

**ADDENDUM
TO
AGENDA**

CITY COUNCIL MEETING

MONDAY, MAY 1, 2023

7:00 p.m.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE

BRIDGEPORT, CONNECTICUT

ADDED:

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

59-22

Communication from City Attorney re: Proposed Lease Agreement with Sikorsky Federal Credit Union for space at City Hall, 45 Lyon Terrace in Bridgeport, referred to Contracts Committee.

AGENDA

CITY COUNCIL MEETING

MONDAY, MAY 1, 2023

7:00 p.m.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE

BRIDGEPORT, CONNECTICUT 06604

Prayer

Pledge of Allegiance

Roll Call

- 54-22** Public Hearing re: Proposed Resolution Authorizing the Mt. Growmore Land Development Agreement and Ground Lease Agreement with East End NRZ Market & Café, Inc. for the properties located at 329 Central Avenue, 118 and 124 Suggetts Lane and 128 Trowel Street.

MINUTES FOR APPROVAL:

Approval of City Council Minutes: April 3, 2023

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

- 58-22** Request from OPED to Order a Public Hearing for May 15, 2023 at 7:00 p.m. re: Proposed Resolution Approving Programs for the Connecticut Neighborhood Assistance Act Tax Credit Program.

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- 55-22** Communication from Labor Relations re: Proposed Tentative Agreement with the National Association of Government Employees (NAGE), Local R1-200 for the period of July 1, 2022 through June 30, 2026 regarding their Bargaining Unit Contract, referred to Contracts Committee.
- 56-22** Communication from Mayor re: Appointment of John Mariani, Jr. (D) to the Planning and Zoning Commission, referred to Miscellaneous Matters Committee.
- 57-22** Communication from Mayor re: Appointment of Mark Stevens Harp (D) to the Harbor Commission, referred to Miscellaneous Matters Committee.
- 58-22** Communication from OPED re: Proposed Resolution Approving Programs for the Connecticut Neighborhood Assistance Act Tax Credit Program, referred to Economic and Community Development and Environment Committee.

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *37-22** Economic and Community Development and Environment Committee Report re: Grant Submission: U.S. Department of Health & Human Services – Health Resources and Services Administration – Congressional Directed Spending: Facilities and/or Equipment Projects – Wheeler Center IT Needs (#24257).
- *38-22** Economic and Community Development and Environment Committee Report re: Grant Submission: U.S. Department of Health & Human Services – Health Resources and Services Administration – Congressional Directed Spending: Facilities and/or Equipment Projects – Health Department Records System (#24403).
- *46-22** Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Economic and Community Development – CT Communities Challenge Round Three (#24412).
- *48-22** Miscellaneous Matters Committee Report re: Refund of Excess Payments – The Knowlton, LLC regarding 305 Knowlton Street.
- *49-22** Miscellaneous Matters Committee Report re: Refund of Excess Payments – LERETA regarding 858 Noble Avenue.
- *50-22** Miscellaneous Matters Committee Report re: Refund of Excess Payments – Passenger Transport Services, LLC regarding 44 River Street.

MATTERS TO BE ACTED UPON:

- 39-22** Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Aging and Disability Services – American Rescue Plan Act (ARPA) Eisenhower Senior Center Funding (#23451).
- 40-22** Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Aging and Disability Services – American Rescue Plan Act (ARPA) Senior Center Funding (#23452).

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, MAY 1, 2023 AT 6:30 P.M. IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT 06604.

NAME

SUBJECT

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

Bridgeport Governance & Finances.

**CITY COUNCIL MEETING
PUBLIC SPEAKING FORUM
MONDAY, MAY 1, 2023
City Council Chambers, City Hall
45 Lyon Terrace
Bridgeport, CT 06604**

CALL TO ORDER

Council President Nieves called the Public Speaking session of the City Council to order at 6:32 p.m.

ROLL CALL

The City Clerk Lydia Martinez called the roll.

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

RECEIVED
CITY CLERKS OFFICE
23 MAY -9 PM 4: 03
ATTEST
CITY CLERK

A quorum was present. Names shown in italics did not respond when the roll was called.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, MAY 1, 2023 AT 6:30 P.M. IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT 06604.

NAME

SUBJECT

John Marshall Lee
30 Beacon Street
Bridgeport, CT 06605

Bridgeport Governance & Finances.

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

As legislators you perform daily oversight work; find a problem, issue, or concern; discuss an idea or corrective alternative; consult council and advance a bill or proposal with further discussion; and pass or fail. Finished? Not at all. Must be communicated and perhaps when it is not well understood, the public discovers

that there are no consequences when ignored. No penalties to avoid? Or if included where is enforcement authority? Does that summarize the failure of required accountable police camera systems to be in place today in CT?

How about local appointments in a timely fashion to boards and commissions in Bridgeport? A mayoral responsibility by Charter? Ignored (or saved mostly by overused 'local expiry' exception) and FAIR RENT and FAIR HOUSING 'literally died' in place! Scandalous and should be embarrassing. Should be source of many timely photo-ops by this Mayor and appointee but is not. Sad news for vast number of citizens with questions on rentals or real estate for years.

When laws are passed as discussed above, media covers the who, the why, the general expense and the purpose of the public action. Far less frequently do such laws mandate as an explicit part of said law, publishing the actual outcomes from these public expenditures, in an appropriate data form with numbers on a regular basis. Why not be sure outcomes are provided periodically and available to the public taxpayer as well as you?

Economic democracy, the right of all to own capital, was the subject of the conference on Saturday at Housatonic College. It was advanced in Missouri and became part of the law and will affect future land development there. But the discussion also looked at practices of inclusion of folks affected, diversity of voices at the table for discussion, and equality of just opportunity as in sports where a level playing field, objective referees, and rules of play are known and undergird the popularity of sports action worldwide. "Own or be owned" is a motto.

Why are these three concepts Diversity, Inclusion and Equality under attack in local communities across the US? Are we about to restrict informed voting or support it? It is no joke that folks not sitting at decision making tables may be on the menu instead. What are you doing to support your constituents to exercise their votes, when and where made possible as a more honest approach to meeting their needs in a neighborly American manner? Time will tell.

Chris Caruso
208 Beechmont Avenue
Bridgeport, CT 06606

1775 Madison Avenue.

Mr. Caruso said that he was present to speak about a constitutional travesty that was occurring at 1775 Madison Avenue. He said that it was the former site of Testo's Restaurant and Catering Hall. 177 apartment units are being built there with an underground parking garage and no public hearing, no public review, and no review by the Zoning Board of Bridgeport. Constitutionally, every citizen of every city in every state has the right to speak. In this case, they have been denied that right because of the grandfathering in of the old zoning regulations. He warned everyone that this constitutional travesty will encroach on their neighborhoods as well. It is unheard of that no neighbor can speak about the height or density or the amount of traffic or any issue that would affect the quality of life.

Mr. Caruso said that he will be researching this issue further and will be back before the Council to seek remedies. This is unheard of. When a single-family lot is subdivided, the owner must appear before the Zoning Board, as they did on Summit Street with 10 lots. Habitat for Humanity requested 14 lots and had to go before the Board. A drive thru window at Starbucks requires a hearing by the Zoning Board of Appeals to get the approval, but when 177 apartment units with an underground parking garage are being built in a single family zone, the public is shut out of the process. The Lord only knows what the height or density of this structure will be. This is not acceptable.

Mr. Caruso said that he was infuriated and will be doing everything in his power to fight this development. If there is not a public hearing before the Zoning Board, there will be a public hearing in the City of Bridgeport and Mr. Caruso will be leading the charge. He challenged every resident in the City to look at the new Master Plan with the sweetheart grandfathering in of existing or previous zoning regulations. He challenged those present to go to Fairfield or Trumbull to see if they could grandfather in a project. The worst part is shutting out the public from even being heard regardless of whether or not they wanted the project. They are the taxpayers that pay the property taxes in that area. They are the ones that deal with the quality of life every day and they should have the right to say something about this development. It is unconscionable. One needs a Master's degree to understand the Master Plan that was created. There are many places that are in the Plan that indicate the upcoming changes that will affect neighborhood after neighborhood. This is what is happening in Washington D.C. and part of Minnesota. They are coming into single family neighborhoods and obliterating them with apartment structures.

ADJOURNMENT

Council President Nieves adjourned the public speaking portion of the meeting at 6:40 p.m.

Respectfully submitted,

Telesco Secretarial Services

**CITY OF BRIDGEPORT
CITY COUNCIL MEETING
MONDAY, MAY 1, 2023**

7:00 PM

City Council Chambers, City Hall - 45 Lyon Terrace

Bridgeport, Connecticut

CALL TO ORDER

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

PRAYER

Mayor Ganim asked Father Karcsinski to lead those present in prayer.

PLEDGE OF ALLEGIANCE

Mayor Ganim asked City Clerk Martinez to lead those present in reciting the Pledge of Allegiance.

ROLL CALL

The City Clerk Lydia Martinez called the roll.

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

A quorum was present. Names shown in italics did not respond when the roll was called.

54-22 Public Hearing re: Proposed Resolution Authorizing the Mt. Growmore Land Development Agreement and Ground Lease Agreement with East End NRZ Market & Café, Inc. for the properties located at 329 Central Avenue, 118 and 124 Suggetts Lane and 128 Trowel Street.

Mayor Ganim opened the public hearing on Agenda Item 54-22 Public Hearing re: Proposed Resolution Authorizing the Mt. Growmore Land Development Agreement and Ground Lease Agreement with East End NRZ Market & Café, Inc. for the properties located at 329 Central Avenue, 118 and 124 Suggests Lane and 128 Trowel Street at 7:14 p.m.

Father Karcsinski came forward and thanked everyone for the opportunity. He said that Blessed Sacrament Church has 28 raised beds in their parking lot that supplies food for the neighborhood, and mentioned a pop-up market among other projects. Mt. Growmore would be a great positive project and be an example of sustainability and provide more produce than his Church can grow.

Mr. Robert Christoph, 10 East Main Street. He said that he was part of the pop-up market in the East End in the food desert. He supports this project.

Ms. Nina Legiga came forward and greeted the Council. She said that she was a retired Unilever research scientist and this was a positive project for the youth. It will have the potential to raise the esteem of the youth and encourage them to enter STEM careers. Starting salaries in STEM fields range from \$75,000 to \$150,000 a year and this will help people not have to work multiple jobs. This will provide the youth with role models and keep the youth motivated. let's move forward with speed and help the children.

Mr. Keith Williams, the East End NRZ President, came forward and said that he was present to support this project as the East End is the longest a standing food desert in Bridgeport. He spoke about the Honey Locust project which promised a grocery store within walking districts for the residents. This project will right historic wrong and social injustice. This site has taken over 3 decades to clean up and cap the site. This is a new day for the East End and a new start with no more trash on this site. There will be produce, a community room and a health screen facility. He urged the Council to support the lease between the City and the East End NRZ

Ms. Linda Smith came forward to speak about the Mt. Growmore project that will bring access to healthy food to the residents. Heart disease, diabetes, and obesity among other diseases are a result from poor nutrition. Food insecurity is a major problem. This will give access to healthy foods to help the overall health of the community rather than over processed foods that are high in fats and other chemicals. This will give the residents a chance to have an active and healthy life.

Ms. Eneida Martinez came forward and said that she was a member of the NRZ and was there in support of the project. This is a long time coming and this will eliminate a 30-year blight in the community, provide jobs, provide healthy food, discourage the illegal dumping and encourage education. It will be a resource for families with mental health concerns. She thanked the Council for their time.

State Rep Andre Baker came forward and said that many things have been said about this project. He said that he had met with some of the Council Members about this when he was on the Council. This is an opportunity to bring some new ideas to Bridgeport. He said that it was time to think about the future and move forward. This property was contaminated, and abandoned, so now they can make it into a diamond in the area. This will revitalize the area and

have a domino effect on the entire City. There is a lot of work to do, Steel Point, Pleasure Beach and so many other areas.

Mr. Harry Boardsen of 731 Seaview Avenue, came forward and said that he was present to support this project. He spoke about how his company moved into an empty building and now has 100 people working at his business. He said that there was a diamond that was being polished regardless of whether it was a boat yard or Mount Growmore.

Ms. Thayer Baker came forward and said that she was supporting this project and was excited that this was hydroponic and also would be bringing a wellness center to the area.

Mr. Tom McMillian came forward and said that he was the Director of the Business Association. He spoke about the disrespect for his community. They share the same water as St. Mary's but have been ignored. He said that this would bring equity to the community.

Ms. Deborah Sims came forward and greeted the Council. She introduced Karen, who she is training to carry on the torch for Mount Growmore. She spoke about how people had marched to Mount Growmore for months and now she is seeing this change. She spoke about going to Washington DC and meeting with DuPont, the EPA and many other organizations. People marched in the rain and the snow to get rid of a blighted property. And now people will come to a property with produce and wellness. They will come to learn about this project. It wasn't easy, but they never gave up. She thanked the Council for considering this.

Council Member Newton spoke about how he was a state Representative when he and Mr. Caruso worked on creating the NRZs. The communities should have a say about what happens in their area. Mount Trashmore gained national attention because of the blight and now it will be a productive area. Now they have to come and clean up Johnson Creek which is in a flood zone. Deb did her homework and brought people into the East End to deal with this issue. It is on the move now. That is something that he never thought would happen here. He thanked Deb for showing how it could be done. The residents can take pride in this project.

Mr. Kenny Jackson came forward and said that he came to be heard, Normally, he doesn't support things that he can't pronounce but he was supporting this. He said that his office is right in the heart of negativity. He said that when he was working with the youth, the teachers were telling him that the students can't sit still. The Bodegas open early so the students can buy processed sweet junk rather than apples and bananas. Fresh Fruit and vegetables will also be available for mothers who are working two jobs. He didn't read about this, he lives it. He goes to PPTs to work with students to stop the violence. While children want to learn, they can't sit still. They need the support of the current generations. They owe this to them.

Ms. Denese Taylor-Moye and Ms. Nicole Bass-Adams came forward. Ms. Bass-Adams said that she grew up on Central Avenue. The children need nutritional education.

Ms. Taylor-Moye greeted the Council Members and said that she was present to support the project. This project can go to other districts. This is a model that can be sent to other district in

Bridgeport. This is a unique treasure that only can be opened by the Council. Support the East Enders/NRZers and local residents.

Mr. Chris Caruso came forward and said that this was an exciting proposal. He said that it was important not to forget the tragedy of Mount Trashmore. The height of the dump was taller than a single-family home. The heavy metals leached into Johnson Creek. The group drove a dump truck to Hartford filled with construction debris. The former owner was sent to prison. The NRZ worked from the ground up to use that property as a benefit for the East End. The City is 17 square miles and what happens in the East End affects the North End. Like Senator Baker, it connects people and this will be good for the entire city.

Dr. Ralph Ford came forward and greeted the Council. He said that he was wondering why there was so much discussion about this project. It doesn't take a rocket scientist to understand why this is a good project and the Council should support the East End. He said that they should think about the East End and what they endured.

Mr. Chris Taylor came forward and said that he would like to see the Mayor make a decision to move this forward. He said that he would like to see Mayor Ganim stay on for another four years.

Another resident from Black Rock along with Ms. Hamilton from Trumbull Gardens came forward and said that they had been able to benefit from the produce market and also sponsored Black History programs. This will be a benefit for the children and it reaches out to Trumbull Gardens.

Ms. Dawn came forward and said that she was excited for this project and felt that it would do a great deal for the children. She said that the children have nowhere to go and it will help the children in healthy things.

Mayor Ganim asked if there was anyone else who wished to speak at this time. Hearing none, he closed the public hearing on the Proposed Resolution Authorizing the Mt. Growmore Land Development Agreement and Ground Lease Agreement with East End NRZ Market & Café, Inc. for the properties located at 329 Central Avenue, 118 and 124 Suggetts Lane and 128 Trowel Street at 8:00 p.m.

MINUTES FOR APPROVAL:

• April 3, 2023

**** COUNCIL MEMBER NEWTON MOVED THE MINUTES OF THE APRIL 3, 2023 MEETING.**

**** COUNCIL MEMBER HERRON SECONDED.**

**** THE MOTION TO APPROVE THE MINUTES OF THE APRIL 3, 2023 MEETING AS SUBMITTED PASSED UNANIMOUSLY.**

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

58-22 Request from OPED to Order a Public Hearing for May 15, 2023 at 7:00 p.m. re: Proposed Resolution Approving Programs for the Connecticut Neighborhood Assistance Act Tax Credit Program.

**** COUNCIL MEMBER NEWTON MOVED AGENDA ITEM 58-22 REQUEST FROM OPED TO ORDER A PUBLIC HEARING FOR MAY 15, 2023 AT 7:00 P.M. RE: PROPOSED RESOLUTION APPROVING PROGRAMS FOR THE CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT PROGRAM.**

**** COUNCIL MEMBER HERRON SECONDED.**

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

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

55-22 Communication from Labor Relations re: Proposed Tentative Agreement with the National Association of Government Employees (NAGE), Local R1-200 for the period of July 1, 2022 through June 30, 2026 regarding their Bargaining Unit Contract, referred to Contracts Committee.

56-22 Communication from Mayor re: Appointment of John Mariani, Jr. (D) to the Planning and Zoning Commission, referred to Miscellaneous Matters Committee.

57-22 Communication from Mayor re: Appointment of Mark Stevens Harp (D) to the Harbor Commission, referred to Miscellaneous Matters Committee.

58-22. Communication from OPED re: Proposed Resolution Approving Programs for the Connecticut Neighborhood Assistance Act Tax Credit Program, referred to Economic and Community Development and Environment Committee.

59-22 Communication from City Attorney re: Proposed Lease Agreement with Sikorsky Federal Credit Union for space at City Hall, 45 Lyon Terrace in Bridgeport, referred to Contracts Committee.

**** COUNCIL MEMBER VIZZO-PANICCIA MOVED TO APPROVE THE FOLLOWING COMMUNICATIONS TO BE REFERRED TO COMMITTEES:**

55-22 COMMUNICATION FROM LABOR RELATIONS RE: PROPOSED TENTATIVE AGREEMENT WITH THE NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES (NAGE), LOCAL R1-200 FOR THE PERIOD OF JULY 1, 2022 THROUGH JUNE 30, 2026 REGARDING THEIR BARGAINING UNIT CONTRACT, REFERRED TO CONTRACTS COMMITTEE.

56-22 COMMUNICATION FROM MAYOR RE: APPOINTMENT OF JOHN MARIANI, JR. (D) TO THE PLANNING AND ZONING COMMISSION, REFERRED TO MISCELLANEOUS MATTERS COMMITTEE.

57-22 COMMUNICATION FROM MAYOR RE: APPOINTMENT OF MARK STEVENS HARP (D) TO THE HARBOR COMMISSION, REFERRED TO MISCELLANEOUS MATTERS COMMITTEE.

58-22. COMMUNICATION FROM OPED RE: PROPOSED RESOLUTION APPROVING PROGRAMS FOR THE CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT TAX CREDIT PROGRAM, REFERRED TO ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE.

59-22 COMMUNICATION FROM CITY ATTORNEY RE: PROPOSED LEASE AGREEMENT WITH SIKORSKY FEDERAL CREDIT UNION FOR SPACE AT CITY HALL, 45 LYON TERRACE IN BRIDGEPORT, REFERRED TO CONTRACTS COMMITTEE.

**** COUNCIL MEMBER CRUZ SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

***37-22 Economic and Community Development and Environment Committee Report re: Grant Submission: U.S. Department of Health & Human Services – Health Resources and Services Administration – Congressional Directed Spending: Facilities and/or Equipment Projects – Wheeler Center IT Needs (#24257).**

***38-22 Economic and Community Development and Environment Committee Report re: Grant Submission: U.S. Department of Health & Human Services – Health Resources and Services Administration – Congressional Directed Spending: Facilities and/or Equipment Projects – Health Department Records System (#24403).**

***46-22 Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Economic and Community Development – CT Communities Challenge Round Three (#24412).**

***48-22 Miscellaneous Matters Committee Report re: Refund of Excess Payments – The Knowlton, LLC regarding 305 Knowlton Street.**

***49-22 Miscellaneous Matters Committee Report re: Refund of Excess Payments – LERETA regarding 858 Noble Avenue.**

***50-22 Miscellaneous Matters Committee Report re: Refund of Excess Payments – Passenger Transport Services, LLC regarding 44 River Street.**

Mayor Ganim asked if there was any Council Member who would like to remove this item from the Consent Calendar. Council Member Pereira requested Agenda Item 46-22 be removed.

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

***37-22 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES – HEALTH RESOURCES AND SERVICES ADMINISTRATION – CONGRESSIONAL DIRECTED SPENDING: FACILITIES AND/OR EQUIPMENT PROJECTS – WHEELER CENTER IT NEEDS (#24257).**

***38-22 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES – HEALTH RESOURCES AND SERVICES ADMINISTRATION – CONGRESSIONAL DIRECTED SPENDING: FACILITIES AND/OR EQUIPMENT PROJECTS – HEALTH DEPARTMENT RECORDS SYSTEM (#24403).**

***48-22 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: REFUND OF EXCESS PAYMENTS – THE KNOWLTON, LLC REGARDING 305 KNOWLTON STREET.**

***49-22 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: REFUND OF EXCESS PAYMENTS – LERETA REGARDING 858 NOBLE AVENUE.**

***50-22 MISCELLANEOUS MATTERS COMMITTEE REPORT RE: REFUND OF EXCESS PAYMENTS – PASSENGER TRANSPORT SERVICES, LLC REGARDING 44 RIVER STREET.**

**** COUNCIL MEMBER NEWTON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

46-22 Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Economic and Community Development – CT Communities Challenge Round Three (#24412).

**** COUNCIL MEMBER NEWTON MOVED AGENDA ITEM 46-22 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: CONNECTICUT DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT – CT COMMUNITIES CHALLENGE ROUND THREE (#24412).**

**** COUNCIL MEMBER BURNS SECONDED.**

Council Member Pereira said that she was opposed because they were going to tie up a prime piece of real estate that should be developed with food trucks and movies. Discussion followed about the grant funding involved and the fact that it would only be a temporary use.

**** THE MOTION PASSED WITH SEVENTEEN (17) IN FAVOR (BURNS, MCCARTHY, CRUZ, MACK, R. SMITH, BOYD, HERRON, LYONS, VIZZO-PANICCIA, MCBRIDE-LEE, ROMAN-CHRISTY, CASTILLO, HODGES, NIEVES, VALLE, SULIMAN, AND NEWTON) AND ONE (1) OPPOSED (PEREIRA).**

Council Member Suliman left the meeting at 8:14 p.m.

MATTERS TO BE ACTED UPON:

39-22 Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Aging and Disability Services – American Rescue Plan Act (ARPA) Eisenhower Senior Center Funding (#23451).

**** COUNCIL MEMBER BURNS MOVED AGENDA ITEM 39-22 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: CONNECTICUT DEPARTMENT OF AGING AND DISABILITY SERVICES – AMERICAN RESCUE PLAN ACT (ARPA) EISENHOWER SENIOR CENTER FUNDING (#23451).**

**** COUNCIL MEMBER SMITH SECONDED.**

**** THE MOTION PASSED WITH FIFTEEN IN FAVOR (15) IN FAVOR (BURNS, MCCARTHY, CRUZ, MACK, R. SMITH, BOYD, HERRON, VIZZO-PANICCIA, MCBRIDE-LEE, ROMAN-CHRISTY, CASTILLO, HODGES, NIEVES, PEREIRA AND NEWTON) AND TWO (2) ABSTENTIONS (LYONS AND VALLE).**

40-22 Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Aging and Disability Services – American Rescue Plan Act (ARPA) Senior Center Funding (#23452).

**** COUNCIL MEMBER BURNS MOVED AGENDA ITEM 40-22 ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT COMMITTEE REPORT RE: GRANT SUBMISSION: CONNECTICUT DEPARTMENT OF AGING AND DISABILITY SERVICES – AMERICAN RESCUE PLAN ACT (ARPA) SENIOR CENTER FUNDING (#23452).**

**** COUNCIL MEMBER SMITH SECONDED.**

**** THE MOTION PASSED WITH FIFTEEN IN FAVOR (15) IN FAVOR (BURNS, MCCARTHY, CRUZ, MACK, R. SMITH, BOYD, HERRON, VIZZO-PANICCIA, MCBRIDE-LEE, ROMAN-CHRISTY, CASTILLO, HODGES, NIEVES, PEREIRA AND NEWTON) AND TWO (2) ABSTENTIONS (LYONS AND VALLE).**

**** COUNCIL MEMBER BURNS MOVED TO SUSPEND THE RULES TO ADD ITEM 29-22 PROPOSED FIVE-YEAR CAPITAL PLAN FOR FISCAL YEARS 2024-2028 TO THE AGENDA.**

**** COUNCIL MEMBER NEWTON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

29-22 Proposed Five-Year Capital Plan for Fiscal Years 2024-2028.

**** COUNCIL MEMBER BURNS MOVED AGENDA ITEM 29-22 PROPOSED FIVE-YEAR CAPITAL PLAN FOR FISCAL YEARS 2024-2028 AS AMENDED.**

**** COUNCIL MEMBER NEWTON SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

ADJOURNMENT

**** COUNCIL MEMBER HERRON MOVED TO ADJOURN**

**** COUNCIL MEMBER SMITH SECONDED.**

**** THE MOTION PASSED UNANIMOUSLY.**

The meeting adjourned at 8:20 p.m.

Respectfully submitted

Telesco Secretarial Services.

**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, May 1, 2023** beginning at **7:00 p.m.**, in the City Council Chambers, City Hall, 45 Lyon Terrace, Bridgeport, Connecticut, relative to the following item listed below.

- Proposed Resolution Authorizing the Mt. Growmore Land Development Agreement and Ground Lease Agreement with East End NRZ Market & Café, Inc. for the properties located at 329 Central Avenue, 118 and 124 Suggests Lane and 128 Trowel Street.
[54-22]

Attest:

Lydia N. Martinez
City Clerk

AD ENDS ABOVE LINE

Requires Certification

2 Editions, Connecticut Post:

PLEASE PUBLISH ON (Friday, April 21, 2023 & Friday, April 28, 2023)

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

Account #: 111171

PO: 23000029-00

Dated: April 18, 2023

Sent By:

Althea Williams

City Clerk's Office

45 Lyon Terrace

Bridgeport, CT 06604

(203) 576-7205

(203) 332-5608 (Fax)

Ec: City Council Members

Mayor Joseph P. Ganim

J. Hawkins, CAO

D. Shamas, Chief of Staff

T. Gaudett, Deputy Chief of Staff

M. Anastasi, City Attorney

E. Adams, Dir., Government Accountability & Integrity

T. Gill, Director, OPED

B. Coleman, Deputy Director, OPED

R. Pacacha, Esquire



CITY OF BRIDGEPORT, CONNECTICUT
OFFICE OF LABOR RELATIONS

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

COMM. 55-22 Ref'd to Contracts Committee on
05/01/2023.

EROLL V. SKYERS
Attorney

JOSEPH P. GANIM
Mayor

April 25, 2023

Honorable City Council Members
Office of the City Clerk
City of Bridgeport

**RE: National Association of Government Employees (NAGE) Local R1-200,
Tentative Agreement**

Dear Honorable Members:

The City of Bridgeport and the National Association of Government Employees (NAGE), Local R1-200 have reached a tentative agreement regarding their bargaining unit contract. Attached for your review is a copy of the signed tentative agreement as well as a red-lined copy of the collective bargaining agreement which shows all additions (underlined text) and deletions (strike throughs). Also attached is the financial impact analysis provided by the Office of Policy and Management as required by City Council Resolution: "(g) financial impact analysis – to include best reasonable estimates as to all expenditure and revenue effects of the reference if approved as requested..." This agreement is subject to ratification by the union membership and approval by the City Council.

Please note that Connecticut General Statute §7-474(b) imposes two (2) important time constraints related to action by a legislative body on this type of agreement. These are:

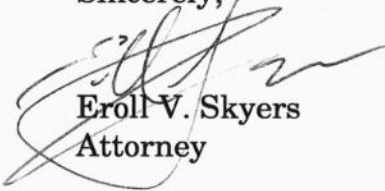
1. [The agreement] *shall be submitted by the bargaining representative of the municipality within fourteen days of the date on which such agreement is reached to the legislative body which may approve or reject such request as a whole ...* As this agreement was signed on **April 18, 2023**, this requirement has been met.
2. *Such request [to approve the agreement] shall be considered approved if the legislative body fails to vote to approve or reject such request within thirty days of the end of the fourteen-day period for submission to said body.* Based on this language, if the City Council does not accept or reject the agreement by **June 1, 2023**, the agreement will be considered approved by operation of law.

RECEIVED
CITY CLERKS OFFICE
23 APR 24 PM 3:26
ATTEST
CITY CLERK

Please note: The statutory time limit for City Council action is rigid and cannot be altered or waived. This is brought to the Council's attention in case a special meeting or agenda modification is necessary to protect the City Council's right to approve or disapprove this agreement. The next scheduled meeting of the full City Council is **May 1, 2023** and the next scheduled meeting of the Contracts Committee is **May 9, 2023**.

This office respectfully requests the City Council approve the attached negotiated agreement.

Sincerely,



Eroll V. Skyers
Attorney

cc: Mayor Joseph P. Ganim
Daniel Shamas – Chief of Staff
Janene Hawkins - CAO

		CITY OF BRIDGEPORT											
		OFFICE OF POLICY AND MANAGEMENT											
		FINANCIAL IMPACT OF NAGE UNION TENTATIVE AGREEMENT JULY 1, 2023 THROUGH JUNE 30, 2026											
		COVERS FY2023 THROUGH FY2026											
FISCAL YEARS		FY23 =3.00%	FY2023	FY2024	FY23&FY24	FY2025	FY23-FY2025	FY26 =1.25%	FY23-2026	FY23-FY2026	4 YEARS IMPACT	4 YEARS AVERAGE	
Job Class Desc	Grou p/BU ORG	Total Annual Salary	7/1/2022 Increase %	7/1/2024 Increase %	7/1/2024 Compounded %	7/1/2025 Increase %	7/1/2025 Compounded %	7/1/2025 Increase %	7/1/2025 Compounded %	7/1/2026 Compounded %	7/1/2026 Compounded %	2.66%	
TOTAL ALL NAGE EMPLOYEES SALARY IMPACT		20,150,445	604,513	604,513	622,649	1,227,162	641,328	1,859,282	275,122	2,143,604			
MERE RATES			21.58%	25.69%	25.69%	25.69%	25.69%	25.69%	25.69%	25.69%			
Employer Pension Contribution to wage increases													
Employer contribution rate FY23= 21.58% & FY24 =25.69%			130,454	155,299	159,958	315,258	164,757	477,649	70,679	550,692			
Employer Medicare Contribution @1.45%			8,765	8,765	9,028	17,794	9,299	26,960	3,989	31,082			
Employee 25% Health Insurance Roll back cost to Employer			0	0	0	0	0	0	0	173,275			
TOTAL BENEFITS/OTHER RELATED COSTS			139,219	164,065	168,987	333,052	174,056	504,609	74,668	755,049			
GRAND TOTAL SALARIES, FRINGES AND OTHER COSTS			743,733	768,578	791,636	1,560,214	815,385	2,363,891	349,790	2,898,653			

AGREEMENT

between the

CITY OF BRIDGEPORT

and

LOCAL R1-200,

**NATIONAL ASSOCIATION
OF GOVERNMENT EMPLOYEES**

July 1, 2022 to June 30, 2026

ARTICLE 27 - SHIFT PREMIUMS	22
ARTICLE 28 - APPAREL, UNIFORMS AND EQUIPMENT	23
ARTICLE 29 - INSURANCE	24
ARTICLE 30 - PENSION PLAN	28
ARTICLE 31 - EMPLOYEE ASSISTANCE PROGRAM (EAP)	28
ARTICLE 32 - HOLIDAYS	29
ARTICLE 33 - VACATIONS	30
ARTICLE 34 - SICK LEAVE	31
ARTICLE 35 - OTHER LEAVE	32
ARTICLE 36 - WORKER'S COMPENSATION SUPPLEMENT	34
ARTICLE 37 - JURY DUTY	35
ARTICLE 38 - NON-DISCRIMINATION	35
ARTICLE 39 - RESIDENCY	35
ARTICLE 40 - PUBLIC CONTACT	35
ARTICLE 41 - SAVINGS CLAUSE, INCORPORATION	36
ARTICLE 42 - TERMINATION	36
ARTICLE 43 - GENERAL PROVISIONS	37

EXHIBITS and APPENDICES

EXHIBIT 1 - PROMOTIONAL VACANCY LIST	38
---	----

APPENDIX A - LIST OF JOB CLASSIFICATIONS IN BARGAINING UNIT	39
APPENDIX B - DEPARTMENT AND CLASSIFICATION EXCEPTIONS TO NORMAL AND CUSTOMARY WORKING HOURS AND OVERTIME PROVISIONS	42
APPENDIX C - WAGE RATES AND STEPS	46
APPENDIX D - CITY POLICIES	70
APPENDIX E - MEDICAL BENEFITS	98
APPENDIX F - PRESCRIPTION DRUG BENEFITS	103

APPENDIX G - DENTAL BENEFITS	108
APPENDIX H - VISION BENEFITS	112
APPENDIX I - COOPER STANDARDS	116

PREAMBLE

This Agreement ("Agreement") is entered into by the City of Bridgeport, hereinafter referred to as "City" or "Employer," and Local R1-200 of the National Association of Government Employees, hereinafter referred to as "Union" or "NAGE".

ARTICLE 1 - RECOGNITION

1.1 The Employer recognizes the Union as the sole and exclusive bargaining agent for the purpose of establishing salaries, wages, hours and terms and conditions of employment for all of those employees of the City of Bridgeport as certified by the Connecticut State Board of Labor Relations in Decision No. 1440-C issued December 27, 1976 and as amended by Decision No. 2482-A issued June 26, 1986 and State Board of Labor Relations Case No. ME-31018 (Civilian Detention Officers, hereinafter and elsewhere referred to as "Detention Officers" or "DOs") dated July 8, 2014, and including all job classifications listed on Appendix A.

1.2 NAGE recognizes the Mayor of the City of Bridgeport or his/her designated representative or representatives as the sole representative of the City for the purpose of collective bargaining. The City and the Union each agree to bargain in good faith with the other party's designated representative on all matters relating to wages, hours and other terms and conditions of employment.

ARTICLE 2 - CHECK-OFF

2.1 The City agrees to deduct from the pay of all employees covered by this Agreement, who individually and voluntarily authorize such deductions from their wages in writing, such membership dues and initiation fees as may be uniformly assessed by the Union. When an employee does not have sufficient money due him/her, after deductions have been made for pension or other deductions required by the law, Union dues for such deduction period shall be a deduction in the next pay period in which the employee has sufficient funds due him/her. It is also agreed that neither any employee nor the Union shall have claim against the City for errors in the processing of deductions unless a claim of error is made in writing to the City within sixty (60) days after the date such deductions were or should have been made and delivered to the Union. It is also agreed that the obligations of the City for funds actually deducted under this Section terminates upon the delivery of the deductions so made to the person authorized by the Union. Upon delivery of a copy of a signed voluntary authorization, all such dues shall be automatically payroll deducted and remitted to the Union.

2.2 The remittance to the Union for any month shall be made during the fourth (4th) payroll week of said month and shall be remitted to the Union, together with a list of names of employees from whose wages such deductions have been made, no later than the fifteenth (15th) day of the following month.

2.3 The Union agrees to indemnify and hold harmless the City for any loss or damage arising from the operation of this Article. It is also agreed that neither any employee nor the Union shall have any claim against the City for any deductions made or not made as the case may be, unless a claim of error is made in writing to the City within sixty (60) calendar days after the date such deductions were or should have been made.

ARTICLE 3 - MANAGEMENT RIGHTS

3.1 Except as expressly modified or restricted by specific provision of this agreement, all statutory and inherent managerial rights, prerogatives, and functions are retained and vested exclusively in the City, including, but not limited to the rights, in accordance with its sole and exclusive judgment and discretion, to recruit, select, train, promote, discipline, transfer, assign, layoff, and discharge personnel; determine the number and type of positions and organizational structure required to provide City services; define the duties and responsibilities of each position, and of departments; acquire and maintain essential equipment and facilities required to conduct the business of providing City services; to determine the technology and the efficiency of its governmental operations; establish and amend policy, procedures, rules and regulations regarding employee standards of conduct and the manner in which work is performed; perform the tasks and exercise the authorities granted by statute, charter and ordinance to municipal corporations. The City's failure to exercise any right, prerogative, or function hereby reserved to it, or the City's exercise of any such right, prerogative, or function hereby reserved to it, or the City's exercise of any such right, prerogative, or function in a particular way, shall not be considered a waiver of the City's right to exercise such a right, prerogative or function or preclude it from exercising the same in some other way not in conflict with the express provisions of this Agreement.

This article shall not be construed to deny any employee any right received under Civil Service Provisions of the City Charter.

ARTICLE 4 - SUB-CONTRACTING

4.1 The City agrees that it will not contract or sub-contract any work presently being performed by employees in the bargaining unit. This shall not prevent the City from contracting or sub-contracting for supplementary or emergency service which employees in the bargaining unit are unable to perform during their regular hours of work. This article will not impact any positions dealing with security at Margaret Morton Government Center, City Hall - 45 Lyon Terrace and Health Department -

ARTICLE 5 - TOP SENIORITY

5.1 Union officials, limited to seven (7) officers and twenty (20) stewards shall have top seniority for purposes of lay-off and recall. Upon the execution of this Agreement, the Union shall provide the Director of Labor Relations or his or her designee with the names of such officers and stewards.

ARTICLE 6 - LAY-OFF AND RECALL

6.1 In the event of a lay-off within any job classification, the employee with the least Seniority (as defined in Section 15.1 of this Agreement) within that job classification shall be laid-off first. Subsequent recalls to open positions in that job classification shall be in reverse order of the lay-off.

Any employee occupying a position subject to layoff, shall have the right to bump any other employee from any position within the same job classification, or to any position in any previously held job classification within the bargaining unit, except to a previously held position from which the employee was permanently removed for disciplinary reasons or for failure of the probationary period, provided said employee has greater Seniority (as defined in Section 15.1 of the Agreement) than the employee presently occupying the position ("Bumping Rights"). After all affected employees have exercised their Bumping Rights, the least senior employee within the classification shall be laid off. Any employee exercising Bumping Rights shall retain their salary at the time of the layoff, except when Bumping Rights are used to move to a lower job classification, in which case the employee's salary shall be reduced to the top step in the lower classification.

Notwithstanding anything contained in this Article 6, the protection presently afforded employees in the classified service concerning layoff and recall set forth in the existing Rules of the Civil Service Commission shall continue to be in effect, except that the language of section 15.1 of the CBA shall control with respect to the definition of seniority.

