Section 12-117a of the General Statutes.

Recent News



Kerin to Present at Assessor's Fall Symposium

Chris Kerin will be among the presenters at the 24th Annual Fall Symposium sponsored by the Connecticut Association of Assessing Officers. It will be discussing the recent Valgrain's Supreme Court decision and its impact on ad valorem taxation.



Garham Island Office Property Sold for \$2M

The 64,428 square foot office building in Westport, Connecticut located at 1 Garham Island sold recently for \$2,169,000. The transaction was recorded on June 10, 2018 with Garham Island, LLC as the seller and Mayhewend Garham Island, LLC as the buyer.



Office Building in Norwalk Sold to New York Investor

The Office Building of Norwalk, Connecticut sold on June 4, 2018 for \$18,000,000. The sprawling 3-building property, resting on 88.66 acres of land in western Norwalk, was purchased by New York based Queens Plaza North, LLC.



Hartford County Fire/Industrial Market Overview

The Hartford County Fire/Industrial Market is comprised of 118,070,000 square feet of inventory. As of mid-2nd Quarter 2018 the vacancy rate in Hartford County is 5.2%, 40 basis points lower than the 2nd Quarter 2017 rate, and 228 basis points lower than the last year percentage.

View All Real Estate News



Proposed Project Time Schedule

Task	Start Date	Finish Date
Data Mailer Implementation	June 1, 2019	July 1, 2020
Complete and deliver to the Assessor commercial, industrial, public utility, and tax-exempt valuation by (except for current building permits)	February 1, 2020	September 1, 2020
Complete and deliver to the Assessor land study and values	February 1, 2020	September 1, 2020
Complete and deliver building cost manual by	February 1, 2020	September 1, 2020
Complete and deliver to the Assessor study of market rents, expenses and capitalization factors by	February 1, 2020	September 1, 2020
Deliver completed CAMA database with 2020 digital photo images, property record cards with all measurements, listings, sketches, pricing and suggested values to the Assessor according to the following schedule:		September 1, 2020
Assessor to complete review and final adjustments made for real property no later than		November 5, 2020
Assessment change notices mailed to comply with requirements of CT State Statutes, Section 12-62(f) by (Contractor to pay postage)		November 15, 2020
Informal hearings to begin no later than	November 29, 2020	
Informal hearings to end no later than		December 20, 2020
Notices of results of informal hearings completed shall be completed on forms approved by the Assessor and mailed out (Contractor pays postage), computer filed and final property record cards printed and delivered to the Assessor in alphabetical street order no later than		December 30, 2020



Certification Requirement Assurance

It is understood and agreed that the revaluation of properties covered by this contract shall exceed the standards as outlined in the Connecticut Performance Based Revaluation Standards and Certification of Revaluation (Connecticut General Statutes sec. 12-62I-1 to 12-62I-7), shall be acceptable to the Assessor and shall conform to the procedures and technical requirements of the Assessor. Municipal Valuation Services shall meet with the Assessor throughout the revaluation to discuss the progress and various other details of the project. The Assessor must certify that the values resulting from this project represent 70% of the fair market value pursuant to Section 12-63 of the Connecticut General Statutes.



Connecticut Revaluation Certification



STATE OF CONNECTICUT

Certificate No. 97

Expiration Date: March 31, 2023

SECRETARY OF THE OFFICE OF POLICY AND MANAGEMENT
Comprehensive Planning and Intergovernmental Policy Division
be it known that


MUNICIPAL VALUATION SERVICES, LLC

having met the necessary requirements and regulations
is hereby designated as a Certified Revaluation Company
To Perform

Real Property Value Estimations

in witness thereof, this certificate is issued by:


Benjamin Barnes
Secretary


David A. Kafafa
Undersecretary



Key Personnel Qualifications and Licenses

Michael Fazio, MAI - Outline of Qualifications, Education, and Experience

Biographical Data

A graduate of Sacred Heart University, Mike holds a Bachelor's degree in Finance, and a Master in Business Administration degree, respectively. Michael has earned the Appraisal Institute's distinguished MAI membership designation, indicating an advanced level of expertise in the valuation of commercial, industrial and other property types.

Professional Affiliations

Appraisal Institute - MAI Designation, Certificate No. 10216

Member - Greenwich Board of Realtors

Certified General Real Estate Appraiser, State of Connecticut # RCG.194

Connecticut Office of Policy and Management – Certified to Perform Revaluation Functions
for Land/Residential/Commercial/Industrial/Supervisor - Certificate No. 853

Education and Training

Graduate Sacred Heart University, Connecticut, MBA, Graduate Sacred Heart University, Connecticut, B.S. Finance, New York University, NYC, Investment Banking Certificate

Completed numerous courses and seminars offered by the Appraisal Institute, University of Colorado, University of Houston, Arizona State University, as well as other real estate institutions, including the following:

- Appraisal of Local Retail Properties
- Online Scope of Work: Expanding Your Range of Services
- Introduction to International Valuation Standards
- Appraising Convenience Stores
- Eminent Domain and Condemnation
- Operating Income Statements
- Analyzing Commercial Lease Clauses
- Real Estate Principles and Practices
- Real Estate Basic Valuation
- Capitalization Theory & Techniques Part A
- Significant Cases in CT Assessment Practice
- Online Valuation of Detrimental Conditions in Real Estate
- Business Practices and Ethics
- Professional's Guide to Uniform Residential Appraisal Report
- Mass Valuation Income Approach
- USPAP and the Real World: Changes for 2006
- Report Writing
- Comprehensive Exam
- Construction Overview
- Appraisal of Leased Fee Estates



- Capitalization Theory & Techniques Part B
- Standards and Professional Practices
- Case Studies in Real Estate Valuation
- Demonstration Report Writing Seminar
- Advanced Report Writing Workshop
- Eminent Domain Valuation

Representative Property Types

Office, retail centers, industrial, multi-family, single-family residential/subdivisions, commercial land, nursing homes, assisted living facilities, condominium developments, easements, golf courses, marinas, auto dealerships, and hospitality

Expert Witness Background

Qualified as expert witness in Federal and State Courts

Recent Employment

1983 –2003: Independent Fee Appraiser
President of Fazio & Associates, Inc., Bridgeport, CT
2004-present: Partner of Kerin & Fazio, LLC, Fairfield, CT

Connecticut Appraisal & Revaluation Licenses



Christopher Kerin, MAI, CCIM – Outline of Qualifications, Education, and Experience

Biographical Data

A graduate of the University of Connecticut, Chris holds a degree in Finance with a concentration in Real Estate and Urban Economic Studies. He has earned the Appraisal Institute's distinguished MAI membership designation, indicating an advanced level of expertise in the valuation of commercial, industrial and other property types. Chris is one of only 4% of commercial professionals to have earned the elite CCIM designation. CCIM's are nationally recognized as experts in all phases of the real estate investment process. As an MAI, CCIM, licensed real estate broker and appraiser, Chris has the experience, market knowledge and negotiation skills that are critical for advising clients on important real estate investment decisions.

Professional Affiliations

Appraisal Institute – MAI Designation, Certificate No. 10693
 CCIM Institute – CCIM Designation, Certificate No. 8949
 Member – International Council of Shopping Centers
 Member – Real Estate Finance Association, Fairfield County
 Member - National Association of Realtors
 Connecticut Office of Policy and Management – Certified to Perform Revaluation Functions
 for Land/Residential/Commercial/Industrial/Supervisor - Certificate No. 790
 Connecticut Certified General Appraiser No. 329
 Connecticut Broker License No. 750623
 New York Certified General Appraiser No.46000050400

Education and Training

University of Connecticut, B.S. Degree, Business Administration, May, 1989, Finance, Real Estate and Urban Economic Studies, Cum Laude

Completed numerous courses and seminars offered by the Appraisal Institute, CCIM Institute, National Association of Realtors, University of Connecticut, Wharton School of the University of Pennsylvania, as well as other real estate institutions, including the following:

- Pension Fund Investment in Real Estate
- Valuing Local Retail Properties
- Debt Workout, Transactions and Re-Positioning of Distressed Assets
- Separating Real & Personal Property from Intangible Business Assets
- Hotel Valuations
- Appraisal of Nursing Facilities
- Analyzing Commercial Lease Clauses
- GIS Applications for Real Estate Appraisal
- Environmental Risk and Real Estate
- Case Studies in Real Estate Valuation
- Commercial Brokerage Techniques
- Tax-Deferred 1031 Property Exchange



- Affordable Housing Valuation
- Valuing Commercial Green Buildings
- Eminent Domain and Condemnation Appraising
- Marketing Commercial Property
- Principals of Income Property Appraisal
- Standards of Professional Practice
- The Appraiser as an Expert Witness
- Valuing Residential Green Buildings
- CT Real Estate Appraisal Law
- Ethics in Real Estate
- Real Estate Finance
- Principles of Real Estate

Expert Witness Background

Qualified as expert real estate witness in Federal Court and in State Courts in Fairfield, Hartford, Litchfield and New Haven Counties.

Teaching Experience

Course Instructor for the Connecticut Bar Association, New Haven County Bar Association, Connecticut Association of Assessing Officers, Northeast Regional Association of Assessing Officers, and other local organizations.

Employment

- 2004 - Present: Member of KerIn & Fazio LLC, Fairfield, CT
- 2006 - Present: Member of Municipal Valuation Services, LLC, Fairfield, CT
- 1999 - 2004: President of KerIn Commercial Real Estate, Newtown, CT
- 1999 - 2001: Executive Vice President, Wilson Commercial Real Estate, Wilton, CT
- 1995 - 1999: Executive Vice President, New England Land Company, Greenwich, CT
- 1989 - 1995: Leshner-Glending & Company, Inc., Ridgefield, CT
- 1985 - 1987: Coldwell Banker Commercial Real Estate, Stamford, CT



Reference of Working Experience

Individuals, attorneys, corporations, municipalities and State Agencies, including: U.S. Department of the Interior, Federal Aviation Administration, CT Department of Transportation, CT Department of Public Works, Connecticut Light and Power Company, Nature Conservancy, Trust for Public Land, Chase Bank, Webster Bank, IBM Corporation, Exxon/Mobil Corporation, Marriott Corporation, Stop & Shop Supermarket, Prudential, Skanska (U.S.A.), Inc., Stamford Hospital, Burger King, Pizza Hut, W & M Properties, A.D. Phelps, Inc., etc.

Connecticut Appraisal & Revaluation Licenses





David J. Herbst, MAI - Outline of Qualifications, Education, and Experience

Biographical Data

David has a diverse real estate background that includes commercial leasing and sales, construction management, and appraisal. A graduate of the University of Michigan, David holds a Bachelor's degree in Economics. He has earned the Appraisal Institute's distinguished MAI membership designation, indicating an advanced level of expertise in the valuation of commercial, industrial and other property types.