In all cases where layoff occurs, the City will provide the Union as much advance notice as possible and in no event shall such notice be less than five (5) working days unless an emergency or unforeseen circumstance arises, in which case the City will notify the Union as soon as possible.

ARTICLE 7 - BARGAINING UNIT

7.1 This Agreement applies to and includes all employees listed in the certification of the Connecticut State Board of Labor Relations issued December 27, 1976 and Decision No. 1440-C as amended by Decision No. 2482-A issued June 26, 1986 and State Board of Labor Relations Case No. ME-31018 (Detention Officers) dated July 8, 2014, and including all job classifications listed on Appendix A. ")

7.2 Part-time employees who work twenty (20) hours or more per week are included in the bargaining unit; those who work less than twenty (20) hours per week are excluded.

7.3 The inclusion of a newly established classification will be a subject for negotiations between the City and the Union.

7.4 Any dispute on whether a newly established classification is to be included or excluded from the bargaining unit will be submitted to the Connecticut State Board of Labor Relations to resolve such dispute.

If a newly established classification is determined to be a part of the bargaining Unit, such classifications shall be included as a part of the bargaining unit without having to resort to an election.

ARTICLE 8 - UNION ACTIVITIES

8.1 The City agrees that the Union Officers or Stewards shall have time during working hours without loss of pay for the investigation and adjustment of grievances, permission to absent himself/herself from his/her work area may be withheld by the supervisor only because of operation requirements, but in no event later than the start of the next regular shift. The Union agrees that the complaint will be handled as quickly as possible. The City agrees that the Union President shall have extensive and unfettered free leave with pay from the workplace to conduct Union business. The Union President agrees in good faith to inform his or her supervisor of his or her whereabouts.

If the Union President's annual salary exceeds \$60,000, the Union President may in his/her sole discretion and at his/her annual election made on each anniversary date of the Agreement, either accept an annual salary reduction to \$60,000 during the period of his/her Union presidency, or be available for work on a weekly basis without regard to his/her Union duties and at his/her regular hourly rate of pay, for that period of time for which annual salary wage payments equal the difference between 1/52 of the Union President's Annual Salary, and \$1,153.85 (1/52 x \$60,000). Scheduling of such work shall be made in coordination with his/her supervisor at the same time the annual election is made.

8.2 The seven (7) Members of the Executive Board may attend meetings for the purpose of negotiations during working hours without loss of pay.

8.3 Union Officials may attend meetings during working hours without loss of pay when such meetings are requested or approved by the Labor Relations Office.

8.4 Union Officers shall be able to consult with the Employer, his/her Representative(s) concerning the enforcement of any provisions of this Agreement, provided the City's Labor Relations Director or his/her designee is notified of such meetings and consultations.

8.5 During each year up to five (5) City employees who are chosen by the Union as official delegates of such State Convention of NAGE shall be granted three (3) days leave without pay for the sole purpose of attending the sessions of such State Convention as voting delegates. Once in each four (4) year period, up to three (3) City employees who are chosen by the Union to be Official delegates to the National Convention of NAGE shall be granted five (5) days of leave with pay for the sole purpose of attending the session of such National Convention as voting delegates. The Secretary of the Union will certify in writing to the appropriate City departments the names of those City employees who are chosen by the Union to act as its official delegates to either of such NAGE conventions at least fourteen (14) working days prior to the first day on which the leave with pay is to become effective.

8.6 The five (5) members of the Union Grievance Committee and the grievants shall be granted leave from work with full pay in order to attend grievance meetings or hearings when such meetings or hearings take place the same time that such members are scheduled to work. It is understood that the time the grievants are excused from work will be limited to the time actually spent in meetings or hearings including pre-arbitration meetings with Union Officials and travel to and from said meetings.

ARTICLE 9 - VISITS BY UNION REPRESENTATIVES

9.1 Accredited representatives of the NAGE Local RI-200 and the National Union shall have access to the premises of the Employer, at reasonable times, provided he/she notifies the supervisor in the work area of his/her presence when he/she arrives and his/her presence will not disrupt the orderly routine of the department. If access is denied, the Employer, upon request, will provide a reason for such denial and shall, as soon as practicable, provide alternate reasonable date(s) and/or time(s) when access will be provided.

ARTICLE 10 - BULLETIN BOARDS

10.1 The City may, at its discretion, furnish and maintain suitable bulletin boards in convenient places in each work area that may be used by the Union. The Union agrees that the material posted will not contain propaganda against or attacks upon the City or any official thereof.

ARTICLE 11 - COPIES OF CONTRACT

11.1 Within ninety (90) days after the signing of this Agreement, the City shall furnish to the Union one hundred (100) signed copies together with one(1) pdf electronic copy of the Agreement from the City, to be provided to new employees at the time of hire.

ARTICLE 12 - HOURS OF WORK AND OVERTIME

12.1 All employees covered by this Agreement will work a forty (40) hour week except as otherwise set forth in Appendix B. Normal hours of work, if different from the above, shall be established by each department.

The starting and finishing time of the hours of work for employees covered by this Agreement may be changed for seasonal and operating reasons or for the convenience of the public, after the City meets and confers with the union regarding such changes.

The City, at its option, may change the hours of work from thirty-two and onehalf (32½) or thirty five (35) to thirty five (35) or forty (40) hours. In the event that the City exercises its option, the affected employee(s) shall be paid for such additional hours at their then current regular hourly rate(s) of pay.

This provision is not intended to restrict Saturday hours in departments which have in the past provided service to the public on Saturday, whether seasonal or otherwise.

12.2 Employees required to work more than forty (40) hours in one regularly scheduled week, shall be compensated for such overtime at time and one-half (1 1/2) their regular hourly rate. City Hall employees required to work on Saturday, outside their normal work week shall receive one and a half (1 1/2) times their hourly rate for hours worked after three (3) hours.

12.3 Overtime shall be awarded as follows:

12.3.1 Overtime assignments shall be made consistent with this Article 12, distributing overtime as equitably as practicable among the employees holding the job

classification(s) affected by the overtime assignment. Provisions concerning overtime assignments specific to certain departments are set forth in Appendix B.

12.3.2 Overtime assignments will be offered first to employees within the job classification at the building or site of the assignment. Supervisors will use a rotating list of all non-probationary employees within the job classification at that building or site for making initial offers of overtime. The list shall be in order of seniority. The supervisor shall offer the assignment to the first name on the list and continue until the overtime opportunity is filled. Employees refusing the overtime assignment will be charged as though he/she worked it. Probationary employees shall not be included on the rotating list, and shall not be offered overtime unless except in accordance with Section 12.3.4.

12.3.3 If all employees within the job classification at the building or site of the assignment refuse the overtime, supervisors will consult the rotating list of all employees occupying the same job classification within the department. The supervisor shall offer the assignment to the first name on the list and continue until the overtime opportunity is filled. Employees refusing the overtime assignment will be charged as though he/she worked it.

12.3.4 If the supervisor or acting supervisor has not found an employee willing to work overtime after exhausting the lists in 12.3.2 and 12.3.3 above, the supervisor or acting supervisor shall offer the overtime to any probationary employee within the job classification at the building or site of the assignment.

12.3.5 If the supervisor or acting supervisor has not found an employee willing to work overtime after exhausting the methods described in sections 12.3.2, 12.3.3 and 12.3.4 above, the supervisor or acting supervisor may, in his/her discretion, either order the least senior employee within that job classification at the building or site to work the overtime assignment, or perform the overtime work him/herself. In the event of an emergency declared by the Mayor, no one can refuse to work overtime. Any work performed by supervisors or acting supervisors under this 12.3.5 shall not cause the work to be characterized as "shared work" for any purpose.

12.3.6 A record of overtime hours worked by each employee in each department or division shall be posted monthly on each department's or division's bulletin board. Such record(s) shall be maintained for at least twelve (12) calendar months following the month in which the overtime was worked and made available to the Union upon request.

ARTICLE 13 - TEN MONTH POSITIONS

13.1 In addition to 12-month school security personnel positions, the Board of Education may also establish 10 month school security positions. The annual salary for 10-month positions shall be 10/12 of that for 12 month school security employees. The

Board shall have sole discretion in determining the number of 10 month and 12-month school security personnel positions needed based on the needs of the School District. All 10 month employees shall receive all benefits provided under this Agreement except as specifically otherwise provided herein. Current school security personnel shall be "grandfathered,, *i.e.*, shall remain 12-month employees and maintaining current benefits.

ARTICLE 14 - REPORTING TIME, CALL BACK PAY

14.1 Reporting Time Pay: Any employee who is scheduled to work and who presents himself/herself for work as scheduled, shall be assigned at least four (4) hours work on the job for which the employee was scheduled to report. If work is not available, the employee shall be excused from duty, and paid at his regular rate ("Reporting Time"). Reporting Time shall be paid at the employee's overtime rate for any hours of Reporting Time that would otherwise be payable at the overtime rate had the employee actually worked those hours.

14.2 Call Back Pay: When an employee is called in for work outside of his regularly scheduled working hours, (s)he shall be paid a minimum of four (4) hours at the applicable overtime rate. This provision applies only when such call-back results in hours worked and are not annexed consecutively to one end or the other of the working day.

ARTICLE 15 - SENIORITY, LONGEVITY, PROBATIONARY PERIODS

15.1 "Seniority shall mean length of service to the Employer by job classification. Such Seniority shall apply to the employee's rights in cases of layoffs, reemployment, transfers and vacation.

15.2 "Longevity" shall mean the total length of service to the Employer in any/all job classifications within or without the bargaining unit, excluding part-time employees working fewer than 20 hours per week or seasonal employment.

15.3 Within ninety (90) days after the signing of this Agreement and each January and June thereafter, the Employer shall prepare and deliver to the Union a list of employees in each job classification represented by the Union, showing each employee's Longevity, Seniority, and current rate of pay.

15.4 Any employee laid off by the City in or after January 1975 and rehired by the City under any federal grant employment program and subsequently rehired by the City shall be treated as if they had unbroken Seniority and Longevity.

15.5 Seniority for new employees hired on the same day into the Telecommunications

Officer (TCO) job classification will be determined by civil service test scores.

15.6 Probationary Periods:

15.6.1 New Employees a) All new employees shall serve an eight (8) month new employee probationary period, except for new Detention Officers and Telecommunications Officers ("TCOs"), who shall serve a (12) month new employee probationary period. Upon successful completion of the new employee probationary period, the employee shall be classified as a permanent employee. The probationary period shall be counted as part of the employee's Seniority and Longevity after the employee is considered permanent. During the 8 month new employee probationary period, the City may terminate or otherwise discipline the new probationary employee and such action shall not be subject to the grievance and arbitration process.

b) The City shall perform at least two (2) job performance evaluations during the new employee probationary period in which the employee is appraised in writing as whether they have adequately learned and/or performed the functions and responsibilities of the position and provide the employee with a fair opportunity to correct any deficiencies. The evaluations provided hereunder shall be required for termination(s) based upon an employee's failure to adequately learn and/or perform the functions and responsibilities of the position. The City's failure to perform such evaluations shall be subject to the grievance and arbitration process with the remedy being a new eight (8) month probationary period.

c) New probationary employees shall earn but shall not be eligible to take vacation during their new employee probationary period. New probationary employees will be eligible to take earned vacation benefits after completing their new employee probationary period. All new and promotional probationary employees shall earn full sick leave credit during the periods of probation. Any sick leave utilized by probationary employees must be accompanied by a medical certificate acceptable to the Director of Labor Relations or his/her designee. New probationary employees will not be eligible for tuition reimbursement.

15.6.2 Permanent Employees. a) Permanent employees promoted to a higher classification within the bargaining unit shall serve a promotional probationary period of six (6) months. In the event an employee fails a probationary period (within or outside the bargaining unit) or becomes ineligible for the position because of testing, the employee may exercise Bumping Rights back to his/her previously held classification and have his/her seniority bridged for all purposes. While the employee is in the promotional probationary period, he/she shall have all rights under the grievance and arbitration procedure.

b) The City shall perform at least two (2) job performance evaluations during probation in which the employee is appraised in writing as whether they have

adequately learned and/or performed the functions and responsibilities of the position and provide the employee with a fair opportunity to correct any deficiencies. The evaluations provided hereunder shall be required for termination(s) based upon an employee's failure to adequately learn and/or perform the functions and responsibilities of the position. The City's failure to perform such evaluations shall be subject to the grievance and arbitration process with the remedy being a new six (6) month probationary period.

15.7 Any employees removed or terminated from his/her position due to performance failure(s) during the promotional probationary period may appeal the removal or termination to the Civil Service Commission. Such appeal must be filed with the Commission within fourteen (14) calendar days from the date of termination, or such longer period as may be authorized under Civil Service Rules.

ARTICLE 16 - JOB POSTINGS AND JOB VACANCIES

16.1 When a position vacancy exists in a job classification covered by this Agreement, the position vacancy shall be posted where employees customarily assemble and in a conspicuous place in the department for five (5) days and on the appropriate Personnel Department's website. Qualification for the position will be determined by the employer. If multiple qualified employees, as determined by the employer, bid on the position, seniority will be the deciding factor. The City shall not be obligated to post vacancies for entry level positions identified on Exhibit 1 or any newly created entry level position(s), but shall be required to post all other vacancies for positions covered by this Agreement.

ARTICLE 17 - DISCIPLINARY PROCEDURE

17.1 The City of Bridgeport and its representatives shall exercise full disciplinary authority consistent with its responsibility to direct employees to perform the required work duties in order to achieve department program goals and satisfactory municipal service to the general public.

17.2 All disciplinary action shall be applied in a fair manner and shall not be inconsistent to the infraction for which the disciplinary action is being applied.

17.3 Disciplinary action shall be progressive and shall include (a) a verbal warning, (b) a written warning, (c) suspension without pay, and (d) discharge. The City and the Union recognize the concept of the progressive discipline policy outlined above; however both parties agree that there are certain grave offenses wherein the discipline imposed by the City does not require compliance to the aforementioned provisions. Progressive discipline involving attendance and tardiness shall not be governed by this Section 17.3 but shall be governed by the City's Attendance and Tardiness

policies.

17.4 Except as specifically limited elsewhere in this Agreement, all disciplinary action, except discipline of probationary employees, may be appealed either through the established grievance and arbitration procedure (Article 18), or through the Civil Service Commission, but not both.

17.5 When a minimum of two (2) years have elapsed without the employee receiving further discipline, the City shall remove memorandum of reprimand (i.e., verbal warnings, written warnings) from the employee's personnel file upon receipt of a written request by the employee.

17.6 All discipline, including written evidence of oral warnings, suspensions and discharges will be stated in writing and transmitted to the employee, at the last known address, and a copy provided to the Union. In all such written discipline cases, the Union and the employee will be notified of the action by letter. Notification to the employee may be done by hand delivery or via certified mail, return receipt requested. Notification to the Union may be by electronic mail, delivery receipt required.

ARTICLE 18 - GRIEVANCE AND ARBITRATION PROCEDURE

18.1 Any grievance or dispute which may arise between the parties, concerning the application, meaning or interpretation of this Agreement, shall be settled only in the following manner, except that any grievance or dispute which may arise regarding Civil Service Rules and Regulations that are not a concern of this Agreement shall be settled through the established Civil Service procedure. A "Day" for the purposes of this Article shall mean workday, Monday through Friday, excluding holidays, for all employees.

Step 1 The employee or the Union Officer, with or without the employee, shall file the grievance or dispute in writing with the employee's supervisor or department head and the Office of Labor Relations within ten (10) Days of the date of the circumstances giving rise to the grievance or within ten (10) Days from when the employee reasonably should have known of those circumstances. Such grievance must contain the following information:

1. A statement presenting, in a concise manner, a general description of the grievance.
2. A statement outlining the relief sought; and
3. Specific reference to the clause or clauses of the agreement, which the grievant feels have been violated.

The failure to strictly comply with the provisions of sub-paragraphs 1, 2, and 3 aboveshall not be the basis for claiming a grievance is not arbitrable. The City shall

have five (5) working days to respond to the grievance at Step 1. A disposition at this step will not be cited as precedent by either party.

Step 2 In the event the grievance is not resolved at Step 1, the grievance shall automatically be scheduled by the Office of Labor Relations for a Step 2 hearing. The hearing date shall be set not more than fifteen (15) days from the date the grievance was filed, and the Union shall be provided with not less than three (3) Days advance notice of the scheduled hearing date. The Labor Relations Office shall have ten (10) days after the hearing to issue a written decision at Step 2.

Step 3 If the grievance remains unsettled either party may, within thirty (30) days after the Step 2 decision is issued, request arbitration by the State Board. Said Board shall hear and act on such dispute in accordance with its rules and regulations.

Any suspension or termination grievance may be processed by the Union directly to Step 2, within ten (10) Days of imposition of the discipline. The parties agree that every attempt shall be made to schedule arbitration hearings in discharge cases within 120 days of the filing date for arbitration. If a grievance is not answered within the prescribed time limits at each step, the grievance may be presented to the next step of the grievance procedure.

18.2 Any of the time limits in this Article may be waived or enlarged upon mutual written consent.

18.3 The arbitrator(s) shall limit their decisions strictly to the application, meaning or interpretation of the provisions of this Agreement. The arbitrator(s) shall not add to, nor subtract from, the terms of this Agreement as written. The arbitration award shall be in writing and shall set forth the opinion and conclusions on only the issue submitted.

18.4 The decision of the arbitrator(s) shall be final and binding on the parties, and the arbitrator(s) shall be requested to issue its decision within thirty (30) days after the conclusion of testimony and argument.

18.5 Expenses for the arbitrator(s)' services and the proceedings shall be borne equally by the Employer and the Union. However, each party shall be responsible for compensating its own Representatives and witnesses. If either party desires a verbatim record of the proceedings, it may cause such a record to be made, providing it pays for the record and makes copies available without charge to the other party and to the arbitrator(s).

18.6 Nothing contained in this Article shall prevent any employee from processing his own grievance through the grievance procedure in accordance with Section 7-468(d) of

the C.G.S providing that the Union shall be promptly notified of such grievance as it is being processed. The Union shall have the sole and exclusive right to process the grievance to arbitration.

18.5 The parties agree to the utilization of an expedited arbitration system for cases which both parties agree.

18.6 The parties further agree that forums other than the State Board of Mediation and Arbitration such as the American Arbitration Association (A.A.A.) or the Federal Mediation and Conciliation Service (F.M.C.S.) may be used to comply with the provisions of this Article.

18.7 All grievances not resolved at Step 2 may be submitted to mediation upon mutual agreement of the parties.

18.8 Either party may select up to five (5) cases per contract year for arbitration before the American Arbitration Association. The selecting party shall pay the costs of such arbitrations.

ARTICLE 19 - TRANSFERS AND ASSIGNMENTS

19.1 Transfer is defined as the change of an employee from one City department to another City department, within the same job classification and with the approval of the department heads and the Personnel Director.

19.2 Reassignment is defined as the change of an employee from one work site to another work site within the same department, within the same job classification. Assignment shall also be construed to mean re- assignment.

19.3 Employees desiring to transfer to other jobs shall submit an application in writing to their immediate supervisor. The application shall state the reason for the requested transfer.

19.4 Employees requesting transfer shall be transferred on the basis of seniority, provided he/she has the ability to do the job effectively without further training.

19.5 The City may transfer and reassign employees provided the employees to be transferred or reassigned be given three (3) full working days notice, excluding holidays and weekends. Upon such notification the department head or immediate supervisor shall meet and explain the reasons for the transfer or reassignment to the employee. The City agrees that transfers and assignments shall not be for reasons other than sound business or operating reasons. The City further agrees that transfers and reassignments shall not reduce the normal weekly work hours, excluding overtime, of

the affected employee(s). The City also agrees that Seniority shall be a factor to be considered by the City when initiating a transfer or reassignment, but Seniority shall not be the sole determining factor.

ARTICLE 20 - SHIFT AND SCHEDULE PREFERENCE

20.1 Shift preference will be granted on the basis of seniority within the job title as openings occur. Such preferences shall be exercised first by employees within a division. If no employees within the division exercise such preferences, then employees within the department will be given preference by seniority.

ARTICLE 21 - TRAINING AND TUITION REIMBURSEMENT

21.1 If training is conducted during normal working hours, the employee shall receive his/her regular hourly rate while undergoing training. If training is conducted outside normal working hours, no compensation will be paid to employees under going training, unless such training is required by the City.

21.2 In the selection of trainees, qualified applicants will be determined by the employee's expression of interest, aptitude and work record. From the qualified applicants, assignments to training will be in order of Seniority.

21.3 Detention Officers will undergo an initial training period of approximately six and one-half (6 ½) weeks plus an additional four (4) week field training period with training content and the term of training to be determined by the Chief of Police or his/her designee. During training, DOs will work forty (40) hours per week based upon an 8:00 a.m. to 4:30 p.m. workday with one half (1/2) hour unpaid lunch. DOs in training will be assigned as the Chief of Police or his/her designee determines, in his/her sole discretions, the needs of the Police Department and the training program require.

21.4 In accordance with the C.G.S. concerning Municipal Police Training, Special Officers and Harbor Masters shall receive a minimum of forty (40) hours training every three (3) years paid for by the City.

21.5 Tuition Reimbursement: The City shall reimburse each employee for monies actually paid out by the employee for tuition up to a limit of \$1,500 per fiscal year. Monies not spent shall not be rolled over year to year. Reimbursements shall be made within sixty (60) days of submission of the employee's payment to the Director of Labor Relations or his designee and upon satisfactory completion at a grade C or better for each course, at an accredited institution, in subjects which are designed to increase his/her proficiency in his/her present or potential assignment at his/her respective departments or any department within the bargaining unit. The employee must apply

and maintain written of the Department Head in advance of enrollment. Such approval shall be limited to whether or not the employee's request complies with the standards set forth within this Article and shall not be unreasonably withheld. The tuition reimbursement expenditures for the bargaining unit shall be capped at forty thousand dollars (\$40,000) per fiscal year for all NAGE members. Employees must remain in City employment for a period of two (2) years after completion of a course or the employee shall reimburse the City for any tuition reimbursement received during the two year period prior to separation from employment.

ARTICLE 22 - SAFETY AND HEALTH

22.1 A joint Safety and Health Committee will be established to study City and Board of Education facilities and equipment utilized by employees within the bargaining unit and to make reports and recommendations concerning remedial action as the situation may require. The Union is to appoint three (3) members of this Joint Committee. The City will appoint three (3) members. The mayor of the City will appoint a seventh (7th) to act as Chairperson. Either party shall have the right to replace its members at its pleasure.

The Joint Committee shall conduct meetings at least once in each calendar month.

ARTICLE 23 - REST PERIODS

23.1 All employees' work schedules shall provide for a fifteen (15) minute rest period during each one-half shift. The rest period shall be scheduled at the middle of each one-half shift whenever this is feasible, but may not be annexed to the lunch break unless the supervisor approves on an instance by instance basis.

23.2 Employees who, for any reason, work beyond their regular quitting time into the next shift shall receive a fifteen (15) minute rest period before they start to work on such next shift. In addition, they shall be granted the regular rest periods that occur during the shift.

ARTICLE 24 - SPECIAL PROVISIONS RELATING TO SPECIFIC JOB CLASSIFICATIONS

24.1 Special Officers and Harbor Masters are authorized with arrest powers in the enforcement of City ordinances. Said powers shall be consistent with statute and other applicable law.

24.2 Special Officers shall not take assigned vehicles home at the conclusion of their shifts.

24.3 Park Special Officers vacancies shall not be filled and Park Special Officers will be eliminated through attrition. The jurisdiction and scope of duties of Park Special Officers shall be assigned by the Police Chief.

24.4 Detention Officers will be required to submit to annual physical fitness testing which shall be based upon the "Cooper Standards" used in the Connecticut Municipal Police Academy (copy attached as Appendix I). Refusal or failure to take the annual physical test (except for authorized leave or documented physical incapacity) shall be cause for discipline. Such physical testing shall be conducted during the DOs regular work shift. DOs must maintain the percentile of fitness required by the City's Police Department Training Division for successful completion of initial training for DOs adjusted for age and gender. Any DO who fails the test will be retested within ninety (90) days. The first failure on a retest will result in a one (1) day suspension without pay. The second failure will result in a five (5) day suspension without pay. Upon the third failure, the City may terminate the DO.

24.5 Telecommunications Officers (TCOs) working as Communications Training Officers (CTOs) shall be paid an additional seven and one-half percent (7.5 %) of their straight time regular hourly wage, which shall be included in the next pay period. Selection of TCOs to serve as CTOs shall be based on qualifications to be determined by the Director of Emergency Management and Homeland Security or his/her designee. Seniority will be considered, but shall not be the sole qualifying factor.

24.6 Sub-guards will continue to be utilized by the City through the end of the 2022-2023 school year. The Sub-guard job classification in the bargaining unit represented by NAGE will be eliminated effective on or before July 1, 2023. Thereafter, all employees in the Sub-guard job classification or performing duties as a Sub-guard will be reclassified as either a) a regular employee in the pre-existing Security Guard job classification now represented by NAGE, or b) a part-time employee working fewer than twenty (20) hours per week and excluded from the bargaining unit represented by NAGE. Any and all previous side agreements or memoranda of understanding concerning Sub-guards are expressly disavowed by the parties and are of no force or effect.

ARTICLE 25 - WAGES

25.1 Effective and retroactive to July 1, 2022 there shall be a three percent (3%) wage increase for all employees in all job classifications covered by this Agreement.

Effective July 1, 2023 there shall be a three percent (3%) wage increase for all employees in all job classifications covered by this Agreement.

Effective July 1, 2024 there shall be a three percent (3%) wage increase for all employees in all job classifications covered by this Agreement.

Effective July 1, 2025 there shall be a one and one-quarter percent (1 1/4%) wage increase for all employees in all job classifications covered by this Agreement.

Wage rates for all currently occupied job classification covered by this Agreement are set forth in Appendix C.

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

25.3 In determining an employee's rate of pay for any monetary benefit under this Agreement, the basis to be used in such determination shall be the employee's regular annual, weekly or hourly rate, whichever is appropriate in determining such benefits. However, any retroactive pay increases shall apply to all overtime compensation paid.

25.4 In no event shall any additional monies received as a result of any other provision of this Agreement be considered as a portion of an employee's regular annual, weekly or hourly rate. The single and sole criterion for making a determination of any employee's annual weekly or hourly rate shall be the salary being paid in accordance with the applicable wage schedule.

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

25.6 Employees required to work in a higher classification than their normal classification shall be paid the rate of the higher classification for that period of time.

25.7 Employees after one hundred and twenty (120) days in an Acting or Provisional status shall receive the Acting or Provisional pay rate for purposes of all leaves and vacations. Acting and Provisional employees shall also receive all pay step increases afforded the classification after one (1) year in that status which they are Acting or Provisionals.

25.8 Merit increases may be granted by the appointing authority should the employee have maintained a standard of attendance and job performance acceptable to the appointing authority. Should the appointing authority fail to recommend the merit increase, the reasons therefore shall be reduced to writing and provided to the employee. Should the employee feel that the reasons for the denial are not substantiated the Union may file a grievance concerning the matter. The grievance shall be decided by a panel comprised of one person chosen by the Union, one person chosen by the City and the third chosen by both of them. The panel shall be impaneled within ten (10) days of the denial. Should this time frame not be met the

appeal will be heard as expeditiously as possible regardless.

25.9 All employees shall be enrolled in direct deposit.

25.10 The parties agree to work together diligently to negotiate and develop a more appropriate step increase program for all bargaining unit positions for inclusion in any successor agreement to this Agreement. The parties will meet, whether in person or remotely via video and/or audio conferencing, not less frequently than once per month commencing not later than 60 days after this Agreement becomes effective and continuing thereafter until the next agreement has been reached.

ARTICLE 26 - LONGEVITY PAYMENTS

26.1 Each employee who was hired prior to July 1, 1992 and who has or will have five (5) or more years of continuous municipal service, shall receive in the pay period subsequent to October 1st of each contract, year, and annual payment equal to seventy-five dollars (\$75) for each year of completed service. Such payment shall not exceed one thousand eight hundred dollars (\$1,800). Effective October 1, 2006, the cap on such payment shall increase to two thousand two hundred and fifty dollars (\$2,250). Employees hired after July 1, 1992 shall be eligible to receive longevity pay as provided above after then (10 years of continuous municipal service).

26.2 Employees who leave service prior to October shall receive a Longevity Pay pro-rata for the period qualified. In case of an employee's death, his/her spouse and/or children shall receive the Longevity Payment effective upon this Award.

ARTICLE 27 - SHIFT PREMIUMS

27.1 Employees working on the second or third shift shall be paid a premium of one dollar and fifteen cents (\$1.15) for each hour worked on the second or third shift.

27.2 The above premium shall be added to the employee's rate for the purpose of computing pay for sick leave days, for paid holidays, for paid personal days, for vacation days under this Agreement.

27.3 Shifts shall be defined as follows: Second shift shall be 3:00 p.m. to 11:00 p.m., or 4:00 p.m. to 12:00 a.m., as the case may be; Third shift shall be 11:00 p.m. to 7:00 a.m., or 12:00 a.m. to 8:00 a.m., as the case may be.

27.4 Notwithstanding any other provisions of this Agreement, the City may with thirty (30) days advance notice change the shift schedule set forth in Section 27.3

by no more than two (2) hours either way.

ARTICLE 28 - APPAREL, UNIFORMS & EQUIPMENT

28.1 The City shall provide to any City employee, required to wear protective clothing, his/her own protective clothing of good quality and condition. Such clothing shall consist of rain gear, boots, gloves and goggles, or any other protective clothing deemed necessary by the Occupational Safety and Health Administration (O.S.H.A).

28.2 Uniforms for Special Officers, Deputy and Senior Deputy Harbor Masters, and Detention Officers damaged in the line of duty will be replaced by the Employer, (respective departments), at no cost to the employee, or deduction from the uniform allowance upon approval of the Department Head. Personal property used in the line of duty will be replaced by the Employer on the same basis. Approval shall not be unreasonably denied, except for normal wear and tear which shall be paid for out of the uniform allowance.

28.3 The Employer shall provide each Special Officer and Harbor Master his/her own foul weather gear of good quality and condition. Such clothing shall consist of a reversible raincoat, one side of which shall be of a bright luminous color for traffic duty purposes, rubbers and a weatherproof hat cover. The Employer shall provide each Harbor Master his/her own Mustang Suit for foul weather.

28.4 The City shall provide Special Officers and Harbor Masters two-way communications equipment in their radio cars and hand units for the Special Officers on foot patrol.

28.5 Annual Apparel and Equipment Allowances:

- a. Cafeteria Workers shall receive a uniform allowance of three hundred seventy-five (\$375.00) for each contract year.
- b. Lab Technicians shall receive three hundred dollars (\$300) for the purchase of uniforms each contract year.
- c. Full-time Special Police and Senior Deputy and Deputy Harbor Masters shall receive eight hundred dollars (\$800) per year for uniform allowance each contract year.
- d. Animal Control Officer shall receive a uniform allowance of five hundred dollars (\$500.00) each contract year.
- e. Housing Code Inspectors; Sanitarians; Epidemiological Inspectors; Outreach Tuberculosis Workers'; Property Appraisers; Zoning Inspectors and Anti-Blight Inspectors. shall receive an initial one-time allowance of four hundred dollars (\$400.00) for outerwear upon implementation of the current contract and three hundred dollars (\$300.00) each contract year thereafter

- f. All Telecommunications/Dispatch Operators shall receive three hundred dollars (\$300) per contract year for the purchase of uniforms.

28.5.1 All uniform allowances shall be payable the first pay day of August of each contract year.

28.6 Annual Apparel and Equipment Allotments:

- a. Full-time custodians shall be provided with a uniform allotment consisting of three (3) shirts, four (4) pairs of pants, one (1) vest and one (1) jacket. The uniforms shall be replaced as necessary.
- b. Parking Enforcement Officers shall be provided with a uniform allotment of three (3) summer uniforms and three (3) winter uniforms each contract year.
- c. Outreach personnel in the Health Department shall be provided with two (2) lab coats. The lab coats shall be replaced as necessary.
- d. Cafeteria Workers shall be provided with a back brace upon written request to the Department Supervisor.
- e. Security Guards, for the first and third contract years of this Agreement, shall be provided with an allotment of four (4) pairs of uniform pants and four (4) uniform shirts, the type and design to be determined solely by the City of Bridgeport. For the second and fourth contract years of this Agreement, Security Guards shall be provided with an allotment of one (1) black belt, one (1) police security outdoor jacket, and one (1) pair of either black boots or sneakers appropriate for use while performing Security Guard duties. The process by which the employees receive the allotments will be determined solely by the City of Bridgeport, but the allotment shall be made within the time period specified in 28.6.1.
- f. Detention Officers shall be provided with an allotment of three (3) short sleeve shirts, three (3) long sleeve shirts which shall be embroidered with a badge and a name, three (3) pairs of B.D.U. pants and one (1) pair of shoes . Such shoes shall be in conformity with the color and type worn by the City's Police Officers. Detention Officers will wear the uniform designated by the City's Police Department for Detention Officers. No additional embroidery, patches or variations of the designated uniform will be permitted.

28.6.1 All uniform allotments shall be delivered to employees on the first pay day of August of each contract year.

28.7 Advanced Rabies Immunizations. - The City shall provide and pay for advanced rabies immunization shots for all active Assistant Animal Control Officers and upon hiring for all new Assistant Animal Control Officers. Such shots are to be distinguished from the normal rabies treatment that would occur when a possible exposure arises.

ARTICLE 29 - INSURANCE

29.1 The City shall provide and pay for the Health Benefits for all employees and

their enrolled eligible dependents as follows:

A) "Medical Benefits" in accordance with the CT Partnership 2., a copy of which is annexed to the originals of this Contract and is on file with the City and the Union (the "Medical Plan") Appendix E.

B) Drug Prescription plan (covering all approved medications) with the CT Partnership 2.0 Plan with an annual maximum and co-pays as described in the attached "Your Personal Prescription Benefit Program" section contained in Appendix F.

C) The twenty-five dollar (\$25.00) deductible CIGNA Dental Plan, or its equivalent, excluding orthodontia (the "Dental Plan") described in Appendix G.

D) The VSP Vision Plan, or its equivalent, as outlined and attached hereto as Appendix H (the "Vision Plan").

29.2 The City shall provide and pay for the cost of a Group Life Insurance Policy in the amount of twenty-five thousand dollars (\$25,000) dollars with accidental death and dismemberment for all employees.

29.3 Retirees prior to the first day of this Agreement, and their surviving spouses, if any, will receive benefits for health care as defined in the plans in existence under the contract which governed their retirement (or such alternative coverage as they have accepted) and make contributions to coverage, if any, in accordance with such contracts(s).

29.4 For health benefit eligible retirees and their enrolled eligible spouses at the time of retirement, upon attaining Medicare eligibility after their actual retirement date, the premium cost share for health care benefits shall be based upon the premium rate of the supplemental plan provided by the City for said retirees and their spouses. The premium cost share for the retiree's dependents, including a spouse, who is not Medicare eligible, shall be based upon the Fully Insured Equivalent rate for the coverage provided to such dependents.

29.5 A) Benefits under the Medical Plan or, if appropriate due to age, Medicare Part Band the Medicare Supplement Plan to the extent needed, and the Prescription Drug Plan for retirees, who retired on or after June 30, 2001, and their enrolled eligible dependents on the date of retirement, if any, will be modified to conform to such benefits as provided to the active employees as the same may, from time to time, be modified under future collective bargaining agreements. No additional dependents may be enrolled under an employee's benefit package after retirement.

B) If any employee who retires on or after July 1, 1999 shall have available coverage for Medical Benefits through subsequent employment of the retiree or through the retiree's spouse, such retiree shall apply for, and if eligible obtain, such coverage provided that such alternative coverage shall not exceed in premium cost to the retiree the cost which the retiree would have paid to the City for Medical Benefits coverage except as provided below. The retiree shall not take advantage of any buy- out program in such coverage. The Medical Benefits provided by the City of Bridgeport shall remain secondary to those other Medical Benefits obtained by the retiree, except that in the event the retiree shall not be eligible for alternative coverage, where the retirees' premium cost would be less than the retiree's premium cost for the City's Plan and the City shall not have exercised an option to reimburse the retiree or surviving spouse for such additional cost, the Medical Benefits provided by the City of Bridgeport shall become primary for the retiree and the retiree's spouse. The retiree and the retiree's spouse who have alternate coverage to which they must contribute shall not be required to contribute to the City's coverage to the extent of such contributions.

29.6 Whenever an employee covered by this agreement is suspended, all Health Benefits under Section 29.1 and insurance under Section 29.2 shall be provided throughout the period of suspension. Such Health Benefits and insurance shall continue to be provided for terminated employees, who have filed a timely grievance of such termination under this Agreement, until a final decision on such grievance in arbitration or six (6) months from the date of termination, whichever is sooner.

29.7 The City may offer the privilege of choosing an alternative health care carrier and/or administrator and/or plans in lieu of the City's Plan as set forth in Section 29.1 of this Article. Enrollment periods shall be annually in May of each year. For employees electing the alternative, the City shall remit monthly to the Plans in an amount up to but not to exceed that which the City pays for the City's Plans Insurance as specified in Section 29.1 of this Article. If the cost for the alternative is greater than the amount the city would have paid or contributed had the employee not elected such plan, then the City agreed to deduct from the employee's pay, upon receipt of a written authorization from the employee, the additional amount required for full payment of the alternative premium.

29.8 The City shall be permitted to substitute insurance or benefits arrangements from any source for the Plans provided for in Section 29.1 of this Article. Such substitutions shall be permitted if the substituted coverage offers benefits and methods of administration, processing and payment of claims at least equal to those specifically provided for in Section 29.1 of this Article.

Before the City may substitute, it must negotiate the substitution with the Union. If the Union does not agree to the substitution, the City must claim the matter for arbitration in accordance with single member panel rules of the American Arbitration Association. The Arbitrator will order the substitution, if after weighing the total benefits and methods of administration, processing and payment of claims offered by the City's proposal against the total benefits and methods of administration, processing and payment of claims offered by the Plan specified in Section 29.1 of this Article, he/she finds that the average bargaining unit member will, on an overall basis, benefit at least as well under the proposed substituted coverage. Nothing herein shall require the City to propose total substitutions for the coverage provided in Section 29.1 of the Article and substitution may be proposed for any one or more of the specified coverages.

29.9 The City shall provide a payment in lieu of health benefits, for employees that waive such coverage, in the amount of two thousand (\$2,000) dollars per year. This payment will be paid in two (2) equal installments.

29.10 The parties shall continue to work through the Labor Management Cooperative Committee on health care, which may modify but not substantially change the health benefits as provided herein.

29.11 For purposes of this Article, "Premium Cost" shall be defined the actual premium cost paid for Medical Plan and Drug Prescription plan (Sections 29.1A and B) coverages, but excluding Dental Plan and Vision Plan (Sections 29.1C and D) coverages which are 100% paid by the City or if the City does not pay an actual premium cost, then the pseudo premium cost as developed by an independent third party administrator for purposes of establishing premiums pursuant to the Comprehensive Omnibus Budget Reconciliation Act ("COBRA")

1. Effective January 1, 2023 the Premium Cost Share (PCS) paid shall be 25% for all active employees. Thereafter, the PCS shall increase by 1% per year on July 1st of each year, until a cap of 33 1/3% is reached, except as otherwise set forth in paragraph 2 below.

2. Members of the bargaining unit on July 1, 2012, or new members of the bargaining unit by virtue of an intra-City transfer, who were hired on or before July 1, 2012 and who were regular full time employees on said date shall have their PCS contribution capped at twenty five percent (25%) for their health care insurance. This 25% PCS cap is guaranteed to remain in effect for said members throughout their period of employment with the City and their entire period of retirement.

3. Said PCS percentage shall be in accordance with either number 1 or 2

above regardless of the coverage category of employee only, employee plus one, or employee plus family.

29.12

A) The City will implement and shall maintain a plan pursuant to Section 125 of the Internal Revenue Code for all active employees so as to facilitate deduction of the amounts contributed for health benefits and for childcare from the gross income of the employee for tax purposes.

B) As an alternative to the current health and/or insurance benefits, the City may offer an employee benefits cafeteria plan which allows the employee to select from a specific list of benefits up to a yearly dollar amount as agreed; the details of which shall be subject to reopener negotiations at the request of either party.

29.13 Any employee hired after May 1, 2015 will not be eligible to receive post-employment medical benefits regardless of the service time the employee has with the City.

ARTICLE 30 - PENSION PLAN

30.1 All employees in the bargaining unit shall be covered by the Connecticut Municipal Employees Retirement System ("CMERS"). The employee contribution to CMERS shall be on a pre-tax basis subject to meeting CMERS requirements and all other City unions in CMERS agreeing to the pre-tax basis.

ARTICLE 31 - EMPLOYEE ASSISTANCE PROGRAM (EAP)

31.1 The City of Bridgeport recognizes that a wide range of problems not directly associated with one's job function can have an undesirable effect on an employee's job performance.

31.2 The City of Bridgeport also recognizes that almost any human problem can be successfully treated provided it is identified in its early stages, and referral is made to an appropriate modality of care. This applies whether the problem be one of physical illness, mental or emotional illness, finances, marital or family distress, alcoholism, drug abuse or legal problems.

31.3 Therefore, the City of Bridgeport believes it is in the interest of the employee, the employee's family and the City to provide an employee service which deals with such persistent problems.

31.4 The Employee Assistance Program may establish, and therefore eliminate, and provide its services to all City employees and their immediate family members at nocost to employee or family.

31.5 The decision to seek the assistance of the EAP is left with the employee. An employee may seek assistance on his/her own or may agree to accept assistance at the suggestion of his/her supervisor.

31.6 Employees are assured that their job, future and reputation will not be jeopardized by utilizing this employee service. Strict record confidentiality will be observed at all times. No one other than the EAP counselor and the employee shall have access to the employee's file and/or progress reports, except in cases where this is waived by agreement.

31.7 Employee problems causing unsatisfactory job performance will continue to be handled in a forthright manner within the established Bargaining Agreement procedures. There is no conflict or contradiction with the prevailing unit procedures.

31.8 To ensure consistency and cooperation, the appropriate union steward will, if the employee consents, become involved when necessary. It should be understood from the outset that this service is a cooperative effort supported by the administration and unions representing City employees.

ARTICLE 32 - HOLIDAYS

32.1 All employees of the City of Bridgeport shall be paid and have the following days off as holidays: New Year's Day, Martin Luther King Day, Presidents' Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day and any holiday officially proclaimed as such by the Mayor of the City.

32.2 If a holiday falls on Sunday, the following Monday shall be considered the holiday. If a holiday falls on a Saturday, the holiday shall be observed the preceding Friday. Employees who work in departments operating on a seven (7) day, twenty-four (24) hour basis will be paid for holidays on the actual day of the holiday.

32.3 In addition to receiving straight time pay as holiday pay for the holidays listed in Section 32.1, employees who work on either the holiday listed in Section 32.1, or the day on which such holiday is observed, shall be compensated for such work at 1 and 1/2 times their hourly rate for the longer period of work performed on either the actual holiday or the observed holiday, but not both. Employees who are scheduled off on a holiday

shall receive straight time for such holiday off.

32.4 To be eligible for holiday payment, the employee must have worked the full workday before the holiday and the full workday after the holiday, unless excused for reasons acceptable to the City, for example bereavement leave, personal illness, or illness on a holiday, provided the absence is accompanied by a medical certificate, acceptable to the Director of Labor Relations or his/her designee.

ARTICLE 33 - VACATIONS

33.1 Except as set forth below, vacations shall be in accordance with the ordinances of the City of Bridgeport which are now in effect and which provide for such vacations including pro-rated vacations for all part-time employees covered by this Agreement.

33.2 Employees are entitled to paid vacation each Contract Year based upon Tenure (as defined in Section 14.1) as follows:

Tenure	Vacation Entitlement
< 1 yr	One (1) day of paid vacation for each month of such continuous service but not to exceed seven (7) days in the Contract Year such service is rendered.
> 1 yr < 5 yrs	Ten (10) days
>5 yrs<10 yrs	Fifteen (15) days.
>10 yrs < 20 yrs	Twenty (20) days.
<20 years	Twenty-five (25) days

33.3 Vacation Carryover and Vacation Payout

33.3.1 Employees with five or fewer vacation days are not eligible for Vacation Carryover or Vacation Payout, as defined below.

33.3.2 Employees with ten (10) or more vacation days may carry over not more than five (5) unused vacation days from one contract year to the next contract year ("Vacation Carryover").

33.3.3 Employees with fifteen (15) or more vacation days are eligible for Vacation Carryover and also may elect to receive payment, in lieu of vacation for ten (10) vacation days each contract year ("Vacation Payout"). Any employee eligible for both Vacation Carryover and Vacation Payout may elect to take one or both in any contract year/vacation year. Each employee must take at least one (1) week vacation during each contract year.

33.3.4 Employees who have not carried over from the prior year and who

elect to take a Vacation Payout will be paid in accordance with the employee's current salary. An employee who carried over vacation from the prior year and elects the Vacation Payout option shall be paid at a rate equal to such employee's salary in effect at the end of the prior contract year. All payout shall be paid to the employee at the end of the contract/vacation year in which the election is made and at the pay rate in effect on the date(s) such vacation was earned.

33.4 All TCO's eligible for one or more weeks of vacation must take one vacation week as a unit. A unit shall consist for four (4) days.

33.5 If a holiday falls during an employee's vacation, such employee will not be charged a vacation day on the day of the holiday.

ARTICLE 34-SICK LEAVE

34.1 Sick Leave Accrual:

34.1.1 On December 31, 2022, employees hired after June 30, 1992, shall be awarded five (5) sick leave days for the preceding six month period July-December 2022. Employees hired prior to June 30, 1992 shall earn sick leave at the rate of one and one-quarter working days for each calendar month of service during the six month period July-December 2022. Effective January 1, 2023 all employees shall earn sick leave at the rate of one and one-quarter working days for each calendar month of service, the total of which shall not exceed fifteen (15) days in the first twelve (12) months.

34.2 All unused sick leave of any employee shall be accumulated without limitations. Sick leave shall continue to accumulate during leaves of absence with pay and during the time an employee is on authorized sick leave or vacation time.

34.3 A medical certificate, acceptable to the appointing authority, may be required for any absence consisting of three (3) or more consecutive working days.

34.4 Sick Leave Payout:

34.4.1 Employees whose employment is terminated voluntarily or involuntarily and who were hired on or before June 30, 1992 shall receive a lump sum payout equal to eight-five per cent (85%) of the value of the total accumulated but unused sick leave calculated by using the employee's rate of pay at time of termination of employment.

34.4.2 Employees whose employment is terminated voluntarily or involuntarily and who were hired after June 30, 1992 and on or before ratification of this Agreement, shall receive a lump sum payout equal to fifty per cent (50%) of the value of the total accumulated but unused sick leave with a maximum accumulation of two hundred (200) days, calculated by using the employee's rate of pay at time of termination of employment.

34.4.3 Employees whose employment is terminated voluntarily or involuntarily and who were hired after ratification of this Agreement shall not be entitled to receive any lump sum payout of any accumulated but unused sick leave.

34.5 Upon the death of an employee who is eligible for a payout, the amount of sick leave credited to the employee shall be payable to his/her then living spouse, or if no spouse, to his/her then living child(ren) in equal shares, or if no children, to his/her estate.

34.6 Administration:

- a) The City shall be responsible for the administration of these provisions.
- b) The City shall maintain a record for each employee of all sick leave taken and accumulated. These records shall be subject to periodic reports to be submitted to the employee.
- c) A record of each employee's accumulated sick leave shall be either 1) submitted to such employee upon request at least once annually, or. 2) indicated on the employee's wage stub at established periodic intervals to be determined by the City but not less than once annually.

ARTICLE 35 - OTHER LEAVE

35.1 Paid Personal Leave. Three (3) days personal leave with pay for employees in ten month positions, and four (4) days personal leave with pay for employees in twelve month positions shall be granted to any employee on request for personal business in any contract year provided twenty-four (24) hours notice is given, except in an emergency. Such request will not be unreasonably denied. Unpaid personal days may not be carried over from one year to the next or converted to sick days.

35.2 Paid Bereavement Leave. Each employee shall be granted leave with pay in the event of a death in her/his immediate family. Such leave shall start on the day of death or the following day at the employee's option, and continue through and include the day of burial, except that in no event shall such leave be more than three (3) days, commencing on the day of death. For purposes of this Article, the term

"immediate family" shall mean and include the following: mother, father, mother-in-law, father-in-law, sister, brother, spouse, child, grandparent, grandchildren, step-parents, step-brothers and step-sisters. Any other bereavement leave, or any extension of the above leave shall be charged to the employee's sick leave account. Employees shall be granted one day leave with pay for the death of any aunt, uncle, son-in-law, daughter-in-law, brother-in-law, sister-in-law, niece or nephew. Employee shall provide verification of his/her relationship to the deceased.

35.3 Unpaid Catastrophic Disability Leave. Intent – The intent of this section 35.3 is to allow an employee who becomes disabled and unable to work due to a catastrophic illness or condition, the opportunity to continue their healthcare insurance for up to one year.

35.3.1 Any employee who becomes medically disabled due to a catastrophic illness and is unable to perform their normally assigned duties may apply for medical leave by submitting a written statement from their physician indicating their present physical condition, the nature of the medical disability, the limitations to which that disability imposes upon their ability to continue with their normally assigned duties, and the probable duration of the disability.

35.3.2 Any employee so disabled within the meaning of this article shall be allowed to continue their City provided healthcare insurance at the same level that existed when they became disabled provided they continue paying their required premium cost share (PCS) contributions for said healthcare insurance.

35.3.3 Any employee medically disabled as a result of a catastrophic illness and uses sick leave to the extent accrued shall be entitled to receive all compensation which has been accrued under the various provisions of this agreement, and, upon returning to work, shall receive full credit for accumulated seniority, retirement, fringe benefits, and other service credits.

35.3.4 Any employee disabled as a result of a catastrophic illness or medical complications related to a catastrophic illness must return to their position when they are physically able to perform their duties without restrictions. The City may require medical proof of any disability which it considers unduly long in duration.

35.3.5 The maximum duration for leave under this article shall be one(1) year from the first date of said leave.

35.4 Leave of Absence. A department head, with the approval of the Director of Labor Relations, may grant an employee a leave of absence without pay for a period not to exceed one year, except that a six (6) month hardship extension may be granted with the approval of the Director of Labor Relations. No leave without pay shall be granted except upon written request of the employee. If approved, such leave shall be approved in writing and signed by the department head and the Director of Labor Relations.

Upon expiration of a regularly approved leave without pay, the employee shall return to work in the position held at the time leave was granted if the position is available. If the position is not available, the returning employee is to be placed in a position which he/she has demonstrated that he/she can perform effectively while in the Employer's employ and to which his/her seniority entitled him/her. Failure on the part of an employee on unpaid leave of absence to report for work promptly upon its expiration, without good cause, shall be considered as a resignation.

The Employer is not required to fill any vacancy created by such leave but any employee acting or appointed as a provisional to fill a bargaining unit position so created shall be part of the bargaining unit subject to this Agreement.

35.5 Notwithstanding any other provisions of this Agreement, no leave shall exceed twelve months in duration.

ARTICLE 36 - WORKER'S COMPENSATION SUPPLEMENT

36.1 In the event that an employee is required to be absent from work due to a job-related accident, and as a result thereof, has been determined to be entitled to compensation payments pursuant to the Connecticut State Worker's Compensation law, such employee shall be paid the difference between eighty percent (80%) of that employee's regular straight-time earnings and the amount of the weekly Worker's Compensation pay for each of the third (3rd) to the twelfth (12th) weeks during which the employee is thus required to be absent from work. This provision shall not apply to back weakness or back soreness cases and no differential payment shall be made in any such case.

36.2 Absence from work required by virtue of a job-related accident determined to be compensable under the Worker's Compensation Statute shall not reduce the sick leave allowance of the employee which has been accumulated pursuant to Section 34.2, Sick Leave of this Agreement.

36.3 Subject to the limitations provided in Section 35.4, and 35.3, workers compensation leave shall be granted until such time as the employee reaches maximum medical improvement.

36.4 Each employee so injured or disabled must choose from the list of approved health care providers on the City of Bridgeport Workers Compensation Managed Care Plan as it may be modified from time to time by the Plan Administrator with the approval of the Chairman of the Worker's Compensation Commission.

ARTICLE 37 - JURY DUTY

37.1 For each of its employees who is summoned to serve on a jury in the Superior Court or United States District Court (in the absence of solicitation by the employee to be listed as a prospective juror) and is required to serve on said jury, the City will reimburse such employees for the difference in the compensation received from the Court and the pay which said employee would have received had the employee worked those hours that the City would have scheduled for the employee's services during the same time period subject to the following provisions: Employees shall be eligible for this payment after presentation to the City of a statement by the appropriate Clerk of the Court setting forth the dates on which the employee was actually present in Court pursuant to the jury duty summons and the amount paid by the Court as the result of the performance of such jury duty.

ARTICLE 38 - NON-DISCRIMINATION

38.1 There shall be no discrimination against an employee because of the employee's race, color, sex, age, religion, national origin, marital status, disability, sexual orientation, political or Union affiliations.

38.2 Disputes involving alleged discrimination shall not be arbitrable if the jurisdiction of the Connecticut Human Rights and Opportunities Commission or any federal or state court or agency has been invoked with respect to a claim of discrimination.

ARTICLE 39 - RESIDENCY

39.1 Employees must inform the appropriate personnel office (i.e. Civil Service Commission, Board of Education or Grants Personnel Office) and the department of all changes of resident address within forty-eight (48) hours of such change.

39.2 Any employee residing outside the City of Bridgeport shall not be discriminated against regarding promotions and other conditions of employment because the employee is not a resident of the City of Bridgeport.

ARTICLE 40 - PUBLIC CONTACT

40.1 To foster sound relations between members of the union and the public, it is agreed that the City shall provide name tags to employees who have regular contact with the public and the Union agrees that all employees who have regular contact with the

public will endeavor to put a good faith best effort in regularly wearing the name tags in a visible place.

40.2 Further, it is agreed that employees whose duties include answering telephone calls from the public will endeavor to put a good faith best effort in answering the telephone by giving their first name after the greeting.

The parties shall agree in writing which employees are excluded from this provision.

ARTICLE 41 - SAVINGS CLAUSE, INCORPORATION

41.1 If any section, sentence, clause or phrase of this Agreement shall be held for any reason to be inoperative, void or invalid, the validity of the remaining portions of this agreement shall not be affected thereby, it being the intention of the parties in adopting this Agreement that no portion thereof, or provision herein, shall become inoperative or fail by reason of the invalidity of any other portion or provisions. In the event of any conflict between the provisions included in the body of this Agreement and its incorporated Appendices, this Agreement shall control.

41.2 The specific City policies in existence on the effective date of this Agreement are attached hereto, incorporated herein and set forth as Appendix D, as follows:

1. Drug and Alcohol Testing
2. Attendance and Tardiness Policies
3. Vacations

ARTICLE 42 - TERMINATION

42.1 The agreed upon items in this Agreement shall be effective as of the date of signing this Agreement following ratification/approval by respective parties and shall remain in full force and effect until the thirtieth (30th) day of June 2026. It shall be automatically renewed from year to year thereafter, unless either party shall notify the other in writing no more than one hundred fifty (150) days nor less than one hundred twenty (120) days prior to the expiration date that it desires to modify this Agreement. In the event such notice is given, negotiations shall begin no later than ninety (90) days prior to the expiration date. In the event that either party desire to terminate this Agreement, written notice must be given to the other party no less than ten (10) days prior to the expiration date.

ARTICLE 43 - GENERAL PROVISIONS

43.1 Whenever a new employee is hired, the City shall within ten (10) days of hire, provide the employee's name, department, job title, date of hire, whether or not he/she is a grant employee, and address to the Union. In addition, the City shall provide a complete seniority list of all employees of the Bargaining Unit to the Union Treasurer every six (6) months.

43.2 Whenever a new grant employee is being hired, upon request from the union, the City must furnish the following information to the Union:

- a) The number of employees to be hired under the grant;
- b) Type and source of funding, and
- c) Any special terms or conditions of employment.

The Union shall have access to the Grant documents upon request.

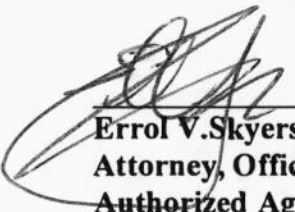
43.3 Volunteers may be utilized at the Library to supplement and assist but shall not perform bargaining unit work.

43.4 Any employee required to use their own vehicle in the performance of their job duties shall receive a mileage reimbursement at the IRS mileage rate subject to documentation in accordance with City Policies.

IN WITNESS WHEREOF, the parties have caused their names to be signed this ___ day of _____, 2023

FOR THE CITY

Joseph Ganim, Mayor

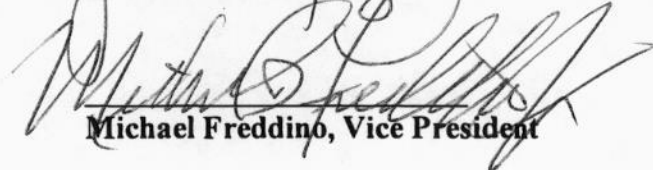


Errol V. Skyers
Attorney, Office of Labor Relations
Authorized Agent

FOR THE UNION



James V. Meszoros, President



Michael Freddino, Vice President

EXHIBIT 1
POSITIONS FOR WHICH NO POSTING IS REQUIRED UNDER ARTICLE 16

Accounting Clerk I	Library Assistant I
Account Specialist (Nutrition)	Library Binder
Administrative Secretary	Lifeguard
Advocate Office of Persons With Disabilities	Medical Assistant
Arrear Collection Agent	Nutritionist
Assistant Animal Control Officer	Paralegal
Automotive Parts Specialist	Parent Aide
Benefits Analyst	Payroll Clerk
Bilingual Clerk	Payroll Compensation Processor
Bridge Operator	Personnel Assistant I
Buyer Aide	Personnel Trainee
Cafeteria Aide I	Receptionist/Secretary
Cafeteria Assistant	Secretarial Assistant
Cafeteria Helper	Security Guard
Cashier	Senior Center Program Assistant
Clerical Assistant	Service Assistant
Clerk	Spanish Speaking Cashier
Clerk A	Stenographer
Clerk I	Stock Clerk
Collection Aide	Storekeeper
Cook I	Support Specialist I
Custodian 1	Switchboard Operator
Customer Service Rep	Typist I
Data Entry Operator I	Victim Advocate Receptionist
Garage Clerk	Vital Records Customer Service Clerk
In School Suspension Officer	
Legal Receptionist	
Legal Secretary	

APPENDIX A

LIST OF JOB CLASSIFICATIONS IN BARGAINING UNIT

Appendix A

Accounting Clerk I	Collection Aide	Financial Planner
Accounting Clerk I (35 Hours)	Collection Aide (35 Hrs)	Fire Arson Analyst
Accounting Clerk I (40 Hours)	Collection Aide (40 Hrs)	Garage Clerk
Accounting Clerk II	Condemnation/Anti-Blight Speci	Health Advocate
Accounting Clerk II	Cook I	HIV Clerk
Accounting Clerk II (35 Hours)	Cook II	Housing Code Inspector
Acct. Specialist - Nutrition	Coordinator Husky Program	Housing Code Inspector
Administrative Secretary	Custodian I	In-School Suspension Officer
Administrative Specialist	Custodian II	Intake Worker
Advocate - Ofc Persons With Di	Custodian III	Inventory Control Specialist
Arrear Collection Agent	Customer Service Rep	Job Developer
Assistant Animal Control Offic	Data Analyst	Junior Librarian
Assistant Sealer Of Weights &	Data Analyst	Laboratory Aid
Assistant Special Project Mana	Data Analyst	Laboratory Technician I
Attendance Officer	Data Analyst	Lead Epidemiological Investiga
Automotive Parts Specialist	Data Coordinator	Lead Guard
Benefits Analyst	Data Entry Operator	Lead Outreach Worker
Bilingual Clerk	Data Entry Operator I	Legal Assistant To City Attny
BOE Buyer	Data Entry Operator I (35 Hour	Legal Receptionist
Bridge Operator	Data Entry Operator II	Legal Secretary (35 Hours)
Buyer	Data Entry Operator II (35 Hou	Library Assistant I
Buyer Aide	Data Entry Operator III	Library Assistant II
Cafeteria Aide I	Data Entry Operator III 35 Hr	Library Assistant III
Cafeteria Aide II	Data Entry Specialist I	Library Binder
Cafeteria Aide III	Data Entry Specialist II	Library Investigator
Cafeteria Aide IV	Dental Assistant	Maintenance
Cafeteria Assistant	Dental Assistant	Maintenance-Nut. Ctr.
Cafeteria Helper	Deputy Harbormaster	Male Outreach Worker
Caseworker	Detention Officer	Marine Operations Technician
Cashier	Detention Officer Pre 6/09	Marine Safety Officer
Cashier (35 Hours)	Emergency Medical Technician	Medical Assistant
Cashier (40 Hours)	Emergency Reporting Service Op	Nutrition Aide
Check Collator	Employability Technician	Nutrition Information Speciali
City Certified Cafeteria Asst	Enforcement Relocation Coordin	Office Specialist
City Planning & Zoning Technic	Engineering Aid I (35 Hrs)	Operation Specialist
Clerical Assistant	Engineering Aid II	Outreach Worker
Clerical Assistant	Engineering Aid III	Outreach Worker
Clerical/Data	Epidemiological Inspector	Paralegal
Clerk	Epidemiological Inspector	Parent Aide
Clerk - Dental Clinic	Facilities Spec. At Large	Parent Aide
Clerk A	Family W/Serv Needs Casewkr	Parking Enforcement Officer
Clerk B	Field Crew Coordinator/Courier	Payroll Clerk
Clerk I	Field Crew Foreman	Payroll Clerk (35 Hours)
Clerk I (35 Hours)	Financial Management Associate	Payroll Clerk (40 Hours)
Clerk II	Financial Mgmt Specialist	Payroll Clerk II
Code Enforcement Relocation Co	Financial Mgr-Nut	Payroll Compensation Processor
Personnel Assistant I	Special Projects Coordinator	

Personnel Assistant II	Special Projects Coordinator
Personnel Trainee	Sr Vital Record Cust Svc Clk
Pollution Control Field Operat	Stenographer
Program Coordinator	Stenographer
Projects Manager	Stenographer (35 Hrs)
Property Appraiser I	Stenographer (40 Hours)
Property Appraiser I (35 Hours	Stock Clerk
Property Appraiser II (35 Hour	Storekeeper(Replaced W/1402)
Property Appraiser II (35 Hour	Support Specialist I (35 Hrs)
Pub Safety TCO	Switchboard Operator
Public Information Specialist	Tax Assessment Clerk
Receptionist	Tax Assessment Clerk (35 Hours
Receptionist/Clerk	Tax Coll Clerk Span(35 Hours)
Receptionist/Secretary	Tax Coll Customer Svc
Receptionist/Secretary	Tax Collector Clerk (35 Hours
Recreational Program Aide	Telecommunications Operator
Refugee Health Program Outreac	Telephone Specialist
Registered Sanitarian/Inspecto	Temporary Clerk
Registered Sanitarian/Inspecto	Tuberculosis Outreach Worker
Reimbursement Cashier Clerk	Typist
Retirement Administrator	Typist I
Retirement/Payroll Admin	Typist I (35 Hours)
Secretarial Assistant	Typist I (40 Hours)
Secretarial Assistant	Typist II
Secretarial Assistant	Typist II (35 Hours)
Secretarial Assistant	Typist II (40 Hours)
Secretary	Typist III
Secretary/Accountant To Direct	Typist III (35 Hrs)
Security Guard	Victim Advocate Receptionist
Security Guard	Vital Records Cust Svc Clk
Security Guard 10 Month	Zoning Inspector
Senior Center Coordinator	Zoning Inspector
Senior Center Program Assistan	
Senior Deputy Harbormaster	
Senior Health Aide	
Senior Information Specialist	
Senior Medical Assistant	
Senior Tax Coll Clerk - 35Hrs	
Service Assistant	
Sewer Inspector	
Social Service Aid	
Social Worker	
Social Worker (35 Hrs)	
Spanish Speaking Cashier	
Spanish Speaking Cashier (35 H	
Special Officer	

APPENDIX B

DEPARTMENT AND CLASSIFICATION EXCEPTIONS TO NORMAL AND CUSTOMARY WORKING HOURS AND OVERTIME PROVISIONS

All Employees shall be subject to the working hours and overtime provisions set forth in Article 11 of the Agreement except as set forth below. In the event of any conflict between the provisions of Article 11 and the provisions of this Appendix B, Appendix B shall be controlling.

1. Employees assigned to City Hall:

Regular work hours will be from 9:00 a.m. to 5:00 p.m. with one (1) hour unpaid lunch (35 hour work week), except:

- by arrangements in each department on an equitable and rotating basis, some employees shall be required to work earlier or later, but no more than two (2) hours either way at the direction of each department head, where reasonable and necessary, for the convenience of the public. When so required to work, the employee affected will be given a later starting time, earlier quitting time or other mutually acceptable adjustment within a particular week, in order to provide uniformity of hours worked per week.

Departments, including the Board of Education, which now start the work day prior to 9:00 a.m., shall continue such starting times, but the hours of work of such employee affected thereby, shall be correspondingly reduced at the end of the work day so that such employees will not be required to work more than 35 hours per week.

2. Employees assigned to School Cafeterias:

HOURS PER WEEK	REGULAR SHIFT
High Schools	
40 hours	6:30 a.m. - 2:30 p.m. 7:00 a.m. - 3:00 p.m.
30 hours	8:00 a.m. - 2:00 p.m. 9:00 a.m. - 3:00 p.m.
20 hours	9:30 a.m. - 1:30 p.m. 10:00 a.m. - 2:00 p.m. 11:00 a.m. - 3:00 p.m.
25 hours	9:00 a.m. - 2:00 p.m. 10:00 a.m. - 3:00 p.m.
Middle Schools	
40 hours	7:00 a.m. - 3:00 p.m.

30 hours	8:00 a.m. - 2:00 p.m.
20 hours	9:30 a.m. - 1:30 p.m. 10:00 a.m. - 2:00 p.m.
Elementary Schools	
40 hours	10:30 a.m. - 6:30 p.m.
30 hours	10:00 a.m. - 4:00 p.m.
20 hours	9:30 a.m. - 1:30 p.m. 2:00 p.m. - 6:00 p.m.

Employees assigned to one of the shifts identified above will be utilized on that shift; provided, however, (1) that in instances where an unexpected lack of adequate personnel coverage threatens service at a school, cafeteria employees may be transferred to that school on a temporary basis to assure prompt, effective school meal coverage; and (2) temporary transfers to shifts other than those to which the employee is regularly assigned may be made in the case of emergencies. Transferred employees are to be returned to their regularly assigned shifts as soon as practicable.

3. Park Special Officers: Park Special Officers shall continue to retain primary overtime rights in the Parks as per the above Article 12.3c of the 2005-2009 Collective Bargaining Agreement.

4. Telecommunications Officers (TCOs):

The scheduled shifts of TCOs shall be:

- 1st shift - 8 a.m. to 4 p.m.
- 2nd shift - 4 p.m. to 12 a.m.
- 3rd shift - 12 a.m. to 8 a.m.
- Overlap shifts - 11 a.m. to 7 p.m.
7 p.m. to 3 a.m.

All TCO's shall work thirty-six (36) hours per week. The night differential rate shall be \$1.15 per hour for hours worked between 4 p.m. and 8 a.m.

Every effort will be made to accommodate a half (1/2) hour lunch within these work schedules and requests for changes to lunch schedules will not be unreasonably denied.

Any TCO may swap work shifts on a day or days on which he/she is able to secure another employee to work in his/her place provided:

- The two shifts swapped occur within the same pay period (11:00 p.m. Saturday through 10:59 p.m. Saturday).

- Such substitution does not impose any cost to the City.
- Such substitution is within the job title only.
- The Supervisor in charge is notified on the appropriate form at least three (3) days in advance of the requested swap except in the case of an emergency, in which case the request may be made by telephone.

Neither the Department nor the City shall be held responsible for enforcing any agreements made between employees.

As long as the above requirements are met, the swap requested shall not be denied.

TCOs Except for an operational emergency, as declared by the supervisor a newly hired TCO shall be precluded from overtime assignments during their probation. Overtime will be offered to the TCO's on an equitable basis.

- Except for an operational emergency, as declared by the supervisor a newly hired TCO shall be precluded from overtime assignments during their probation. Overtime will be offered to the TCO's on an equitable basis.-

5. Parking Control Officers: Parking Control Officers will work eight (8) consecutive hours per day, forty (40) hours per week, Monday through Friday, with a thirty (30) minute paid lunch. The City shall maintain scheduling flexibility to set the schedules between the hours of 8:00 a.m. - 5:00 p.m. Schedules will be set in advance by the City.

6. Detention Officers (DOs):

All DOs will work a schedule of five (5) consecutive eight (8) hour days on duty followed by three (3) consecutive days off duty.

Work shifts shall be:

"A" shift- 11:00 p.m. to 7:00 a.m. or 12 midnight to 8:00 a.m.

"B" Shift- 7:00 a.m. to 3:00 p.m. or 8:00 a.m. to 4:00 p.m.

"C" Shift - 3:00 p.m. to 11:00 p.m. or 4:00 p.m. to 12 midnight.

The hours and days of work for all DOs may be changed for seasonal and operating reasons or for the convenience of the public or to conform to changes in the schedule of the Police Department, after the City meets and confers with the Union regarding such changes.

Notwithstanding, no DO shall work more than sixteen (16) hours straight,

including overtime, without at least eight (8) hours off duty between shifts.

Shift preference will be based upon seniority bid after satisfactory completion of the Field Training period subject to the Police Department determination as to the position available and/or needed on a shift. Shift assignments will be posted once per year by the City on or about October 15th of each year.

In the case of an emergency, declared by the Mayor or Police Chief, operating hours and schedules may be changed without notice to the Union. The City and Union will meet within seven (7) days if the emergency situation continues.

DOs assigned to work the "A" or "C" shifts shall receive a shift differential of one dollar and ten cents (\$1.15) per hour.

DOs who work in excess of their regularly assigned work week or workschedule shall be paid at a rate of one and one-half (1 ½) their regular straight time hourly rate for such work.

DOs who are off-duty sick on the day they are scheduled to work overtime shall be charged as though they had worked. DOs who are off-duty sick shall be required to work an eight (8) hour regular tour before they can work Department Overtime.

DOs who are off-duty on their regular scheduled workday, when their name appears in rotation, shall be charged as though they would have worked.

In the case of DOs on suicide watch, on overtime, the City must exhaust the seniority roster of DOs for replacement before hiring Police Officers to fill such vacancy. In the case of a female DO on suicide watch or hiring thereof, the City must exhaust the seniority roster of DOs for their replacement for regular duties before hiring Police Officers to fill such vacancy.

In the event that no DO is available to work overtime, the least senior DO in the classification and work area affected must work such overtime. If ordered by the Police Chief or his/her designee, no DO may refuse to work overtime.

The City may change the shift hours for CAD and ERS to be same for both operations because of a combination of the dispatch functions at the City. The parties will continue to meet to negotiate the establishment of a new combined function for the two positions, new hours of work and a new salary structure for the combined positions. In the event that no agreement is reached within sixty (60) days the matter will be submitted to binding interest arbitration under MERA.