Professional Affiliations

Appraisal Institute – MAI Designation, Certificate #497388

Certified General Real Estate Appraiser, State of Connecticut # RCG.1252

Certified General Real Estate Appraiser, State of New York # 46000050523

Connecticut Office of Policy and Management – Certified to Perform Revaluation Functions for Commercial/Industrial - Certificate No. 983

Education and Training

Graduate, University of Michigan, Ann Arbor, MI – Earned BA in Economics

Completed courses and seminars offered by the University of Michigan, the Appraisal Institute, as well as other real estate institutions, including the following:

- Appraisal I
- Real Estate Economics
- International Finance
- General Appraiser Income Approach II
- Advanced Applications
- Tenant Credit Analysis
- Separating Real Property, Personal Property, and Intangible Business Assets
- Analyzing Distressed Real Estate
- Appraisal of Medical Office Buildings
- Appraisal II
- Money & Banking
- International Trade Theory
- Real Estate Finance and Statistics
- Market Analysis and Highest & Best Use
- Advanced Income Capitalization
- Advanced Sales Comparison and Cost Approach
- Report Writing and Valuation Analysis
- Appraising Convenience Stores

Representative Property Types

Office, retail centers, industrial, multi-family, single-family residential/subdivisions, commercial land, nursing homes, assisted living facilities, condominium developments, easements, golf courses, marinas, auto dealerships, and hospitality



Expert Witness Background

Qualified as expert witness in Fairfield County and New Britain Superior Courts

Recent Employment

- 1/1/2014-present: Partner of Kerin & Fazio, LLC, Fairfield, CT
- 1/2007-12/13/2013: Commercial Appraiser - Kerin & Fazio, LLC, Fairfield, CT
- 9/2005-12/2006: Commercial Real Estate Agent / Appraiser – John D. Hastings, Inc. Westport, CT

Connecticut Appraisal & Revaluation Licenses





Revaluation Methodology

Sales comparison, income capitalization and cost are the three approaches to value. For each property, we will use the appropriate appraisal method, as listed below:

- Vacant Land – Comparable Sales Approach (and Land Residual Analysis)
- Improved Residential – Cost Approach / Comparable Sales Approach
- Improved Commercial – Cost Approach / Comparable Sales Approach / Income Approach
- Improved Industrial – Cost Approach / Comparable Sales Approach / Income Approach
- Condominium- Comparable Sales Approach
- Special Purpose and Exempt Property – Cost Approach / Comparable Sales Approach

Cost Approach

We will determine land values by examining comparable land sales or the land residual analysis. If sufficient comparables within the City do not exist, we will examine sales from comparable regional locations outside Bridgeport. Replacement cost estimates for the buildings and site improvements are based on Marshall Valuation Service, or a comparable cost service employed by the City. Where available, trended historic costs for recently constructed properties are utilized as additional indications of replacement cost new. We will apply deductions for accrued depreciation, and/or additions for developer's profit based on our physical inspection of the property and market factors.

Sales Comparison Approach

We will examine recent property transfers with improvements similar to the property in question. We compare and adjust these properties to the subject property, and give consideration to such value-influencing variables including time, location, physical characteristics of the site and improvements, financing, and conditions of sale.

Since some properties compete outside Bridgeport, we will consider and develop sales of properties throughout the state. In addition, we prepare a commercial sales book that details all verified commercial/industrial properties to help ensure accurate valuations, and to provide support during the informal public hearings.

Income Capitalization Approach

The Income Approach is the primary methodology applicable to commercial, multi-family, and industrial properties. This approach is developed through direct capitalization, where an overall capitalization rate is applied to stabilized net operating income. The basis for the analysis is the Income and Expense (I & E) data provided by property owners to the City of Bridgeport, the Kerin & Fazio proprietary database, CoStar, and MLS. The I&E data is entered into an Excel spreadsheet containing all commercial and industrial properties



within the municipality. The properties are identified by property type, location, and physical characteristics. Net operating income is developed by developing market rent, vacancy and operating expenses. Consideration is given to the actual reported income and expenses, reconciled with comparable market data. Capitalization rates are developed by using comparable sales data, the band-of-investment technique, debt-coverage formula and investor surveys. We will apply tax loads based on consultation with the Assessor. We may develop discounted cash flow analyses as additional support if appropriate for the type of property under analysis.

A going-concern analysis is developed for trade related properties such as hotels, skilled nursing facilities, assisted living facilities, and golf courses. This analysis is developed utilizing the net operating income associated with the going concern, and deducting the value of personal property and intangibles to conclude a value for the real estate.

Sales Analysis

We use the industry-standard SPSS statistical program to measure and test the statistical reliability of sales. We will conduct the following tests and analyses to ensure a quality revaluation for Bridgeport:

- Coefficient of Dispersion and Variance tests
- Price Related Differential Testing
- Use of MRA Statistics to measure the effect of variables on value
- Use of MRA Statistics to create valuation models
- Isolating the effect of age, style and location on value
- Statistical Measures of Standard Deviation, Mean, Mode and Median
- Tracking of Listings and sales
- Verification of sales data to include conditions of sale, financing, and terms of transfer

Munival has consistently exceeded performance-based testing standards as required by all revaluation consultants since 2002. Valuation testing ranges indicated less than 10% COD, with less than 3% deviation in PRD testing.

Sales Verification Process

Comparable sales are physically inspected and the terms of sale, purchase price, financing, and special conditions are verified to judge the validity of the sale. The determination of validity is a cooperative effort with the Assessor, and the revaluation supervisor. Since the physical characteristics can change after the sale, we research and analyze MLS system to verify actual characteristics at the time of sale. If there are ambiguities, information is requested from the listing or buyer's agent. At the Assessor's discretion, sales verification letter can be sent to verify the municipalities data.



Data Collection & Management

Data Mailers

To ensure public confidence, taxpayers must also play an active and important role in monitoring the quality of the data to be used as the basis of this revaluation. We will distribute a data mailer as stated in the Section 2 of the RFP.

We are prepared to physically inspect those properties that do not return a data mailer for consideration or if the returned data mailer indicates substantial property modification. Such inspections shall be determined by the Assessor and/or his/her designee.

Included with the data mailers is a cover letter that explains the purpose of the mailer. The format and content of the data mailer, as well as the cover letters, shall be subject to approval by the Assessor. We will be responsible for making any corrections to the existing CAMA database as a result of the returned data mailers and field inspections.

Status Reports

Our qualified reviewers will examine all properties in the field. In addition to reviewing classifications and final values, our reviewers will ensure that the properties are correlated to comparable properties. In addition to providing the Assessor with review dates, we will welcome the Assessor to accompany our reviewers during this phase of the revaluation. We internally track our field personnel's data collection, including the number of parcels visited, measured/listed, or refused. From this data, we will tabulate weekly totals, then create a monthly status report for the Assessor. This status report will detail the steps in the revaluation process, along with the numerical and percentage completed. We will tailor the report to meet the needs of the Assessor's office.



CITY/TOWN OF XXXXX

October 1, 20XX Revaluation

DATE

OWNER NAME
 CO OWNER NAME
 MAILING ADDRESS
 MAILING ADDRESS 2
 ANY TOWN, CT XXXXX

REVALUATION 20XX DATA VERIFICATION FORM

Location of Property: 123 ANY STREET
 Parcel ID: 1234

The City/Town of XXXX is in the process of data verification for the state mandated Revaluation for the October 1, 20XX Grand List. As part of the process, Municipal Valuation Services, the firm contracted to assist in the Revaluation, has compiled information about the property listed above from existing City records. This information will be utilized during the valuation phase of this project. The City of XXXX is requesting that you review the information listed below and make any necessary corrections on the form, sign the form and return it by XX/XX/20XX.

You may return the form either by mail to Municipal Valuation Services, LLC at 1129 Post Road, Fairfield, CT, 06824; fax it back to (203) 259-9501 or respond by email at xxxreval@munival.com. If you respond by email, please reference your parcel ID number and state the necessary corrections. If there are no corrections, please check off the appropriate box on this form and return it by XX/XX/20XX.

- | | |
|-------------------------|----------------------|
| Building Style: | Basement: |
| Exterior Wall Material: | *** Basement Finish: |
| Interior Wall: | Garage Type: |
| Interior Floor: | Year Built: |
| Heat Fuel: | Utilities: |
| Heat Type: | Zoning: |
| Central A/C: | Lot Size in Acres: |
| *Bedrooms: | Fireplaces: |
| **Bathrooms: | Parcel Use: |

NO CHANGES

Signature _____ Date: _____ Phone: _____



Property Characteristics Explanation

- Building Style:** A Conventional is a house that is at least 2 stories and does not fit the description of Colonial, Dutch Colonial, Tudor or Victorian. Old Style would be a house that is less than 2 stories in height and does not fit into the style of Ranch, Raised Ranch, Cape, Split Level, Contemporary or Bungalow. If the structure contains more than one living unit, it will be classified as a Multi-Family.
- Dwelling Units:** This would be 1 for single family residence, 2 for a two family, 2 for single family with in-law or 6 for a 6 family etc...
- Story Height:** Capes without dormers are considered as 1 story with attic space above. Capes with dormers are considered as a 1.5 story. Raised Ranches are considered as 1 story with raised basement below.
- *Bedrooms:** Bedroom count is determined by considering the house as if vacant and on the open market for sale. Even if a room is being used as a den or office, etc...it may still be considered a bedroom for valuation purposes. In other words, if a bedroom is being used as something other than a bedroom, it is still a bedroom.
- **Bathrooms:** A bathroom is considered a full bath if it has 3 or more fixtures (tub or shower stall, sink and toilet). Three fixture baths with a shower stall only (no tub), are still considered a full bathroom. A bathroom with only 2 fixtures (any combination of tub or shower stall, sink and toilet) is considered a half bath. The number of bathrooms indicated is for all living units in the dwelling. For example a house with 1 full bath and 2 half bathrooms would look like 1:2 baths.
- ***Basement Finish:** A basement is considered finished if three of the following four items exist:
1. Finished walls such as sheetrock or paneling, etc.
 2. Finished flooring such as carpet or linoleum.
 3. Finished ceilings.
 4. Heat.
- Please make any additional comments on the data verification form about basement finish including amount of finish and level of finish.



Vendor References

Reference #	Municipality	Contact	Phone
1	City of Bristol 111 North Main Street Bristol CT 06010	Tom DeNoto, Assessor	(860) 584-6240
2	City of New Haven 165 Church Street New Haven CT 06510	Alex Pullen, Assessor	(203) 946-7122
3	City of Shelton 54 Hill Street Shelton CT 06484	Bill Gaffney, Assessor	(203) 924-1555
4	Town of East Hartford 740 Main Street, 1st Flr East Hartford CT 06108	Brian Smith, Assessor	(860) 291-7260
5	Town of Trumbull 5866 Main Street Trumbull CT 06611	Mark DeVestern, Assessor	(203) 452-5016
6	City of Stamford 888 Washington Blvd, 6th Flr Stamford CT 06901	Greg Stakepole, Assessor	(203) 977-4018
7	City of Danbury 155 Deer Hill Avenue Danbury CT 06810	Brian Lastra, Assessor	(203) 797-4556



No Conflicts Form

City of Bridgeport

Bid TAB10719CR

Revised 2017

NO CONFLICTS FORM

EVERY BUSINESS THAT SUBMITS A BID, PROPOSAL, QUOTATION, QUALIFICATION PACKAGE OR OTHER SUBMISSION TO THE CITY OF BRIDGEPORT PURSUANT TO THE CITY'S PURCHASING ORDINANCE (Section 3.08.070, AS AMENDED) HAVING A VALUE OR POTENTIAL VALUE OVER \$25,000 MUST FULLY AND ACCURATELY COMPLETE THIS DISCLOSURE FORM OR ITS SUBMISSION WILL BE DEEMED NON-RESPONSIVE. IF THERE IS INSUFFICIENT SPACE FOR ANY ANSWER, ATTACH ADDITIONAL SHEETS.

Name of Business: Municipal Valuation Services, LLC

Person signing this form: Michael Fazio, MAI

Title: Member, LLC

Phone Number: (203) 292 - 5500

The undersigned hereby represents and warrants that the following statements are true, correct and complete, to the best of his/her knowledge and belief, and that the City of Bridgeport is entitled to rely thereon:

1. Business is (*check one*)
- | | |
|---|--|
| <input type="checkbox"/> a corporation | <input type="checkbox"/> a general partnership |
| <input checked="" type="checkbox"/> a limited liability company | <input type="checkbox"/> a sole proprietorship |
| <input type="checkbox"/> a limited liability partnership | <input type="checkbox"/> other _____ |

2. Business Address: 23 Sherman Street
Fairfield, CT 06824

3. State of incorporation or organization: Connecticut
 Other _____

4. What other trade names does the Business use, if any?
None

2017

1

2/13/2019 11:41 AM

p. 3



City of Bridgeport

Bid TAB10719CR

Revised 2017

5. (a) Identify all officers, directors, managing or general partners, or managing members.

<u>Name</u>	<u>Address</u>	<u>Title</u>
<u>Michael Fazio</u>	<u>23 Sherman Street, Fairfield, CT</u>	<u>Member, LLC</u>
<u>Christopher Kerin</u>	<u>23 Sherman Street, Fairfield, CT</u>	<u>Member, LLC</u>
<u>David Herbst</u>	<u>23 Sherman Street, Fairfield, CT</u>	<u>Member, LLC</u>
_____	_____	_____
_____	_____	_____

(b) Identify owners of 5% or more interest in the Business:

<u>Same as above</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Identify any parent, affiliate or subsidiary organization of the Business.

(a) Company's name N/A, a

- a corporation
- a limited liability company
- a limited liability partnership
- a general partnership
- a sole proprietorship
- other _____

State of Incorporation or organization: _____

Relationship to your company: _____

(b) Company's name N/A, a

- a corporation
- a limited liability company
- a limited liability partnership
- a general partnership
- a sole proprietorship
- other _____

State of Incorporation or organization: _____

2017

2

2/13/2019 11:41 AM

p. 4



City of Bridgeport

Bid TAB10719CR

Revised 2017

Relationship to your company: _____

[Add additional sheets if necessary.]

7. Has the Business, any parent, affiliate or subsidiary company, or any of their respective officers, directors, owners, general partners, managing members, within the past three (3) years been convicted of, entered a plea of guilty, entered a plea of *nolo contendere*, concluded or served a sentence imposed for, or otherwise admitted to:

	Yes	No
a) the commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) the violation of any state or federal law for embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property or any other offense indicating a lack of business integrity or business honesty which affects responsibility as a municipal contractor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) the violation of any state or federal antitrust, collusion or conspiracy law arising out of the submission of bids or proposals to a public or private contract or subcontract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) fraudulent, criminal or other seriously improper conduct while participating in a joint venture or similar arrangement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) willfully failing to perform in accordance with the terms of one or more public contracts, agreements or transactions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) having a history of failure to perform or a history of unsatisfactory performance of one or more public contracts, agreements or transactions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) willfully violating a statutory or regulatory provision or requirement applicable to a public contract, agreement or transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

IF YOU ANSWER YES TO ANY PART OF PARAGRAPH 7, EXPLAIN ON AN ATTACHED SHEET.

2017

3

2/13/2019 11:41 AM

p. 5



City of Bridgeport

Bid TAB10719CR

Revised 2017

8. Initial as appropriate below:

None of the persons listed herein is related by blood or marriage to any City of Bridgeport government official or employee. (Initial)

OR

One or more of the persons listed herein is related by blood or marriage to a City of Bridgeport government official or employee. (Explain in detail below or attach additional sheet if necessary). (Initial)

9. Does the Business, any parent, affiliate or subsidiary company, or any of their respective officers, directors, owners, general partners, managing members, employees, or agents have any business or familial relationship, through ownership, directorship, contractual arrangement, control, or other arrangement with any of the subcontractors to be used on the work involved in the bid for which this form is being submitted?

IF YOU ANSWER YES TO ANY PART OF PARAGRAPH 9, EXPLAIN ON AN ATTACHED SHEET.

10. Read and initial at the end of the following paragraph:

BY INITIALING BELOW, THE UNDERSIGNED REPRESENTS THAT THERE EXISTS NO KNOWN OR SUSPECTED CONFLICTS OF INTEREST BETWEEN THE BUSINESS, ITS PARENT, AFFILIATES OR SUBSIDIARIES AND THE CITY OF BRIDGEPORT. (Initial)

11. Read and initial at the end of the following paragraph:

BY INITIALING BELOW, THE UNDERSIGNED UNDERSTANDS THAT THE DUTY TO PROVIDE THE INFORMATION REQUESTED IN THIS FORM IS A CONTINUING OBLIGATION AND THAT THE INFORMATION REQUIRED BY THIS FORM MUST AND WILL BE PROMPTLY UPDATED UPON ANY CHANGE. (Initial)

2017

4

2/13/2019 11:41 AM

p. 6



Item # *88-18 Consent Calendar

Professional Services Agreement with James Duncan and Associates, Inc. for the City's Comprehensive Zoning Rewrite.



**Report
of
Committee
on
Contracts**

City Council Meeting Date: June 17, 2019

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

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor did not sign ZReport.

1531
19 JUL -9 AM 9:48
OFFICE



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

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

Item No. *88-18 Consent Calendar

**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;



City of Bridgeport, Connecticut Office of the City Clerk


Report of Committee on Contracts
Item No. *88-18 Consent Calendar

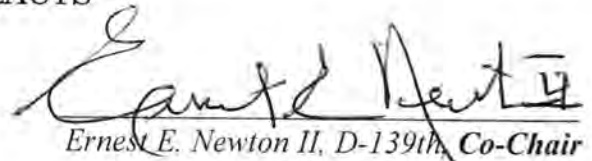
-2-

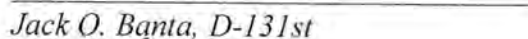
NOW, THEREFORE, BE IT RESOLVED, that the Bridgeport City Council approves the attached Agreement between the Consultant and OPED;

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.

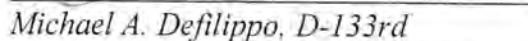
RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
CONTRACTS

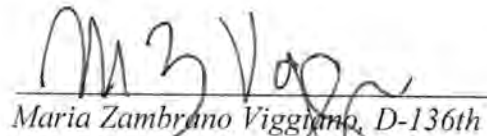

Joannette Herron, D-133rd, Co-Chair


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


Jack O. Banta, D-131st


Alfredo Castillo, D-136th


Michael A. Defilippo, D-133rd


Maria Zambrano Viggiano, D-136th


Amy Marie Vizzo-Paniccia, D-134th

City Council Date: June 17, 2019

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 Public Review Draft							○2	●6			
4 Hearing Draft									○3		
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
- = DA Deliverable & Online Meeting
- = Staff-led Community Updates
- = UIS Digital Work Session Site Visit
- = UIS Digital Work Session Online Meeting

2	4	6	8	10	12	14	16	18	20
Discovery & Diagnosis Public Hearing Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session	Discovery & Diagnosis Meeting Working Session

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



Item # *S5-18 Consent Calendar
Municipal Suspense Tax Book.



Report
of
Committee
on
Budget and Appropriations

City Council Meeting Date: June 17, 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 JUL -9 AM 9:47



City of Bridgeport, Connecticut Office of the City Clerk

To the City Council of the City of Bridgeport.

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

Item No. *85-18 Consent Calendar

RESOLVED. That City Council of the City of Bridgeport hereby approve, as directed by the State Tax Commission under Section 12-165, a copy of Municipal Suspense Tax Book for fiscal year ending June 30, 2019; and be it further

RESOLVED. That this Manual represents Grand List 2003 through 2017, which consist of Analyzed Personal Property and Motor Vehicle Taxes at the close of the fiscal year ending June 30, 2019 for the total amount of \$44,448.01.

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
BUDGET AND APPROPRIATIONS

Denese Taylor-Moye, Co-Chair

Maria Zambrano Viggiano, Co-Chair

Jeanette Herron

Mary A. McBride-Lee

Michael A. Defilippo

Christina B. Smith

Nessah J. Smith

City Council Date: June 17, 2019

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	JORGES	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

Item# *87-18 Consent Calendar

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.



**Report
of
Committee
on**

Education and Social Services

City Council Meeting Date: June 17, 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 -9 AM 9:48

OFFICE



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport:

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

Item No. *87-18 Consent Calendar

Resolution

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.



City of Bridgeport, Connecticut Office of the City Clerk

Report of Committee on Education and Social Services
Item No. *87-18 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
EDUCATION AND SOCIAL SERVICES

Christina B. Smith, *Co-Chair*

Kyle Piché Langan, *Co-Chair*

Karen Jackson

Michelle A. Lyons

Mary A. McBride-Lee

Rosalina Roman-Christy

Peter D. Spain

City Council Date: June 17, 2019



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
Ed.D

Title: Superintendent

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:

X 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

LY 20 SCHOOL READINESS PROGRAM APPLICANTS

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 child MUST match the name on the license (if applicable)