APPENDIX C
WAGE RATES AND STEPS

Appendix C

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812				
07/01/2023	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276				
07/01/2024	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784				
07/01/2025	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432				
07/01/2022	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$42,048	\$44,157	\$46,260	\$48,362	\$49,519	\$52,565				
07/01/2023	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$43,309	\$45,482	\$47,648	\$49,812	\$51,005	\$54,142				
07/01/2024	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$44,608	\$46,846	\$49,078	\$51,307	\$52,535	\$55,766				
07/01/2025	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$45,166	\$47,432	\$49,691	\$51,948	\$53,192	\$56,463				
07/01/2022	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$48,057	\$50,465	\$52,867	\$55,269	\$56,594	\$60,076				
07/01/2023	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$49,498	\$51,979	\$54,453	\$56,927	\$58,292	\$61,878				
07/01/2024	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$50,983	\$53,538	\$56,086	\$58,635	\$60,041	\$63,734				
07/01/2025	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$51,621	\$54,207	\$56,787	\$59,368	\$60,791	\$64,531				
07/01/2022	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$60,575	\$62,785	\$64,975	\$67,711	\$69,566	\$74,248				
07/01/2023	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$62,393	\$64,668	\$66,925	\$69,743	\$71,653	\$76,475				
07/01/2024	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$64,264	\$66,608	\$68,932	\$71,835	\$73,803	\$78,769				
07/01/2025	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$65,068	\$67,441	\$69,794	\$72,733	\$74,725	\$79,754				
07/01/2022	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$53,003	\$54,935	\$56,851	\$59,248	\$60,874	\$64,967				
07/01/2023	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$54,593	\$56,583	\$58,556	\$61,025	\$62,700	\$66,916				
07/01/2024	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$56,231	\$58,281	\$60,313	\$62,856	\$64,581	\$68,924				
07/01/2025	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$56,934	\$59,009	\$61,067	\$63,642	\$65,389	\$69,785				
07/01/2022	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$45,667	\$47,456	\$49,233	\$52,788						
07/01/2023	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$47,037	\$48,880	\$50,710	\$54,371						
07/01/2024	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$48,448	\$50,346	\$52,231	\$56,002						
07/01/2025	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$49,054	\$50,976	\$52,884	\$56,702						
07/01/2022	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$54,372									
07/01/2023	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$56,003									
07/01/2024	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$57,683									
07/01/2025	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$58,404									
07/01/2022	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$71,589	\$73,792	\$75,994	\$81,857	\$84,312	\$86,841				
07/01/2023	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$73,737	\$76,006	\$78,274	\$84,313	\$86,841	\$89,447				
07/01/2024	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$75,949	\$78,286	\$80,622	\$86,842	\$89,446	\$92,130				
07/01/2025	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$76,898	\$79,265	\$81,630	\$87,928	\$90,564	\$93,282				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G088	ADVOCATE-OPD	ADVOCATE - OFC PERSONS WITH DI	35.00	\$54,868									
07/01/2023	G088	ADVOCATE-OPD	ADVOCATE - OFC PERSONS WITH DI	35.00	\$56,514									
07/01/2024	G088	ADVOCATE-OPD	ADVOCATE - OFC PERSONS WITH DI	35.00	\$58,210									
07/01/2025	G088	ADVOCATE-OPD	ADVOCATE - OFC PERSONS WITH DI	35.00	\$58,937									
07/01/2022	G215	ARREAR COLL AGT	ARREAR COLLECTION AGENT	35.00	\$56,179									
07/01/2023	G215	ARREAR COLL AGT	ARREAR COLLECTION AGENT	35.00	\$57,865									
07/01/2024	G215	ARREAR COLL AGT	ARREAR COLLECTION AGENT	35.00	\$59,601									
07/01/2025	G215	ARREAR COLL AGT	ARREAR COLLECTION AGENT	35.00	\$60,346									
07/01/2022	8267	ASST ANIM CTRL	ASSISTANT ANIMAL CONTROL OFFIC	40.00	\$45,767	\$49,832	\$53,903							
07/01/2023	8267	ASST ANIM CTRL	ASSISTANT ANIMAL CONTROL OFFIC	40.00	\$47,140	\$51,327	\$55,520							
07/01/2024	8267	ASST ANIM CTRL	ASSISTANT ANIMAL CONTROL OFFIC	40.00	\$48,554	\$52,867	\$57,186							
07/01/2025	8267	ASST ANIM CTRL	ASSISTANT ANIMAL CONTROL OFFIC	40.00	\$49,161	\$53,528	\$57,901							
07/01/2022	3301	ASST SLR WTS MS	ASSISTANT SEALER OF WEIGHTS &	35.00	\$48,952	\$50,748	\$52,517	\$54,315						
07/01/2023	3301	ASST SLR WTS MS	ASSISTANT SEALER OF WEIGHTS &	35.00	\$50,420	\$52,271	\$54,092	\$55,944						
07/01/2024	3301	ASST SLR WTS MS	ASSISTANT SEALER OF WEIGHTS &	35.00	\$51,933	\$53,839	\$55,715	\$57,623						
07/01/2025	3301	ASST SLR WTS MS	ASSISTANT SEALER OF WEIGHTS &	35.00	\$52,582	\$54,512	\$56,411	\$58,343						
07/01/2022	1402	AUTO PARTS SPEC	AUTOMOTIVE PARTS SPECIALIST	40.00	\$52,334	\$55,950	\$59,567	\$63,179	\$66,797					
07/01/2023	1402	AUTO PARTS SPEC	AUTOMOTIVE PARTS SPECIALIST	40.00	\$53,904	\$57,628	\$61,354	\$65,075	\$68,800					
07/01/2024	1402	AUTO PARTS SPEC	AUTOMOTIVE PARTS SPECIALIST	40.00	\$55,521	\$59,357	\$63,195	\$67,027	\$70,864					
07/01/2025	1402	AUTO PARTS SPEC	AUTOMOTIVE PARTS SPECIALIST	40.00	\$56,215	\$60,099	\$63,985	\$67,865	\$71,750					
07/01/2022	0283	BENEFITS ANALYS	BENEFITS ANALYST	35.00	\$52,757	\$55,342	\$57,909	\$60,490	\$62,114	\$66,208				
07/01/2023	0283	BENEFITS ANALYS	BENEFITS ANALYST	35.00	\$54,339	\$57,002	\$59,646	\$62,305	\$63,978	\$68,195				
07/01/2024	0283	BENEFITS ANALYS	BENEFITS ANALYST	35.00	\$55,969	\$58,712	\$61,435	\$64,174	\$65,897	\$70,240				
07/01/2025	0283	BENEFITS ANALYS	BENEFITS ANALYST	35.00	\$56,669	\$59,446	\$62,203	\$64,976	\$66,721	\$71,118				
07/01/2022	G031	BILNG ASSMT WKR	BILINGUAL CLERK	35.00	\$53,216									
07/01/2023	G031	BILNG ASSMT WKR	BILINGUAL CLERK	35.00	\$54,812									
07/01/2024	G031	BILNG ASSMT WKR	BILINGUAL CLERK	35.00	\$56,457									
07/01/2025	G031	BILNG ASSMT WKR	BILINGUAL CLERK	35.00	\$57,163									

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$41,573	\$42,779	\$43,985	\$45,197						
07/01/2023	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$42,820	\$44,062	\$45,305	\$46,553						
07/01/2024	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$44,105	\$45,384	\$46,664	\$47,950						
07/01/2025	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$44,656	\$45,952	\$47,247	\$48,549						
07/01/2022	1404	BUYER	BUYER	35.00	\$64,771	\$66,701	\$68,635							
07/01/2023	1404	BUYER	BUYER	35.00	\$66,714	\$68,702	\$70,694							
07/01/2024	1404	BUYER	BUYER	35.00	\$68,715	\$70,763	\$72,815							
07/01/2025	1404	BUYER	BUYER	35.00	\$69,574	\$71,647	\$73,725							
07/01/2022	1407	BUYER AIDE	BUYER AIDE	35.00	\$50,869	\$52,461	\$54,049	\$55,635	\$57,225					
07/01/2023	1407	BUYER AIDE	BUYER AIDE	35.00	\$52,395	\$54,035	\$55,671	\$57,305	\$58,941					
07/01/2024	1407	BUYER AIDE	BUYER AIDE	35.00	\$53,967	\$55,656	\$57,341	\$59,024	\$60,710					
07/01/2025	1407	BUYER AIDE	BUYER AIDE	35.00	\$54,641	\$56,352	\$58,058	\$59,761	\$61,469					
07/01/2022	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$20,940	\$21,326	\$21,671	\$21,990						
07/01/2023	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$21,569	\$21,965	\$22,321	\$22,650						
07/01/2024	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$22,216	\$22,624	\$22,991	\$23,329						
07/01/2025	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$22,493	\$22,907	\$23,278	\$23,621						
07/01/2022	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$32,544	\$33,554	\$34,582							
07/01/2023	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$33,521	\$34,561	\$35,619							
07/01/2024	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$34,526	\$35,598	\$36,688							
07/01/2025	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$34,958	\$36,043	\$37,146							
07/01/2022	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$36,310	\$37,344	\$38,323							
07/01/2023	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$37,400	\$38,464	\$39,472							
07/01/2024	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$38,522	\$39,618	\$40,656							
07/01/2025	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$39,003	\$40,113	\$41,165							
07/01/2022	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$55,881	\$56,631	\$57,378							
07/01/2023	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$57,557	\$58,330	\$59,100							
07/01/2024	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$59,284	\$60,080	\$60,873							
07/01/2025	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$60,025	\$60,831	\$61,633							
07/01/2022	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$21,427	\$21,822	\$22,175	\$22,501						
07/01/2023	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$22,070	\$22,476	\$22,840	\$23,176						
07/01/2024	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$22,732	\$23,151	\$23,526	\$23,872						
07/01/2025	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$23,016	\$23,440	\$23,820	\$24,170						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	0405	CAFETERIA ASSIS	CAFETERIA ASSISTANT	37.50	\$14.00									
07/01/2023	0405	CAFETERIA ASSIS	CAFETERIA ASSISTANT	37.50	\$15.45									
07/01/2024	0405	CAFETERIA ASSIS	CAFETERIA ASSISTANT	37.50	\$15.91									
07/01/2025	0405	CAFETERIA ASSIS	CAFETERIA ASSISTANT	37.50	\$16.11									
07/01/2022	G001	CASE WRKR	CASEWORKER	35.00	\$58,730	\$61,426								
07/01/2023	G001	CASE WRKR	CASEWORKER	35.00	\$60,491	\$63,269								
07/01/2024	G001	CASE WRKR	CASEWORKER	35.00	\$62,306	\$65,167								
07/01/2025	G001	CASE WRKR	CASEWORKER	35.00	\$63,085	\$65,982								
07/01/2022	1303	CASHIER	CASHIER	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812				
07/01/2023	1303	CASHIER	CASHIER	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276				
07/01/2024	1303	CASHIER	CASHIER	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784				
07/01/2025	1303	CASHIER	CASHIER	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432				
07/01/2022	1241	CASHIER 35 HR	CASHIER (35 HOURS)	35.00	\$42,048	\$44,157	\$46,260	\$48,362	\$49,519	\$52,565				
07/01/2023	1241	CASHIER 35 HR	CASHIER (35 HOURS)	35.00	\$43,309	\$45,482	\$47,648	\$49,812	\$51,005	\$54,142				
07/01/2024	1241	CASHIER 35 HR	CASHIER (35 HOURS)	35.00	\$44,608	\$46,846	\$49,078	\$51,307	\$52,535	\$55,766				
07/01/2025	1241	CASHIER 35 HR	CASHIER (35 HOURS)	35.00	\$45,166	\$47,432	\$49,691	\$51,948	\$53,192	\$56,463				
07/01/2022	1242	CASHIER 40 HR	CASHIER (40 HOURS)	40.00	\$48,057	\$50,465	\$52,867	\$55,269	\$56,594	\$60,076				
07/01/2023	1242	CASHIER 40 HR	CASHIER (40 HOURS)	40.00	\$49,498	\$51,979	\$54,453	\$56,927	\$58,292	\$61,878				
07/01/2024	1242	CASHIER 40 HR	CASHIER (40 HOURS)	40.00	\$50,983	\$53,538	\$56,086	\$58,635	\$60,041	\$63,734				
07/01/2025	1242	CASHIER 40 HR	CASHIER (40 HOURS)	40.00	\$51,621	\$54,207	\$56,787	\$59,368	\$60,791	\$64,531				
07/01/2022	1259	CLERICAL ASSIST	CLERICAL ASSISTANT	35.00	\$34,120	\$38,911	\$43,852							
07/01/2023	1259	CLERICAL ASSIST	CLERICAL ASSISTANT	35.00	\$35,143	\$40,079	\$45,168							
07/01/2024	1259	CLERICAL ASSIST	CLERICAL ASSISTANT	35.00	\$36,198	\$41,281	\$46,523							
07/01/2025	1259	CLERICAL ASSIST	CLERICAL ASSISTANT	35.00	\$36,650	\$41,797	\$47,104							
07/01/2022	G176	CLERICAL ASST	CLERICAL ASSISTANT	35.00	\$41,258	\$44,318								
07/01/2023	G176	CLERICAL ASST	CLERICAL ASSISTANT	35.00	\$42,495	\$45,647								
07/01/2024	G176	CLERICAL ASST	CLERICAL ASSISTANT	35.00	\$43,770	\$47,017								
07/01/2025	G176	CLERICAL ASST	CLERICAL ASSISTANT	35.00	\$44,317	\$47,604								

<u>EFF DATE</u>	<u>JCC DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G036 CLERK	CLERK	35.00	\$31,405	\$33,316								
07/01/2023	G036 CLERK	CLERK	35.00	\$32,347	\$34,316								
07/01/2024	G036 CLERK	CLERK	35.00	\$33,317	\$35,345								
07/01/2025	G036 CLERK	CLERK	35.00	\$33,734	\$35,787								
07/01/2022	G008 CLERK A	CLERK A	35.00	\$29,713	\$31,405	\$32,092	\$34,097	\$34,880	\$35,924	\$36,942	\$37,297	\$39,046	\$39,807
07/01/2023	G008 CLERK A	CLERK A	35.00	\$30,605	\$32,347	\$33,054	\$35,120	\$35,926	\$37,002	\$38,050	\$38,416	\$40,218	\$41,002
07/01/2024	G008 CLERK A	CLERK A	35.00	\$31,523	\$33,317	\$34,046	\$36,174	\$37,004	\$38,112	\$39,192	\$39,569	\$41,424	\$42,232
07/01/2025	G008 CLERK A	CLERK A	35.00	\$31,917	\$33,734	\$34,472	\$36,626	\$37,467	\$38,589	\$39,682	\$40,063	\$41,942	\$42,760
07/01/2022	G025 CLERK B	CLERK B	35.00	\$37,448									
07/01/2023	G025 CLERK B	CLERK B	35.00	\$38,571									
07/01/2024	G025 CLERK B	CLERK B	35.00	\$39,728									
07/01/2025	G025 CLERK B	CLERK B	35.00	\$40,225									
07/01/2022	1102 CLERK I	CLERK I	32.50	\$36,496	\$38,325	\$40,144	\$41,969	\$42,914	\$45,620				
07/01/2023	1102 CLERK I	CLERK I	32.50	\$37,591	\$39,475	\$41,349	\$43,228	\$44,201	\$46,988				
07/01/2024	1102 CLERK I	CLERK I	32.50	\$38,719	\$40,659	\$42,589	\$44,525	\$45,527	\$48,398				
07/01/2025	1102 CLERK I	CLERK I	32.50	\$39,203	\$41,168	\$43,121	\$45,082	\$46,096	\$49,003				
07/01/2022	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$39,302	\$41,269	\$43,232	\$45,198	\$46,215	\$49,132				
07/01/2023	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$40,481	\$42,507	\$44,529	\$46,554	\$47,602	\$50,606				
07/01/2024	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$41,695	\$43,782	\$45,865	\$47,951	\$49,030	\$52,124				
07/01/2025	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$42,216	\$44,330	\$46,438	\$48,550	\$49,642	\$52,776				
07/01/2022	1105 CLERK II	CLERK II	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812	\$56,414			
07/01/2023	1105 CLERK II	CLERK II	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276	\$58,107			
07/01/2024	1105 CLERK II	CLERK II	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784	\$59,850			
07/01/2025	1105 CLERK II	CLERK II	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432	\$60,598			
07/01/2022	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$66,950									
07/01/2023	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$68,959									
07/01/2024	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$71,027									
07/01/2025	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$71,915									
07/01/2022	G021 COLL AIDE	COLLECTION AIDE	35.00	\$39,792	\$42,300	\$43,651	\$55,127						
07/01/2023	G021 COLL AIDE	COLLECTION AIDE	35.00	\$40,986	\$43,569	\$44,961	\$56,780						
07/01/2024	G021 COLL AIDE	COLLECTION AIDE	35.00	\$42,215	\$44,876	\$46,310	\$58,484						
07/01/2025	G021 COLL AIDE	COLLECTION AIDE	35.00	\$42,743	\$45,437	\$46,889	\$59,215						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$39,792	\$42,300	\$43,651	\$52,988						
07/01/2023	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$40,986	\$43,569	\$44,961	\$54,578						
07/01/2024	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$42,215	\$44,876	\$46,310	\$56,215						
07/01/2025	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$42,743	\$45,437	\$46,889	\$56,918						
07/01/2022	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$45,475	\$48,346	\$49,886							
07/01/2023	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$46,839	\$49,797	\$51,383							
07/01/2024	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$48,244	\$51,290	\$52,924							
07/01/2025	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$48,847	\$51,932	\$53,586							
07/01/2022	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$55,658	\$56,769	\$57,907	\$59,064	\$60,318					
07/01/2023	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$57,328	\$58,473	\$59,644	\$60,836	\$62,127					
07/01/2024	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$59,048	\$60,227	\$61,433	\$62,661	\$63,991					
07/01/2025	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$59,786	\$60,980	\$62,201	\$63,445	\$64,791					
07/01/2022	9110	COOK I	COOK I	40.00	\$39,693	\$40,904	\$42,143							
07/01/2023	9110	COOK I	COOK I	40.00	\$40,884	\$42,132	\$43,408							
07/01/2024	9110	COOK I	COOK I	40.00	\$42,110	\$43,395	\$44,710							
07/01/2025	9110	COOK I	COOK I	40.00	\$42,637	\$43,938	\$45,269							
07/01/2022	9113	COOK II	COOK II	40.00	\$42,691	\$43,903	\$45,112							
07/01/2023	9113	COOK II	COOK II	40.00	\$43,972	\$45,220	\$46,465							
07/01/2024	9113	COOK II	COOK II	40.00	\$45,291	\$46,576	\$47,859							
07/01/2025	9113	COOK II	COOK II	40.00	\$45,857	\$47,159	\$48,457							
07/01/2022	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$45,249	\$46,468	\$47,665	\$48,883						
07/01/2023	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$46,606	\$47,863	\$49,095	\$50,349						
07/01/2024	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$48,005	\$49,298	\$50,568	\$51,860						
07/01/2025	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$48,605	\$49,915	\$51,200	\$52,508						
07/01/2022	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$54,540	\$57,094	\$59,645	\$62,199	\$64,757					
07/01/2023	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$56,176	\$58,807	\$61,435	\$64,065	\$66,700					
07/01/2024	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$57,861	\$60,571	\$63,278	\$65,987	\$68,701					
07/01/2025	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$58,584	\$61,328	\$64,069	\$66,811	\$69,560					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$43,745	\$44,968								
07/01/2023	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$45,057	\$46,317								
07/01/2024	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$46,409	\$47,706								
07/01/2025	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$46,989	\$48,303								
07/01/2022	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$46,170									
07/01/2023	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$47,555									
07/01/2024	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$48,981									
07/01/2025	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$49,594									
07/01/2022	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$47,367									
07/01/2023	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$48,788									
07/01/2024	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$50,251									
07/01/2025	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$50,879									
07/01/2022	1208	DATA ANALYST	DATA ANALYST	32.50	\$45,667	\$47,456	\$49,233	\$51,015	\$52,793					
07/01/2022	G101	DATA ANALYST	DATA ANALYST	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1208	DATA ANALYST	DATA ANALYST	32.50	\$47,037	\$48,880	\$50,710	\$52,545	\$54,376					
07/01/2023	G101	DATA ANALYST	DATA ANALYST	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1208	DATA ANALYST	DATA ANALYST	32.50	\$48,448	\$50,346	\$52,231	\$54,122	\$56,008					
07/01/2024	G101	DATA ANALYST	DATA ANALYST	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1208	DATA ANALYST	DATA ANALYST	32.50	\$49,054	\$50,976	\$52,884	\$54,798	\$56,708					
07/01/2025	G101	DATA ANALYST	DATA ANALYST	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					
07/01/2022	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$49,183	\$51,106	\$53,019	\$54,940	\$56,853					
07/01/2023	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$50,658	\$52,639	\$54,610	\$56,588	\$58,558					
07/01/2024	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$52,178	\$54,218	\$56,248	\$58,286	\$60,315					
07/01/2025	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$52,830	\$54,896	\$56,951	\$59,015	\$61,069					
07/01/2022	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$56,210	\$58,407	\$60,595	\$62,790	\$64,977					
07/01/2023	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$57,896	\$60,159	\$62,413	\$64,674	\$66,926					
07/01/2024	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$59,633	\$61,964	\$64,285	\$66,614	\$68,934					
07/01/2025	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$60,379	\$62,739	\$65,089	\$67,446	\$69,795					
07/01/2022	3617	DATA COORD	DATA COORDINATOR	40.00	\$47,636	\$50,282	\$52,932							
07/01/2023	3617	DATA COORD	DATA COORDINATOR	40.00	\$49,066	\$51,790	\$54,520							
07/01/2024	3617	DATA COORD	DATA COORDINATOR	40.00	\$50,538	\$53,344	\$56,155							
07/01/2025	3617	DATA COORD	DATA COORDINATOR	40.00	\$51,169	\$54,010	\$56,857							

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$33,074	\$34,154	\$37,619							
07/01/2023	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$34,067	\$35,178	\$38,747							
07/01/2024	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$35,089	\$36,234	\$39,910							
07/01/2025	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$35,527	\$36,687	\$40,409							
07/01/2022	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$38,062	\$38,698	\$39,895	\$41,106	\$43,166					
07/01/2023	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$39,203	\$39,859	\$41,092	\$42,339	\$44,461					
07/01/2024	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$40,380	\$41,055	\$42,325	\$43,610	\$45,795					
07/01/2025	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$40,884	\$41,568	\$42,854	\$44,155	\$46,368					
07/01/2022	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$45,667	\$47,456	\$49,233	\$51,015	\$52,793					
07/01/2023	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$47,037	\$48,880	\$50,710	\$52,545	\$54,376					
07/01/2024	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$48,448	\$50,346	\$52,231	\$54,122	\$56,008					
07/01/2025	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$49,054	\$50,976	\$52,884	\$54,798	\$56,708					
07/01/2022	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$35,618	\$36,781	\$40,509							
07/01/2023	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$36,687	\$37,885	\$41,724							
07/01/2024	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$37,788	\$39,021	\$42,976							
07/01/2025	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$38,260	\$39,509	\$43,513							
07/01/2022	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$40,990	\$41,676	\$42,963	\$44,266	\$46,486					
07/01/2023	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$42,220	\$42,926	\$44,252	\$45,594	\$47,881					
07/01/2024	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$43,486	\$44,214	\$45,580	\$46,962	\$49,317					
07/01/2025	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$44,030	\$44,767	\$46,150	\$47,549	\$49,933					
07/01/2022	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$49,183	\$51,106	\$53,019	\$54,940	\$56,853	\$60,507				
07/01/2023	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$50,658	\$52,639	\$54,610	\$56,588	\$58,558	\$62,323				
07/01/2024	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$52,178	\$54,218	\$56,248	\$58,286	\$60,315	\$64,192				
07/01/2025	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$52,830	\$54,896	\$56,951	\$59,015	\$61,069	\$64,995				
07/01/2022	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$49,199									
07/01/2023	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$50,675									
07/01/2024	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$52,195									
07/01/2025	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$52,848									
07/01/2022	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$42,904	\$43,975	\$45,074	\$46,428						
07/01/2023	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$44,191	\$45,294	\$46,426	\$47,821						
07/01/2024	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$45,516	\$46,653	\$47,819	\$49,256						
07/01/2025	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$46,085	\$47,236	\$48,417	\$49,871						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$42,315									
07/01/2023	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$43,585									
07/01/2024	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$44,893									
07/01/2025	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$45,454									
07/01/2022	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$46,013									
07/01/2023	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$47,394									
07/01/2024	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$48,815									
07/01/2025	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$49,426									
07/01/2022	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$48,003	\$49,883	\$51,753	\$53,635	\$55,510					
07/01/2023	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$49,443	\$51,379	\$53,306	\$55,244	\$57,175					
07/01/2024	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$50,927	\$52,921	\$54,905	\$56,902	\$58,890					
07/01/2025	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$51,563	\$53,582	\$55,591	\$57,613	\$59,626					
07/01/2022	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$57,522	\$57,902								
07/01/2023	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$59,248	\$59,640								
07/01/2024	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$61,026	\$61,429								
07/01/2025	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$61,788	\$62,197								
07/01/2022	2101	ENGRG AID I	ENGINEERING AID I (35 HRS)	35.00	\$43,628	\$44,941	\$46,236	\$47,543	\$48,850					
07/01/2023	2101	ENGRG AID I	ENGINEERING AID I (35 HRS)	35.00	\$44,937	\$46,289	\$47,623	\$48,969	\$50,315					
07/01/2024	2101	ENGRG AID I	ENGINEERING AID I (35 HRS)	35.00	\$46,285	\$47,678	\$49,051	\$50,438	\$51,825					
07/01/2025	2101	ENGRGAID I	ENGINEERING AID I (35 HRS)	35.00	\$46,863	\$48,274	\$49,665	\$51,069	\$52,473					
07/01/2022	2103	ENGRG AID II	ENGINEERING AID II	35.00	\$47,059	\$48,264	\$49,463	\$50,694	\$51,902					
07/01/2023	2103	ENGRG AID II	ENGINEERING AID II	35.00	\$48,470	\$49,712	\$50,947	\$52,214	\$53,459					
07/01/2024	2103	ENGRGAID II	ENGINEERING AID II	35.00	\$49,925	\$51,203	\$52,475	\$53,781	\$55,063					
07/01/2025	2103	ENGRGAID II	ENGINEERING AID II	35.00	\$50,549	\$51,843	\$53,131	\$54,453	\$55,751					
07/01/2022	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$60,099	\$62,014	\$63,943	\$65,848						
07/01/2023	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$61,902	\$63,875	\$65,862	\$67,823						
07/01/2024	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$63,760	\$65,791	\$67,838	\$69,858						
07/01/2025	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$64,557	\$66,613	\$68,686	\$70,731						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$52,897									
07/01/2022	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$52,897									
07/01/2023	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$54,484									
07/01/2023	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$54,484									
07/01/2024	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,118									
07/01/2024	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,118									
07/01/2025	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,820									
07/01/2025	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,820									
07/01/2022	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$42,653	\$43,938	\$45,228	\$46,516	\$47,815					
07/01/2023	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$43,933	\$45,256	\$46,585	\$47,911	\$49,249					
07/01/2024	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$45,251	\$46,614	\$47,983	\$49,349	\$50,727					
07/01/2025	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$45,817	\$47,196	\$48,583	\$49,966	\$51,361					
07/01/2022	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$63,254									
07/01/2023	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$65,152									
07/01/2024	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$67,107									
07/01/2025	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$67,945									
07/01/2022	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$57,692	\$60,405	\$63,121	\$65,837	\$68,552					
07/01/2023	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$59,423	\$62,218	\$65,015	\$67,812	\$70,608					
07/01/2024	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$61,206	\$64,084	\$66,966	\$69,846	\$72,726					
07/01/2025	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$61,971	\$64,885	\$67,803	\$70,719	\$73,636					
07/01/2022	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$78,153									
07/01/2023	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$80,498									
07/01/2024	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$82,913									
07/01/2025	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$83,949									
07/01/2022	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$64,234	\$66,984	\$69,738	\$71,538	\$75,258	\$78,380	\$80,727			
07/01/2023	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$66,161	\$68,994	\$71,830	\$73,684	\$77,516	\$80,731	\$83,149			
07/01/2024	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$68,146	\$71,063	\$73,985	\$75,894	\$79,841	\$83,153	\$85,644			
07/01/2025	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$68,998	\$71,952	\$74,910	\$76,843	\$80,839	\$84,193	\$86,714			
07/01/2022	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$45,667	\$47,456	\$49,233	\$51,015	\$52,793					
07/01/2023	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$47,037	\$48,880	\$50,710	\$52,545	\$54,376					
07/01/2024	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$48,448	\$50,346	\$52,231	\$54,122	\$56,008					
07/01/2025	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$49,054	\$50,976	\$52,884	\$54,798	\$56,708					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1114	GARAGE CLERK	GARAGE CLERK	35.00	\$45,667	\$47,456	\$49,233	\$51,015	\$52,793	\$62,098				
07/01/2023	1114	GARAGE CLERK	GARAGE CLERK	35.00	\$47,037	\$48,880	\$50,710	\$52,545	\$54,376	\$63,961				
07/01/2024	1114	GARAGE CLERK	GARAGE CLERK	35.00	\$48,448	\$50,346	\$52,231	\$54,122	\$56,008	\$65,879				
07/01/2025	1114	GARAGE CLERK	GARAGE CLERK	35.00	\$49,054	\$50,976	\$52,884	\$54,798	\$56,708	\$66,703				
07/01/2022	G034	HLTH ADVCT	HEALTH ADVOCATE	35.00	\$58,007									
07/01/2023	G034	HLTH ADVCT	HEALTH ADVOCATE	35.00	\$59,747									
07/01/2024	G034	HLTH ADVCT	HEALTH ADVOCATE	35.00	\$61,539									
07/01/2025	G034	HLTH ADVCT	HEALTH ADVOCATE	35.00	\$62,308									
07/01/2022	3304	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$64,194	\$64,917	\$68,687	\$70,923	\$87,917	\$88,360				
07/01/2022	G115	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$64,194	\$64,917	\$68,687	\$70,923	\$87,917	\$88,360				
07/01/2023	3304	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$66,120	\$66,864	\$70,747	\$73,050	\$90,554	\$91,010				
07/01/2023	G115	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$66,120	\$66,864	\$70,747	\$73,050	\$90,554	\$91,010				
07/01/2024	3304	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$68,103	\$68,870	\$72,870	\$75,242	\$93,271	\$93,741				
07/01/2024	G115	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$68,103	\$68,870	\$72,870	\$75,242	\$93,271	\$93,741				
07/01/2025	3304	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$68,954	\$69,731	\$73,780	\$76,182	\$94,437	\$94,912				
07/01/2025	G115	HSG CODE INSP	HOUSING CODE INSPECTOR	40.00	\$68,954	\$69,731	\$73,780	\$76,182	\$94,437	\$94,912				
07/01/2022	0155	IN SCH SUSP OFF	IN-SCHOOL SUSPENSION OFFICER	65.00	\$39,556									
07/01/2023	0155	IN SCH SUSP OFF	IN-SCHOOL SUSPENSION OFFICER	65.00	\$40,743									
07/01/2024	0155	IN SCH SUSP OFF	IN-SCHOOL SUSPENSION OFFICER	65.00	\$41,965									
07/01/2025	0155	IN SCH SUSP OFF	IN-SCHOOL SUSPENSION OFFICER	65.00	\$42,490									
07/01/2022	G054	INTAKE WKR	INTAKE WORKER	35.00	\$39,284	\$45,422								
07/01/2023	G054	INTAKE WKR	INTAKE WORKER	35.00	\$40,463	\$46,785								
07/01/2024	G054	INTAKE WKR	INTAKE WORKER	35.00	\$41,677	\$48,188								
07/01/2025	G054	INTAKE WKR	INTAKE WORKER	35.00	\$42,198	\$48,791								
07/01/2022	0039	INV CTRL NUT	INVENTORY CONTROL SPECIALIST	35.00	\$64,234	\$66,984	\$69,738	\$71,538	\$75,258	\$78,399				
07/01/2023	0039	INV CTRL NUT	INVENTORY CONTROL SPECIALIST	35.00	\$66,161	\$68,994	\$71,830	\$73,684	\$77,516	\$80,751				
07/01/2024	0039	INV CTRL NUT	INVENTORY CONTROL SPECIALIST	35.00	\$68,146	\$71,063	\$73,985	\$75,894	\$79,841	\$83,174				
07/01/2025	0039	INV CTRL NUT	INVENTORY CONTROL SPECIALIST	35.00	\$68,998	\$71,952	\$74,910	\$76,843	\$80,839	\$84,214				
07/01/2022	G451	JOB DEVLPR	JOB DEVELOPER	35.00	\$60,818									
07/01/2023	G451	JOB DEVLPR	JOB DEVELOPER	35.00	\$62,643									
07/01/2024	G451	JOB DEVLPR	JOB DEVELOPER	35.00	\$64,522									
07/01/2025	G451	JOB DEVLPR	JOB DEVELOPER	35.00	\$65,329									

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$47,553	\$51,151	\$54,752							
07/01/2023	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$48,980	\$52,685	\$56,394							
07/01/2024	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$50,449	\$54,266	\$58,086							
07/01/2025	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$51,080	\$54,944	\$58,812							
07/01/2022	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$49,857									
07/01/2023	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$51,353									
07/01/2024	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$52,893									
07/01/2025	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$53,555									
07/01/2022	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$47,511									
07/01/2023	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$48,936									
07/01/2024	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$50,404									
07/01/2025	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$51,034									
07/01/2022	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$73,919	\$76,192	\$78,467	\$80,741	\$83,015					
07/01/2023	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$76,137	\$78,478	\$80,821	\$83,163	\$85,505					
07/01/2024	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$78,421	\$80,832	\$83,246	\$85,658	\$88,071					
07/01/2025	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$79,401	\$81,843	\$84,287	\$86,728	\$89,171					
07/01/2022	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$42,185	\$44,096	\$46,015	\$47,930						
07/01/2023	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$43,450	\$45,419	\$47,396	\$49,368						
07/01/2024	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$44,754	\$46,782	\$48,818	\$50,849						
07/01/2025	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$45,313	\$47,367	\$49,428	\$51,485						
07/01/2022	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$51,658	\$54,074	\$56,497	\$58,909	\$61,339					
07/01/2023	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$53,207	\$55,696	\$58,191	\$60,676	\$63,179					
07/01/2024	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$54,804	\$57,367	\$59,937	\$62,496	\$65,074					
07/01/2025	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$55,489	\$58,084	\$60,686	\$63,278	\$65,888					
07/01/2022	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$34,761	\$35,840	\$39,304							
07/01/2023	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$35,804	\$36,915	\$40,483							
07/01/2024	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$36,878	\$38,023	\$41,697							
07/01/2025	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$37,339	\$38,498	\$42,219							
07/01/2022	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$39,749	\$40,382	\$41,581	\$42,792	\$44,853					
07/01/2023	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$40,941	\$41,594	\$42,829	\$44,076	\$46,199					
07/01/2024	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$42,169	\$42,841	\$44,113	\$45,398	\$47,585					
07/01/2025	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$42,697	\$43,377	\$44,665	\$45,966	\$48,180					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$44,665	\$46,102	\$47,553	\$48,998	\$51,261					
07/01/2023	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$46,005	\$47,485	\$48,980	\$50,468	\$52,799					
07/01/2024	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$47,385	\$48,909	\$50,449	\$51,982	\$54,383					
07/01/2025	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$47,977	\$49,521	\$51,080	\$52,632	\$55,063					
07/01/2022	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$36,372	\$37,528	\$38,694	\$39,827						
07/01/2023	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$37,464	\$38,654	\$39,855	\$41,022						
07/01/2024	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$38,587	\$39,814	\$41,050	\$42,252						
07/01/2025	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$39,070	\$40,311	\$41,564	\$42,781						
07/01/2022	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$39,169	\$40,382	\$41,581	\$42,792	\$44,021					
07/01/2023	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$40,344	\$41,594	\$42,829	\$44,076	\$45,342					
07/01/2024	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$41,554	\$42,841	\$44,113	\$45,398	\$46,702					
07/01/2025	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$42,074	\$43,377	\$44,665	\$45,966	\$47,286					
07/01/2022	G070	LIFEGUARD		35.00	\$8,373									
07/01/2023	G070	LIFEGUARD		35.00	\$8,624									
07/01/2024	G070	LIFEGUARD		35.00	\$8,883									
07/01/2025	G070	LIFEGUARD		35.00	\$8,994									
07/01/2022	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$81,446									
07/01/2023	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$83,890									
07/01/2024	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$86,406									
07/01/2025	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$87,486									
07/01/2022	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$65,378									
07/01/2023	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$67,340									
07/01/2024	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$69,360									
07/01/2025	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$70,227									
07/01/2022	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$32,205	\$32,209	\$33,316	\$34,835	\$36,355	\$37,875				
07/01/2023	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$33,171	\$33,175	\$34,316	\$35,880	\$37,446	\$39,011				
07/01/2024	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$34,166	\$34,171	\$35,345	\$36,956	\$38,569	\$40,182				
07/01/2025	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$34,593	\$34,598	\$35,787	\$37,418	\$39,051	\$40,684				

<u>EFF DATE</u>	<u>ICC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G136	NUTRITIONIST		35.00	\$31,405									
07/01/2023	G136	NUTRITIONIST		35.00	\$32,347									
07/01/2024	G136	NUTRITIONIST		35.00	\$33,317									
07/01/2025	G136	NUTRITIONIST		35.00	\$33,734									
07/01/2022	G134	NUTRTN AIDE	NUTRITION AIDE	35.00	\$33,316	\$37,292	\$38,054							
07/01/2023	G134	NUTRTN AIDE	NUTRITION AIDE	35.00	\$34,316	\$38,411	\$39,196							
07/01/2024	G134	NUTRTN AIDE	NUTRITION AIDE	35.00	\$35,345	\$39,563	\$40,372							
07/01/2025	G134	NUTRTN AIDE	NUTRITION AIDE	35.00	\$35,787	\$40,058	\$40,877							
07/01/2022	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$61,481	\$64,107	\$66,734							
07/01/2023	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$63,325	\$66,030	\$68,736							
07/01/2024	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$65,225	\$68,011	\$70,798							
07/01/2025	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$66,040	\$68,861	\$71,683							
07/01/2022	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$35,943	\$37,020	\$38,097	\$39,176	\$40,292					
07/01/2023	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$37,021	\$38,131	\$39,240	\$40,351	\$41,500					
07/01/2024	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$38,132	\$39,275	\$40,417	\$41,562	\$42,745					
07/01/2025	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$38,608	\$39,766	\$40,922	\$42,081	\$43,280					
07/01/2022	1258	PARALEGAL	PARALEGAL	35.00	\$55,021	\$57,057	\$59,091	\$61,131	\$63,165					
07/01/2023	1258	PARALEGAL	PARALEGAL	35.00	\$56,671	\$58,769	\$60,864	\$62,964	\$65,060					
07/01/2024	1258	PARALEGAL	PARALEGAL	35.00	\$58,371	\$60,532	\$62,690	\$64,853	\$67,011					
07/01/2025	1258	PARALEGAL	PARALEGAL	35.00	\$59,101	\$61,288	\$63,473	\$65,664	\$67,849					
07/01/2022	6008	PARENT AIDE	PARENT AIDE	35.00	\$45,365									
07/01/2022	G143	PARENT AIDE	PARENT AIDE	35.00	\$45,365									
07/01/2023	6008	PARENT AIDE	PARENT AIDE	35.00	\$46,726									
07/01/2023	G143	PARENT AIDE	PARENT AIDE	35.00	\$46,726									
07/01/2024	6008	PARENT AIDE	PARENT AIDE	35.00	\$48,128									
07/01/2024	G143	PARENT AIDE	PARENT AIDE	35.00	\$48,128									
07/01/2025	6008	PARENT AIDE	PARENT AIDE	35.00	\$48,730									
07/01/2025	G143	PARENT AIDE	PARENT AIDE	35.00	\$48,730									
07/01/2022	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$75,952	\$78,283	\$80,624	\$86,840						
07/01/2023	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$78,231	\$80,632	\$83,043	\$89,446						
07/01/2024	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$80,578	\$83,051	\$85,534	\$92,129						
07/01/2025	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$81,585	\$84,089	\$86,603	\$93,281						

<u>EFF DATE</u>	<u>ICC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1109	PAYROLL CLERK	PAYROLL CLERK	32.50	\$47,834	\$50,232	\$52,619	\$55,016	\$56,522	\$60,325				
07/01/2023	1109	PAYROLL CLERK	PAYROLL CLERK	32.50	\$49,269	\$51,739	\$54,197	\$56,667	\$58,218	\$62,135				
07/01/2024	1109	PAYROLL CLERK	PAYROLL CLERK	32.50	\$50,747	\$53,291	\$55,823	\$58,367	\$59,964	\$63,999				
07/01/2025	1109	PAYROLL CLERK	PAYROLL CLERK	32.50	\$51,382	\$53,957	\$56,521	\$59,097	\$60,714	\$64,799				
07/01/2022	1733	PAYROLL CLK 35	PAYROLL CLERK (35 HOURS)	35.00	\$51,514	\$54,098	\$56,668	\$59,248	\$60,874	\$64,967				
07/01/2023	1733	PAYROLL CLK 35	PAYROLL CLERK (35 HOURS)	35.00	\$53,060	\$55,721	\$58,368	\$61,025	\$62,700	\$66,916				
07/01/2024	1733	PAYROLL CLK 35	PAYROLL CLERK (35 HOURS)	35.00	\$54,652	\$57,392	\$60,119	\$62,856	\$64,581	\$68,924				
07/01/2025	1733	PAYROLL CLK 35	PAYROLL CLERK (35 HOURS)	35.00	\$55,335	\$58,110	\$60,870	\$63,642	\$65,389	\$69,785				
07/01/2022	1234	PAYROLL CLK 40	PAYROLL CLERK (40 HOURS)	40.00	\$58,873	\$61,824	\$64,761	\$67,710	\$69,565	\$74,249				
07/01/2023	1234	PAYROLL CLK 40	PAYROLL CLERK (40 HOURS)	40.00	\$60,639	\$63,678	\$66,704	\$69,741	\$71,652	\$76,476				
07/01/2024	1234	PAYROLL CLK 40	PAYROLL CLERK (40 HOURS)	40.00	\$62,458	\$65,589	\$68,705	\$71,834	\$73,802	\$78,770				
07/01/2025	1234	PAYROLL CLK 40	PAYROLL CLERK (40 HOURS)	40.00	\$63,239	\$66,409	\$69,564	\$72,732	\$74,724	\$79,755				
07/01/2022	1501	PERSNL ASST I	PERSONNEL ASSISTANT I	40.00	\$72,377	\$74,721	\$77,053							
07/01/2023	1501	PERSNL ASST I	PERSONNEL ASSISTANT I	40.00	\$74,548	\$76,963	\$79,365							
07/01/2024	1501	PERSNL ASST I	PERSONNEL ASSISTANT I	40.00	\$76,785	\$79,272	\$81,746							
07/01/2025	1501	PERSNL ASST I	PERSONNEL ASSISTANT I	40.00	\$77,745	\$80,263	\$82,768							
07/01/2022	1502	PERSNL ASST II	PERSONNEL ASSISTANT II	40.00	\$85,781	\$88,118								
07/01/2023	1502	PERSNL ASST II	PERSONNEL ASSISTANT II	40.00	\$88,355	\$90,761								
07/01/2024	1502	PERSNL ASST II	PERSONNEL ASSISTANT II	40.00	\$91,006	\$93,484								
07/01/2025	1502	PERSNL ASST II	PERSONNEL ASSISTANT II	40.00	\$92,143	\$94,652								
07/01/2022	1507	PERSNL TRNEE	PERSONNEL TRAINEE	35.00	\$55,632									
07/01/2023	1507	PERSNL TRNEE	PERSONNEL TRAINEE	35.00	\$57,301									
07/01/2024	1507	PERSNL TRNEE	PERSONNEL TRAINEE	35.00	\$59,020									
07/01/2025	1507	PERSNL TRNEE	PERSONNEL TRAINEE	35.00	\$59,758									
07/01/2022	3606	PRKG ENFORCE OF	PARKING ENFORCEMENT OFFICER	40.00	\$36,127	\$38,286	\$40,448	\$42,606	\$44,768					
07/01/2023	3606	PRKG ENFORCE OF	PARKING ENFORCEMENT OFFICER	40.00	\$37,211	\$39,435	\$41,662	\$43,884	\$46,111					
07/01/2024	3606	PRKG ENFORCE OF	PARKING ENFORCEMENT OFFICER	40.00	\$38,327	\$40,618	\$42,911	\$45,201	\$47,494					
07/01/2025	3606	PRKG ENFORCE OF	PARKING ENFORCEMENT OFFICER	40.00	\$38,806	\$41,125	\$43,448	\$45,766	\$48,088					
07/01/2022	G200	PROGRAM COORD	PROGRAM COORDINATOR	35.00	\$35,412									
07/01/2023	G200	PROGRAM COORD	PROGRAM COORDINATOR	35.00	\$36,475									
07/01/2024	G200	PROGRAM COORD	PROGRAM COORDINATOR	35.00	\$37,569									
07/01/2025	G200	PROGRAM COORD	PROGRAM COORDINATOR	35.00	\$38,039									