Applicant Name	City/Zip	Age/DOB	Address	Town	DOB	Contact Name	Phone	Score
Jamie A. Hubley Child Care Center		1432		Bridgeport	06604	Lexia Mullins	203 367-6801	111
AACD Inner City Children's Daycare Center		290	1070 Park Avenue	Bridgeport	06604	Tasha Younger	203 366-8741	111
Charles B. Trudie Child Care Center		7316	1793 Stratford Avenue	Bridgeport	06607	Mariotti Younger	203 380-0166	111
AACD Inc @ West End Child Care Center		1581	1715 Trumbull Avenue	Bridgeport	06606	Veronica Agrinoni	203 375-1534	111
AACD Inc @ West End Child Care Center		1580	361 Bird Street	Bridgeport	06605	Nayla Veizquez	203 335-0555	111
Bridgeport Day At Barnum School		1080	465 Waterway Ave	Bridgeport	06601	Medissa Jenkins, Ed.D	203 375-2901	97
Bridgeport Day At Barnum School		1090	500 Huntington Road	Bridgeport	06610	Medissa Jenkins, Ed.D	203 375-2901	97
Bridgeport Day At Blackman School		1691	425 Thurston Street	Bridgeport	06606	Medissa Jenkins, Ed.D	203 375-2901	97
Bridgeport Day At Bryant School		1799	230 Taylor Street	Bridgeport	06605	Medissa Jenkins, Ed.D	203 375-4118	97
Bridgeport Day At Cesar Barilla School		1860	606 Howard Avenue	Bridgeport	06604	Medissa Jenkins, Ed.D	203 375-4800	97
Bridgeport Day At Columbus School		7218	275 George Street	Bridgeport	06605	Medissa Jenkins, Ed.D	203 375-1901	97
Bridgeport Day At Dunbar School		7259	445 Union Avenue	Bridgeport	06607	Medissa Jenkins, Ed.D	203 375-2631	97
Bridgeport Day At Geraldine Clayton Magnet School		7503	240 Ocean Avenue	Bridgeport	06605	Medissa Jenkins, Ed.D	203 375-4816	97
Bridgeport Day At Geraldine Johnson School		1670	475 Lexington Avenue	Bridgeport	06604	Medissa Jenkins, Ed.D	203 375-2901	97
Bridgeport Day At Helen School		1723	68 Omega Avenue	Bridgeport	06606	Medissa Jenkins, Ed.D	203 375-3783	97
Bridgeport Day At Lulu Munoz Mann School		6141	479 Helen Street	Bridgeport	06601	Medissa Jenkins, Ed.D	203 375-4804	97
Bridgeport Day At Park City Magnet School		1932	1526 Chipmunk Hill Road	Bridgeport	06606	Medissa Jenkins, Ed.D	203 375-2677	97
Bridgeport Day At Read School		1872	130 Ezra Street	Bridgeport	06606	Medissa Jenkins, Ed.D	203 375-4710	97
Bridgeport Day At Roosevelt School		1821	600 Park Avenue	Bridgeport	06604	Medissa Jenkins, Ed.D	203 375-2101	97
Bridgeport Day At Shaw School		6154	2077 Madison Avenue	Bridgeport	06604	Medissa Jenkins, Ed.D	203 375-1851	97
Bridgeport Day At Tisdale		1870	250 Industrial Avenue	Bridgeport	06607	Medissa Jenkins, Ed.D	203 375-2010	97
Bridgeport Day At Trumbull		1871	150 Trumbull Street	Bridgeport	06601	Medissa Jenkins, Ed.D	203 375-2901	97
Chenone's Early Learning Center		1918	789 Westport Avenue	Bridgeport	06605	Yamila Hinton	203 380-2967	84
A Child's World Inc		194	1205 Fairfield Ave	Bridgeport	06605	Simone Butler	203 380-0801	82
Competitive Educational Services School Readiness Program		1571	40 Lindeman Drive	Trumbull	06611	Linda Page	203 365-8996	120
Early Childhood Laboratory School Houatonic Community Tech College		23			06604	Kriston Lund	203 332-5030	121
Hall Neighborhood House		382			06608	Hector Burgos	203 345-2052	107
Honey Bear Learning Center		369	1498 North Ave.	Stratford	06608	Hector Burgos	203 345-2052	107
Kingdom's Little Ones Academy		6477	729 Union Ave.	Bridgeport	06614	Catherine A. Vandy	203 375-1866	109
Kingdom's Little Ones Day Care		1784	1243 Stratford Ave	Bridgeport	06607	Kerna Mosler-Byrd	203 380-1467	68
Lindsay's House EIC		7812	625 North Avenue	Bridgeport	06607	Kerna Mosler-Byrd	203 338-0221	57
Lovable Angels Learning Center		6324	1425 East Main Street	Bridgeport	06606	Stella Mambert	203 650-7399	71
Lovable Angels Learning Center		315	3600 Main Street	Bridgeport	06610	Sonia Spencer	203 337-6614	98
Precious Memories Early Childhood Learning Center II		1926	753 Fairfield Avenue	Bridgeport	06604	Marietta Gomes	203 371-6992	109
Precious Memories Early Childhood Learning Center II		1926	1337 North Avenue	Bridgeport	06604	Kesha Kelanj	203 330-9131	109
Precious Memories Early Childhood Learning Center III		6275	1475 Noble Avenue	Bridgeport	06604	Priscilla Hendman	203 348-6023	108
51 Paul's Child Development Center Inc		330	650 Park Avenue	Bridgeport	06604	Terry McCarthy	203 331-0020	108
Bridgeport YMCA SECC/PALS 1 Childcare		1814	850 Park Avenue	Bridgeport	06604	Terry McCarthy	203 334-5551	106
Bridgeport YMCA PALs V Childcare Daycare		1814	850 Park Avenue	Bridgeport	06604	Terry McCarthy	203 334-5551	106
Bridgeport YMCA Whole Educational Center		1376	401 Grosvenor Street	Bridgeport	06608	Terry McCarthy	203 332-6447	106

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							40	\$ 356,960.00
Caharles B. Tisdale Early learnin	7/1/2019							92	\$ 255,024.00	92	\$ 255,024.00
ABCD@TrumbullGaredens Child	7/1/2019							17	\$ 47,124.00	17	\$ 47,124.00
ABCD@ West End Childcare Cen	7/1/2019							34	\$ 94,248.00	34	\$ 94,248.00
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 Mund	8/1/2009			18	\$ 108,000.00					18	\$ 108,000.00
Bridgeport Boe At Park City H	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 Sc	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).
 **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 Lead	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	\$ -
										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

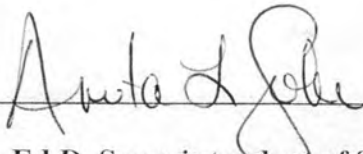
AFFIRMATIVE ACTION CERTIFICATE

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

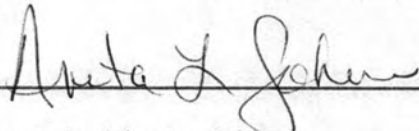
We, the undersigned authorized officials, do hereby certify that these assurances shall be fully implemented.

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*

Attendance Percentage %*

Maximum Enrollment - Actual Enrollment = Available Seats*

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

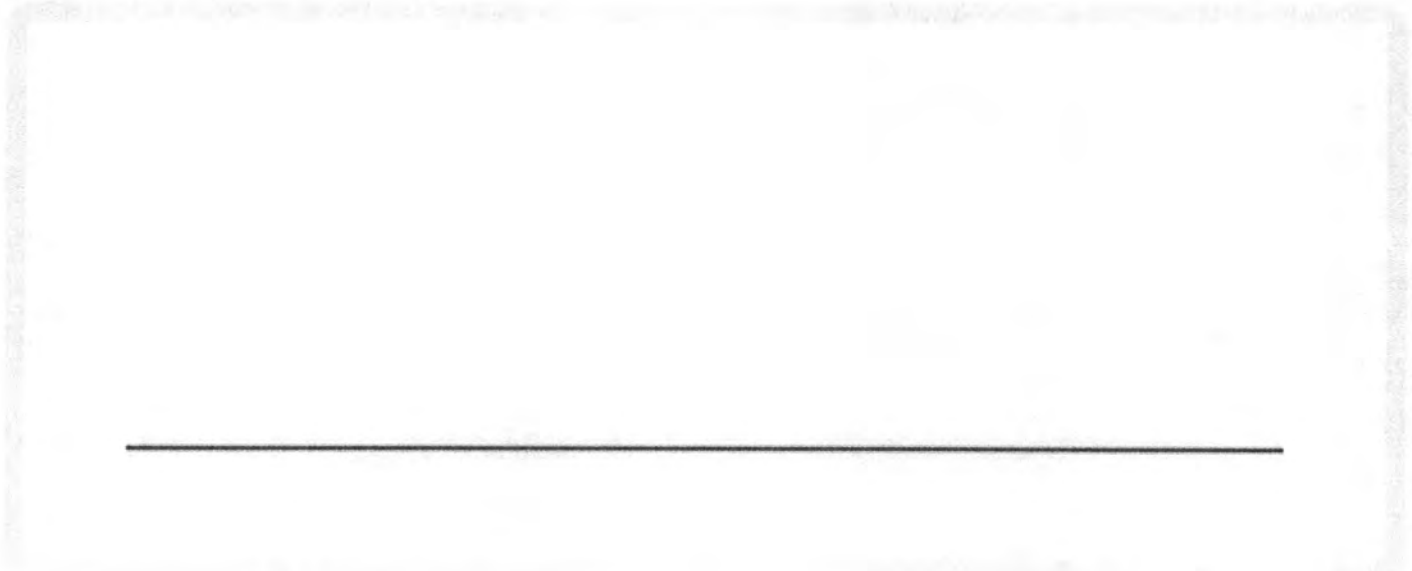
#D3: Notes

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

Yes No Not Applicable

SIGNATURES

Signature of BPS Representative*



[\[clear\]](#)

Use your mouse or finger to draw your signature above

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



Powered by Formstack Create your own form >

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.*



Powered by Formstack [Create your own form >](#)

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*



Powered by Formstack Create your own form >

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*

Form input fields for date and time selection, including dropdown menus for month, day, and hour, and a calendar icon.

Form input field for School Readiness Site selection, featuring a dropdown arrow.

SITE INFORMATION

Name - Site Coordinator*



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	1 st QTR Enter Paid Expenses	1st QTR Carry Over (Balance)	1st QTR Expense Narrative
	Input Starting Balance here ==>			\$0.00	
111A	Non-Instructional				
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		

Item# *90-18 Consent Calendar

Grant Submission: State of Connecticut Office of Early
Childhood for the Smart Start Grant Program.



Report
of
Committee
on

Education and Social Services

City Council Meeting Date: June 17, 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 JUL -9 AM 9:48
OFFICE



City of Bridgeport, Connecticut Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on **Education and Social Services** begs leave to report; and recommends for adoption the following resolution:

Item No. *90-18 Consent Calendar

Resolution

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

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.



City of Bridgeport, Connecticut Office of the City Clerk

Report of Committee on Education and Social Services Item No. *90-18 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
EDUCATION AND SOCIAL SERVICES

Christina B. Smith, *Co-Chair*

Kyle Piché Langan, *Co-Chair*

Karen Jackson

Michelle A. Lyons

Mary A. McBride-Lee

Rosalina Roman-Christy

Peter D. Spain

City Council Date: June 17, 2019

Part III: Cover Page

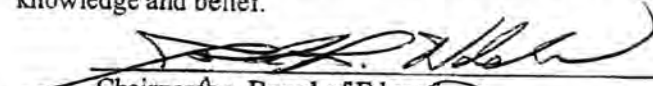
**Connecticut Office of Early Childhood
SMART START CONTINUATION OF FUNDING APPLICATION**

GRANT PERIOD
July 1, 2019 to June 30, 2021

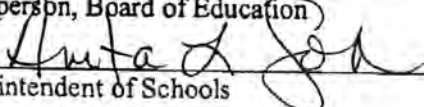
School District: Bridgeport Public Schools
Contact Name: Nadira Clarke, Director – Grants Development and Management
Address: 45 Lyon Terrace, Room 324, Bridgeport, CT. 06604
Telephone Number: 203-275-1065
Contact E-mail Address: nclarke1@bridgeportedu.net

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.



Chairperson, Board of Education 3/28/19
Date



Superintendent of Schools 4/1/19
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

Item# *92-18 Consent Calendar

Resolution Approving Programs for Connecticut
Neighborhood Assistance Act Tax Credit Program.



Report
of
Committee
on

Education and Social Services

City Council Meeting Date: June 17, 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.

CITY OFFICE
19 JUL -9 AM 9:48



City of Bridgeport, Connecticut Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on **Education and Social Services** begs leave to report; and recommends for adoption the following resolution:

Item No. *92-18 Consent Calendar

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

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

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

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

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; and

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

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



City of Bridgeport, Connecticut Office of the City Clerk

Report of Committee on Education and Social Services Item No. *92-18 Consent Calendar

-2-

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

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; and

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

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.