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G002	PROJECTS MGR	PROJECTS MANAGER	35.00	\$44,421									
07/01/2023	G002	PROJECTS MGR	PROJECTS MANAGER	35.00	\$45,753									
07/01/2024	G002	PROJECTS MGR	PROJECTS MANAGER	35.00	\$47,126									
07/01/2025	G002	PROJECTS MGR	PROJECTS MANAGER	35.00	\$47,715									
07/01/2022	1247	PROP APPRAISE II	PROPERTY APPRAISER II (35 HOUR	35.00	\$65,274	\$67,199	\$69,023	\$70,850	\$72,674					
07/01/2023	1247	PROP APPRAISE II	PROPERTY APPRAISER II (35 HOUR	35.00	\$67,232	\$69,215	\$71,094	\$72,975	\$74,854					
07/01/2024	1247	PROP APPRAISE II	PROPERTY APPRAISER II (35 HOUR	35.00	\$69,249	\$71,292	\$73,227	\$75,164	\$77,100					
07/01/2025	1247	PROP APPRAISE II	PROPERTY APPRAISER II (35 HOUR	35.00	\$70,115	\$72,183	\$74,142	\$76,104	\$78,063					
07/01/2022	1246	PROP APPRAISER I	PROPERTY APPRAISER I (35 HOURS	35.00	\$54,938	\$56,853	\$59,456	\$61,267	\$63,076					
07/01/2023	1246	PROP APPRAISER I	PROPERTY APPRAISER I (35 HOURS	35.00	\$56,586	\$58,558	\$61,239	\$63,106	\$64,968					
07/01/2024	1246	PROP APPRAISER I	PROPERTY APPRAISER I (35 HOURS	35.00	\$58,284	\$60,315	\$63,077	\$64,999	\$66,918					
07/01/2025	1246	PROP APPRAISER I	PROPERTY APPRAISER I (35 HOURS	35.00	\$59,012	\$61,069	\$63,865	\$65,811	\$67,754					
07/01/2022	1214	PUB SAFETY TELE	PUB SAFETY TCO	36.00	\$43,210	\$48,262	\$53,333	\$55,936	\$60,968					
07/01/2023	1214	PUB SAFETY TELE	PUB SAFETY TCO	36.00	\$44,506	\$49,710	\$54,933	\$57,614	\$62,797					
07/01/2024	1214	PUB SAFETY TELE	PUB SAFETY TCO	36.00	\$45,842	\$51,201	\$56,581	\$59,342	\$64,681					
07/01/2025	1214	PUB SAFETY TELE	PUB SAFETY TCO	36.00	\$46,415	\$51,841	\$57,288	\$60,084	\$65,490					
07/01/2022	G360	PYRL COMP PROC	PAYROLL COMPENSATION PROCESSOR	35.00	\$51,514	\$54,096	\$56,668	\$59,244	\$60,876	\$64,965				
07/01/2023	G360	PYRL COMP PROC	PAYROLL COMPENSATION PROCESSOR	35.00	\$53,060	\$55,718	\$58,368	\$61,021	\$62,702	\$66,914				
07/01/2024	G360	PYRL COMP PROC	PAYROLL COMPENSATION PROCESSOR	35.00	\$54,652	\$57,390	\$60,119	\$62,851	\$64,583	\$68,922				
07/01/2025	G360	PYRL COMP PROC	PAYROLL COMPENSATION PROCESSOR	35.00	\$55,335	\$58,107	\$60,870	\$63,637	\$65,391	\$69,783				
07/01/2022	0406	RECEP/SECTY	RECEPTIONIST/SECRETARY	32.50	\$45,667	\$47,456	\$49,233	\$52,788						
07/01/2023	0406	RECEP/SECTY	RECEPTIONIST/SECRETARY	32.50	\$47,037	\$48,880	\$50,710	\$54,371						
07/01/2024	0406	RECEP/SECTY	RECEPTIONIST/SECRETARY	32.50	\$48,448	\$50,346	\$52,231	\$56,002						
07/01/2025	0406	RECEP/SECTY	RECEPTIONIST/SECRETARY	32.50	\$49,054	\$50,976	\$52,884	\$56,702						
07/01/2022	G086	RECEPT/SECTY	RECEPTIONIST/SECRETARY	35.00	\$43,166									
07/01/2023	G086	RECEPT/SECTY	RECEPTIONIST/SECRETARY	35.00	\$44,461									
07/01/2024	G086	RECEPT/SECTY	RECEPTIONIST/SECRETARY	35.00	\$45,795									
07/01/2025	G086	RECEPT/SECTY	RECEPTIONIST/SECRETARY	35.00	\$46,368									

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$20,337	\$32,346	\$47,930	\$52,282						
07/01/2023	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$20,947	\$33,317	\$49,368	\$53,850						
07/01/2024	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$21,576	\$34,316	\$50,849	\$55,466						
07/01/2025	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$21,846	\$34,745	\$51,485	\$56,159						
07/01/2022	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$68,687	\$70,923	\$74,873	\$87,476	\$87,917	\$88,360				
07/01/2023	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$70,747	\$73,050	\$77,119	\$90,100	\$90,554	\$91,010				
07/01/2024	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$72,870	\$75,242	\$79,433	\$92,803	\$93,271	\$93,741				
07/01/2025	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$73,780	\$76,182	\$80,425	\$93,963	\$94,437	\$94,912				
07/01/2022	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$68,687	\$70,923	\$74,873	\$87,477	\$87,917	\$88,360				
07/01/2023	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$70,747	\$73,050	\$77,119	\$90,101	\$90,554	\$91,010				
07/01/2024	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$72,870	\$75,242	\$79,433	\$92,804	\$93,271	\$93,741				
07/01/2025	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$73,780	\$76,182	\$80,425	\$93,964	\$94,437	\$94,912				
07/01/2022	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$73,837	\$76,420	\$79,093	\$81,863	\$84,727	\$87,693				
07/01/2023	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$76,052	\$78,712	\$81,465	\$84,319	\$87,269	\$90,324				
07/01/2024	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$78,333	\$81,074	\$83,909	\$86,849	\$89,887	\$93,034				
07/01/2025	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$79,312	\$82,087	\$84,958	\$87,934	\$91,010	\$94,197				
07/01/2022	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$67,122	\$69,606	\$71,974	\$74,330	\$76,690	\$82,119				
07/01/2023	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$69,136	\$71,695	\$74,134	\$76,560	\$78,990	\$84,582				
07/01/2024	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$71,210	\$73,845	\$76,358	\$78,857	\$81,360	\$87,120				
07/01/2025	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$72,100	\$74,768	\$77,312	\$79,842	\$82,377	\$88,209				
07/01/2022	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$42,297									
07/01/2022	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$45,667	\$47,456	\$49,233	\$52,788						
07/01/2023	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$43,566									
07/01/2023	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$47,037	\$48,880	\$50,710	\$54,371						
07/01/2024	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$44,873									
07/01/2024	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$48,448	\$50,346	\$52,231	\$56,002						
07/01/2025	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$45,434									
07/01/2025	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$49,054	\$50,976	\$52,884	\$56,702						
07/01/2022	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$41,563	\$42,270	\$42,998							
07/01/2023	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$42,809	\$43,538	\$44,288							
07/01/2024	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$44,094	\$44,844	\$45,617							
07/01/2025	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$44,645	\$45,404	\$46,187							

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$64,881	\$66,504	\$68,168	\$69,938						
07/01/2023	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$66,827	\$68,499	\$70,214	\$72,036						
07/01/2024	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$68,832	\$70,554	\$72,320	\$74,197						
07/01/2025	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$69,692	\$71,436	\$73,224	\$75,125						
07/01/2022	G013	SECRETARY	SECRETARY	35.00	\$43,126									
07/01/2023	G013	SECRETARY	SECRETARY	35.00	\$44,420									
07/01/2024	G013	SECRETARY	SECRETARY	35.00	\$45,752									
07/01/2025	G013	SECRETARY	SECRETARY	35.00	\$46,324									
07/01/2022	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$45,667	\$47,456	\$49,233	\$52,788						
07/01/2023	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$47,037	\$48,880	\$50,710	\$54,371						
07/01/2024	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$48,448	\$50,346	\$52,231	\$56,002						
07/01/2025	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$49,054	\$50,976	\$52,884	\$56,702						
07/01/2022	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$41,548									
07/01/2023	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$42,795									
07/01/2024	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$44,078									
07/01/2025	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$44,629									
07/01/2022	1262	SEN TAX CLK 35	SENIOR TAX COLLCLERK - 35HRS	35.00	\$53,003	\$54,935	\$56,851	\$59,248	\$60,874	\$64,967				
07/01/2023	1262	SEN TAX CLK 35	SENIOR TAX COLLCLERK - 35HRS	35.00	\$54,593	\$56,583	\$58,556	\$61,025	\$62,700	\$66,916				
07/01/2024	1262	SEN TAX CLK 35	SENIOR TAX COLLCLERK - 35HRS	35.00	\$56,231	\$58,281	\$60,313	\$62,856	\$64,581	\$68,924				
07/01/2025	1262	SEN TAX CLK 35	SENIOR TAX COLLCLERK - 35HRS	35.00	\$56,934	\$59,009	\$61,067	\$63,642	\$65,389	\$69,785				
07/01/2022	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$42,056									
07/01/2023	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$43,318									
07/01/2024	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$44,617									
07/01/2025	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$45,175									
07/01/2022	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$58,730	\$61,445								
07/01/2023	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$60,491	\$63,288								
07/01/2024	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$62,306	\$65,187								
07/01/2025	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$63,085	\$66,001								
07/01/2022	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$42,048	\$44,157	\$46,260	\$48,362	\$49,519	\$52,565				
07/01/2023	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$43,309	\$45,482	\$47,648	\$49,812	\$51,005	\$54,142				
07/01/2024	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$44,608	\$46,846	\$49,078	\$51,307	\$52,535	\$55,766				
07/01/2025	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$45,166	\$47,432	\$49,691	\$51,948	\$53,192	\$56,463				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812				
07/01/2023	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276				
07/01/2024	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784				
07/01/2025	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432				
07/01/2022	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$46,833	\$51,503	\$57,331	\$58,080						
07/01/2023	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$48,238	\$53,048	\$59,051	\$59,823						
07/01/2024	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$49,685	\$54,640	\$60,822	\$61,618						
07/01/2025	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$50,306	\$55,323	\$61,582	\$62,388						
07/01/2022	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$27,265									
07/01/2023	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$28,083									
07/01/2024	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$28,926									
07/01/2025	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$29,287									
07/01/2022	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$49,765	\$51,583	\$52,941	\$54,300	\$55,657					
07/01/2023	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$51,258	\$53,131	\$54,529	\$55,929	\$57,327					
07/01/2024	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$52,796	\$54,725	\$56,165	\$57,606	\$59,047					
07/01/2025	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$53,456	\$55,409	\$56,867	\$58,326	\$59,785					
07/01/2022	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$57,017									
07/01/2023	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$58,727									
07/01/2024	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$60,489									
07/01/2025	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$61,245									
07/01/2022	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$47,751	\$49,617	\$51,475	\$53,341	\$55,198					
07/01/2023	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$49,183	\$51,106	\$53,020	\$54,941	\$56,854					
07/01/2024	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$50,659	\$52,639	\$54,610	\$56,589	\$58,559					
07/01/2025	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$51,292	\$53,297	\$55,293	\$57,296	\$59,291					
07/01/2022	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$41,051	\$42,340	\$43,656	\$44,954	\$47,288	\$56,862				
07/01/2023	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$42,282	\$43,610	\$44,965	\$46,303	\$48,707	\$58,568				
07/01/2024	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$43,551	\$44,919	\$46,314	\$47,692	\$50,168	\$60,325				
07/01/2025	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$44,095	\$45,480	\$46,893	\$48,288	\$50,795	\$61,079				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$46,915	\$48,387	\$49,891	\$51,378	\$54,043	\$64,986				
07/01/2023	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$48,323	\$49,839	\$51,388	\$52,920	\$55,664	\$66,935				
07/01/2024	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$49,773	\$51,334	\$52,930	\$54,507	\$57,334	\$68,943				
07/01/2025	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$50,395	\$51,976	\$53,591	\$55,189	\$58,051	\$69,805				
07/01/2022	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$38,123	\$39,312	\$40,538	\$41,745	\$43,910	\$52,800				
07/01/2023	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$39,267	\$40,491	\$41,754	\$42,997	\$45,227	\$54,384				
07/01/2024	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$40,445	\$41,706	\$43,006	\$44,287	\$46,584	\$56,015				
07/01/2025	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$40,951	\$42,227	\$43,544	\$44,841	\$47,166	\$56,716				
07/01/2022	1401	STOCK CLERK	STOCK CLERK	40.00	\$33,074	\$33,609	\$34,154	\$34,701	\$35,227					
07/01/2023	1401	STOCK CLERK	STOCK CLERK	40.00	\$34,067	\$34,617	\$35,178	\$35,742	\$36,284					
07/01/2024	1401	STOCK CLERK	STOCK CLERK	40.00	\$35,089	\$35,656	\$36,234	\$36,814	\$37,372					
07/01/2025	1401	STOCK CLERK	STOCK CLERK	40.00	\$35,527	\$36,101	\$36,687	\$37,274	\$37,840					
07/01/2022	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$38,698	\$39,895	\$41,106	\$42,334	\$43,489	\$44,638				
07/01/2023	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$39,859	\$41,092	\$42,339	\$43,604	\$44,793	\$45,977				
07/01/2024	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$41,055	\$42,325	\$43,610	\$44,912	\$46,137	\$47,357				
07/01/2025	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$41,568	\$42,854	\$44,155	\$45,474	\$46,714	\$47,949				
07/01/2022	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$52,213									
07/01/2023	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$53,779									
07/01/2024	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$55,393									
07/01/2025	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$56,085									
07/01/2022	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$34,682	\$35,843	\$37,005	\$38,141	\$39,298					
07/01/2023	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$35,723	\$36,918	\$38,115	\$39,285	\$40,477					
07/01/2024	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$36,794	\$38,026	\$39,258	\$40,464	\$41,691					
07/01/2025	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$37,254	\$38,501	\$39,749	\$40,969	\$42,212					
07/01/2022	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					
07/01/2022	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					
07/01/2022	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$44,157	\$46,260	\$48,362	\$49,519	\$51,923					
07/01/2023	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$45,482	\$47,648	\$49,812	\$51,005	\$53,481					
07/01/2024	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$46,846	\$49,078	\$51,307	\$52,535	\$55,085					
07/01/2025	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$47,432	\$49,691	\$51,948	\$53,192	\$55,774					
07/01/2022	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$44,091	\$45,613	\$47,134	\$48,654	\$50,172					
07/01/2023	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$45,414	\$46,981	\$48,548	\$50,114	\$51,677					
07/01/2024	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$46,776	\$48,390	\$50,004	\$51,617	\$53,228					
07/01/2025	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$47,361	\$48,995	\$50,629	\$52,262	\$53,893					
07/01/2022	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$43,210	\$48,262	\$53,333	\$55,936	\$60,968					
07/01/2023	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$44,506	\$49,710	\$54,933	\$57,614	\$62,797					
07/01/2024	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$45,842	\$51,201	\$56,581	\$59,342	\$64,681					
07/01/2025	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$46,415	\$51,841	\$57,288	\$60,084	\$65,490					
07/01/2022	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$52,211									
07/01/2023	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$53,777									
07/01/2024	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$55,390									
07/01/2025	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$56,083									
07/01/2022	1100	TYPIST 1	TYPIST I	32.50	\$36,496	\$38,325	\$40,144	\$41,969	\$42,914	\$45,620				
07/01/2023	1100	TYPIST 1	TYPIST I	32.50	\$37,591	\$39,475	\$41,349	\$43,228	\$44,201	\$46,988				
07/01/2024	1100	TYPIST 1	TYPIST I	32.50	\$38,719	\$40,659	\$42,589	\$44,525	\$45,527	\$48,398				
07/01/2025	1100	TYPIST 1	TYPIST I	32.50	\$39,203	\$41,168	\$43,121	\$45,082	\$46,096	\$49,003				
07/01/2022	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$39,302	\$41,269	\$43,232	\$45,198	\$46,215	\$49,132				
07/01/2023	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$40,481	\$42,507	\$44,529	\$46,554	\$47,602	\$50,606				
07/01/2024	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$41,695	\$43,782	\$45,865	\$47,951	\$49,030	\$52,124				
07/01/2025	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$42,216	\$44,330	\$46,438	\$48,550	\$49,642	\$52,776				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$44,915	\$47,169	\$49,367	\$51,656	\$52,815	\$56,150				
07/01/2023	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$46,263	\$48,584	\$50,848	\$53,205	\$54,400	\$57,835				
07/01/2024	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$47,651	\$50,041	\$52,373	\$54,801	\$56,032	\$59,570				
07/01/2025	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$48,246	\$50,667	\$53,028	\$55,486	\$56,732	\$60,315				
07/01/2022	1104	TYPIST II	TYPIST II	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812				
07/01/2023	1104	TYPIST II	TYPIST II	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276				
07/01/2024	1104	TYPIST II	TYPIST II	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784				
07/01/2025	1104	TYPIST II	TYPIST II	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432				
07/01/2022	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$42,048	\$44,157	\$46,260	\$48,362	\$49,519	\$52,565				
07/01/2023	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$43,309	\$45,482	\$47,648	\$49,812	\$51,005	\$54,142				
07/01/2024	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$44,608	\$46,846	\$49,078	\$51,307	\$52,535	\$55,766				
07/01/2025	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$45,166	\$47,432	\$49,691	\$51,948	\$53,192	\$56,463				
07/01/2022	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$48,057	\$50,465	\$52,867	\$55,269	\$56,594	\$60,076				
07/01/2023	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$49,498	\$51,979	\$54,453	\$56,927	\$58,292	\$61,878				
07/01/2024	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$50,983	\$53,538	\$56,086	\$58,635	\$60,041	\$63,734				
07/01/2025	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$51,621	\$54,207	\$56,787	\$59,368	\$60,791	\$64,531				
07/01/2022	1111	TYPIST III	TYPIST III	32.50	\$48,738	\$50,232	\$52,619	\$55,016	\$56,522	\$60,325				
07/01/2023	1111	TYPIST III	TYPIST III	32.50	\$50,200	\$51,739	\$54,197	\$56,667	\$58,218	\$62,135				
07/01/2024	1111	TYPIST III	TYPIST III	32.50	\$51,706	\$53,291	\$55,823	\$58,367	\$59,964	\$63,999				
07/01/2025	1111	TYPIST III	TYPIST III	32.50	\$52,352	\$53,957	\$56,521	\$59,097	\$60,714	\$64,799				
07/01/2022	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$52,486	\$54,098	\$56,668	\$59,248	\$60,874	\$64,967				
07/01/2023	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$54,060	\$55,721	\$58,368	\$61,025	\$62,700	\$66,916				
07/01/2024	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$55,682	\$57,392	\$60,119	\$62,856	\$64,581	\$68,924				
07/01/2025	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$56,378	\$58,110	\$60,870	\$63,642	\$65,389	\$69,785				
07/01/2022	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$55,400									
07/01/2023	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$57,062									
07/01/2024	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$58,773									
07/01/2025	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$59,508									
07/01/2022	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$39,490	\$41,465	\$43,441	\$45,418	\$47,390	\$49,368				
07/01/2023	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$40,675	\$42,709	\$44,745	\$46,780	\$48,812	\$50,849				
07/01/2024	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$41,895	\$43,990	\$46,087	\$48,184	\$50,276	\$52,374				
07/01/2025	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$42,419	\$44,540	\$46,663	\$48,786	\$50,905	\$53,029				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$48,738									
07/01/2023	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$50,200									
07/01/2024	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$51,706									
07/01/2025	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$52,352									
07/01/2022	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$51,659	\$53,395	\$55,117	\$56,842						
07/01/2023	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$53,208	\$54,997	\$56,771	\$58,547						
07/01/2024	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$54,805	\$56,647	\$58,474	\$60,303						
07/01/2025	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$55,490	\$57,355	\$59,205	\$61,057						
07/01/2022	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$55,631	\$57,503	\$59,357	\$61,214						
07/01/2023	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$57,300	\$59,228	\$61,138	\$63,050						
07/01/2024	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$59,019	\$61,005	\$62,972	\$64,942						
07/01/2025	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$59,757	\$61,767	\$63,759	\$65,754						

APPENDIX D

CITY POLICIES

Appendix D

CITY OF BRIDGEPORT

Subject:	Approval:	Approval:	Effective:
ATTENDANCE	Dennis C. Murphy CAO	Joseph P. Ganim Mayor	April 1, 2000 Number: 02-2000 Page: 1 of 7

PURPOSE

This policy establishes attendance guidelines and procedures, and describes the responsibility of the employee and supervisor in maintaining an effective attendance program.

SCOPE

This policy applies to all City of Bridgeport employees in all locations, with the exception of uniformed personnel in the Police and Fire Departments.

POLICY

The City of Bridgeport municipal departments provide a wide range of services to residents, business owners and others. In order to provide quality and timely services, each department must be fully staffed each day. Absenteeism detracts from the City's ability to meet quality service standards and causes a difficult burden for those employees who must assume the duties of absent employees.

Sick time benefits are provided as income protection when illness prevents the employee from reporting to work. It should not be considered as authorized "time off" and attempts to "use up" sick time are strongly discouraged. Our bargaining agreements generally allow for sick leave accumulation and include sick leave "pay-out" provisions. The City's commitment to continued sick leave benefits for income protection purposes is not inconsistent with our commitment to an effective attendance policy.

Excessive employee absenteeism is unacceptable and will be addressed by supervisors and the Office of Labor Relations in accordance with the standards described below.

Employee Responsibilities

Each employee is expected to:

- Employees are expected to maintain a good attendance record.
- Each employee is expected to give advance notification of absences due to illness, and provide the reason for the absence. The employee must give notification by phone, personally and directly, to the supervisor. If an extreme situation arises and the employee is unable to call prior to the scheduled work time, notification must be given to the Supervisor within half-hour after the scheduled start time.¹ If the employee fails to do so, the employee's absence is considered unauthorized. After three consecutive days without notice, the employee will be considered to have resigned from employment, unless otherwise provided for under the employee's collective bargaining agreement.

Supervisor Responsibilities

Each Supervisor is responsible for monitoring and enforcing this policy. While it is the employee's responsibility to correct the attendance problems and prevent absenteeism, the supervisor should emphasize the following:

- Communicate the City's policy of requiring good attendance to all unit employees.
- Each Department Head or his/her designee shall be responsible for forwarding a monthly report to the CAO and Director of Labor Relations indicating each employee whose attendance merits disciplinary action under this policy and each disciplinary action taken for such employee.
- Employees should personally call their supervisor directly if illness will prevent them from reporting to work. The supervisor must advise the employee that they are to maintain contact for any period of absence beyond one day, unless the employee has provided a doctor's certification covering a specified period.
- Determine when the employee expects to return to work.
- Insure that all absences are accurately and properly recorded on weekly time sheets and on the unit attendance log.
- It is the supervisor's responsibility to consistently enforce this policy by monitoring the employee's attendance records on a monthly basis.
- The attendance records of each employee should be considered individually with reference made to the following types of attendance problems:
 - **Frequency of Absence:** Frequent short-term absences often indicate basic poor attendance habits.
 - **Pattern of Absence:** Unscheduled absences that reflect a pattern of Monday or Friday absences, or absences on the day before or after a holiday or long weekend, or other pattern related to operational conditions (e.g. weather, workload, etc.)
 - **Cause of Absence:** The nature of frequent absences are unrelated and may reflect a poor attendance record.
- Employees should be advised that the City provides a comprehensive benefits plan that should enable the employee to seek treatment for medical problems. The

¹ The collective bargaining agreement for members of the American Federation of State, County and Municipal Employees, Local 1522 (AFSCME 1522) requires its members to call in one hour prior to the start of his/her shift.

Employee Assistance Program (EAP) may also be used as a potential resource for any underlying issues causing an attendance problem.

- Long-term employees with established records of good attendance may be considered differently than a new employee with a poor record during the initial months of employment. It must be recognized, however, that each absence adversely affects the City's ability to provide quality municipal services. The primary responsibility for maintaining a satisfactory attendance record rests with the employee.
- If a supervisor detects an abuse of sick time by an employee, disciplinary action should be taken as described below. **NOTE: The supervisor should counsel the employee and encourage the employee to avail themselves of the EAP, prior to issuing an oral or written warning. In addition, prior to taking any action beyond counseling or an oral or written warning, the supervisor must consult with the Office of Labor Relations.**
- Supervisors are reminded that the use of vacation and personal days must be consistent with the operational needs of the department but must not be so restricted so as to unreasonably deny their use. Sound business judgment is expected to be used in dealing with employee's use of vacation and personal days.

When a matter of interpretation arises, the supervisor shall contact the Director of Labor Relations, or his designee, so as to assure the proper application of these standards.

ATTENDANCE STANDARDS & PROCEDURES

Definitions:

Absence

An "absence" is defined as any unscheduled absence from work during scheduled working hours (including failing to report for scheduled or unscheduled overtime) or failure to remain at work as scheduled. The use of the term scheduled is significant to this definition because it automatically excludes vacation, personal leave or other forms of approved and scheduled time off. An unscheduled consecutive absence in excess of one day, shall be considered as only one absence against the employee, regardless of its length. (Example: An employee is absent for four consecutive days with the flu. This is treated as one absence for purposes of this policy) An absence excludes any work related injury, or a reoccurrence of such an injury, approved by the City's Worker's Compensation Administrator.

Chronic Illness

An illness requiring periodic visits or treatment by a physician that continues over an extended period of time and which causes an episodic rather than a continuous period of incapacity.

Disciplinary Procedures²

In order to translate attendance standards into an effective working personnel policy, the City has adopted the following standards and procedures. It must be noted that four (4) or more absences in the initial probationary period of employment should be considered as failure to satisfy the probationary period of employment.

- **Corrective counseling** is warranted when an employee has:

Six (6) absences within any twelve (12) month period*

The supervisor should counsel the employee prior to issuing an oral warning. The supervisor shall discuss with the employee contributing problems and possible corrective measures. An EAP referral should be made, if appropriate. The supervisor should also advise the employee that an additional absence could result in an oral warning.

- **Oral warning** is warranted when an employee has:

Seven (7) absences within any twelve (12) month period*

The oral warning must be documented by a written memorandum to the employee from the supervisor. In determining whether to issue an oral warning, the supervisor may consider the number of absences, any pattern of absences, the employee's past record and any other extenuating circumstances. Regardless of the circumstances, however, the supervisor must issue an oral warning when the number of absences exceeds these guidelines by one (1) for this category, and continue with discipline in accordance with this policy for all future absences.

The supervisor should advise the employee that an additional absence could result in a written warning.

- **Written warning** is warranted when an employee has:

Eight (8) absences within any twelve (12) month period*

² The disciplinary procedures provided herein represents the City's position with respect to just cause discipline under any applicable collective bargaining agreements. The City recognizes that a union may seek to contest such interpretation under the applicable grievance provisions.

* This is a continuously rolling twelve month period.

The supervisor may consult with the Office of Labor Relations, prior to issuing the written warning. In determining whether to issue a written warning, the supervisor may consider the number of absences, any pattern of absences, the employee's past records and any other extenuating circumstances. Regardless of the circumstances, however, the supervisor must issue a written warning when the number of absences exceeds these guidelines by one (1) for this category, and continue with discipline in accordance with this policy for all future absences.

The supervisor should advise the employee that an additional absence will result in a five day suspension without pay.

- **A five (5) day suspension without pay** is warranted when an employee has reached:

Nine (9) absences within any twelve (12) month period*

The supervisor must consult with the Office of Labor Relations, prior to issuing a five (5) day suspension without pay. The supervisor must advise the employee that termination will be warranted following one (1) additional absence, regardless of the circumstances.

- **Termination** is warranted when an employee has reached:

Ten (10) absences within any 12 month period*

The supervisor must consult with the Office of Labor Relations prior to terminating an employee.

Physician's Documentation

Unless otherwise provided under an applicable collective bargaining agreement, any employee who incurs more than three (3) absences in a six (6) month period**, or who incurs more than five (5) absences in a twelve (12) month period**, will be required to obtain a physician's statement, acceptable to the Director of Labor Relations, upon the employee's return to work. Failure to provide this statement shall result in no pay for the absence, and other corrective action, if appropriate. Evidence of admission to a hospital may be provided in lieu of a physician's statement. The physician's statement should document the reason for the absence.

A doctor's statement(s) and any other medical records for an employee shall be maintained in the employee's medical file. The information in this file shall be maintained as confidential unless disclosure is necessary for the health and/or safety of

* This is a continuously rolling twelve month period.

** This is a continuously rolling six and twelve month period.

other personnel (such as issues of dangerous contagious disease) or for purposes of disciplinary or any other action taken pursuant to this policy.

If an employee attempts to return to work after being absent for a "health related" reason and can document with a physician's statement, acceptable to the Director of Labor Relations, that a second absence (within 2 days of a previous absence) is the result of a single medical condition, the second absence will be considered as a single absence.

Chronic Illness

An absence attributable to a chronic illness will be a factor considered when imposing discipline pursuant to this policy, if the employee suffering from such an illness can provide documentation from a treating physician reflecting that the absence was a direct result of said illness. The physician's documentation must reflect that the illness is chronic (as defined above) and severe enough to prevent the employee from performing his/her duties. However, the absence may be counted against the employee if the employee's attendance record reflects a "pattern of absences" as described in this policy. **Prior to imposing discipline pursuant to this policy for absences that may be caused by a chronic illness, the supervisor must consult with the Office of Labor Relations.**

Annual Physical Examination

An employee's use of sick time (1/2 sick day) to attend an annual physical examination will not be considered against the employee for purposes of imposing discipline pursuant to this policy. The employee's supervisor must be given prior notice of not less than two (2) business days of such examination and adequate documentation if requested. However, employee should use their accumulated personal or vacation days to attend any other medical and/or dental appointments during regularly scheduled work hours.

Absence to Care for Sick Child

The City understands that it may be necessary for employees to be absent from work to care for a sick child. Therefore, an employee's use of a sick day to care for a sick child may not be considered against the employee for purposes of imposing discipline, if the employee can demonstrate that they are the child's primary care giver, the use of a sick day was necessary to care for the ill child, and the child's illness is documented by a physician's statement. However, the sick day may be considered against the employee if the employee's attendance record reflects a "pattern of absences" as described in this policy, or if the number of sick days used to care for a sick child exceeds three in any rolling twelve month period.

Family and Medical Leave / Maternity Leave

Any sick time taken by an employee on an approved family and medical leave, or an approved maternity leave, shall not be considered when imposing discipline pursuant to this policy.

American With Disabilities Act

The American with Disabilities Act (ADA) prohibits employers from discriminating against "qualified" individuals with disabilities. The City is committed to ensuring non-discrimination in all terms and conditions of employment. Prior to imposing any discipline, beyond an oral or written warning, supervisors must consult with the Office of Labor Relations or the ADA Coordinator to ensure compliance with this Act. Employees may contact the City's ADA Coordinator with any questions concerning the ADA.

Good Attendance

An employee with "good attendance" is one with fewer than four (4) absences within a twelve (12) month period. An employee's attendance record shall be considered when evaluating an employee's job performance, and in determining eligibility for promotions.

Employee Records

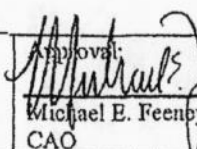
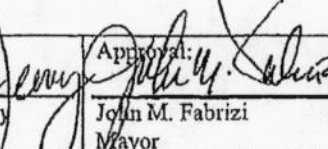
Documentation of any action taken pursuant to the policy and procedures established herein, shall be returned to the employee's personnel file, unless and until, removal is required under any applicable collective bargaining agreement.

The rolling base period for calculation of the number of absences shall commence on April 1, 2000.³

Any questions concerning this Policy shall be directed to the Office of Labor Relations.

³ For members of Local 1522 AFSCME Council #4 this policy will be a continuation of the one effective 1/1/99, and the effective date with respect to such employees for purposes of this provision will continue to be 1/1/99.

CITY OF BRIDGEPORT

Subject:	Approval:	Approval:	Effective:
TARDINESS	 Michael E. Feenby CAO	 John M. Fabrizi Mayor	October 1, 2005
			Number: Page: 1 of 5

PURPOSE

This policy establishes tardiness guidelines and procedures, and describes the responsibility of the employee and supervisor in maintaining an effective tardiness policy.

SCOPE

This policy applies to all City of Bridgeport employees in all locations, with the exception of uniformed personnel in the Police and Fire Departments who are governed by existing policy and practice.

POLICY

The City of Bridgeport municipal departments provide a wide range of services to residents, business owners and others. In order to provide quality and timely services, each department must be fully staffed each day within its regularly scheduled hours. Tardiness detracts from the City's ability to meet quality service standards and causes a difficult burden for those employees who must assume the duties of employees who are tardy.

Employees are expected to show up for work regularly and on time. The City understands that inclement weather and traffic can be unpredictable and may delay an employee's normal work commute. However, it is the employee's responsibility to plan their commute in accordance with weather/traffic in order to arrive at work at their regularly scheduled time. *See the City's Inclement Weather Policy.*

Continuous and/or excessive employee tardiness is unacceptable and will be addressed by supervisors and the Office of Labor Relations in accordance with the standards described below. Failure to meet the requirements of this policy may result in a payroll deduction and/or discipline up to and including termination.

Employee Responsibilities

Each employee is expected to:

- Employees are expected to show up for work regularly and on time.
- Employees are expected to accurately document their actual time worked on weekly time sheets.
- Employees who work off-site are expected to call their supervisor when they arrive late.
- Employees are expected to correct and prevent tardiness problems.

Supervisor Responsibilities

Supervisors are expected to:

- Communicate the City's policy of requiring punctuality to all employees they supervise.
- Insure that all instances of tardiness are accurately and properly recorded on weekly time sheets.
- Consistently enforce this policy by monitoring all employees' records on an ongoing basis.
- Advise employees that the City's Employee Assistance Program (EAP) may also be used as a potential resource for any underlying issues that may be contributing to continuous tardiness.
- Each Department Head or his/her designee shall forward a quarterly report to the Director of Labor Relations indicating each employee whose tardiness merits disciplinary action under this policy and each disciplinary action taken for such employee.
- Supervisors may use discretion not to impose *disciplinary action* under extenuating circumstances.
- Supervisors should use sound and consistent discretion in any decision not to impose discipline if appropriate under this policy.
- Long-term employees with established records of no tardiness may be considered differently than a new employee with a poor record during the initial months of employment. It must be recognized, however, that each instance of tardiness adversely affects the City's ability to provide quality municipal services. The primary responsibility for maintaining a satisfactory record rests with the employee.
- If a supervisor is aware of an employee's tardiness, disciplinary action should be taken as described below.
- Supervisors may impose discipline for a pattern of tardiness within the five (5) minute leeway as provided under this policy.

When a matter of interpretation arises, the supervisor shall contact Labor Relations so as to assure the proper application of these standards.

TARDINESS STANDARDS & PROCEDURES

Definitions

Tardiness is defined as 1) a period of lateness at the beginning of an employee's workday, 2) a period of lateness resulting from the employee returning to work late from lunch and break periods. Leaving work early before the tour of duty ends is considered an absence in accordance with the Attendance Policy.

Employees who show up for work within five (5) minutes of their regularly scheduled time shall generally not be considered tardy. This is a five (5) minute leeway and shall not be abused. For example, employees who are more than periodically five (5) minutes late arriving to work and/or returning from lunch may be disciplined for a pattern of tardiness. Supervisors are expected to

use sound and consistent judgment about patterns of tardiness and to consult with Labor Relations as appropriate about discipline. A pattern of abuse of the five (5) minute leeway may be subject to discipline separate and apart from tardiness points and/or may have tardiness occurrences of five (5) minutes or more counted as tardiness points as provided below. Non-exempt employees who are tardy by more than fifteen (15) minutes for any reason will have their pay docked for that time. Exempt employees who are tardy by more than fifteen (15) minutes for any reason will have that time docked from their accumulated compensatory time (if applicable) or vacation or personal days.

Disciplinary Procedures¹

In order to translate tardiness standards into an effective working personnel policy, the City has adopted the following standards and procedures. It must be noted that four (4) or more tardiness points in the initial probationary period of employment should be considered as failure to satisfy the probationary period of employment.

Each instance of tardiness counts as a tardiness point. An employee may accumulate up to four tardiness points within any twelve (12) month period* without penalty. Four or more tardiness points will result in the following discipline:

- **4 tardiness points = Corrective counseling is warranted**

The supervisor should counsel the employee prior to issuing an oral warning. Corrective counseling should be documented by a written memorandum to the employee from the supervisor. The supervisor shall discuss with the employee contributing problems and possible corrective measures. An EAP referral should be made, if appropriate. The supervisor should also advise the employee that an additional tardiness point may result in an oral warning.

- **5 tardiness points = Oral warning is warranted**

Oral warnings must be documented by a written memorandum to the employee from the supervisor. In determining whether to issue an oral warning, the supervisor may consider the employee's past record and any other extenuating circumstances. The supervisor should advise the employee that an additional tardiness point may result in a written warning.

- **6 tardiness points = Written warning is warranted**

Written warnings must be documented by a written memorandum to the employee from the supervisor. In determining whether to issue a written warning, the supervisor may consider the employee's past records and any other extenuating circumstances. The

¹ The disciplinary procedures provided herein represents the City's position with respect to just cause discipline under any applicable collective bargaining agreements. The City recognizes that a union may seek to contest such interpretation under the applicable grievance provisions.

* This is a continuously rolling twelve-month period.

supervisor should advise the employee that an additional tardiness point may result in a one (1) day suspension without pay.

- **7 tardiness points = A one (1) day suspension without pay** is warranted

The supervisor must consult with the Office of Labor Relations, prior to issuing a one (1) day suspension without pay. The supervisor should advise the employee that a three (3) day suspension will be warranted following one (1) additional tardiness point, regardless of the circumstances.

- **8 tardiness points = A three (3) day suspension without pay** is warranted

The supervisor must consult with the Office of Labor Relations, prior to issuing a three (3) day suspension without pay. The supervisor should advise the employee that a five (5) day suspension will be warranted following one (1) additional tardiness point, regardless of the circumstances.

- **9 tardiness points = A five (5) day suspension without pay** is warranted

The supervisor must consult with the Office of Labor Relations, prior to issuing a five (5) day suspension without pay. The supervisor should advise the employee that termination will be warranted following one (1) additional tardiness point, regardless of the circumstances.

- **10 tardiness points = Termination** is warranted

Supervisors must consult with the Office of Labor Relations prior to terminating an employee.

Supervisors may choose to consult with Labor Relations prior to issuing a verbal or written warning to an employee. However, **supervisors must consult with Labor Relations prior to an employee suspension or termination.**²

An employee's tardiness that is approved and directly related to their intermittent FMLA shall not be subject to progressive discipline.

NOTE: In each instance of tardiness, the employee shall be docked as described above whether or not discipline is warranted for the instance.

Making up Time Lost

² Supervisors should continue to send notice of any disciplinary action (oral, written or otherwise) to the employee and Union as required by the collective bargaining agreement. Any questions regarding Union notification should be directed to Labor Relations.

An employee may make up for the time lost because of their tardiness by 1) showing up for work earlier than their regularly scheduled hours, or 2) staying at work later than their regularly scheduled hours. This requires prior approval by the employee's supervisor. Making up lost time shall not become a habit or pattern. It is intended that in extenuating circumstances an employee would make up for their time lost and not be docked pay, vacation, personal or compensatory time. Since many City offices are open during specific set hours in order to provide a service to the public, it may not be feasible for an employee to make up their lost time as stated above. Therefore, supervisors have discretion in approving an employee's request for making up time lost. In allowing employees to make up lost time, a supervisor may consider long-term employees with established records of no tardiness. However, employees who have been disciplined for violation of this policy within the 12 month period as provided above shall not be permitted to make up time.

If a supervisor feels that an employee has given their best efforts to report to work on time, but the employee was not able to do so because they are the primary caregiver for a school age child or an elderly relative living in the same household, then the supervisor may allow the employee to make up the lost time without the instance being considered a tardiness occurrence.

Supervisors should not allow employees to make up missed time by reducing or foregoing breaks and/or lunch periods as this may contradict FLSA regulations and/or union contracts.

NOTE: Allowing an employee to make up lost time does not imply that an employee will not be disciplined for their tardiness.

Employee Records

Documentation of any action taken pursuant to the policy and procedures established herein shall be returned to the employee's personnel file, unless and until, removal is required under any applicable collective bargaining agreement.

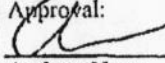
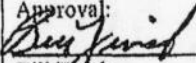
Early Closings

In cases of inclement weather or days preceding holidays, supervisors and department heads do not have the authority to completely close down their respective offices/departments without the approval of the CAO. City offices must at least maintain a "skeleton staff" that can carry out the basic functions of the department unless the CAO shall advise to the contrary. *See the City's Policy on Inclement Weather.*

The rolling base period for calculation of the number of absences shall commence on October 1, 2005.

Any questions concerning this Policy shall be directed to the Office of Labor Relations.

CITY OF BRIDGEPORT

Subject: Vacation Carry-Over	Approval: 	Approval: 	Effective: December 4, 2009
	Andrew Nunn CAO	Bill Finch Mayor	Number: Page: 1 of 2

PURPOSE

To allow eligible employees an opportunity to choose to carry-over unused vacation from one vacation year to the next and/or receive the cash value of the unused vacation time.

SCOPE

This policy applies to all employees who by virtue of years of service have earned a vacation carry-over or vacation payout benefit in accordance with the provisions of their collective bargaining agreement.

HISTORY

Background: Prior to 2010, employees were allowed to make elections to carry over or receive the cash value of unused vacation days at the close of a vacation year. Historically, a City vacation year is the period from April 1st to March 31st of the next year. The IRS has determined that the practice of allowing employees to choose between carrying-over unused days or receiving cash payments for such days at the end of a vacation year violates the doctrine of constructive receipt and is not an allowable practice.

Changes from prior practice: Beginning with the 2010-11 vacation year, eligible employees must make irrevocable elections regarding the treatment of unused vacation. Elections must be made prior to the close of business of the last business day of the calendar year preceding the vacation year. For the vacation year beginning 4/1/2010, elections must be made by 12/31/2009. This policy provides a default election for eligible employees to carry-over days, and also allows eligible employees an opportunity to modify their carry-over/cash out provisions as long as the election is made prior to the close of business on the last business day of the calendar year in which they are made, after which time all elections are irrevocable.

POLICY

Policy: In each vacation year, employees eligible for vacation carry-over or vacation cash out shall be deemed to have made an election to utilize the vacation carry-over / vacation cash out benefit at the maximum level allowed by their collective bargaining agreement. This "default election option" requires no action on the part of the employee. Under the

default election option, the unused vacation time elections shall be implemented in the following order:

- First, an election to carry-over the maximum amount (normally one week) of unused vacation shall be made for all eligible employees having sufficient years of service.
- Second, any vacation time available for cash out in excess of the initial carry-over amount, up to the limit specified in the employee's collective bargaining agreement, shall be elected for cash out after the close of the vacation year.

Under the default option, if, at the end of a vacation year, fewer unused vacation days remain than were elected, carry-over vacation days shall be preserved preferentially over cash-out days.

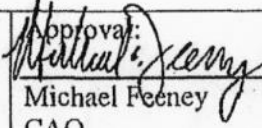
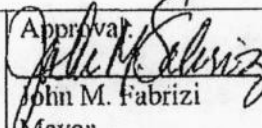
Employees wishing to make an election different from the default option, but which complies with the provisions of their collective bargaining agreement, must make an irrevocable written election by completing the "Vacation Carry-over and Payout Option Election Form" regarding the treatment of such vacation prior to the upcoming vacation year. This irrevocable election must be received in the Benefits Department no later than close of business on the last working day, generally December 31st, of the calendar year preceding the vacation year.

Unless superseded by provisions of the employee's collective bargaining agreement, at the end of a vacation year, an eligible employee's elected preference for carry-over (default option) or cash out (alternate option) shall determine the order of preference as to which days shall be retained if the number of available days is less than the maximum number allowed.

To the extent that any unused days remain after fully effectuating the employee's election(s) to carryover or cash out days, then, such remaining unused days shall be forfeited in accordance with an employees collective bargaining agreement, unless these days were unused because of a bona fide City emergency and a prior written exception to this policy was approved by the Director of Labor Relation within 30 days of said emergency, in which case the employee will be allowed to carry over such days.

Any questions concerning this Policy shall be directed to the Office of Labor Relations.

CITY OF BRIDGEPORT

Subject: Pre-Employment and Reasonable Suspicion Drug and Alcohol Testing Policy	Approval:  Michael Feeney CAO	Approval:  John M. Fabrizi Mayor	Effective: 4-27-07 <hr/> Number: Page: 1 of 11
--	--	--	---

PURPOSE

The purpose of this policy is to establish the guidelines and procedures whereby a prospective employee of the City of the Bridgeport is required to take a pre-employment drug test or an employee (other than uniformed members of the Police and Fire Departments and CDL Drivers) may be ordered to undergo drug and/or alcohol testing when reasonable suspicion exists that the employee is using drugs and/or alcohol while on duty.

POLICY

It is the policy of the City of Bridgeport that the illegal use of drugs or misuse of alcohol is strictly prohibited. Any discipline issued pursuant to this policy will be considered for just cause within the applicable Collective Bargaining Agreement.

DEFINITIONS:

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl or isopropyl alcohol.

Alcohol Concentration: The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this policy.

Alcohol Use: The consumption of any beverage, mixture or preparation containing alcohol including, but not limited to, any medication containing alcohol.

Breath Alcohol Technician: The individual who will instruct and assist the employee in the alcohol testing process and operates the evidential breath-testing device.

Bridgeport Motor Vehicle: City owned, leased or rented motor vehicle or combination of motor vehicles used in commerce to transport City of Bridgeport employees, passengers or property.

Chain of Custody: Procedures to account for the integrity of each specimen by tracking its handling and storage from point of collection to final disposition.

Collection Site: Industrial Medical Center (IMC), 226 Mill Hill Avenue, Bridgeport, CT 06610 during hours the site is open and Bridgeport Hospital outside such hours, or such other site as the City may designate which meets SAMHSA standards.

Confirmation Test: In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of the screening test in order to insure reliability and accuracy. The confirmation test is performed using a Gas Chromatology/Mass Spectrometry (GC/MS) technique.

Covered Employee: All prospective employees of the City of Bridgeport and employees of the City of Bridgeport except uniformed members of the Police and Fire Departments and drivers of City vehicles who possess commercial driver's licenses (CDL) who are covered under other similar City policies.

Direct Breath Analysis: The analysis of a sample of a person's breath using an instrument designed for this purpose in order to determine the concentration of ethyl alcohol in the person's blood.

Evidential Breath Testing Device (EBT): An EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath.

Intoxilyzer: An EBT by means of which equivalent blood alcohol concentration is indicated or recorded on a dial, meter, scale chart or printed record activated by a reaction between a sample introduced and appropriate detector in a chamber, tube or vessel within such apparatus.

Medical Review Officer (MRO): A licensed physician responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his/her medical history and any other relevant biomedical information. If an employee's test result is positive, the MRO will contact the employee to discuss the test to determine if the positive result is valid and to notify the employee that he/she has seventy-two (72) hours to request a test of the split specimen.

Prescribed Drug: Any drug, including over the counter medication, prescribed for an individual by a licensed practitioner.

Refusal to Submit: When any Covered Employee engages in conduct that obstructs the testing process. This includes but is not limited to the refusal to sign consent forms; the failure to provide adequate urine or a proper sample for controlled substance testing; the refusal to take a required test; the failure to make oneself available to a test as required by this policy.

Safety Related Function: Any function that affects the safety of employees and the safe and effective operation of the City of Bridgeport including but not limited to the following:

- 1) All time at a City of Bridgeport facility or other City of Bridgeport locations or in a City of Bridgeport motor vehicle;
- 2) All time that a covered City of Bridgeport employee is on duty.

SAMHSA: Substance Abuse Mental Health Services Administration.

Screening Test: In drug testing an immunoassay screen to eliminate negative urine specimens from further analysis. The initial screening will be the EMIT (Enzyme Multiplied Immunoassay Technique).

Supervisor: Personnel assigned to a position having day-to-day responsibility for supervising subordinates.

PROHIBITED CONDUCT

- 1) The illegal use of controlled substances at any time is prohibited.
- 2) The performance of any Safety Related Function while using legally prescribed drugs is prohibited unless the use is pursuant to the instructions of a physician who has advised the employee that the substance will not adversely affect his/her work performance. The use of legally prescribed drugs, that may impair the employee's work performance or may affect workplace safety, shall be reported to the immediate supervisor before the performance of any Safety Related Function.
- 3) Refusal to submit to a drug test is strictly prohibited. The Covered Employee is required to cooperate with the laboratory personnel and provide them with the following:

- An adequate and complete sampling
- Assistance in completing the required documentation for chain of custody
- Marking and sealing the specimen

The refusal by a Covered Employee to submit to a drug screening test pursuant to the provisions of this policy will result in disciplinary action, up to and including termination.

The refusal by a prospective employee to submit to a drug screening test pursuant to the provisions of this policy will disqualify a prospective employee from consideration for employment.

- 4) The use of a masking agent designed to conceal the use of drugs to be tested is prohibited. The use of such an agent will be deemed a confirmed positive test.
- 5) The consumption of alcohol while performing a Safety Related Function is prohibited.
- 6) A blood alcohol level of .04 or greater is prohibited while performing any Safety Related Function.
- 7) A refusal to submit to an alcohol test is prohibited. A refusal to submit to an alcohol test will be treated as a confirmed positive result.

EMPLOYEES SUBJECT TO TESTING & TYPES OF DRUGS TESTED FOR

All Covered Employees shall be subject to the alcohol and drug testing procedures detailed in this policy.

The drug testing outlined in this policy will test for the following substances:

- 1) Marijuana
- 2) Cocaine
- 3) Amphetamines
- 4) Opiates (e.g. heroine, codeine)
- 5) Phencyclidine (PCP)

Note: The City reserves the right to order testing for Hallucinogens or Steroids, when appropriate. This list is subject to change at the City's discretion.

PRE-EMPLOYMENT TESTING

Prior to the employment of any prospective employee of the City of Bridgeport, that prospective employee shall undergo testing for alcohol and controlled substances. A Covered Employee who is laid off or on a leave for more than one year shall be subject to pre-employment testing.

REASONABLE SUSPICION TESTING

When a "reasonable suspicion" is determined indicating that a Covered Employee is using drugs and/or alcohol, that employee will be tested pursuant to procedures set forth in this policy.

Circumstances which constitute a basis for determining reasonable suspicion may include, but are not limited to:

- Direct observation of drug and/or alcohol use;
- The employee's body shows evidence of drug use (e.g. track marks);
- The employee is found to be in possession of drugs or alcohol on duty;
- Spontaneous, unusual, abnormal, erratic or unacceptable behavior;
- An unusual or suspicious pattern of sick leave usage;
- Information which is provided by a reliable and credible source;
- The presence of symptoms of drug or alcohol use (e.g. odor of alcoholic beverage, glassy or blood shot eyes, slurred speech, poor coordination and/or reflexes, etc.);
- The occurrence of repeated multiple on-the-job accidents or injuries.

Any observation for controlled substances and/or alcohol reasonable suspicion testing must be reported immediately to a supervisor.

Any employee who has a reasonable suspicion that his/her supervisor may be under the influence of a controlled substance and/or alcohol may report such suspicion to the next supervisor in the chain of command, and if not available, to the highest ranking

supervisor on duty. There will not be any reprisal against any employee who makes such a report. Any supervisor who does so will be subject to discipline up to and including termination.

A Supervisor who has a reasonable suspicion under this Policy shall consult with the City's Office of Labor Relations if possible concerning such suspicion. The supervisor shall also report such suspicion to their Department Head if possible. After such consultation the supervisor may order the employee for reasonable suspicion testing as provided herein. Except in an emergency or the unavailability of Labor Relations and/or the Department Head, the prior approval of such persons shall be obtained before ordering an employee for testing. A memorandum detailing in writing the specific facts, symptoms or observations that formed the basis for their determination that reasonable suspicion existed to warrant the testing of the employee shall be prepared by the reporting supervisor at the time of referral for testing and approved by the Department Head.

A written directive shall be prepared by the supervisor ordering the employee to report for testing immediately, if possible, but in any event within twenty-four (24) hours. The supervisor shall drive the employee to the Collection Site if possible. If not possible, the supervisor shall arrange for transportation. No employee under reasonable suspicion shall be permitted to drive themselves.

Any employee ordered for reasonable suspicion controlled substance testing, shall also undergo an alcohol screening test.

POST ACCIDENT TESTING

Employees shall be tested for controlled substances and/or alcohol if the employee was involved in an accident while performing a safety sensitive function with respect to that vehicle, and:

- 1) The accident involved the loss of human life, or;
- 2) The employee was involved in an accident while performing a safety sensitive function with respect to that vehicle and:
 - a. Any vehicle is required to be towed from the scene of the accident or,
 - b. The employee receives a citation as a result of the accident or,
 - c. Anyone involved in the accident has a bodily injury requiring immediate treatment away from the scene of the accident or,
 - d. The employer determines, using the best information available at the time of the decision, that the covered employee's performance cannot be completely discounted as a contributing factor to the accident.

Nothing in this section shall require the delay of necessary medical attention following an accident.

RETURN TO DUTY TESTING

Before an employee who has violated this policy concerning alcohol returns to duty requiring the performance of a Safety Related Function, the employee shall undergo a return to duty alcohol test with a result indicating a blood alcohol level of less than .04.

Before an employee who has violated this policy concerning controlled substance returns to duty requiring the performance of a Safety Related Function, just before such function, the employee shall undergo a return to duty controlled substance test with a result indicating a verified negative result for controlled substance use.

FOLLOW-UP TESTING

Following a determination by a substance abuse professional that an employee is in need of assistance associated with alcohol misuse and/or use of controlled substance that employee will be subject to unannounced follow-up alcohol and/or controlled substance testing. A minimum of six follow up tests must be performed within twelve months of the employee's return to Safety Related Function whether or not a substance abuse professional determines that the employee is in need of further assistance. Additional follow-up tests shall be performed as directed by a substance abuse professional.

ALCOHOL TESTING PROCEDURES

Alcohol testing will be performed by using evidential breath testing (EBT) devices approved by the NHTSA. The Test will be conducted by a Breath Alcohol Technician (BAT) at the collection site. At least two breath tests will be required to determine if a person has a prohibited alcohol concentration. If the first test result is less than .02, the test will be considered negative. If the test shows an alcohol concentration of .02 or greater, a second confirmation test must be conducted. If the confirmation test shows an increased concentration, then the process must be repeated. The final test result will determine what action, if any, needs to be taken.

In order to insure that an EBT is working properly, the BAT will run an air bank test which shows a reading of zero before a test is performed. A fifteen minute waiting period is required between the screening and confirmation test.

DRUG TESTING PROCEDURES

- 1) Drug testing will be performed by providing a urine sample (minimum of 60-75 ml.) at the collection site.
- 2) If an employee is unable to provide an adequate sample, the employee must remain at the collection site for a period of three hours. The employee will be required to consume a minimum of 40 fl. oz. of water during this period. If the employee is still unable to provide an adequate sample, the employee will be referred to a mutually

agreed upon physician, to assess the employee's inability to provide an adequate sample.

- 3) Specimen collection procedures require security for the collection site, chain of custody documentation, use of authorized personnel, privacy during collection, integrity and identity of the specimen, and transportation to the laboratory. Only those sites certified by SAMHSA, and that have these procedures in place will be used.
- 4) All personnel subject to testing shall present their department identification upon appearing at the laboratory.
- 5) Once the urine specimen is collected, it will be forwarded to a SAMHSA certified laboratory. The accuracy of the test shall be drug specific. The initial test shall employ a methodology different from the second test. The initial screening shall consist of the EMIT (Enzyme Multiplied Immunoassay Technique). If this test is negative no further test will be required. If the result is positive, a second confirmation test will be conducted. The confirmation test is performed using a Gas Chromatology/Mass Spectrometry (GC/MS) technique. A MRO will review and interpret positive test results.
- 6) The testing facility will be continuously bound to make provisions to properly preserve, store and secure a split urine sample of the original urine specimen, to be reserved and made available for the purpose of an independent confirmation. The employee, using the laboratory of his/her discretion, will authorize this independent confirmation provided such laboratory is SAMHSA certified. Any employee requesting testing of the split sample must make the request to the MRO within 72 hours of being notified of the results. The laboratory will make available to the employee, for his/her inspection, all records of the primary and secondary confirmation testing done by the lab on the urine sample provided by the employee. There are no cut off levels for testing of the split sample.
- 7) Only confirmed positive results are reported positive. The Office of Labor Relations shall be notified immediately following a positive test result.
- 8) The laboratory must continue the uninterrupted chain-of-custody procedure from receipt of the specimen and maintain internal chain of custody procedures that establish fundamental accountability and reliability of testing from a legal viewpoint. The chain of custody procedure must be stringent and confidential in all phases of the process:
 - Handling of the specimen
 - Testing the specimen
 - Storing of the specimen
 - Reporting of the test results

- 9) The City shall assure that the existing laboratory will be subject to appropriate external auditing procedures to evaluate quality assurance, evaluation of testing procedures and overall performance.

The following table reflects the cut off levels that will indicate a positive on a drug-screening test.

DRUGS	INITIAL TEST LEVELS (NG/ML)	CONFIRMATION TEST LEVELS (NG/ML)
Marijuana	50	15
Cocaine	300	150
Opiates	2000	
Morphine		2000
Codeine		2000
Phencyclidine (PCP)	25	25
Amphetamines	1000	500
Methamphetamine		500

CONSEQUENCES OF A POSITIVE CONTROLLED SUBSTANCE TEST

Any employee who has tested positive for the use of controlled substances or alcohol in violation of this policy will immediately be removed from the performance of any Safety Related Function. This includes but is not limited to any activity or the use of any equipment that may involve a safety risk to the employee, his fellow employees or the general public at large.

Disciplinary action will be taken against an employee for the confirmed use of drugs and/or the misuse of alcohol. That employee will immediately be suspended for a period of ten (10) days without pay. In some circumstances more severe disciplinary action, including termination, will be applied, depending on the seriousness of the conduct and/or the employee's record.

In the case of a probationary employee, that employee shall be terminated for such confirmed use.

In the case of a temporary, part-time, or seasonal employee, that employee shall be terminated for such confirmed use.

A positive pre-employment test will disqualify a prospective employee from consideration for employment.

As a condition of continued employment, the employee will be mandated to successfully complete a detoxification/rehabilitation program as recommended by and under the

supervision of the City's Employee Assistance Program. Any breach of the employee's after care treatment will lead to the dismissal of the employee.

A positive result on return to duty or follow up tests will lead to the dismissal of the employee.

A second violation of the City's Drug and Alcohol Policy will lead to the dismissal of the employee. It is the Policy of the City of Bridgeport to encourage the rehabilitation of its employees with drug or alcohol problems. Therefore, the City will allow a one-time opportunity, for any employee not terminated, to rehabilitate himself through the City's EAP program. This is a one time only opportunity. **Note:** Any employee who is found to be in violation of this policy by any other means (i.e. direct observation, arrest, or criminal conviction) will be subject to the above discipline up to and including termination.¹

CONSEQUENCES OF VOLUNTARY DISCLOSURES

The City believes that successful rehabilitation depends on an employee's willingness to rehabilitate himself/herself and the admission to oneself that he/she has a problem. Therefore, the City will encourage voluntary disclosure and offer assistance to any employee who seeks help on a voluntary basis. On a one time only basis, any employee who voluntarily seeks assistance will not be disciplined for the use of controlled substances or the misuse of alcohol and will be afforded the opportunity to utilize his/her accrued sick time to achieve his goal of rehabilitation. Each employee is entitled to only one voluntary disclosure.

An employee who voluntarily discloses his drug and/or alcohol problem will be subject to the same return to duty requirements as an employee who tests positive including return to duty and follow up testing; however, this employee will not be subject to immediate termination for a failure of such return to duty or follow up test unless it is his second disciplinary offense.

A disclosure will be considered voluntary only if made:

- 1) Prior to any accident or incident which could lead to a drug and/or alcohol test.
- 2) Prior to the employee being ordered for drug and/or alcohol test.
- 3) Prior to any employee becoming aware of an impending test.

A voluntary disclosure must be made to the appropriate department head in writing.

Note: An employee who voluntarily discloses his drug or alcohol use will not be subject to discipline only for the use of controlled substances or the misuse of drugs. He

¹ The disciplinary action outlined herein represents the City's position with respect to just cause. It is recognized that a union may contest such discipline and whether just cause exists through the grievance and arbitration process.

may however be subject to discipline for any underlying offenses (e.g. tardiness) or for any pending disciplinary action.

CONSEQUENCES OF REFUSAL TO SUBMIT

Any employee who is required to submit to a drug or alcohol test as required by this policy and refuses to submit to such test will be subject to immediate termination.

REINSTATEMENT OF EMPLOYEE

Any employee who tests positive for alcohol and/or controlled substances, refuses a required test, or who voluntarily discloses a drug and/or alcohol problem and who is not terminated from employment will not be allowed to perform any Safety Related Functions until he has been evaluated by a substance abuse professional, completed all recommended treatment, and taken a return-to-duty drug test with a verified negative result.

EMPLOYEE ASSISTANCE PROGRAM

Any employee who needs to seek help with a drug or alcohol problem may contact the City of Bridgeport Employee Assistance Program.

The EAP is available to all City employees and will provide counseling and referral services to any employee who seeks treatment.

The EAP services are provided by the City at no charge. Additional counseling is available with a minimal co-pay charge as referred by the EAP. Any required treatment that is not covered by the City's EAP program or insurance shall be borne by the employee.

EAP enrollment and counseling is confidential.

Note: The enrollment in an EAP program is not considered a voluntary disclosure. The employee must notify his supervisor in writing to be considered to have voluntarily disclosed.

EMPLOYEE EDUCATION

Covered Employees will be provided with information on the symptoms and effects of Drug and Alcohol use.

SUPERVISOR TRAINING

Department Heads and supervisors of Covered Employees will receive training on alcohol awareness and drug awareness.

The purpose of supervisory training is to provide supervisors with the knowledge to recognize the symptoms of drug and alcohol use and/or abuse and to familiarize them with the procedures and roles of the persons involved in this Drug and Alcohol Policy.

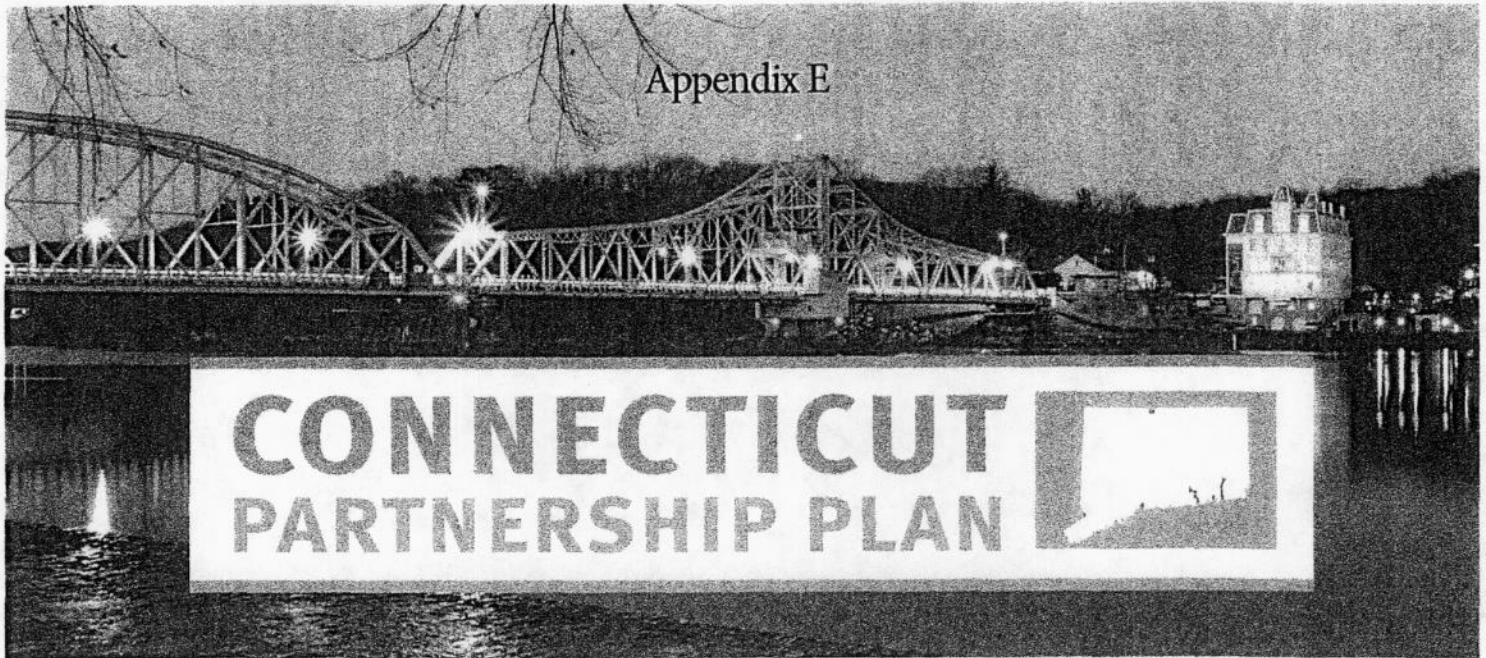
COMPENSATION OF EMPLOYEE

Each employee shall be compensated at his regular hourly rate for all testing pursuant to this policy, whether during regular working hours or on call back, except in the case of return to duty or follow up testing in which case the employee will not be compensated.

CONTACT PERSON

The City's Office of Labor Relations will be available to answer any questions regarding this policy.

APPENDIX E
MEDICAL BENEFITS



A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same POS plan currently offered to State of Connecticut employees. You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT: \$150), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of-network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State Bluecare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.*

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 5, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and visit www.anthem.com/statect to find out if your doctor, hospital or other medical provider is in Anthem's network. Information about the dental plan offered where you work, and the amount you'll pay for healthcare and dental coverage, will be provided by your employer.

*Source: Healthcare Bluebook: healthcarebluebook.com

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	\$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: \$350 Family: \$350 per member (\$1,400 maximum) <i>Waived for HEP-compliant members</i>	Individual: \$300 Family: \$900
Coinsurance (the percentage of a covered expense you pay after you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: \$2,000 Family: 4,000	Individual: \$2,300 (includes deductible) Family: \$4,900 (includes deductible)
Primary Care Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Specialist Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	\$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	\$15 copay	20% of allowable UCR* charges
Chiropractic Care	\$0 copay	20% of allowable UCR* charges
Diagnostic Labs and X-Rays ¹ ** High Cost Testing (MRI, CAT, etc.)	\$0 copay (your doctor will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (you will need to get prior authorization for high-cost testing)
Durable Medical Equipment	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)

¹ IN NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility. 20% cost share at non-preferred facility. Outside your carrier's immediate service area: no co-pay.

¹ OUT OF NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance. Outside of carrier's immediate service area: deductible plus 20% coinsurance.

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Eye Exam (one per year)	\$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	\$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	\$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	\$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment		
**Inpatient	\$0	20% of allowable UCR* charges (you may need to get prior authorization)
Outpatient	\$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	\$0	20% of allowable UCR* charges
**Outpatient Surgery	\$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	\$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	\$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	\$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

** Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from Anthem. If you use out-of-network providers, you are responsible for obtaining prior authorization from Anthem.

Be the picture of health

Check out these programs and services to be your healthy best

Need a doctor? Choose a State of Connecticut preferred doctor and save.

When you see a Primary Care Physician (PCP) or specialist in your State of Connecticut preferred network (also referred to as Tier 1 in your health plan), there's no office visit copay. These doctors cost less than doctors outside of your plan.

- Visit www.aetna.com/ctstate and choose Find a Doctor.
- Call the Enhanced Member Service Unit at 1-800-922-2232 for more information or to find out if your doctor is in Tier 1.

Visit Site-of-Service providers to get 100% coverage for lab tests, X-rays, and high-cost imaging.

Site-of-Service (SOS) providers give you 100% coverage with a \$0 copay. Your plan will cover only 80% of the cost when you get these services from other providers.

- Call the Enhanced Member Service Unit at 1-800-922-2232 to learn more.

Find support for mental health issues.

If you or a family member needs mental health or substance use care or treatment, we have specialists and designated programs that can help and/or direct you to the type of care that you need.

- Call an Anthem Behavioral Health Care manager at 1-888-603-0300.
- Visit www.aetna.com/ctstate.

See a doctor, psychologist or therapist from home or work with LiveHealth Online.

With LiveHealth Online you can see a board-certified doctor on your smartphone, tablet or computer with a webcam. Doctors can assess your health, provide treatment options and send a prescription to the pharmacy of your choice, if needed.² If you're feeling stressed, worried or having a tough time, you can see a licensed psychologist or therapist through LiveHealth Online Psychology. It's private and in most cases you can see a therapist within 4 days or less.³

- Learn more and enroll at livehealthonline.com or use the free mobile app.

How to find care right away when it's not an emergency

The emergency room shouldn't be your first stop — unless it's a true emergency (then, call 911 or go to the ER). Depending on the situation, there are different types of providers you can see if your doctor isn't available.

- Visit a walk-in doctor's office, retail health clinic or urgent care center.
- Have a video visit with a doctor through LiveHealth Online.
- Call 24/7 NurseLine at 1-800-711-5047 to speak with a nurse about symptoms or get help finding the right care.

Get access to care wherever you go.

If you travel out of Connecticut, but are in the U.S., you have access to doctors and hospitals across the country with the BlueCard® program. If you travel out of the U.S., you have access to providers in nearly 200 countries with the Blue Cross and Blue Shield Global Core® program.

- Call 1-800-870-BLUE (2583) to learn more about both programs. If you're outside the U.S., call collect at 1-304-677-3777.

It's easy to manage your benefits online and on the go.

- Find a doctor, check your claims and compare costs for care near you at aetna.com/ctstate.
- Use our free mobile app (search "Anthem Blue Cross and Blue Shield" at the App Store[®] or Google Play[™]) for benefit information and to show your ID card, get directions to a doctor or urgent care center and much more.

Customer service helps you get answers and much more.

The State of Connecticut Enhanced Member Service Unit can give you information on benefits, wellness programs and services and everything mentioned in this flier.

- Call them at 1-800-922-2232.
- Visit www.aetna.com/ctstate.

¹ Designated as Tier 1 in our Find a Doctor tool. Eligible specialties include allergy and immunology, cardiology, endocrinology, ear nose and throat (ENT), gastroenterology, OB/GYN, ophthalmology, orthopedic surgery, rheumatology and urology.
² Prescription availability is defined by physician judgment and state regulations.

³ Appointments subject to availability of therapist.

⁴ Blue Cross Blue Shield Association website: Coverage Home and Away (accessed March 2019): bcbs.com/already-a-member/coverage-home-and-away.html.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 59142CTMENABS Rev. 03/19

Anthem 



APPENDIX F
PRESCRIPTION DRUG BENEFITS

PRESCRIPTION DRUGS	Maintenance* (31 to 90-day supply)	Non-Maintenance (up to 30-day supply)	HEP Chronic Conditions
Generic (preferred/non-preferred)**	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-Pocket Maximum	\$4,600 Individual/\$9,200 Family		

+ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

++ Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

Preferred and Non-Preferred Brand-Name Drugs

A drug's tier placement is determined by Caremark's Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at www.osc.ct.gov/corporate) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If You Choose a Brand Name When a Generic Is Available

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It is not enough for your doctor to note "dispense as written" on your prescription; a separate

form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-day Supply for Maintenance Medications

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on the Comptroller's website at www.osc.ct.gov).



**CONNECTICUT
PARTNERSHIP PLAN**

HEALTH ENHANCEMENT PROGRAM

The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). Here are the 2022 HEP Requirements:

PREVENTIVE SCREENINGS	AGE						
	0-5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49	As recommended by physician
Cervical Cancer Screening	N/A	N/A	Pap smear every 3 years (21+)	Pap smear every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	40-44: N/A 45+: Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years	



The Health Enhancement Program features an easy-to-use website to keep you up to date on your requirements.



Additional Requirements for Those With Certain Conditions

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

If You Do Not Comply with the requirements of HEP

If you or any enrolled dependent becomes non-compliant in HEP, your premiums will be \$300 per month higher and you will have an annual \$1,500 per individual (\$3,000 per family) in-network medical deductible.

Care Management Solutions, an affiliate of ConnectiCare, is the administrator for the Health Enhancement Program (HEP). The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. You can visit www.cthep.com to:

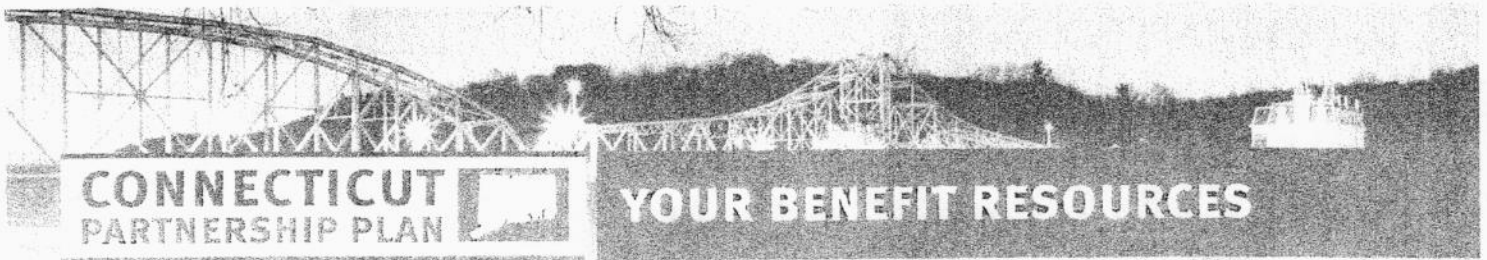
- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Access a library of health information and articles
- Set and track personal health goals
- Exchange messages with HEP Nurse Case Managers and professionals

You can also call Care Management Solutions to speak with a representative.

Care Management Solutions

(877) 687-1448 Monday – Thursday, 8:00 a.m. – 6:00 p.m. Friday, 8:00 a.m. – 5:00 p.m.

www.cthep.com



Office of the State Comptroller, Healthcare Policy & Benefit Services Division

www.osc.ct.gov/ctpartner

860-702-3560

Anthem Blue Cross and Blue Shield

www.anthem.com/statect

Enhanced Dedicated Member Services: **1-800-922-2232**

Caremark (Prescription drug benefits)

www.caremark.com

1-800-318-2572

CIGNA (Dental and Vision Rider benefits)

www.cigna.com/stateofct

1-800-244-6224

***Health Enhancement Program (HEP) Case Management Solutions
(an affiliate of ConnectiCare)***

www.cthep.com

1-877-687-1448

For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

**APPENDIX G
DENTAL BENEFITS**

Appendix G

Cigna Dental Benefit Summary Bridgeport, City & Board of Education City Employees Only Plan Renewal Date: 07/01/2022



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	\$1,000		\$1,000	
Calendar Year Deductible Individual Family	\$25 \$75		\$25 \$75	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
Carryover Provision	Dental Expenses incurred and applied toward the Individual or Family Deductible during the last 3 months of the calendar year will be applied toward the next year's Deductible.			

Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense.
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> • Procedures and services not included in the list of covered dental expenses; • Diagnostic: cone beam imaging; • Preventive Services: instruction for plaque control, oral hygiene and diet; • Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: precision or semi-precision attachments; • Implants: implants or implant related services; • Orthodontics: orthodontic treatment; • Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion; • Athletic mouth guards; • Services performed primarily for cosmetic reasons; • Personalization or decoration of any dental device or dental work; • Replacement of an appliance per benefit guidelines; • Services that are deemed to be medical in nature; • Services and supplies received from a hospital; • Drugs: prescription drugs; • Charges in excess of the Maximum Reimbursable Charge. 	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

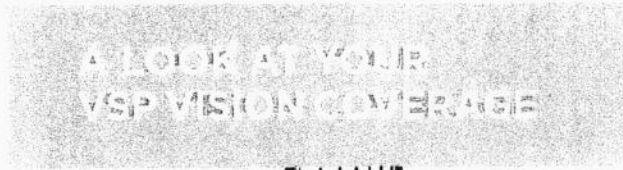
Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

© 2021 Cigna / version 09152021

APPENDIX H
VISION BENEFITS

Appendix H



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.


PREMIER PROGRAM

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

bebe	CALVIN KLEIN	COLE HAAN	FLEXON
LACOSTE	NIKE	NINE WEST	



YOUR VSP VISION BENEFITS SUMMARY

CITY OF BRIDGEPORT and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature



EFFECTIVE DATE:

01/01/2020

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
PRESCRIPTION GLASSES		\$30	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$105 allowance for a wide selection of frames \$125 allowance for featured frame brands 20% savings on the amount over your allowance \$60 Costco® frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$105 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

©2020 Vision Service Plan. All rights reserved. VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks. VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

**APPENDIX I
COOPER STANDARDS**

Appendix I - Cooper Standards

I. SPECIFICATIONS AND STANDARDS FOR FITNESS TESTING (COOPER TEST)

The POSTC Fitness Test is a scientifically valid test, consisting of four separate test components, conducted during a one to two hour window of time.

Test 1. The One Minute Sit Up Test. This is a measure of the muscular endurance of the abdominal muscles and core area. Sit ups are done with bent legs and hands alongside the ears. The score is the number of correctly performed sit ups in one minute.

Test 2. The 300 Meter Run. This is a measure of the anaerobic power and sprinting ability. The test is conducted on a suitable running surface/track. The score is measured in the number of seconds necessary to complete the 300 meter distance.

Test 3. The One Minute Pushup Test. This is a measure of absolute strength of the muscles of the upper body. Pushups start in the up position (flat back and arms fully extended). The candidate lowers their body to approximately four inches from the ground without touching/bending their knees. Without touching knees the candidate then fully extends arms into the up position. The score is the number of correctly performed pushups in one minute.

Test 4. The 1.5 Mile Run. This is a measure of the cardiovascular capability of the runner. The test is conducted on a suitable oval running track. The score is the minutes and seconds necessary to complete the 1.5 mile distance.

Minimum Scores for Employment as a Police Officer using the 40th percentile of the Cooper Standards.

	ONE MINUTE	SECONDS	ONE MINUTE	
MALE	SIT UPS	300 MTR SPRINT	PUSH UPS	RUN
20-29	38	59	29	12:38
30-39	35	59	24	12:58
40-49	29	72	18	13:50
50-59	24	83	13	15:06
FEMALE				
20-29	32	71	15	14:50
30-39	25	79	11	15:43
40-49	20	94	9	16:31
50-59	14	N A	7	18:18

04/16

AGREEMENT

between the

CITY OF BRIDGEPORT

and the

LOCAL R1-200,

NATIONAL ASSOCIATION

**OF GOVERNMENT EMPLOYEES,
RI-200**

July 1, ~~2018~~2022 to June 30, ~~2022~~2026

Contents

I. THE UNION AND UNION SECURITY	3
PREAMBLE.....	3
ARTICLE 1 – RECOGNITION.....	3
ARTICLE 2 – CHECK OFF	3
ARTICLE 3 – SUB-CONTRACTING	4
ARTICLE 4 – TOP SENIORITY	4
ARTICLE 5 – LAY OFF AND RECALL.....	4
ARTICLE 6 – BARGAINING UNIT.....	5
ARTICLE 7 – UNION ACTIVITIES.....	6
ARTICLE 8 – VISITS BY UNION REPRESENTATIVES.....	6
ARTICLE 9 – BULLETIN BOARDS	7
ARTICLE 10 – COPIES OF CONTRACT	7
II. MANAGEMENT AND THE WORKPLACE	7
ARTICLE 11 – MANAGEMENT RIGHTS	7
ARTICLE 12 – HOURS OF WORK AND OVERTIME	7
ARTICLE 13 – REPORTING TIME	11
ARTICLE 14 – SENIORITY	11
ARTICLE 15 – DISCIPLINARY PROCEDURE.....	13
ARTICLE 16 – GRIEVANCE AND ARBITRATION PROCEDURE.....	13
ARTICLE 17 – TRANSFERS AND ASSIGNMENTS	15
ARTICLE 18 – SHIFT AND SCHEDULE PREFERENCE.....	16
ARTICLE 19 – TRAINING.....	16
ARTICLE 20 – SAFETY AND HEALTH.....	17
ARTICLE 21 – REST PERIODS	17
ARTICLE 22 – DRUG TESTING.....	17
ARTICLE 23 – SPECIAL OFFICERS, DEPUTY AND SENIOR DEPUTY- HARBOR MASTERS, CIVILIAN DETENTION OFFICERS	18
ARTICLE 23A – SPECIAL OFFICERS.....	19
ARTICLE 23B – CIVILIAN DETENTION OFFICERS	19
ARTICLE 24 – EMERGENCY COMMUNICATIONS CENTER (ECC).....	21
ARTICLE 25 – ATTENDANCE POLICY	22
III. MONETARY PAYMENTS	22

ARTICLE 26 _____

TABLE OF CONTENTS

PREAMBLE

ARTICLES

ARTICLE 1 - RECOGNITION

ARTICLE 2 - CHECK-OFF

ARTICLE 3 - MANAGEMENT RIGHTS

ARTICLE 4 - SUB-CONTRACTING

ARTICLE 5 - TOP SENIORITY

ARTICLE 6 - LAY-OFF AND RECALL

ARTICLE 7 - BARGAINING UNIT

ARTICLE 8 - UNION ACTIVITIES

ARTICLE 9 - VISITS BY UNION REPRESENTATIVES

ARTICLE 10 - BULLETIN BOARDS

ARTICLE 11 - COPIES OF CONTRACT

ARTICLE 12 - HOURS OF WORK AND OVERTIME

ARTICLE 13 - TEN MONTH POSITIONS

ARTICLE 14 - REPORTING TIME, CALL BACK AND ON CALL PAY

ARTICLE 15 - SENIORITY, LONGEVITY, PROBATIONARY PERIODS

ARTICLE 16 - JOB POSTINGS AND JOB VACANCIES

ARTICLE 17 - DISCIPLINARY PROCEDURE

ARTICLE 18 - GRIEVANCE AND ARBITRATION PROCEDURE

ARTICLE 19 - TRANSFERS AND ASSIGNMENTS

ARTICLE 20 - SHIFT AND SCHEDULE PREFERENCE

ARTICLE 21 - TRAINING AND TUITION REIMBURSEMENT

ARTICLE 22 - SAFETY AND HEALTH

ARTICLE 23 - REST PERIODS

ARTICLE 24 - SPECIAL PROVISIONS RELATING TO
SPECIFIC JOB CLASSIFICATIONS

ARTICLE 25 - WAGES 22

ARTICLE 27 - CALL BACK PAY23

ARTICLE 28 - LONGEVITY24

ARTICLE 29 - NIGHT BONUS24

IV. BENEFITS24

ARTICLE 30 - WEARING APPAREL24

ARTICLE 31-ARTICLE 26 - LONGEVITY PAYMENTS

<u>ARTICLE 27 - SHIFT PREMIUMS</u>	
<u>ARTICLE 28 - APPAREL, UNIFORMS AND EQUIPMENT</u>	
<u>ARTICLE 29 - INSURANCE</u>	<u>26</u>
<u>ARTICLE 30 - PENSION PLAN</u>	
<u>ARTICLE 31 - EMPLOYEE ASSISTANCE PROGRAM (EAP)</u>	
<u>ARTICLE 32 - HOLIDAYS</u>	
<u>ARTICLE 33 - VACATIONS</u>	
<u>ARTICLE 34 - SICK LEAVE</u>	
<u>ARTICLE 35 - OTHER LEAVE</u>	
<u>ARTICLE 36 - WORKER'S COMPENSATION SUPPLEMENT</u>	
<u>ARTICLE 37 - JURY DUTY</u>	
<u>ARTICLE 38 - NON-DISCRIMINATION</u>	
<u>ARTICLE 39 - RESIDENCY</u>	
<u>ARTICLE 40 - PUBLIC CONTACT</u>	
<u>ARTICLE 41 - SAVINGS CLAUSE, INCORPORATION</u>	
<u>ARTICLE 42 - TERMINATION</u>	
<u>ARTICLE 43 - GENERAL PROVISIONS</u>	

EXHIBITS and APPENDICES

EXHIBIT 1 - PROMOTIONAL VACANCY LIST

APPENDIX A - LIST OF JOB CLASSIFICATIONS IN

<u>BARGAINING UNIT</u>	
<u>ARTICLE 32 - PENSION PLAN</u>	<u>30</u>
<u>ARTICLE 33 - EMPLOYEE ASSISTANCE PROGRAM (EAP)</u>	<u>30</u>
<u>V. HOLIDAYS AND LEAVES</u>	<u>31</u>
<u>ARTICLE 34 - HOLIDAYS</u>	<u>31</u>
<u>ARTICLE 35 - VACATIONS</u>	<u>31</u>
<u>ARTICLE 36 - SICK LEAVE</u>	<u>32</u>
<u>ARTICLE 37 - PERSONAL LEAVE</u>	<u>34</u>
<u>ARTICLE 38 - BEREAVEMENT LEAVE</u>	<u>34</u>
<u>ARTICLE 39 - LEAVE OF ABSENCE</u>	<u>34</u>
<u>ARTICLE 40 - CATASTROPHIC DISABILITY LEAVE</u>	<u>35</u>
<u>ARTICLE 41 - WORKER'S COMPENSATION</u>	<u>35</u>
<u>ARTICLE 42 - JURY DUTY</u>	<u>36</u>

ARTICLE 43 - LEAVE LIMITATION	36
VI. MISCELLANEOUS	36
ARTICLE 44 - NON DISCRIMINATION	36
ARTICLE 45 - RESIDENCY	37
ARTICLE 46 - PUBLIC CONTACT	37
ARTICLE 47 - SAVINGS CLAUSE	37
ARTICLE 48 - TERMINATION	37
ARTICLE 49 - GENERAL PROVISIONS	37
APPENDIX A - CITY HALL HOURS	39

APPENDIX B - ATTENDANCE POLICY — 40 **DEPARTMENT AND CLASSIFICATION EXCEPTIONS TO NORMAL AND CUSTOMARY WORKING HOURS AND OVERTIME PROVISIONS**

APPENDIX C - MEDICAL PLAN — 48 **WAGE RATES AND STEPS**

APPENDIX D - **CITY POLICIES**

APPENDIX E - **MEDICAL BENEFITS**

APPENDIX F - **PRESCRIPTION DRUG BENEFITS**

APPENDIX G - **DENTAL BENEFITS**

APPENDIX H - **VISION PLAN — 62 BENEFITS**

APPENDIX E - COOPER STANDARDS	63
-------------------------------------	----

PREAMBLE

This Agreement ("Agreement") is entered into by the City of Bridgeport, hereinafter referred to as ~~the~~ "City" or "Employer," and Local ~~RR1~~-200 of the National Association of Government Employees, hereinafter referred to as ~~the~~ "Union" or "NAGE".

ARTICLE 1 - RECOGNITION

~~1.1~~ 1.1 The Employer recognizes the Union as the sole and exclusive bargaining agent for the purpose of establishing salaries, wages, hours and terms and conditions of employment for all of those employees of the City of Bridgeport as certified by the Connecticut State Board of Labor Relations in Decision No. 1440-C issued December 27, 1976 and as amended by Decision No. 2482-A issued June 26, 1986 and State Board of Labor Relations Case No. ME-31018 (Civilian Detention Officers) ~~dated July 8, 2014,~~ hereinafter and elsewhere referred to as "Detention Officers" or "DOs" dated July 8, 2014, and including all job classifications listed on Appendix A.

~~1.2~~ 1.2 ~~N.A.G.E. Local RI-200~~ NAGE recognizes the Mayor of the City of Bridgeport or his/her designated representative or representatives as the sole representative of the ~~City of Bridgeport~~ for the purpose of collective bargaining. ~~N.A.G.E. Local RI-200~~ further agrees The City and the Union each agree to bargain in good faith with the ~~Mayor or his/her~~ other party's designated representative on all matters relating to wages, hours and other terms and conditions of employment.

ARTICLE 2 - CHECK-OFF

~~2.1~~ 2.1 The City agrees to deduct from the pay of all employees covered by this Agreement, who individually and voluntarily authorize such deductions from their wages in writing, such membership dues and initiation fees as may be uniformly assessed by the ~~union~~ Union. When an employee does not have sufficient money due him/her, after deductions have been made for pension or other deductions required by the law, Union dues for such deduction period shall be a deduction in the next pay period in which the employee has sufficient funds due him/her. It is also agreed that neither any employee nor the Union shall have claim against the City for errors in the processing of deductions unless a claim of error is made in writing to the City within sixty (60) days after the date such deductions were or should have been made and delivered to the Union. It is also agreed that the obligations of the City for funds actually deducted under this Section terminates upon the delivery of the deductions so made to the person authorized by the ~~National Association of Government Employees~~ Union. Upon delivery of a copy of a signed voluntary authorization, all such dues shall be automatically payroll deducted and remitted to the Union.

~~2.2~~ 2.2 The remittance to the Union for any month shall be made during the fourth (4th)

~~Working Agreement between the City of Bridgeport, Connecticut and Local RI-200 of
the National Association of Government Employees.~~

~~I. THE UNION AND UNION SECURITY~~
~~APPENDIX I - COOPER STANDARDS~~

| payroll week of said month and shall be remitted to the Union, together with a

list of names of employees from whose wages such deductions have been made, no later than the fifteenth (15th) day of the following month.

~~2.3~~ 2.3 The Union agrees to indemnify and hold harmless the City for any loss or damage arising from the operation of this Article. It is also agreed that neither any employee nor the Union shall have any claim against the City for any deductions made or not made as the case may be, unless a claim of error is made in writing to the City within ~~thirty (30)~~sixty (60) calendar days after the date such deductions were or should have been made.

ARTICLE 3 - SUB-CONTRACTING

~~3.1~~ — The City agrees that it will not contract or sub-contract any work presently being performed by employees in the bargaining unit. This shall not prevent the City from contracting or sub-contracting for supplementary or emergency service which employees in the bargaining union are unable to perform during their regular hours of work. This article will not impact any positions, dealing with security at Margaret Morton Government Center, City Hall—45 Lyon Terrace and Health Department.

ARTICLE 4 - TOP SENIORITY

~~4.1~~ — Union officials, limited to seven (7) officers and twenty (20) stewards, who are involved in on the job contract administration and/or contract negotiations, shall have top seniority for purposes of lay off and recall. Upon the execution of this Agreement, the Union shall provide the Director of Labor Relations with the names of such officers and stewards.

ARTICLE 5 - LAY-OFF AND RECALL

~~5.1~~ — In the event of a lay off within a Civil Service classification, the employee with the least seniority (as defined in Section 14.5 of the CBA) within the classification shall be laid off first. Subsequent recalls to open positions in that job classification shall be in reverse order of the lay off.

Any employee occupying a Civil Service position that is subject to be laid off, shall have the right to bump, laterally or down, to a previously held classification within the bargaining unit, provided said employee has greater seniority (as defined in Section 14.5 of the CBA) than employee occupying the lower classification. The least senior employee within the classification shall be bumped. If an employee bumps laterally, he/she shall retain their salary at the time of the lay off. If an employee bumps down, the employee's salary shall be reduced to the top step in the lower classification that will not produce a raise.

~~Notwithstanding anything contained in Article 5, the protection presently afforded employees in the classified service concerning layoff and recall set forth in the existing Rule of the Civil Service Commission shall continue to be in effect, except that the language of section 14.5 of the CBA shall control with respect to the~~

definition of seniority.

~~In the event of a lay-off within non-Civil Service classifications, the employee with the least seniority (as defined in Section 14.5 of the CBA) within the classification shall be laid off first. Subsequent recalls to open position in that job classification shall be in reverse order of the lay-off. Any employee occupying a non-Civil Service position that is subject to be laid off, shall have the right to bump, laterally or down, to a previously held classification within the bargaining unit, provided said employee has greater seniority (as defined in Section 14.5 of the CBA) than employees occupying the lower classification. The least senior employee within the classification shall be bumped. If an employee bumps laterally, he/she shall retain their salary at the time of the lay-off. If an employee bumps down, the employee's salary shall be reduced to the top step in the lower classification that will not produce a raise.~~

~~In all cases of reduction in force or reorganization where layoff occurs, the City will provide the Union as much reasonable advance notice as possible and in no event shall such notice be less than five (5) calendar days unless an emergency or unforeseen circumstances arises, in which case the City will notify the Union as soon as possible.~~

~~ARTICLE 6 - BARGAINING UNIT~~

~~6.1 — This Agreement applies to and includes all employees listed in the certification of the Connecticut State Board of Labor Relations issued December 27, 1976 and Decision No. 1440-C as amended by Decision No. 2482-A issued June 26, 1986 and State Board of Labor Relations Case No. ME-31018 (Civilian Detention Officers) dated July 8, 2014.~~

~~6.2 — Part time employees who work twenty (20) hours or more per week are included in the bargaining unit; those who work less than twenty (20) hours per week are excluded.~~

~~6.3 — The inclusion of a newly established classification will be a subject for negotiations between the City and the Union.~~

~~6.4 — Any dispute on whether a newly established classification is to be included or excluded from the bargaining unit will be submitted to the Connecticut State Board of Labor Relations to resolve such dispute.~~

~~If a newly established classification is determined to be a part of the Bargaining Unit, such classifications shall be included as a part of the bargaining unit without having to resort to an election.~~

ARTICLE 7 — UNION ACTIVITIES

~~7.1 — The City agrees that the Union Officers or Stewards shall have time during working hours without loss of pay for the investigation and adjustment of grievances; permission to absent himself/herself from his/her work area may be withheld by the supervisor only because of operation requirements, but in no event later than the start of the next regular shift. The Union agrees that the complaint will be handled as quickly as possible. The City agrees that the Union President shall have extensive and free leave with pay from the workplace to conduct union business. The President agrees in good faith to inform his or her supervisor of his or her whereabouts.~~

~~7.2 — The seven (7) Members of the Executive Board may attend meetings for the purpose of negotiations during working hours without loss of pay.~~

~~7.3 — Union Officials may attend meetings during working hours without loss of pay when such meetings are requested or approved by the Labor Relations Office.~~

~~7.4 — Union Officers shall be able to consult with the Employer, his/her Representative(s) concerning the enforcement of any provisions of this Agreement, provided the City's Labor Relations Director or his/her designee is notified of such meetings and consultations.~~

~~7.5 — During each year up to five (5) City employees who are chosen by the Union as official delegates of such State Convention of NAGE shall be granted three (3) days leave without pay for the sole purpose of attending the sessions of such State Convention as voting delegates. Once in each five (5) year period, up to three (3) City employees who are chosen by the Union to be Official delegates to the National Convention of NAGE shall be granted five (5) days of leave with pay for the sole purpose of attending the session of such National Convention as voting delegates. The Secretary of the Union will certify in writing to the appropriate City departments the names of those City employees who are chosen by the Union to act as its official delegates to either of such NAGE conventions at least fourteen (14) working days prior to the first day on which the leave with pay is to become effective.~~

~~7.6 — The five (5) members of the Union Grievance Committee and the grievants shall be granted leave from work with full pay in order to attend grievance meetings or hearings when such meetings or hearings take place the same time that such members are scheduled to work. It is understood that the time the grievants are excused from work will be limited to the time actually spent in meetings or hearings including pre arbitration meetings with Union Officials and travel to and from said meetings.~~

ARTICLE 8 — VISITS BY UNION REPRESENTATIVES

~~Accredited representatives of the NAGE Local RI 200 and the National Union shall~~

~~have access to the premises of the Employer, at reasonable times, provided he/she notifies the supervisor in the work area of his/her presence when he/she arrives and his/her presence will not disrupt the orderly routine of the department.~~

~~ARTICLE 9 - BULLETIN BOARDS~~

~~The City will furnish and maintain suitable bulletin boards in convenient places in each work area and may be used by the Union. The Union agrees that the material posted will not contain propaganda against or attacks upon the City or any official thereof.~~

~~ARTICLE 10 - COPIES OF CONTRACT~~

~~Within ninety (90) days after the signing of this Agreement, the City shall furnish to the Union one hundred (100) signed copies of the Agreement from the City to be provided to new employees at the time of hire.~~

~~H. MANAGEMENT AND THE WORKPLACE~~

~~ARTICLE 11 - MANAGEMENT RIGHTS~~

~~11.1~~ 3.1 Except as expressly modified or restricted by specific ~~provisions~~ provision of this agreement, all statutory and inherent managerial rights, prerogatives, and functions are retained and vested exclusively in the City, including, but not limited to the rights, in accordance with its sole and exclusive judgment and discretion, to recruit, select, train, promote, discipline, transfer, assign, layoff, and discharge personnel; determine the number and type of positions and organizational structure required to provide City services; define the duties and responsibilities of each position, and of departments; acquire and maintain essential equipment and facilities required to conduct the business of providing City services; to determine the technology and the efficiency of its governmental operations; establish and amend policy, procedures, rules and regulations regarding employee standards of conduct and the manner in which work is performed; perform the tasks and exercise the authorities granted by statute, charter and ordinance to municipal corporations. The City's failure to exercise any right, prerogative, or function hereby reserved to it, or the City's exercise of any such right, prerogative, or function hereby reserved to it, or the City's exercise of any such right, prerogative, or function in a particular way, shall not be considered a waiver of the City's right to exercise such a right, prerogative or function or preclude it from exercising the same in some other way not in conflict with the express provisions of this agreement Agreement.

This article shall not be construed to deny any employee any right received under Civil Service Provisions of the City Charter.

~~ARTICLE 4 - SUB-CONTRACTING~~

4.1 The City agrees that it will not contract or sub-contract any work presently being performed by employees in the bargaining unit. This shall not prevent the City from

contracting or sub-contracting for supplementary or emergency service which employees in the bargaining unit are unable to perform during their regular hours of work. This article will not impact any positions dealing with security at Margaret Morton Government Center, City Hall - 45 Lyon Terrace and Health Department - 752 East Main Street

ARTICLE 5 - TOP SENIORITY

5.1 Union officials, limited to seven (7) officers and twenty (20) stewards shall have top seniority for purposes of lay-off and recall. Upon the execution of this Agreement, the Union shall provide the Director of Labor Relations or his or her designee with the names of such officers and stewards.

ARTICLE 6 - LAY-OFF AND RECALL

6.1 In the event of a lay-off within any job classification, the employee with the least Seniority (as defined in Section 15.1 of this Agreement) within that job classification shall be laid-off first. Subsequent recalls to open positions in that job classification shall be in reverse order of the lay-off.

Any employee occupying a position subject to layoff, shall have the right to bump any other employee from any position within the same job classification, or to any position in any previously held job classification within the bargaining unit, except to a previously held position from which the employee was permanently removed for disciplinary reasons or for failure of the probationary period, provided said employee has greater Seniority (as defined in Section 15.1 of the Agreement) than the employee presently occupying the position ("Bumping Rights"). After all affected employees have exercised their Bumping Rights, the least senior employee within the classification shall be laid off. Any employee exercising Bumping Rights shall retain their salary at the time of the layoff, except when Bumping Rights are used to move to a lower job classification, in which case the employee's salary shall be reduced to the top step in the lower classification.

Notwithstanding anything contained in this Article 6, the protection presently afforded employees in the classified service concerning layoff and recall set forth in the existing Rules of the Civil Service Commission shall continue to be in effect, except that the language of section 15.1 of the CBA shall control with respect to the definition of seniority.

In all cases where layoff occurs, the City will provide the Union as much advance notice as possible and in no event shall such notice be less than five (5) working days unless an emergency or unforeseen circumstance arises, in which case the City will notify the Union as soon as possible.

ARTICLE 7 - BARGAINING UNIT

7.1 This Agreement applies to and includes all employees listed in the certification of the Connecticut State Board of Labor Relations issued December 27, 1976 and Decision

No. 1440-C as amended by Decision No. 2482-A issued June 26, 1986 and State Board of Labor Relations Case No. ME-31018 (Detention Officers) dated July 8, 2014, and including all job classifications listed on Appendix A. ")

7.2 Part-time employees who work twenty (20) hours or more per week are included in the bargaining unit; those who work less than twenty (20) hours per week are excluded.

7.3 The inclusion of a newly established classification will be a subject for negotiations between the City and the Union.

7.4 Any dispute on whether a newly established classification is to be included or excluded from the bargaining unit will be submitted to the Connecticut State Board of Labor Relations to resolve such dispute.

If a newly established classification is determined to be a part of the bargaining Unit, such classifications shall be included as a part of the bargaining unit without having to resort to an election.

ARTICLE 8 - UNION ACTIVITIES

8.1 The City agrees that the Union Officers or Stewards shall have time during working hours without loss of pay for the investigation and adjustment of grievances, permission to absent himself/herself from his/her work area may be withheld by the supervisor only because of operation requirements, but in no event later than the start of the next regular shift. The Union agrees that the complaint will be handled as quickly as possible. The City agrees that the Union President shall have extensive and unfettered free leave with pay from the workplace to conduct Union business. If the Union President's annual salary exceeds \$60,000, the Union President may, at his/her annual election made on each anniversary date of the Agreement, either accept an annual salary reduction to \$60,000 during the period of his/her Union presidency, or be available for work on a weekly basis without regard to his Union duties and at his/her regular hourly rate of pay, for that period of time representing the difference between 1/52 of the Union President's Annual Salary and \$1,153.85 (1/52 x \$60,000). The Union President agrees in good faith to inform his or her supervisor of his or her whereabouts.

8.2 The seven (7) Members of the Executive Board may attend meetings for the purpose of negotiations during working hours without loss of pay.

8.3 Union Officials may attend meetings during working hours without loss of pay when such meetings are requested or approved by the Labor Relations Office.

8.4 Union Officers shall be able to consult with the Employer, his/her Representative(s) concerning the enforcement of any provisions of this Agreement, provided the City's Labor Relations Director or his/her designee is notified of such meetings and consultations.

8.5 During each year up to five (5) City employees who are chosen by the Union as official delegates of such State Convention of NAGE shall be granted three (3) days leave without pay for the sole purpose of attending the sessions of such State Convention as voting delegates. Once in each four (4) year period, up to three (3) City

employees who are chosen by the Union to be Official delegates to the National Convention of NAGE shall be granted five (5) days of leave with pay for the sole purpose of attending the session of such National Convention as voting delegates. The Secretary of the Union will certify in writing to the appropriate City departments the names of those City employees who are chosen by the Union to act as its official delegates to either of such NAGE conventions at least fourteen (14) working days prior to the first day on which the leave with pay is to become effective.

8.6 The five (5) members of the Union Grievance Committee and the grievants shall be granted leave from work with full pay in order to attend grievance meetings or hearings when such meetings or hearings take place the same time that such members are scheduled to work. It is understood that the time the grievants are excused from work will be limited to the time actually spent in meetings or hearings including pre-arbitration meetings with Union Officials and travel to and from said meetings.

ARTICLE 9 - VISITS BY UNION REPRESENTATIVES

9.1 Accredited representatives of the NAGE Local RI-200 and the National Union shall have access to the premises of the Employer, at reasonable times, provided he/she notifies the supervisor in the work area of his/her presence when he/she arrives and his/her presence will not disrupt the orderly routine of the department. If access is denied, the Employer, upon request, will provide a reason for such denial and shall, as soon as practicable, provide alternate reasonable date(s) and/or time(s) when access will be provided.

ARTICLE 10 - BULLETIN BOARDS

10.1 The City may, at its discretion, furnish and maintain suitable bulletin boards in convenient places in each work area that may be used by the Union. The Union agrees that the material posted will not contain propaganda against or attacks upon the City or any official thereof.

ARTICLE 11 - COPIES OF CONTRACT

11.1 Within ninety (90) days after the signing of this Agreement, the City shall furnish to the Union one hundred (100) signed copies together with one(1) pdf electronic copy of the Agreement from the City, to be provided to new employees at the time of hire.

ARTICLE 12 - HOURS OF WORK AND OVERTIME

~~12.1~~ 12.1 All employees covered by this Agreement will work a forty (40) hour week

~~except those employees who currently work the City Hall hours and they will continue to work such City Hall hours (see as otherwise set forth in Appendix A). City Hall hours will normally be established by each department.~~

~~a.m. until 5:00 p.m., with one (1) hour unpaid lunch. Employees in the Library will continue their present schedule of hours.~~

The starting and finishing time of the hours of work for employees covered by this Agreement may be changed for seasonal and operating reasons or for the convenience of the public, after the City meets and confers with the union regarding such changes.

The City, at its option, may change the hours of work from thirty-two and one half (32½) or thirty five (35) to thirty five (35) or forty (40) hours. In the event that the City exercises its option, the affected employee(s) shall be paid for such additional hours at their then current regular hourly rate(s) of pay.

This provision is not intended to restrict Saturday hours in departments which have in the past provided service to the public on Saturday, whether seasonal or otherwise. Any employee who is scheduled to work in excess of the normal hours will be paid straight time up to forty (40) hours at time and one half (1½) thereafter.

12.1a School Program Cafeteria Schedule of Hours of Work:

HOURS PER WEEK	REGULAR SHIFT
High Schools	
40 hours	6:30 a.m. - 2:30 p.m. 7:00 a.m. - 3:00 p.m.
30 hours	8:00 a.m. - 2:00 p.m. 9:00 a.m. - 3:00 p.m.
20 hours	9:30 a.m. - 1:30 p.m. 10:00 a.m. - 2:00 p.m. 11:00 a.m. - 3:00 p.m.
25 hours	9:00 a.m. - 2:00 p.m. 10:00 a.m. - 3:00 p.m.
Middle Schools	
40 hours	7:00 a.m. - 3:00 p.m.
30 hours	8:00 a.m. - 2:00 p.m.
20 hours	9:30 a.m. - 1:30 p.m. 10:00 a.m. - 2:00 p.m.
Elementary Schools	
40 hours	10:30 a.m. - 6:30 p.m.
30 hours	10:00 a.m. - 4:00 p.m.
20 hours	9:30 a.m. - 1:30 p.m. 2:00 p.m. - 6:00 p.m.

~~Employees assigned to one of the shifts identified above will be utilized on that shift, provided,~~

~~however, (1) that in instances where an unexpected lack of adequate personnel coverage threatens service at a school, cafeteria employees may be transferred to that school on a temporary basis to assure prompt, effective school meal coverage; and (2) temporary transfers to shifts other than those to which the employee is regularly assigned may be made in the case of emergencies. As soon as~~

practicable, such transferred employees are to be returned to their regularly assigned shifts.

~~12.1b~~ In addition to 12-month school security personnel positions, the Board of Education may also establish 10-month positions. The salary for 10-month positions shall be 10/12 of that for 12-month employees. The Board shall have sole discretion in determining the number of 10-month and 12-month security positions needed based on the needs of the School District. Current school security personnel shall be "grandfathered," i.e. shall remain 12-month employees and maintaining current benefits. The parties agree to negotiate over the benefits for the new 10-month personnel before implementation.

~~12.2~~ 2 Employees required to work more than eight (8) hours in one regularly scheduled day or more than forty (40) hours in one regularly scheduled week, shall be compensated for such overtime at time and one-half (~~1+1~~ 1/2) their regular hourly rate. City Hall employees required to work on Saturday, outside their normal work week shall receive one and a half (1 1/2) times their hourly rate for hours worked after three (3) hours.

~~Supervision~~ 12.3 Overtime shall ~~make overtime~~ be awarded as follows:

~~12.3~~ 12.3.1 Overtime assignments shall be made consistent with the principle of this Article 12, distributing overtime as equitably as practicable among the employees holding the job classification(s) affected by the overtime assignment. ~~In doing so, supervisors shall follow the following procedure:~~ Provisions concerning overtime assignments specific to certain departments are set forth in Appendix B.

a) 12.3.2 Overtime assignments will ~~first~~ be offered first to employees within the job classification at the building or site of the assignment. Supervisors will use a rotating list of all non-probationary employees within the job classification at that building or site for ~~distribution~~ making initial offers of overtime. The list shall be in order of seniority. The supervisor shall offer the assignment to the first name on the list and continue until the overtime opportunity is filled. Employees refusing the overtime assignment will be charged as though he/she worked it. Probationary employees shall not be included on the rotating list, and shall not be offered overtime unless except in accordance with Section 12.3.4.

b) ~~In the event~~ 12.3.3 If all employees within the job classification at the building or site of the assignment refuse the overtime, supervisors will ~~then~~ consult the rotating list of all employees occupying the same job classification within the department. The supervisor shall offer the assignment to the first name on the list and continue until the ~~shift~~ overtime opportunity is filled. Employees refusing the overtime assignment will be charged as though he/she worked it.

12.3.4 If the supervisor or acting supervisor has not found an employee willing to work overtime after ~~expiring~~ exhausting the lists in (a) 12.3.2 and (b) 12.3.3 above, the supervisor ~~has not found an employee to fill said~~ or acting supervisor shall offer the

overtime to any probationary employee within the job classification at the building or site of the assignment;.

- e) 12.3.5 If the supervisor or acting supervisor has not found an employee willing to work overtime after exhausting the methods described in sections 12.3.2, 12.3.3 and 12.3.4 above, the supervisor or acting supervisor may, in his/her discretion, either order the least senior employee within that job classification at the building or site will be ordered to work the overtime assignment.

~~Overtime assignments for Special Police Officers shall be handled by a rotating list within the department; then Special Police Officers in other departments; and then ordering the least senior employee in the department where the overtime is to be worked.~~

~~**Park Special Officers**—Until the full loss of Park Special Officers occurs through attrition, all Special Officers (Board of Education and Parks) shall continue to retain primary overtime rights in the Parks as per the above Article 12.3c of the 2005-2009 Collective Bargaining Agreement.~~

~~**12.4**—An employee will work overtime when requested to do so by Supervisors. Employees shall be notified of such assignment as soon as practicable.~~

~~**12.5** In the event that all employees refuse, or are not available, to work overtime, the least senior employee in the job classification and area affected by, or perform the overtime work, must work such overtime. him/herself. In the event of an emergency, declared by the Mayor, no one can refuse to work overtime. Any work performed by supervisors or acting supervisors under this 12.3.5 shall not cause the work to be characterized as "shared work" for any purpose.~~

~~**12.6**—All City employees subject to City Hall hours shall work the hours provided in Appendix A, attached hereto.~~

~~**12.7**—The City, at its option, may change the hours of work from thirty two and onehalf (32½) or thirty five (35) to thirty five (35) or forty (40) hours. In the event that the City exercises its option, the amount of money equivalent to the increase in hours shall be added to the base pay of the employee.~~

~~**12.8**—Any Telecommunicator may swap work shifts on a day or days on which he/she is able to secure another employee to work in his/her place provided:~~

~~A. The two shifts swapped occur within the same pay period (11:00 p.m. Saturday through 10:59 p.m. Saturday).~~

~~B. Such substitution does not impose any cost to the City.~~

~~C. Such substitution is within the job title only.~~

~~D. The Supervisor in charge is notified on the appropriate form at least three (3) days in advance of the requested swap except in the case of an emergency, in which case the request may be made by telephone.~~

~~E. Neither the Department nor the City shall be held responsible for enforcing any agreements made between employees.~~

~~F. As long as the above requirements are met, the swap requested shall not be unreasonably denied.~~

~~**12.9**—Parking Control Officers will work eight (8) consecutive hours per day, forty (40) hours per week, Monday through Friday, with a thirty (30) minute paid lunch. The City shall maintain scheduling flexibility to set the schedules between the hours of 8:00 a.m. — 5:00 p.m. Schedules will be set in advance by the City. If after one year from the implementation of the provision, the City can show that the increase in hours is not economically supported (i.e. income from parking violations has not increased), the schedules will revert back.~~

12.3.6 A record of overtime hours worked by each employee in each department or division shall be posted monthly on each department's or division's bulletin board. Such record(s) shall be maintained for at least twelve (12) calendar months following the month in which the overtime was worked and made available to the Union upon request.

ARTICLE 13 - TEN MONTH POSITIONS

13.1 In addition to 12-month school security personnel positions, the Board of Education may also establish 10 month school security positions. The annual salary for 10-month positions shall be 10/12 of that for 12 month school security employees. The Board shall have sole discretion in determining the number of 10 month and 12-month school security personnel positions needed based on the needs of the School District. All 10 month employees shall receive all benefits provided under this Agreement except as specifically otherwise provided herein. Current school security personnel shall be "grandfathered,, i.e., shall remain 12-month employees and maintaining current benefits.

ARTICLE 14 - REPORTING TIME, CALL BACK PAY

14.1 Reporting Time Pay: Any employee who is scheduled to report for work and who presents himself/herself for work, as scheduled, shall be assigned at least four (4) hours work on the job for which the employee was scheduled to report. If work on the job is not available, the employee shall be excused from duty, and paid at his regular rate —straight time or overtime. When an employee reports for and starts to work as scheduled, and is excused from duty before completion of four (4) hours work, the employee("Reporting Time"). Reporting Time shall be paid at his regularthe employee's overtime rate; for four (4)any hours workof Reporting Time that would otherwise be payable at appropriate rate, straight time, or the overtime, whichever is applicable. rate had the employee actually worked those hours.

14.2 Call Back Pay: When an employee is called in for work outside of his regularly scheduled working hours, (s)he shall be paid a minimum of four (4) hours at the applicable overtime rate. This provision applies only when such call-back results in hours worked and are not annexed consecutively to one end or the other of the working day.

ARTICLE 1415 - SENIORITY, LONGEVITY, PROBATIONARY PERIODS

The City-

15.1 "Seniority shall mean length of service to the Employer by job classification. Such Seniority shall apply to the employee's rights in cases of layoffs, reemployment, transfers and vacation.

15.2 "Longevity" shall mean the total length of service to the Employer in any/all job

classifications within or without the bargaining unit, excluding part-time employees working fewer than 20 hours per week or seasonal employment.

15.3 Within ninety (90) days after the signing of this Agreement and each January and June thereafter, the Employer shall prepare and deliver to the Union a list of employees in each job classification represented by the Union, showing their seniority in time of service with each employee's Longevity, Seniority, and current rate of pay.

15.4 Any employee laid off by the City in or after January 1975 and rehired by the City, their classification and rate of pay, and deliver under any federal grant employment program and subsequently rehired by the City shall be treated as if they had unbroken Seniority and Longevity.