City of Bridgeport, Connecticut Office of the City Clerk

**Report of Committee on Education and Social Services
Item No. *92-18 Consent Calendar**

-3-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
EDUCATION AND SOCIAL SERVICES

Christina B. Smith, *Co-Chair*

Kyle Piché Langan, *Co-Chair*

Karen Jackson

Michelle A. Lyons

Mary A. McBride-Dee

Rosalina Roman-Christy

Peter D. Spain

City Council Date: June 17, 2019

EX 06-12-2019-B

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
Eff/Ugd |
| \$6,150.00 | |
| 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 | |

RECEIVED
CITY CLERK'S OFFICE
19 JUN 13 AM 9:11

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 Undeserved 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	
30. Nourish Bridgeport, Inc		Food Centered Programs
	\$60,000.00	
31. Greater Bridgeport Opportunities Industrialization Center, Inc.		East End Healthy Eats & Hydroponic Garden
	\$150,000.00	



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@bbsswct.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

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

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

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

F Name and address of principal officer: **Rev Terence Wilcox same as C above**

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
 If "No," attach a list. (see instructions)
H(c) Group exemption number

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

J Website: **www.bridgeportrescuemission.org**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To embrace the urban poor with the compassion of Christ, giving hope & healing for a changed life.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	52
	6	Total number of volunteers (estimate if necessary)	1100
	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: 4,639,436. Current Year: 4,929,900.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,618. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,891. 7,288.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,648,945. 4,937,188.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,391,275. 1,313,958.
	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)	1,650,706. 1,940,526.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	106,060. 77,519.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,050,853.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,318,773. 1,498,157.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,466,814. 4,830,160.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	182,131. 107,028.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,132,040. End of Year: 2,258,008.
	21	Total liabilities (Part X, line 26)	158,732. 166,234.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,973,308. 2,091,774.

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: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **Francis K. Brown II**
 Preparer's signature: _____
 Date: **5/15/2018**
 Check if self-employed:
 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) 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>Corporations 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: <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.BPEF.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: 1993	M State of legal domicile: CT

Part I Summary

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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	389,166.	567,538.
	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)	395.	512.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,561.	568,050.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	50,778.
Expenses	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	End of Year
	21 Total liabilities (Part X, line 26)	389,092.	551,415.
	22 Net assets or fund balances. Subtract line 21 from line 20	64,275.	57,907.
		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				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed	PTIN
	SANDRA D. CALLANAN				P01200948
	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: _____
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:	<u>\$4,364,101.00</u>

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:	<u>\$4,364,101.00</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: _____ 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.
- Go to www.irs.gov/Form990 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		, 2017, and ending		, 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL CONNECTICUT COAST YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.			D Employer identification number	
	Doing business as			06-0662195	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
	1240 CHAPEL ST			(203) 777-9622	
	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 31,555,219	
NEW HAVEN, CT 06511					
F Name and address of principal officer: DAVID STEVENSON			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SAME AS C ABOVE			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.CCCYMCA.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: 1994		M State of legal domicile: CT

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)	29,433,781	29,119,547
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000	0
Expenses	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	Preparer's signature	Date
	STEVE C. ERICKSON		
	Firm's name ▶ WHITTLESEY PC	Firm's EIN ▶ 06-0903326	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103	Phone no. (860) 522-3111	PTIN P00544148

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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: _____

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	<u>34,000.00</u>
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>

EXTENDED TO MAY 15, 2019

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)

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 checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JUNIOR ACHIEVEMENT GREATER FAIRFIELD COUNTY		D Employer identification number 06-0644315
	Doing business as		E Telephone number 203-382-0180
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 709,311.
	835 MAIN ST		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: BERNADINE VENDITTO 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.JAWCT.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: 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)	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	9
	6	Total number of volunteers (estimate if necessary)	1208
	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: 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)	8,750. 7,750.
	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 11a)	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)	Beginning of Current Year: 498,670. End of Year: 475,996.
	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 <i>Bernadine Venditto</i>	Date 11/30/18
	Type or print name and title BERNADINE VENDITTO, PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name BRIAN C WHITE	Preparer's signature <i>Brian C White CPA</i>	Date 11/30/18	Check if self-employed <input type="checkbox"/>	PTIN P00058320
	Firm's name ▶ STUDLEY, WHITE & ASSOCIATES P C	Firm's EIN ▶ 06-0990132	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: _____

<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

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>MERCY LEARNING CENTER OF BRIDGEPORT, INC.</u>		D Employer identification number <u>22-2859879</u>
	Doing business as		E Telephone number <u>(203) 334-6699</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>637 PARK AVENUE</u>		G Gross receipts \$ <u>2,411,041.</u>
City or town, state or province, country, and ZIP or foreign postal code <u>BRIDGEPORT, CT 06604</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: <u>JANE E. FERREIRA</u> <u>637 PARK AVENUE BRIDGEPORT, CT 06604</u>		H(c) Group exemption number <input type="checkbox"/>	
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: <u>WWW.MERCYLEARNINGCENTER.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>		L Year of formation: <u>1987</u> M State of legal domicile: <u>CT</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE CENTER EDUCATES LOW INCOME, UNDEREDUCATED WOMEN FROM PRE-LITERACY THROUGH HIGH SCHOOL FREE OF CHARGE. PREPARATION FOR THE GED AND THE NEDP HIGH SCHOOL EQUIVALENCIES ARE PROVIDED</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>9.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>8.</u>
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	<u>62.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>429.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, 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>2,832,584.</u>	<u>2,337,256.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0.</u>	<u>0.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>39,484.</u>	<u>59,165.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-28,819.</u>	<u>-17,965.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>2,843,249.</u>	<u>2,378,456.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>75,977.</u>	<u>84,145.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,455,064.</u>	<u>1,511,527.</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	<u>0.</u>
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>466,440.</u>	<u>544,613.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,997,481.</u>	<u>2,140,285.</u>
	19 Revenue less expenses. Subtract line 18 from line 12	<u>845,768.</u>	<u>238,171.</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	<u>5,960,413.</u>	<u>6,310,037.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>113,302.</u>	<u>94,082.</u>
		<u>5,847,111.</u>	<u>6,215,955.</u>

Part II Signature Block

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

Sign Here	Signature of officer	<u>JANE E. FERREIRA</u>	Date	<u>08/27/2018</u>
	Type or print name and title	<u>PRESIDENT</u>		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>JENNIFER S BULL CPA, PRIN</u>		<u>10/01/2018</u>	<input type="checkbox"/>	<u>P00448361</u>
	Firm's name <u>DWORKEN, HILLMAN, LAMORTE & STERCZALA</u>	Firm's EIN <u>06-1308345</u>			
Firm's address <u>FOUR CORPORATE DR. SUITE 400 SHELTON, CT 06484</u>		Phone no. <u>203-929-3535</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions. 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 it is not safe 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

crossing 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: _____

<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.

EXTENDED TO JULY 16, 2018

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAKEMAN MEMORIAL ASSOCIATION, INC		D Employer identification number 06-0662198
	Doing business as		E Telephone number (203) 259-4805
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,268,777.
	385 CENTER 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 SOUTHPORT, CT 06890		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: DAVID BLAGYS 385 CENTER STREET, SOUTHPORT, CT 06890		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: ▶ WAKEMANCLUB.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: 1920 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY YOUTH SERVICES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	211
	6 Total number of volunteers (estimate if necessary)	6	350
	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)	1,432,038.	1,800,156.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	578,429.	563,297.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,845.	404,302.
	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	End of Year
	21 Total liabilities (Part X, line 26)	12,314,298.	7,138,828.
	22 Net assets or fund balances. Subtract line 21 from line 20	295,003.	115,222.
Part II Signature Block		12,019,295.	7,023,606.

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.

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 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, 9e, 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.
Expenses	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)	2,130,287.	3,026,812.
	19 Revenue less expenses. Subtract line 18 from line 12	3,308,928.	4,198,136.
	20 Total assets (Part X, line 16)	1,868,282.	407,442.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	27,741,064.	28,254,086.
		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	Preparer's signature	Date	Check <input type="checkbox"/> self-employed	PTIN
	KIMBERLY NARDONE	KIMBERLY NARDONE	07/12/18	<input type="checkbox"/>	P01058771
	Firm's name	Firm's EIN	Phone no. 959-200-7000		
	COHNREZNICK LLP	22-1478099			
	Firm's address	350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103			

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Municipality: Bridgeport

Form NAA-01
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 WaterSense 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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,547,607.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WHITTLESEY PC to enter my PIN 97077
ERO firm name 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	<u>\$30,000</u>
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.

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 10/01, 2017, and ending 9/30, 2018

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

C **HALL NEIGHBORHOOD HOUSE, INC.**
 52 GEORGE E. PIPKIN'S WAY
 BRIDGEPORT, CT 06608

D Employer identification number
06-0676851

E Telephone number

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: HMHONLINE.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1901 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE SERVICES THAT WILL EDUCATE, ENRICH AND EMPOWER THE LIVES OF RESIDENTS OF ALL AGES OF THE EAST SIDE OF BRIDGEPORT AND THE SURROUNDING COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	<u>3</u>	<u>13</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	<u>4</u>	<u>13</u>
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a).....	<u>5</u>	<u>100</u>
	6 Total number of volunteers (estimate if necessary).....	<u>6</u>	<u>427</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	<u>7a</u>	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, line 34.....	<u>7b</u>	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	<u>4,127,481.</u>	<u>4,238,527.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	<u>442,249.</u>	<u>377,565.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	<u>6,101.</u>	<u>4,691.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	<u>4,677,284.</u>	<u>4,667,959.</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>2,763,265.</u>	<u>3,026,186.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>69,021.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	<u>1,574,135.</u>	<u>1,678,639.</u>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	<u>4,337,400.</u>	<u>4,704,825.</u>	
19 Revenue less expenses. Subtract line 18 from line 12.....	<u>339,884.</u>	<u>-36,866.</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>8,592,992.</u>	<u>8,578,533.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20.....	<u>3,352,501.</u>	<u>3,371,421.</u>
Part II Signature Block		<u>5,240,491.</u>	<u>5,207,112.</u>

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 Firm's EIN: 06-0993320
BRIDGEPORT, CT 06606 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

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.

Short Form Return of Organization Exempt From Income Tax

2017

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/Form990EZ for instructions and the latest information.

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
 Number and street (or P.O. box, if mail is not delivered to street address): 900 Boston Avenue
 City or town, state or province, country, and ZIP or foreign postal code: Bridgeport, CT 06610-2110

D Employer identification number: 06 6099700

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: ▶ sra-bridgeport.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. ▶ \$ 87,116

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

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	11,417	
	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
	F Name and address of principal officer: MEREDITH FERRARO 5 RESEARCH DRIVE, 2ND FLOOR, SHELTON, CT 06484	E Telephone number 203-372-5503
	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	G Gross receipts \$ 720976.
	J Website: WWW.SWCTAHEC.ORG	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)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(c) Group exemption number ▶
	L Year of formation: 2006	M State of legal domicile: CT

Part I Summary

Activities & Governance	<p>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,</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 6</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6</p> <p>5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 8</p> <p>6 Total number of volunteers (estimate if necessary) 6 0</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.</p> <p>b Net unrelated business taxable income from Form 990-T, line 34 7b 0.</p>		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		647623.	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		Beginning of Current Year	End of Year
20 Total assets (Part X, line 18)		197943.	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	Print/Type preparer's name SANDRA D. CALLANAN	Preparer's signature
Use Only	Firm's name ▶ CIRONEFRIEDBERG, LLP	Date 03/12/19
	Firm's address ▶ 855 MAIN STREET, 6TH FLR BRIDGEPORT, CT 06604	Check <input type="checkbox"/> if self-employed PTIN P01200948
		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
F Name and address of principal officer: TERRANCE J. O'CONNOR 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.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	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,641,224.	1,155,027.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	451,851.	460,688.
	11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	52,102.	130,342.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,227.	33,342.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,165,404.	1,779,399.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	16,000.	26,000.
	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)	1,172,430.	1,212,044.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 128,604.	0.	0.
Expenses	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.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	7,057,882.	7,103,861.	
22 Net assets or fund balances. Subtract line 21 from line 20	144,956.	151,608.	
	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
	Signature of officer 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
	Firm's name ▶ VENMAN & CO. LLC, CPA'S	Firm's EIN ▶ 06-0674034	Check if self-employed <input type="checkbox"/> PTIN P01429665
	Firm's address ▶ 375 BRIDGEPORT AVENUE SHELTON, CT 06484	Phone no. 203-929-9945	

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

Form 990 header section containing organization name (GREEN VILLAGE INITIATIVE INC.), address (325 LAFAYETTE STREET, UNIT 9101, BRIDGEPORT, CT 06604), and identification numbers.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include mission statement, revenue (Total: 354,297), expenses (Total: 329,829), and net assets (Total: 156,971).

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.

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 Lavernoich, President

Telephone number: (203) 335-3800

Email address: Lavernoich@brbc.org

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

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

Yes

No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Technical assistance and project management for the assessment, remediation, and redevelopment of contaminated properties 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>
--

EXTENDED TO NOVEMBER 15, 2018

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	
	10 MIDDLE STREET, 14TH FLOOR		G Gross receipts \$ 140,795.
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		
F Name and address of principal officer: EDWARD LAVERNOICH 10 MIDDLE STREET, 14TH FLOOR, BRIDGEPORT, CT		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: 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)	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.	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	

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

732001 11-28-17

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

Form **990** (2017)

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: _____

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	<u>10,000.00</u>
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: Max Perez
Telephone number: (203) 576-3976
Fax number: (203) 576-3979
Email address: max.perez@bridgeportct.gov

<p style="text-align: center;">Post-Project 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

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 and ending

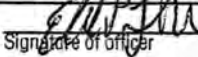
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRIDGEPORT 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	
	10 MIDDLE STREET, 14TH FLOOR		G Gross receipts \$ 140,795.
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		
F Name and address of principal officer: EDWARD LAVERNOICH 10 MIDDLE STREET, 14TH FLOOR, BRIDGEPORT, CT		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.BRBC.ORG		L Year of formation: 1974 M State of legal domicile: CT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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	
	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)	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.
	16 a 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

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: _____

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:	<u>\$400,000.00</u>

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:	<u>\$400,000.00</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.

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
 Marilyns 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: _____

<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.



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

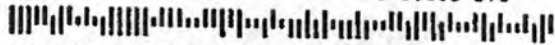


Department of the Treasury
Internal Revenue Service
Ogden UT 84201

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

018180.830486.494725.20574 1 AB 0.408 370



MUTUAL HOUSING ASSOCIATION OF SOUTH
CENTRAL CONNECTICUT INC
235 GRAND AVENUE 2ND FLOOR
NEW HAVEN CT 06513-3722



018180

MAR 5 '18 PM 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	23,000.00
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

<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.

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

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 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.
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 23,616,638.	Current Year 24,857,578.
	9 Program service revenue (Part VIII, line 2g)	3,676,728.	3,727,719.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-18,855.	97,440.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,607.	122,947.
	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.		
	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 15,746,846.	End of Year 17,188,861.
	21 Total liabilities (Part X, line 26)	16,590,637.	20,596,540.
	22 Net assets or fund balances. Subtract line 21 from line 20	-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 if 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: \$65,187.50

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: \$214,000.00

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.

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>MCGIVNEY COMMUNITY CENTER, INC 338 STILLMAN STREET BRIDGEPORT, CT 06610</p> <p>F Name and address of principal officer: SAME AS C ABOVE</p>	<p>D Employer identification number 22-3059815</p> <p>E Telephone number (203) 333-2789</p> <p>G Gross receipts \$ 586,194.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶ 0928</p>
<p>I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ WWW.MCGIVNEY.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1990 M State of legal domicile: CT</p>

Part I Summary

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)	3 25
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 33
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.
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.
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) ▶ 47,849.	
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.
20	Total assets (Part X, line 16)	Beginning of Current Year 800,028. End of Year 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	<p>Signature of officer TERRANCE O'CONNOR</p> <p>Type or print name and title</p>	<p>Date EXECUTIVE DIRECTOR</p>
Paid Preparer Use Only	<p>Print/Type preparer's name MICHAEL A. MALETTA CPA</p> <p>Firm's name ▶ MALETTA & COMPANY</p> <p>Firm's address ▶ 43 ENTERPRISE DRIVE BRISTOL, CT 06010-7457</p>	<p>Preparer's signature MICHAEL A. MALETTA CPA</p> <p>Date 1/24/19</p> <p>Check <input checked="" type="checkbox"/> if self-employed PTIN P00435529</p> <p>Firm's EIN ▶ 061209905</p> <p>Phone no. 8605826715</p>

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: _____

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	75,000.00
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:	_____

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:	

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.

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

990

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:
 Address change
 Name change
 Initial return
 Final return/terminal year
 Amended return
 Applies from pending

C Name of organization: **CAREER RESOURCES, INC.**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **350 FAIRFIELD AVENUE**
 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 "a" accounts: **5,479,626.**

H(a) Is this a grant or contribution?
 Yes No

H(b) Are you a tax-exempt 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 formal incorporation: **1995**

M State of legal domicile: **CT**

Part I Summary

Activities & Governance	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 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	124	
	6	Total number of volunteers (estimate if necessary)	6	20	
	7	a Total unrelated business revenue from Part VIII, column (G), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7a	0.	7b
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,344,403.	5,203,711.	
	9	Program service revenue (Part VIII, line 2g)	394,830.	266,985.	
	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, 1, and 11e)	11,874.	8,930.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), 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.	
	16	a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 53,988.	0.	0.	
	17	Other expenses (Part IX, column (A), lines 11d, 12d, 14e)	869,303.	942,800.	
Net Assets or Fund Balances	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.	
	20	Total assets (Part X, line 16)	906,595.	636,456.	
	21	Total liabilities (Part X, line 26)	291,199.	262,645.	
	22	Net assets or fund balances. Subtract line 21 from line 20	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, 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: **SCOTT WILDERMAN, CEO** Date: _____

Type or print name and title

Preparer

Print/type preparer's name: **DAVID A. SCARAMOZZA** Preparer's signature: _____ Date: _____

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

15-15-16 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	131,500.00
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: <u>Max Perez</u> _____
Telephone number: <u>(203) 727-2707</u> _____
Fax number: _____
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 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;"><u>January 30, 2021</u> 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

OMB No. 1545-1150

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.

Open to Public Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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
GROUNDWORK BRIDGEPORT, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1001 MAIN STREET 20

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

D Employer identification number
06-1556949

E Telephone number
203 335-6126

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: ▶ **HTTP://GROUNDWORKBRIDGEPORT.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 ▶ \$ **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																																												
	b	Less: cost or other basis and sales expenses																																												
	c	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 Education
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@marchof-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

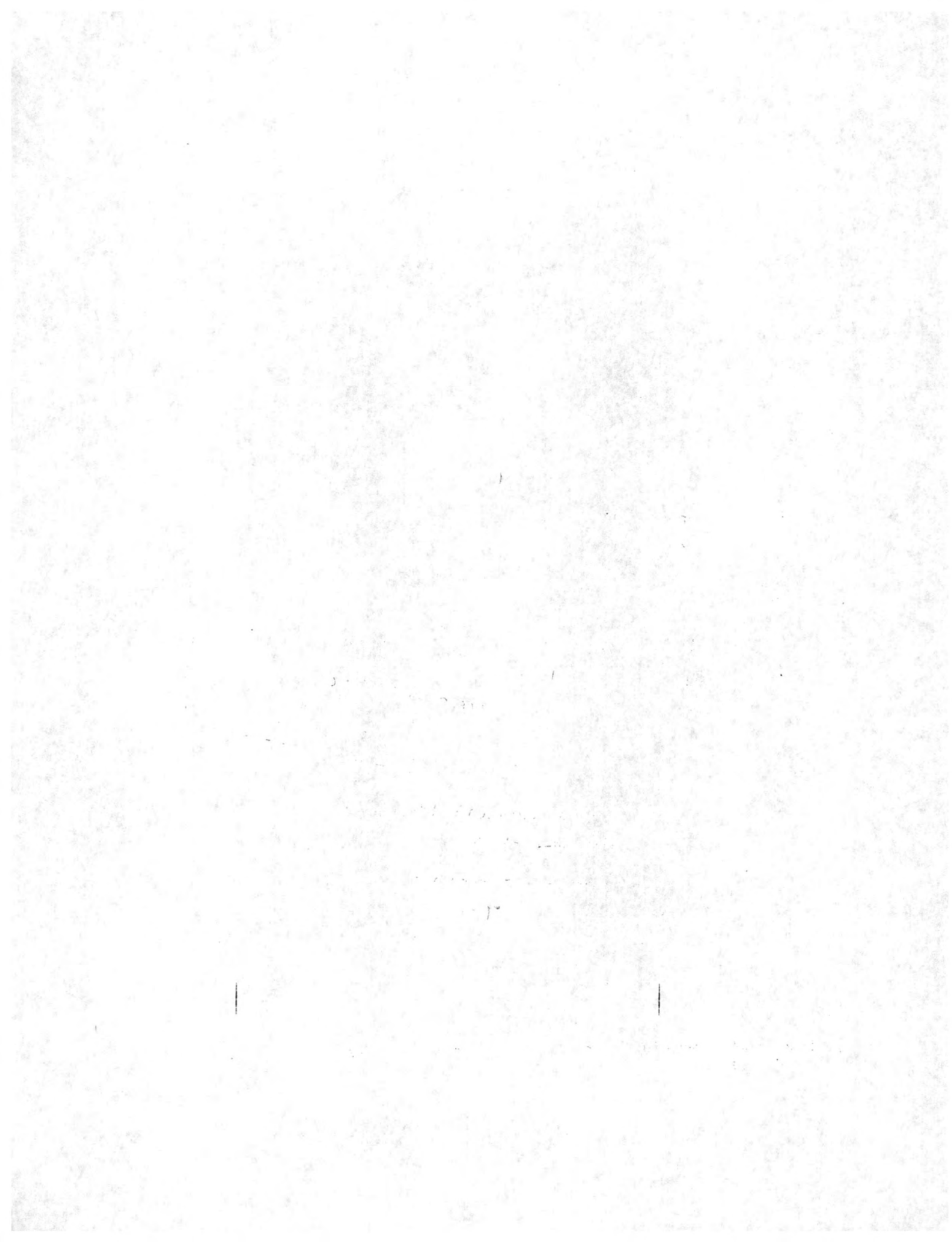
- Job training/education for unemployed persons aged 50 or over;
 Job training/education for persons with physical disabilities;
 Program serving low-income persons;
 Child care services;
 Establishment of a child day care facility;
 Open space acquisition fund; or
 Other (specify): _____

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 camps and programs,
we have brought together a team of people
who are willing to spend time with youth during
the summer which they can congregate in a safe environment

Neighborhood area to be served: The O'Connell 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 O'Connell 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) _____

1,500.00

Total Funding:

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 Administrative

\$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

~~\$35,904~~ \$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

Small vertical text on the right edge of the page, likely a scanning artifact or page number.

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: 102Park 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	<u>150,000.00</u>
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;">_____</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 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	<u>11</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>11</u>
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	<u>13</u>
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	<u>420311</u>	<u>182940</u>
9	Program service revenue (Part VIII, line 2g)		
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		Prior Year	Current Year
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		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	<u>848389</u>	<u>706381</u>
21	Total liabilities (Part X, line 26)	<u>20605</u>	<u>15075</u>
22	Net assets or fund balances. Subtract line 21 from line 20	<u>827784</u>	<u>691306</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

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



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: 102Park 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)

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 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 420311	Current Year 182940
	9 Program service revenue (Part VIII, line 2g)		
	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) ▶ <u>2275</u>			
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 848389	End of Year 706381
	21 Total liabilities (Part X, line 26)	20605	15075
	22 Net assets or fund balances. Subtract line 21 from line 20	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

<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.

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: <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 HOSPITAL FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 267 GRANT STREET City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06610 F Name and address of principal officer: STEPHEN JAKAB 267 GRANT ST, BRIDGEPORT, CT 06610	D Employer identification number 22-2908698 E Telephone number 203-688-6088 G Gross receipts \$ 32,663,215. 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: ▶ HTTP://FOUNDATION.BRIDGEPORTHOSPITAL.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: 1988 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FUNDRAISING FOR BRIDGEPORT HOSPITAL.	
	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 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	8 Contributions and grants (Part VIII, 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)	870,119.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	225,343.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	194,857.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97,143.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	88,961.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,510,384.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,623,303.
	19 Revenue less expenses. Subtract line 18 from line 12	0.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,503,286.
	21 Total liabilities (Part X, line 26)	2,047,963.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,962,993.

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 Paid Preparer Use Only	Signature of officer: <i>Stephen Jakab</i> STEPHEN JAKAB, PRESIDENT Type or print name and title	Date: 7/25/17 Preparer's signature: _____ Date: _____ Check if self-employed <input type="checkbox"/> PTIN: P00431862 Firm's name: KPMG LLP Firm's EIN: 13-5565207 Firm's address: ONE FINANCIAL PLAZA, 755 MAIN STREET HARTFORD, CT 06103 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 2016

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

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. Finkel
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 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>			EIN	<u>22-2529464</u>		Phone no.	<u>203-688-9585</u>	
		<u>789 HOWARD AVENUE</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	<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>				Phone no.	<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	50,000.00
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 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**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

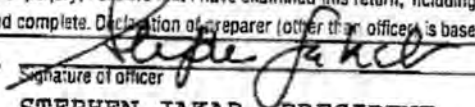
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRIDGEPORT HOSPITAL FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 267 GRANT STREET City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06610 F Name and address of principal officer: STEPHEN JAKAB 267 GRANT ST, BRIDGEPORT, CT 06610	D Employer identification number 22-2908698 E Telephone number 203-688-6088 G Gross receipts \$ 32,663,215. 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		H(c) Group exemption number ▶
J Website: ▶ HTTP://FOUNDATION.BRIDGEPORTHOSPITAL.ORG/		L Year of formation: 1988 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: FUNDRAISING FOR BRIDGEPORT HOSPITAL.		
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 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	826.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		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.
		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, PRESIDENT Type or print name and title	Date: 9/25/17
Paid Preparer Use Only	Print/Type preparer's name: MARY-EVELYN ANTONETTI Preparer's signature: _____ Date: _____ Firm's name: KPMG LLP Firm's address: ONE FINANCIAL PLAZA, 755 MAIN STREET HARTFORD, CT 06103 Firm's EIN: 13-5565207 Phone no.: 860-297-6085	Check if self-employed <input type="checkbox"/> PTIN: P00431862

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 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), 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 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 acknowledgment 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>			EIN	<u>22-2529464</u>		Phone no.	<u>203-688-9585</u>	
		<u>789 HOWARD AVENUE</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	<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>				Phone no.	<u>860-297-6085</u>			
		<u>HARTFORD, CT 06103</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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization BRIDGEPORT YOUTH LACROSSE</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 56 FAIRVIEW AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT CT 06606</p>	<p>D Employer identification number 26-2798868</p> <p>E Telephone number (203) 273-6084</p> <p>F Group Exemption Number ▶</p>
<p>G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>		<p>H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>
<p>I Website: ▶ N/A</p>		
<p>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</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		

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

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.

Form **990-EZ** (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: _____

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

Post-Project Review	
Is a post-project review required for this proposal?	
<input type="checkbox"/> 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.

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: <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		D Employer identification number 22-3162248
	Doing business as		E Telephone number 203-331-9756
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 244 University Avenue		G Gross receipts \$ 426,353.
	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
	F Name and address of principal officer: John Rivera same as C above		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: www.WPKN.com		L Year of formation: 1963 M State of legal domicile: CT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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)	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 2016 (Part V, line 2a)	2	
	6 Total number of volunteers (estimate if necessary)	130	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
b Net unrelated business taxable income from Form 990-T, line 34	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.
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.

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
	John Rivera, Treasurer Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Nathaniel S. Yordon, CPA	Nathaniel S. Yordon,	03/11/18
	Firm's name	Firm's EIN	PTIN
	Capossela, Cohen, LLC	06-1415579	P00045695
	Firm's address	Phone no.	
	368 Center Street Southport, CT 06890	203.254.7000	

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: _____

nOURish BRIDGEPORT, Inc.

Address: 2200 North Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 27-4186000

Program title: Food Centered Programs

Name of contact person: Rev. Sara D. Smith, Esq.

Telephone number: (203) 335-3107

Email address: npuoigrants@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 60,000.00

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.

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.

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	60,000.00
Other funding sources - itemized sources:	
a) <u>People's Bank</u>	<u>\$8,500.00</u>
b) <u>Near and Far Aid</u>	<u>\$7,500.00</u>
c) <u>UCC Andrews Fund</u>	<u>\$15,000.00</u>
d) _____	_____

Total Funding: \$91,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Food Centered Programs</u>	_____
b) _____	_____
c) _____	_____
d) _____	_____

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

Total Proposed Expenditures: \$91,000.00

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20_____

2016

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

NORMA F. PFRIEM URBAN OUTREACH INITIATIVES INC.

Employer identification number

27-4186000

Name and title of officer

**REVEREND SARA SMITH
CHAIRPERSON**

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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	201273.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **CIRONEFRIEDBERG, LLP** to enter my PIN **86000**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 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 2016 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 ▶ **10/11/17**

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.

06232065263
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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 ▶ **08/15/17**

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

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.



Municipality: **BRIDGEPORT, CONNECTICUT**

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: **GREATER BRIDGEPORT
OPPORTUNITIES INDUSTRIALIZATION CENTER, INC.**

Address: **Bridgeport Trade & Technology Center
510 Barnum Avenue, Suite #104, Bridgeport, CT 06608**

Federal Employer Identification Number: **06-1493753**

Program title: **EAST END HEALTHY EATS & HYDROPONIC GARDEN
@ East End NRZ Pop-up Market & Café**

Name of contact person: **Deborah A. Caviness** **Deborah Thomas-Sims**

Telephone number: **Office: (203) 335-0577** **Cell: (203) 224-8011**

Email address: **Bridgeport.oic@snet.net**

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 person 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 East End NRZ Pop-up Market & Café is the 2019 National Winner of the Healthiest Cities and Counties Challenge. The East End NRZ Pop-up Market & Café will offer fresh fruits, vegetables and dairy products in a neighborhood that has been a food desert for over 30-years. The State of CT has a very short growing season (July to October) and the East End Healthy Eats & Hydroponic Garden will be able to fill the void by providing fresh affordable fruits and vegetables year round.

Need for program: Utilizing the cutting edge indoor hydroponic vertical gardening system will prove to be cost effective, efficient, conserve energy and save space. In addition to providing fresh fruits and vegetables year round the project will provide local residents with job training skills targeting careers in sustainable aquiculture and work with at-risk youth seeking careers in the construction industry.

Neighborhood area to be served: East End of Bridgeport, Connecticut Zip Code 06607
Approximately 8,000 residents currently reside in the East End which consists of 58% Black and 40% Latino and the median household income is \$32,342.00. There are very few places in the country that illustrates the divide between the haves and the have not more than Fairfield county where the East End is located. Virtually every person who lives in the East End community is part of a vulnerable population whether socially economically disadvantaged, racial or ethnic minorities or children are from low income families.

Plan to implement the program: The market is currently developing a sustainable garden/ agriculture task force to help develop a strategic plan.

Timetable:

Program start date: **Fall 2019**

Program completion date: **Winter 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) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$ 150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Construction/Project Management</u>	<u>\$ 30,000.00</u>
b) <u>Hydroponic Building Materials</u>	<u>\$ 95,000.00</u>
c) <u>Labor</u>	<u>\$ 5,000.00</u>
d) <u>Horticulture Supplies</u>	<u>\$ 20,000.00</u>

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

Total Proposed Expenditures: \$ 150,00.00

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>

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

For the 2017 calendar year, or tax year beginning

07-01, 2017, and ending

06-30, 2018

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

Name of organization THE GREATER BRIDGEPORT OIC, INC

Doing business as

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

510 BARNUM AVE

Room/suite

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

BRIDGEPORT, CT 06608

Name and address of principal officer:

Employer identification no.

06-1493753

Telephone number

(203) 335-0577

Gross receipts

\$ 132,166

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

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

Website: N/A

Form of organization: Corporation Trust Association Other

Year of formation: 1997

State of legal domicile: CT

Part I Summary

Table with 22 rows and 3 columns: Description, Prior Year, Current Year. Rows include mission (EMPLOYMENT & TRAINING PROGRAM), revenue (Total 132,166), expenses (Total 106,409), and net assets (Total 30,167).

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: DEBRA CAVINESS, EXECUTIVE DIRECTOR

Paid Preparer Use Only: Samuel N Wilson Jr, CPA, Bridgeport CT 06604

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



OFFICE OF THE CITY CLERK RESOLUTION FORM

SECTION I		CITY COUNCIL SUBMISSION INFORMATION			
Log ID/Item Number:	98-18				
Submitted by Councilmember(s):	Marcus A. Brown	Michelle A. Lyons	Jeanette Heron		
Co-Sponsors(s):	Ernest E. Newton	Choose an item.	Choose an item.	Choose an item.	
District:	132ND	133, 134			
Subject:	Amendments to 15.12 <i>Housing Code</i> of the Bridgeport Municipal Code of Ordinances				
Referred to:	Ordinance Committee				
City Council Date:	June 17, 2019 (Off The Floor)				

SECTION II RESOLUTION (PLEASE TYPE BELOW)

Whereas, 15.12—*Housing Code* of the Bridgeport Municipal Code of Ordinances sets forth rules and standards for housing within the City of Bridgeport for the health, safety, and welfare of its residents; and,

Whereas, 15.12 establishes a regulatory framework for the licensing and regular inspection of “Rooming Houses” so as to enforce state and local health and fire safety codes; and,

Whereas, there have been many concerns expressed by members of the public and the City Council regarding parking, overcrowding, health and safety, and violations of zoning regulations and noise ordinances at homes throughout the city wherein multiple unrelated individuals are domiciled; and,

Whereas, the definitions of “Apartment building,” “Rooming House Class I,”; and, “Rooming House, Class II” as set forth in 15.12.010—*Definitions* all define a rooming house as a residence inhabited by five (5) to fifteen (15) roomers who are not members of the immediate family of an owner-occupant, providing facilities for living and sleeping; and,

Whereas, many of the aforementioned concerns may be alleviated, in part, through a more strict licensing and inspection regime which would define a rooming house as a residence inhabited by four (4) to fifteen (15) roomers who are not members of the immediate family of an owner-occupant, providing facilities for living and sleeping; and,

Whereas, the inclusion of residences inhabited by four (4) to fifteen (15) roomers as part of this regulatory scheme does not and is not intended to affect those homes within which there are four or more related individuals that are domiciled together; and,

Whereas, the inclusion of residences inhabited by four (4) to fifteen (15) roomers as part of this regulatory scheme is not in any way to prohibit the renting or lease of space to four or more unrelated roomers, but rather, to provide a mechanism within which the Health Department, in cooperation with the Zoning Department and Fire Marshal, can regularly inspect and regulate such residences to ensure compliance with health, safety, fire, and zoning regulations.

Now therefore be it ordained by City Council of the City of Bridgeport that the Bridgeport Municipal Code be amended by amending Section 15.12.010—*Definitions* to read as set forth in Exhibit A attached hereto and made a part hereof.

Now therefore be it also ordained by City Council of the City of Bridgeport that this ordinance amendment shall take effect three months after passage to allow appropriate time for public notice, compliance, and enforcement.



OFFICE OF THE CITY CLERK RESOLUTION FORM

Exhibit A

15.12.010 - Definitions.

The following definitions shall apply in the interpretation and enforcement of this chapter.

"Apartment building" means and includes any buildings consisting of three or more dwelling units with independent cooking and dining facilities and complete bathroom facilities for each unit whether designated as an apartment, tenement, garden apartment or known by any other name. A building containing five four (4) to fifteen (15) individual roomers shall be classified as a rooming house.

"Basement" means a portion of a building located partly underground, but having less than half its clear floor-to-ceiling height below the average grade of the adjoining ground.

"Board of health" means the department of health and social services of the city.

"Building constituting a menace to public safety" means:

1.
Any building or other structure of wood frame construction which is so constructed as to endanger more than ordinarily the safety of persons therein in case of fire, or so situated as to endanger more than ordinarily other building or property in the vicinity in case of fire, or so constructed or situated as to render the same peculiarly susceptible to fire from within or without; or

2.
Any building or other structure which by reason of rot, or of weakened joints, walls, floors, underpinning, roofs, ceilings, or of insecure foundations, or of any other cause has become so dilapidated or deteriorated as to endanger the safety of persons therein or nearby; or

3.
Buildings Deemed to Be Unsafe. As used in this subsection, "unsafe building" means a building that constitutes a fire hazard or is otherwise dangerous to human life or the public welfare. A vacant structure that is not secured against entry shall be deemed unsafe.

"Cellar" means a portion of a building located partly or wholly underground, and having half or more than half of its clear floor-to-ceiling height below the average grade of the adjoining ground.

"Director of health" means the legally designated health authority of the city or his authorized representative as determined by the state department of health.

"Dwelling" means any building which is wholly or partly used or arranged or designed to be used for living or sleeping by human occupants.

"Dwelling unit" means one or more rooms arranged for the use of one or more individuals living together as a single housekeeping unit with cooking, living, sanitary and sleeping facilities.



OFFICE OF THE CITY CLERK RESOLUTION FORM

"Enforcement officer" means the housing code enforcement officer who is designated in this chapter or otherwise charged with the responsibilities of administering this code, or his authorized representative.

"Extermination" means the professional control and elimination of insects, rodents or other pests, by eliminating their harborage places; by removing or making inaccessible materials that may serve as food; by poisoning, spraying, fumigating, trapping or by any other recognized and legal pest elimination methods, approved by the director of health.

"Garbage" means all kitchen refuse of residences, hotels, rooming houses, class I and II, restaurants or other places where food is prepared for human consumption, and all offal from fish, meat and vegetable markets, and all vegetable or organic substances unfit for food that are subject to immediate decay.

"Habitable room" means a room of enclosed floor space used or intended to be used for living, sleeping, cooking or eating purposes, excluding bathrooms, water closet compartments, laundries, pantries, foyers or communicating corridors, closets and storage spaces.

"Hotel" means and includes any building or group of buildings under the same management in which there are more than fifteen (15) sleeping accommodations for hire, primarily used by transient residents who are lodged with or without meals, whether designated as a hotel, inn, club, motel or known by some other name. So-called apartment hotels shall be classified as hotels because they are potentially subject to transient occupancy like that of hotels.

"Infestation" means the presence, within a dwelling or structure, of any insects, rodents, vermin or other pests which constitute a health hazard.

"Lead-based paint" means any paint containing more than six one-hundredths of one percent lead by weight (calculated as lead metal) in the total nonvolatile content of liquid paint or one-half of one percent lead by dry weight as measured by atomic absorption spectrophotometry, in the dried film of paint already applied or such more stringent standards as may be issued by the Chairperson of the United States Consumer Product Safety Commission.

"Members of the immediate family" means husband or wife, son or daughter, mother or father, sister or brother of the owner, lessee or person controlling such building.

"Moderate cooking facilities" means portable electric "plug-in" and/or small gas appliance and a refrigerator or an icebox.

"Multiple dwelling" means any dwelling containing more than two dwelling units.

"Occupant" means any person over one year of age, living, sleeping, cooking or eating in, or having actual possession of, a dwelling unit or rooming unit.

"Operator" means any person who has charge, care or control of a building, or part thereof, in which dwelling units or rooming units are let, whether with or without the knowledge or consent of the owner.

"Owner" means any person who, alone or jointly or severally with others:

1.

Shall have legal or equitable title to any dwelling or dwelling unit, with or without accompanying actual possession thereof.



OFFICE OF THE CITY CLERK RESOLUTION FORM

2.

Shall have charge, care or control of any dwelling or dwelling unit, as owner or agent of the owner, or as executor, executrix, administrator, administratrix, trustee, receiver or guardian of the estate of the owner. Any such person thus representing the actual owner shall be bound to comply with the provisions of this chapter, and of rules and regulations adopted pursuant thereto, to the same extent as if he were the owner; or

3.

For the purposes of Sections 15.12.400 through 15.12.470, "owner" is defined to mean the holder or holders of the record title and all recorded interests therein on the day upon which the notice of condemnation hearing is issued.

"Person" means and includes any individual, firm, corporation, association or partnership.

"Plumbing" means and includes all of the following supplies, facilities and equipment: gas pipes, gas burning equipment, water pipes, garbage disposal units, waste pipes, water closets, sinks, installed clothes washing machines, installed clothes dryers, installed dishwashers, lavatories, bathtubs, shower baths, catch basins, drains, vents and any other similar supplied fixtures, together with all connections to water, sewer or gas lines and water pipes and lines utilized in conjunction with air-conditioning equipment.

"Roomer" means any person who shall occupy a room for hire in any rooming house.

"Rooming house, class I" means a residence inhabited by five four (4) to fifteen (15) roomers who are not members of the immediate family of an owner-occupant, providing facilities for living and sleeping. Sanitary facilities shall be available for each ten persons or fraction thereof. As of September 14, 1974, cooking facilities of any kind are not allowed within this classification. Any licensed rooming house in existence as of September 14, 1974, that has moderate cooking facilities within the rooms, shall have the right under Section 15.12.060 to appeal to the board of condemnation, appeals board for this chapter, requesting a hearing on the moderate cooking facility exclusion. The board of condemnation shall have the authority to deny or grant moderate cooking facilities in existing licensed rooming houses following such hearing. Owners of existing licensed rooming houses shall be notified of their right of appeal at the expiration of existing rooming house license. The appeal procedure shall not apply to new applications for rooming house class I licenses. A "rooming house class I" shall comply with all city and state health codes and state fire safety code.

"Rooming house, class II" means a residence inhabited by five four (4) to fifteen (15) individual roomers, who are not members of the immediate family of an owner-occupant, providing facilities for living and sleeping. Sanitary facilities shall be available for each ten persons or fraction thereof. Separate and distinct space must be made available from the rooming units in which meals are provided and prepared by the proprietor or his representative solely for residents residing in the building. Prior to the issuance of a rooming house, class II license, a restaurant license (limited) must be obtained from the city director of health. A rooming house, class II must comply with all city and state health codes and the state fire safety code.

"Rooming house operator" means any person or persons conducting or operating any rooming house and any person or persons supervising, managing or controlling the operation and maintenance of such rooming house.

"Rooming unit" means a room or group of rooms forming a single habitable unit used or intended to be used for living and sleeping, but not providing cooking, dining or sanitary facilities.

"Rubbish" means all combustible and noncombustible waste materials, except garbage, and the term shall include, but not be limited to, the residue from the burning of wood, coal, coke and other combustible material.



OFFICE OF THE CITY CLERK RESOLUTION FORM

paper, rags, cartons, boxes, wood, excelsior, rubber, leather, plastic or other synthetic materials, tree branches, yard trimmings, tin cans, metals, mineral matter, glass, crockery, abandoned automobiles and dust.

"Sanitary facility" means a separate, enclosed room with adequate ventilation and light containing one or more bathtubs or showers and lavatories with hot and cold running water and which also contains one or more water closets with cold running water.

"Story" means that portion of a building between the upper surface of any floor and the upper surface of the floor next above, except that the topmost story shall be that portion of a building between the upper surface of the topmost floor and the upper surface of the roof above.

"Supplied" means paid for, furnished or provided by, or under the control of the owner or operator.

"Temporary housing" means any structure classified as a shed, shack, houseboat, trailer, body of any vehicle or any other structure of similar category within the city.

Meaning of certain words. Whenever the words "dwelling," "dwelling unit," "rooming house," "rooming unit," "premises," are used in this chapter, they shall be construed as if they were followed by the words "or any part thereof."

SECTION III SUBSEQUENT REFERRALS/REPLIES AND DATE SENT/RECEIVED

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

SECTION IV PUBLIC HEARING INFORMATION

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



OFFICE OF THE CITY CLERK RESOLUTION FORM

Choose an item. _____

Yes No

Date: _____

Choose an item. _____

Yes No

Date: _____

SECTION VII

WITHDRAWN/SINE DIE INFORMATION

Choose an item. _____

Yes No

Date: _____

SECTION VIII

DATE OF APPROVAL/DENIAL FROM CITY COUNCIL

City Council Approval Date: _____

SECTION IX

COMMENTS *(if any)*

From the floor (Addes For Referral)

MEETING DATE: 6-17-2019

NO. 98-18

COMMITTEE: _____ REFERRED TO COMM.: Ordinance Committee

SUBJECT: Proposed Amendments to Municipal Code of Ordinances, Chapter 15.12 Housing Code

MOTION BY: M. Brown 2ND BY: M. Lyons

APPROVED _____ DENIED _____ TABLED _____ REF. TO COMM.

REMARKS: M. Brown Supports Rules and M. Lyons

	YES	NO
Christina B. Smith		
Pete Spain		
Jack O. Banta		
Denese Taylor-Moye		
Marcus A. Brown		
Kyle Fiché Langan		
Michael DeFilippo		
Jeanette Herron		
Michelle A. Lyons		
AmyMarie Vizzo-Paniccia		
Mary A. McBride-Lee		
Rosalina Roman-Christy		
Maria Zambrano Viggiano		
Alfredo Castillo		
Aidee Nieves		
Maria I. Valle		
Karen Jackson		
Nessah J. Smith		
Eneida L. Martinez		
Ernest E. Newton, II		

19 JUN 18 AM 9:33
 RECEIVED
 CITY CLERK'S OFFICE