15.5 Seniority for new employees hired on the same to the Union within ninety (90) days of the signing or anniversary date of the contract day into the Telecommunications Officer (TCO) job classification will be determined by civil service test scores.

When a promotional vacancy exists in **15.6 Probationary Periods:**

~~14.2~~ 15.6.1 New Employees ~~a classified non-competitive position within a department, the position vacancy shall be posted where employees customarily assemble and in a conspicuous place in the department for five (5) days and on the appropriate Personnel Department's website. Qualification for the position will be determined by the employer. If multiple qualified employees, as determined by the employer, bid on the position, seniority will be the deciding factor.~~

~~14.3a~~ All new employees shall serve a six (6) an eight (8) month new employee probationary period, except for new Detention Officers and Telecommunications Officers ("TCOs"), who shall serve a (12) month new employee probationary period. Upon successful completion of the new employee probationary period, the employee shall be classified as a permanent employee. The probationary period shall be counted as part of the seniority employee's Seniority and Longevity after the employee is considered permanent.

~~14.3b (1)~~ During the six (6) 8 month new employee probationary period, the City may terminate or otherwise discipline the new probationary employee and such action shall not be subject to the grievance and arbitration process.

~~(2) — b~~ The City shall perform at least two (2) job performance evaluations during probation the new employee probationary period in which the employee is appraised in writing as whether they have adequately learned and/or performed the functions and responsibilities of the position and provide the employee with a fair opportunity to correct any deficiencies.

~~(3) —~~ The evaluations provided in (2) above hereunder shall be required for termination(s) based upon whether the employee has an employee's failure to adequately learned and/or performed perform the functions and responsibilities of the position for other than newly hired probationary employee(s). The City's failure to perform such evaluations shall be subject to the

grievance and arbitration process with the remedy being a new six (6) month probationary period.

~~14.3e Employees failing their probation under Civil Service may appeal the termination to the Civil Service Commission regarding the termination of employment. Said appeal must be filed with the Commission within fourteen (14) calendar days from the date of termination.~~

~~Those c) New probationary employees in non-Civil Service positions that fail probation may appeal for a hearing concerning the termination with the City's Director of Labor Relations. Said appeal must be filed with the City's Labor Relations Office within fourteen (14) days from the date of termination.~~

~~14.3 d Probationary employees shall earn but shall not be eligible for to take vacation benefits during their new employee probationary period, however, they. New probationary employees will be eligible to receive take earned vacation benefits upon six (6) month anniversary date. Probationary after completing their new employee probationary period. All new and promotional probationary employees shall earn full sick leave credit during the first ninety (90) days of employment periods of probation. Any sick leave utilized by probationary employees must be accompanied by a medical certificate acceptable to the Director of Labor Relations or his/her designee. Probationary New probationary employees will not be eligible for tuition reimbursement.~~

~~14.4 15.6.2 Permanent Employees. a) Permanent employees promoted to a higher classification within the bargaining unit shall serve a promotional probationary period of six (6) months. In the event an employee fails a probationary period (within or outside the bargaining unit) or becomes ineligible for the position because of testing, the employee may bump exercise Bumping Rights back to his/her previously held classification and have his/her seniority bridged for all purposes except lay off. While the employee is in the promotional probationary period, he/she shall have all rights under the grievance and arbitration procedure.~~

~~b) The City shall perform at least two (2) job performance evaluations during probation in which the employee is appraised in writing as whether they have adequately learned and/or performed the functions and responsibilities of the position and provide the employee with a fair opportunity to correct any deficiencies. The evaluations provided hereunder shall be required for termination(s) based upon an employee's failure to adequately learn and/or perform the functions and responsibilities of the position. The City's failure to perform such evaluations shall be subject to the grievance and arbitration process with the remedy being a new six (6) month probationary period.~~

~~15.7 Any employees removed or terminated from his/her position due to performance failure(s) during the promotional probationary period may appeal the removal or termination to the Civil Service Commission. Such appeal must be filed with the Commission within fourteen (14) calendar days from the date of termination, or such longer period as may be authorized under Civil Service Rules.~~

ARTICLE 16 - JOB POSTINGS AND JOB VACANCIES

16.1 When a vacancy exists in a position covered by this Agreement and the position is included on the promotional vacancy list attached hereto as Exhibit 1, the position vacancy shall be posted where employees customarily assemble and in a conspicuous place in the department for five (5) days and on the appropriate Personnel Department's website. Qualification for the position will be determined by the employer. If multiple qualified employees, as determined by the employer, bid on the position, seniority will be the deciding factor. ~~In computing an employee's length of service for a prior classification, the time spent in all classifications in which he/she worked shall be used.~~

~~14.5~~ Seniority shall mean length of service to the municipality by job classification. Such seniority shall apply to the employee's rights in cases of lay-offs, re-employment, transfers and vacation.

~~14.6~~ Seniority of non-civil service employees, upon entering a civil service position, shall include the time spent in continuous non-civil service employment with the City.

~~14.7~~ Any Civil Service employee laid off by the City of Bridgeport since January 1975, and rehired by the City on any federal grant employment program and subsequently rehired by the City on a Civil Service payroll shall be treated as if they had unbroken seniority as defined by Section 14.5 of the current collective bargaining agreement.

The City shall have no obligation to post vacancies covered by this Agreement not included on Exhibit 1.

ARTICLE 1517 - DISCIPLINARY PROCEDURE

~~15.1~~ 17.1 The City of Bridgeport and its representatives shall exercise full disciplinary authority consistent with its responsibility to direct employees to perform the required work duties in order to achieve department program goals and satisfactory municipal service to the general public.

~~15.2~~ 17.2 All disciplinary action shall be applied in a fair manner and shall not be inconsistent to the infraction for which the disciplinary action is being applied.

~~15.3~~ 17.3 Disciplinary action shall be progressive and shall include (a) a verbal warning, (b) a written warning, (c) suspension without pay, and (d) discharge. The City and the Union recognize the concept of a the progressive discipline policy, outlined above; however both parties agree that there are certain grave offenses wherein the discipline imposed by the City does not require compliance to the aforementioned provisions. Progressive discipline involving attendance and tardiness shall not be governed by this Section 17.3 but shall be governed by the City's Attendance and Tardiness policies attached and incorporated into this Agreement.

~~15.4~~ 17.4 Except as specifically limited elsewhere in this Agreement, all disciplinary action, except discipline of probationary employees, may be appealed either through the established grievance and arbitration procedure through Step 3, Binding Arbitration, (Article 18), or through the Civil Service Commission, but not both.

~~15.5~~ 17.5 When a ~~maximum~~minimum of two (2) years have elapsed without the employee receiving further discipline, the City shall remove memorandum of reprimand (i.e., verbal ~~warnings~~warnings, written warnings) from the employee's personnel file upon receipt of a written request by the employee.

~~15.6~~ 17.6 All discipline, including written evidence of oral warnings, suspensions and discharges will be stated in writing and transmitted to the employee, at the last known address, and a copy provided to the Union. In all such written discipline cases, the Union and the employee will be notified of the action by letter. Notification to the employee may be done by hand delivery or via certified mail, return receipt requested. Notification to the Union may be by electronic mail, delivery receipt required.

ARTICLE 1618 - GRIEVANCE AND ARBITRATION PROCEDURE

~~16.1~~ 18.1 Any grievance or dispute which may arise between the parties, concerning the application, meaning or interpretation of this Agreement, shall be settled only in the following manner, except that any grievance or dispute which may arise regarding

Civil Service Rules and Regulations that are not a concern of this Agreement shall be settled through the established Civil Service procedure. A "dayDay" for the purposes of this Article shall mean workday, Monday through Friday, excluding holidays, for all employees.

Step 1 The employee or the Union Officer, with or without the employee, shall file the grievance or dispute in writing with the employee's supervisor or department head and the Office of Labor Relations within ten (10) Days of the date of the circumstances giving rise to the grievance or within ten (10) Days from when the employee reasonably should have known of those circumstances. Such grievance must contain the following information:

~~head within ten (10) days of the date of the grievance or within ten (10) days from when the employee reasonably should have known of its occurrence. Such grievance must contain the following information:~~

- ~~1. 1. A statement presenting, in a concise manner, a general description of the grievance.~~
- ~~2. 2. A statement outlining the relief sought; and~~
- ~~3. 3. Specific reference to the clause or clauses of the agreement, which the grievant feels have been violated.~~

~~The failure to strictly comply with the provisions of sub-paragraphs 1, 2, and 3 above shall not be the basis for claiming a grievance is not arbitrable. The department head or supervisor City shall have five (5) working days to respond to the grievance. at Step 1. A disposition at this step will not be cited as precedent by either party.~~

Step 2 ~~In the event the grievance is not resolved at Step 1, the union or the grievant shall present the written grievance to the shall automatically be scheduled by the Office of Labor Relations Office within ten~~

~~(10) days for a Step 2 hearing. The hearing date shall be set not more than fifteen (15) days from the Step 1 response or if no response date the grievance was given, then ten (10) days from the date the response was due. filed, and the Union shall be provided with not less than three (3) Days advance notice of the scheduled hearing date. The Labor Relations Office shall have ten (10) days to respond to the grievance after the hearing to issue a written decision at Step 2.~~

Step 3 ~~If the grievance is still remains unsettled, either party may, within fifteen (15) thirty (30) days after the reply of the Labor Relations Office Step 2 decision is due, by written notice to the other issued, request arbitration by the State Board. Said Board shall hear and act on such dispute in accordance with its rules and regulations.~~

~~The arbitrator(s) shall limit its decisions strictly to the application, meaning or interpretation of the provisions of this Agreement. The arbitrator(s) shall not add to, nor subtract from, the terms of this Agreement as written. The arbitration award shall be in writing and shall set forth the opinion and conclusions on only the issue submitted.~~

~~The decision of the arbitrator(s) shall be final and binding on the parties, and the arbitrator(s) shall be requested to issue its decision within thirty (30) days after the conclusion of testimony and argument.~~

~~**16.2** Expenses for the arbitrator(s)' services and the proceedings shall be borne equally by the Employer and the Union. However, each party shall be responsible for compensating its own Representatives and witnesses. If either party desires a verbatim record of the proceedings, it may cause such a record to be made, providing it~~

~~pays for the record and makes copies available without charge to the other party and to the arbitrator(s).~~

~~16.3 Grievances initiated by the Employer shall be processed in this same manner,~~

~~but they may be initiated at either Step 1 or Step 2. Any suspension or termination grievance may be processed by the Union directly to Step 2, within ten (10) daysDays of imposition of the discipline.~~

~~16.4 Nothing contained in this Article shall prevent any employee from processing his own grievance through the grievance procedure in accordance with Section 7-468(d) of the C.G.S providing that the Union shall be promptly notified of such grievance as it is being processed. The Union shall have the sole and exclusive right to process the grievance to arbitration.~~

~~16.5 Upon mutual written agreement by the City and the Union, any of the time limits in this Article may be waived or extended.~~

~~16.6 The City and the Unionparties agree that every attempt shall be made to schedule arbitration hearings in discharge cases within 120 days of the filing date for arbitration. If a grievance is not answered within the prescribed time limits at each step, the grievance may be presented to the next step of the grievance procedure.~~

18.2 Any of the time limits in this Article may be waived or enlarged upon mutual written consent.

18.3 The arbitrator(s) shall limit their decisions strictly to the application, meaning or interpretation of the provisions of this Agreement. The arbitrator(s) shall not add to, nor subtract from, the terms of this Agreement as written. The arbitration award shall be in writing and shall set forth the opinion and conclusions on only the issue submitted.

18.4 The decision of the arbitrator(s) shall be final and binding on the parties, and the arbitrator(s) shall be requested to issue its decision within thirty (30) days after the conclusion of testimony and argument.

18.5 Expenses for the arbitrator(s)' services and the proceedings shall be borne equally by the Employer and the Union. However, each party shall be responsible for compensating its own Representatives and witnesses. If either party desires a verbatim record of the proceedings, it may cause such a record to be made, providingit pays for the record and makes copies available without charge to the other partyand to the arbitrator(s).

18.6 Nothing contained in this Article shall prevent any employee from processing his own grievance through the grievance procedure in accordance with Section 7-468(d) of the C.G.S providing that the Union shall be promptly notified of such grievance as it is being processed. The Union shall have the sole and exclusive right to process the grievance to arbitration.

16.7 18.5 The parties agree to the utilization of an expedited arbitration system for caseswhich both parties agree.

~~16.8~~ 18.6 The parties further agree that forums other than the State Board of Mediation and Arbitration such as the American Arbitration Association (A.A.A.) or the Federal Mediation and Conciliation Service (F.M.C.S.) may be used to comply with the provisions of this Article.

~~16.9~~ In the event that a grievance is not answered within the prescribed time limits at each step, the grievance may be presented to the next step of the grievance procedure.

~~16.10~~ 18.7 All grievances not resolved at Step 2 may be processed submitted to mediation upon mutual agreement of the parties and only after the case has been requested for arbitration as set forth in Step 3. Mediation shall attempt to resolve those grievances filed for arbitration. Both sides will present their facts and arguments at the mediation session. The mediator will make a non-binding recommendation that will not be part of the record in the event the grievance proceeds to arbitration.

~~16.11~~ 18.8 Either party may select up to five (5) cases per contract year for arbitration before the American Arbitration Association. The City selecting party shall pay the costs of such arbitrations.

ARTICLE ~~17~~19 - TRANSFERS AND ASSIGNMENTS

~~17.1~~ 19.1 Transfer is defined as the change of an employee from one City department to another City department, within the same job classification and with the approval of the department heads and the Personnel Director.

the department heads and the Personnel Director.

An assignment

19.2 Reassignment is defined as the change of an employee from one work site to another work site within the same department, within the same job classification and with department head approval. Assignment shall also be construed to mean reassignment.

~~17.2~~ 19.3 Employees desiring to transfer to other jobs shall submit an application in writing to their immediate supervisor. The application shall state the reason for the requested transfer.

~~17.3~~ 19.4 Employees requesting transfer for reasons other than the elimination of jobs shall be transferred to equal or lower paying job classifications, on the basis of seniority, provided he/she has the ability to do the job effectively without further training.

~~17.4~~ Employees requesting transfers because of the elimination of their jobs shall be transferred to the same job or any other job of an equal classification on the basis of seniority.

~~17.5~~ It is agreed to by the Union that the 19.5 The City may transfer and assign/reassign employees provided the employees to be transferred or assigned/reassigned be given three (3) full working days notice that upon, excluding holidays and weekends. Upon such notification the department head or immediate supervisor shall meet and explain the reasons for the transfer or assignment/reassignment to the employee. The City of Bridgeport agrees that transfers and assignments shall not be for reasons other than sound business or operating reasons. The City further agrees that transfers and assignments/reassignments shall not reduce the normal weekly work hours, excluding overtime, of the employees except as provided for in 17.2 and 17.3-affected employee(s). The City also agrees that seniority as defined in Article 14 Seniority shall be a factor to be considered by the City when initiating a transfer or assignment/reassignment, but seniority/Seniority shall not be the sole determining factor. Transfer of the Service Assistants will not be subject to provisions of this Section 17.5.

ARTICLE 1820 - SHIFT AND SCHEDULE PREFERENCE

20.1 Shift preference will be granted on the basis of seniority ~~with~~ within the job title as openings occur. Such preferences shall be exercised first by employees within a division. If no employees within the division exercise such preferences, then employees within the department will be given preference by seniority.

ARTICLE 1921 - TRAINING AND TUITION REIMBURSEMENT

The City shall establish on the job training programs from time to time to prepare present employees to advance to positions in the service requiring higher skills and more responsible duties.

~~19.1~~ 21.1 If such training is conducted during normal

working hours, the employee shall receive his/her regular hourly rate while undergoing training. If training is conducted outside normal working hours, no compensation will be paid to employees under going training, unless such training is required by the City.

~~19.2~~ 21.2 In the selection of trainees, qualified applicants will be determined by the employee's expression of interest, aptitude and work record. From the qualified applicants, assignments to training will be in order of ~~seniority~~ Seniority.

ARTICLE 20 – SAFETY AND HEALTH

~~20.1~~ Both parties to this Agreement shall hold themselves responsible for mutual cooperative enforcement of OSHA safety rules and regulations.

~~20.2~~ A joint Safety and Health Committee will be established to study City and Board of Education facilities and equipment utilized by employees within the bargaining unit and to make reports and recommendations concerning remedial action as the situation may require. The Union is to appoint three (3) members of this Joint Committee. The City will appoint three (3) members. The mayor of the City will appoint a seventh (7th) to and act as Chairperson. Either party shall have the right to replace its members at its pleasure.

~~The Joint Committee shall conduct meetings at least once in each calendar month.~~

ARTICLE 21 – REST PERIODS

~~21.1~~ All employees' work schedules shall provide for a fifteen (15) minute rest period during each one half shift. The rest period shall be scheduled at the middle of each one half shift whenever this is feasible, but may not be annexed to the lunch break unless the supervisor approves on an instance by instance basis.

~~21.2~~ Employees who, for any reason, work beyond their regular quitting time into the next shift shall receive a fifteen (15) minute rest period before they start to work on such next shift. In addition, they shall be granted the regular rest periods that occur during the shift.

ARTICLE 22 – DRUG TESTING

All employees, excluding Special Officer, holding CDL licenses shall be subject to the existing City wide drug testing policy. Civilian Detention Officers will follow the drug testing policy in force in the City of Bridgeport Police Department for uniformed personnel which shall be administered by the Police Department. All Board of Education Security Guards, Special Officers, C.A.D. Telecommunications Operators and Emergency Response Service Operators shall be subject to drug testing in accordance with the following procedures: Mandatory testing upon original assignment and random testing at any time after assignment for controlled substances defined in accordance with State of Connecticut Uniformed Controlled Substances Act, Section 21 a-240 et seq., of the Connecticut General Statutes, which

testing shall be administered in accordance with state statutes and be performed by a reliable laboratory. All other employees may be subject to "reasonable suspicion" testing in accordance with the law.

**ARTICLE 23 - SPECIAL OFFICERS, DEPUTY AND SENIOR DEPUTY
HARBOR MASTERS, CIVILIAN DETENTION OFFICERS**

~~23.1~~ — Uniforms damaged in the line of duty will be replaced by the City, (respective departments), at no cost to the employee, or deduction from the uniform allowance upon approval of the Department Head. Personal property used in the line of duty will be replaced by the City on the same basis. Approval shall not be unreasonably denied, except for normal wear and tear which shall be paid for out of the uniform allowance.

The City shall provide each Special Officer and Harbor Masters his/her own foul weather gear of good quality and condition. Such clothing shall consist of a reversible raincoat, one side of which shall be of a bright luminous color for traffic duty purposes, rubbers and a weather proof hat cover. The City shall provide each Harbor Master his/her own Mustang Suit for foul weather.

~~23.2~~ — In accordance with the C.G.S. concerning Municipal Police Training, Special Officers and Harbor Masters shall receive a minimum of forty (40) hours training every three (3) years paid for by the City.

~~23.3~~ — The City shall provide Special Officers and Harbor Masters two-way communications equipment in their radio cars and hand units for the Special Officers on foot patrol

~~23.4~~ — Special Officers, Civilian Detention Officers and the Harbor Master shall, subject to the conditions listed below, be eligible for tuition reimbursement for courses at an accredited college or university in subjects which are designed to increase the Officer's proficiency and which shall be related to one or more of the following fields:

- Police Administration
- Police Science and Procedure
- Sociology
- Investigative Procedures
- Corrections

Any active full-time employee in the classifications listed above shall be eligible for tuition reimbursement provided:

- Written approval of the Department Head and Director of Labor Relations is obtained prior to enrollment,
- The employee successfully completes the course with a grade of "C" or better.
- Funding is available.

Reimbursement will be made one (1) year after completion of the course, provided the

~~recipient is still employed by the City. There shall be a \$5000.00 cap on total reimbursements for the bargaining unit during any calendar year. Funds not expended in one year shall not roll over to the next year.~~

~~23.5 Special Officers and Harbor Masters are authorized with arrest powers in the enforcement of City ordinances. Said powers shall be consistent with statute or other applicable law.~~

~~23.6 Special Officers, after certification from the training program, will receive \$1.00 an hour increase.~~

~~ARTICLE 23A SPECIAL OFFICERS~~

~~23A.1 Effective upon approval of the collective bargaining agreement by the Bridgeport City Council, Special Officer (both Board of Education and City) shall no longer take home assigned vehicles.~~

~~23.A.2 Upon signing of this contract all Park Special Officers vacancies shall not be filled and Park Special Officers will be eliminated through attrition.~~

~~23.A.3 The Police Chief Shall have the right to assign the Park Special Officers for jurisdiction and scope of duties.~~

~~ARTICLE 23B CIVILIAN DETENTION OFFICERS~~

~~23.B.1 All new Civilian Detention Officers shall serve a probationary period of one (1) year from the completion of field training and upon successful completion of this period they shall be classified as regular employees. The probationary period shall be counted as part of the seniority after the CDO is considered regular. Probationary CDO's shall accrue vacation benefits during their probationary period, however they will not be allowed to take vacation until after the completion of their probationary period. During probation, the City may dismiss, or otherwise discipline, a CDO and such action shall not be arbitrable. The sole and exclusive remedy for such action shall be the grievance process through Step 2.~~

~~23.B.2 Civilian Detention Officers will undergo an initial training period of approximately six and one-half (6 ½) weeks plus an additional four (4) week field training period with training content and the term of training to be determined by the Chief of Police or his/her designee. During training, CDO's/DOs will work forty (40) hours per week based upon an 8:00 a.m. to 4:30 p.m. workday with one half (1/2) hour unpaid lunch. CDO's/DOs in training will be assigned as the Chief of Police or his/her designee determines, in his/her sole discretion/discretions, the needs of the Police Department and the training program require.~~

~~21.4 In accordance with the C.G.S. concerning Municipal Police Training, Special Officers and Harbor Masters shall receive a minimum of forty (40) hours training every three (3) years paid for by the City.~~

21.5 Tuition Reimbursement: The City shall reimburse each employee for monies actually paid out by the employee for tuition up to a limit of \$1,500 per fiscal year. Monies not spent shall not be rolled over year to year. Payments shall be made within sixty (60) days of submission of their cost to the Director of Labor Relations or his designee and upon satisfactory completion at a grade C or better for each course, at an accredited institution, in subjects which are designed to increase his/her proficiency in his/her present or potential assignment at his/her respective departments or any department within the bargaining unit. The employee must apply and maintain written of the Department Head in advance of enrollment. Such approval shall be limited to whether or not the employee's request complies with the standards set forth within this Article and shall not be unreasonably withheld. The tuition reimbursement expenditures for the bargaining unit shall be capped at forty thousand dollars (\$40,000) per fiscal year for all NAGE members. Employees must remain in City employment for a period of two (2) years after completion of a course or the employee shall reimburse the City for any tuition reimbursement received during the two year period prior to separation from employment.

ARTICLE 22 - SAFETY AND HEALTH

22.1 A joint Safety and Health Committee will be established to study City and Board of Education facilities and equipment utilized by employees within the bargaining unit and to make reports and recommendations concerning remedial action as the situation may require. The Union is to appoint three (3) members of this Joint Committee. The City will appoint three (3) members. The mayor of the City will appoint a seventh (7th) to act as Chairperson. Either party shall have the right to replace its members at its pleasure.

The Joint Committee shall conduct meetings at least once in each calendar month.

ARTICLE 23 - REST PERIODS

23.1 All employees' work schedules shall provide for a fifteen (15) minute rest period during each one-half shift. The rest period shall be scheduled at the middle of each one-half shift whenever this is feasible, but may not be annexed to the lunch break unless the supervisor approves on an instance by instance basis.

23.2 Employees who, for any reason, work beyond their regular quitting time into the next shift shall receive a fifteen (15) minute rest period before they start to work on such next shift. In addition, they shall be granted the regular rest periods that occur during the shift.

Civilian

ARTICLE 24 - SPECIAL PROVISIONS RELATING TO SPECIFIC JOB CLASSIFICATIONS

24.1 Special Officers and Harbor Masters are authorized with arrest powers in the enforcement of City ordinances. Said powers shall be consistent with statute and other applicable law.

24.2 Special Officers shall not take assigned vehicles home at the conclusion of their shifts.

24.3 Park Special Officers vacancies shall not be filled and Park Special Officers will be eliminated through attrition. The jurisdiction and scope of duties of Park Special Officers shall be assigned by the Police Chief.

~~23.B.3~~ 24.4 Detention Officers will be required to submit to annual physical

fitness testing which shall be based upon the "Cooper Standards" used in the Connecticut Municipal Police Academy (copy attached as Appendix E1). Refusal or failure to take the annual physical test (except for authorized leave or documented physical incapacity) shall be cause for discipline. Such physical testing shall be conducted during the ~~CDO's~~DOs regular work shift. ~~CDO's~~DOs must maintain the percentile of fitness required by the City's Police Department Training Division for successful completion of initial training for ~~CDO's~~DOs adjusted for age and gender. Any ~~CDO~~DO who fails the test will be retested within ninety (90) days. The first failure on a retest will result in a one (1) day suspension without pay. The second failure will result in a five (5) day suspension without pay. Upon the third failure, the City may terminate the DO.

~~(~~
~~24.5) day suspension without pay. Upon the third failure, the City may terminate the CDO.~~

~~23.B.4 The Hours of Work and Overtime for Civilian Detention Telecommunications Officers shall be:~~

A. ~~All CDO's will work a schedule of five (5) consecutive eight (8) hour days on duty followed by three (3) consecutive days off duty. Work shifts shall be: "A" shift 11:00 p.m. to 7:00 a.m. or 12 midnight to 8:00 a.m.; "B" Shift 7:00 a.m. to 3:00 p.m. or 8:00 a.m. to 4:00 p.m.; "C" Shift 3:00 p.m. to 11:00 p.m. or 4:00 p.m. to 12 midnight. The hours and days of work for all CDO's may be changed for seasonal and operating reasons or for the convenience of the public or to conform to changes in the schedule of the Police Department, after the City meets and confers with the Union regarding such changes. Notwithstanding, no CDO shall work more than sixteen (16) hours straight, including overtime, without at least eight (8) hours off duty between shifts. Shift preference will be based upon seniority bid after satisfactory completion of the Field Training period subject to the Police Department determination as to the position available and/or needed on a shift. Shift assignments will be posted once per year by the City on or about October 15th of each year.~~

~~In the case of an emergency, declared by the Mayor or Police Chief, operating hours and schedules may be changed without notice to the Union. The City and Union will meet within seven (7) days if the emergency situation continues.~~

B. ~~CDO's assigned to work the "A" or "C" shifts shall receive a shift differential of one dollar and ten cents (\$1.10) per hour.~~

C. ~~CDO's who work in excess of their regularly assigned work week or work schedule shall be paid at a rate of one and one half (1 ½) their regular straight time hourly rate for such work.~~

~~D. CDO's who are off-duty sick on the day they are scheduled to work overtime shall be charged as though they had worked. CDO's who are off-duty sick shall be required to work an eight (8) hour regular tour before they can work Department Overtime.~~

~~E. CDO's who are off-duty on their regular scheduled workday, when their name appears in rotation, shall be charged as though they would have worked.~~

~~F. In the case of CDO's on suicide watch, on overtime, the City must exhaust the seniority roster of CDO's for replacement before hiring Police Officers to fill such vacancy. In the case of a female CDO on suicide watch or hiring thereof, the City must exhaust the seniority roster of CDO's for their replacement for regular duties before hiring Police Officers to fill such vacancy.~~

~~G. In the event that no CDO is available to work overtime, the least senior CDO in the classification and work area effected must work such overtime. If ordered by the Police Chief or his/her designee, no CDO may refuse to work overtime.~~

ARTICLE 24 - EMERGENCY COMMUNICATIONS CENTER (ECC)

~~24.1 The scheduled shifts of Public Safety Telecommunicators (TCO's) shall be 8 a.m. to 4 p.m.; 4 p.m. to 12 a.m.; and 12 a.m. to 8 a.m. The scheduled overlap shifts of TCO shall be 11 a.m. to 7 p.m. and 7 p.m. to 3 a.m. All TCO's shall work thirty-six (36) hours per week. The night differential rate shall be \$1.10 per hour for hours worked between 4 p.m. and 8 a.m. Every effort will be made to accommodate a half (1/2) hour lunch within these work schedules and requests will not be unreasonably denied.~~

~~24.2 New hires for the TCO position shall serve a one (1) year probationary period. Unsatisfactory completion of the employee's probationary period will result in termination of the employee. If termination of the probationary employee is sought after the first six (6) months of employment, the employee may be represented by NAGE, Local RI-200.~~

~~24.3 Except for an operational emergency, as declared by the supervisor a newly hired TCO shall be precluded from overtime assignments during their probation. Overtime will be offered to the TCO's on an equitable basis. The NAGE members will have first preference of offered overtime. Seniority for new hires, hired on the same day, for the TCO position will be determined by lottery drawing.~~

~~24.4 (TCOs) working as Communications Training Officer, while working as such, Officers (CTOs) shall be paid an~~

additional seven and one-half percent (7.5 %) of their straight time regular hourly wage, which pay shall be included in the next pay period. ~~Communications Training Officers~~ Selection of TCOs to serve as CTOs shall be selected based on qualifications to be determined by the Director of Emergency Management and Homeland Security or his/her designee. Seniority will be considered, but shall not be the sole qualifying factor.

~~24.5 The City may change the shift hours for CAD and ERS to be same for both operation because of a combination of the dispatch functions at the City. The parties will continue to meet to negotiate the establishment of a new combined function for the two positions, new hours of work and a new salary structure for the combined positions. In the event that no agreement is reached within sixty (60) days the matter will be submitted to binding interest arbitration under MERA.~~

24.6 Sub-guards will continue to be utilized by the City through the end of the 2022-2023 school year. The Sub-guard job classification in the bargaining unit represented by NAGE will be eliminated effective on or before July 1, 2023. Thereafter, all employees in the Sub-guard job classification or performing duties as a Sub-guard will be reclassified as either a) a regular employee in the pre-existing Security Guard job classification now represented by NAGE, or b) a part-time employee working fewer than twenty (20) hours per week and excluded from the bargaining unit represented by NAGE. Any and all previous side agreements or memoranda of understanding concerning Sub-guards are expressly disavowed by the parties and are of no force or effect.

ARTICLE 25 -ATTENDANCE POLICY

~~The Attendance Policy applicable to employees under this Agreement is attached as Appendix B. The effective date of such policy will be May 31, 2002.~~

III. MONETARY PAYMENTS

ARTICLE 26 - WAGES

~~26.1~~ 25.1 ~~Effective and retroactive to January~~July 1, 2019~~2022~~ there shall be a ~~two~~three percent (~~2%~~)3% wage increase ~~across the board~~ for all employees in all job classifications covered by this Agreement.

~~26.1a~~ Effective January~~July 1, 2020~~2023 there shall be a ~~two~~three percent (~~2%~~)3% wage increase ~~across the board~~ for all employees in all job classifications covered by this Agreement.

~~26.1b~~ Effective January~~July 1, 2021~~2024 there shall be a ~~two~~three percent (~~2%~~)3% wage increase ~~across the board~~ for all employees in all job classifications covered by this Agreement.

~~26.1c~~ Effective January~~July 1, 2022~~2025 there shall be a ~~two~~one and one-quarter percent (~~2%~~)1 1/4% wage increase ~~across the board~~ for all employees in all job classifications covered by this Agreement.

Wage rates for all currently occupied job classification covered by this Agreement are set forth in Appendix C.

~~26.2~~ 25.2 For the purpose of this Agreement, an employee's regular weekly earnings shall be that portion of his regular annual salary which he receives each week. An employee's regular hourly rate shall be that portion of his regular weekly earnings reduced to an hourly rate.

~~26.3~~ 25.3 In determining an employee's rate of pay for any monetary benefit under this Agreement, the basis to be used in such determination shall be the employee's regular annual, weekly or hourly rate, whichever is appropriate in determining such benefits. However, any retroactive pay increases shall apply to all overtime compensation paid.

~~26.4~~ 25.4 In no event shall any additional monies received as a result of any other provision of this Agreement be considered as a portion of an employee's regular annual, weekly or hourly rate. The single and sole criterion for making a determination of any employee's annual weekly or hourly rate shall be the salary being paid in accordance with the applicable wage schedule.

~~26.5~~ 25.5 In the event a bargaining unit employee is promoted, his new salary shall be arrived at by following the principle of a promotional increase being equal to at least a step increase in the employee's range prior to promotion.

~~26.6~~ All employees on an annual salary shall be paid the wages of their classification based on fifty two (52) weeks.

~~26.7~~ 25.6 Employees required to work in a higher classification than their normal classification shall be paid the rate of the higher classification for that period of time.

~~26.8~~ 25.7 Employees after one hundred and twenty (120) days in an Acting or Provisional status shall receive the Acting or Provisional pay rate for purposes of all leaves and vacations. Acting and Provisional employees shall also receive all pay step increases afforded the classification after one (1) year in that status which they are ~~actors~~ Acting or provisionals Provisionals.

~~26.9~~ 25.8 Merit increases may be granted by the appointing authority should the employee have maintained a standard of attendance and job performance acceptable to the appointing authority. Should the appointing authority fail to recommend the merit increase, the reasons therefore shall be reduced to writing and provided to the employee. Should the employee feel that the reasons for the denial are not substantiated the Union may file a grievance concerning the matter. The grievance shall be decided by a panel comprised of one person chosen by the Union, one person chosen by the City and the third chosen by both of them. The panel shall be impaneled within ten (10) days of the denial. Should this time frame not be met the appeal will be heard as expeditiously as possible regardless.

~~26.10~~ There will be no retroactive payments made under this agreement. This includes, but is not limited to: Wages, insurance buyouts, uniform allowances, insurance co-pays, etc.

~~26.11~~ 25.9 All employees shall be enrolled in direct deposit.

25.10 The parties agree to work together diligently to develop a more uniform and equitable step increase program for all bargaining unit positions for inclusion in any successor agreement to this Agreement. The parties will meet not less frequently than twice per month commencing not later than 60 days after this Agreement becomes effective and continuing thereafter until agreement has been reached.

ARTICLE ARTICLE 27 - CALL BACK PAY

~~When an employee is called in for work outside of his regularly scheduled working hours, he shall be paid a minimum of four (4) hours at the applicable overtime rate. This provision applies only when such call back results in hours worked are not~~

~~annexed consecutively to one end or the other of the working day.~~

ARTICLE 2826 - LONGEVITY PAYMENTS

~~28.1~~ 26.1 Each employee who was hired prior to July 1, 1992 and who has or will have five (5) or more years of continuous municipal service, shall receive in the ~~first~~ pay period subsequent to October 1st of each contract, year, ~~and~~ annual payment equal to seventy-five dollars (\$75) for each year of completed service. Such payment shall not exceed one thousand eight hundred dollars (\$1,800). Effective October 1, 2006, the cap on such payment shall increase to two thousand two hundred and fifty dollars (\$2,250). Employees hired after July 1, 1992 shall be eligible to receive longevity pay as provided above after ~~ten~~ (10) years of continuous municipal service.

~~28.2~~ 26.2 Employees who leave service prior to October shall receive a Longevity Pay pro-rata for the period qualified. In case of an employee's death, his/her spouse and/or children shall receive the Longevity ~~payment~~ Payment effective upon this Award.

ARTICLE 29 NIGHT BONUS27 - SHIFT PREMIUMS

~~29.1~~ 27.1 Employees working on the second or third shift shall be paid a ~~night bonus~~ premium of one dollar and ~~ten~~ fifteen cents (\$1.15) for each hour worked on the second ~~and~~ or third shift.

~~29.2~~ 27.2 The above ~~bonus~~ premium shall be added to the employee's rate for the purpose of computing pay for sick leave days, for paid holidays, for paid personal days, for vacation days under this Agreement.

~~29.3~~ 27.3 Shifts shall be defined as follows: Second shift shall be 3:00 p.m. to 11:00 p.m., or 4:00 p.m. to 12:00 a.m., as the case may be; Third shift shall be 11:00 p.m. to 7:00 a.m., or 12:00 a.m. to 8:00 a.m., as the case may be.

~~29.4~~ 27.4 Notwithstanding any other provisions of this Agreement, the City may with thirty (30) days advance notice change the shift schedule set forth in Section ~~29~~ 27.3 by no more than two (2) hours either way.

IV. BENEFITS

ARTICLE 30 WEARING28 - APPAREL, UNIFORMS & EQUIPMENT

~~30.1~~ 28.1 The City shall provide to any City employee, required to wear protective clothing, his/her own protective clothing of good quality and condition. Such clothing shall consist of rain gear, boots, gloves and goggles, or any other

protective clothing deemed necessary by the Occupational Safety and Health Administration (O.S.H.A).

28.2 Uniforms for Special Officers, Deputy and Senior Deputy Harbor Masters, and Detention Officers damaged in the line of duty will be replaced by the Employer, (respective departments), at no cost to the employee, or deduction from the uniform allowance upon approval of the Department Head. Personal property used in the line of duty will be replaced by the Employer on the same basis. Approval shall not be unreasonably denied, except for normal wear and tear which shall be paid for out of the uniform allowance.

28.3 The Employer shall provide each Special Officer and Harbor Master his/her own foul weather gear of good quality and condition. Such clothing shall consist of a reversible raincoat, one side of which shall be of a bright luminous color for traffic duty purposes, rubbers and a weatherproof hat cover. The Employer shall provide each Harbor Master his/her own Mustang Suit for foul weather.

28.4 The City shall provide Special Officers and Harbor Masters two-way communications equipment in their radio cars and hand units for the Special Officers on foot patrol.

28.5 Annual Apparel and Equipment Allowances:

30.2 a. Cafeteria Workers shall receive a uniform allowance of ~~two~~three hundred twenty five (\$225) dollars for fiscal year 06/07 and two hundred fifty dollars (\$250) for fiscal year 07/08. Uniform Allowance shall be increased to two hundred and seventy-five dollars (\$275)(\$375.00) for ~~fiscal~~each contract year 10/11.

~~30.3~~ b. Lab Technicians shall receive ~~two~~three hundred dollars (\$200) ~~per year~~300 for the purchase of uniforms each contract year.

~~30.4~~ a ~~All full~~c. Full-time Special Police and Senior Deputy and Deputy Harbor Masters shall receive ~~seven hundred and twenty five dollars (\$725) per year for uniform allowance commencing in October 2006. Effective October 2007 such uniform allowance shall increase to eight hundred dollars (\$800).~~ per year for uniform allowance each contract year.

~~30.4b~~ All Telecommunications/Dispatch Operators shall receive two hundred dollars (\$200) per year for the purchase of uniforms.

~~30.4~~ e ~~October 1st of each year,~~ d. Animal Control Officer shall receive a uniform allowance of five hundred dollars (\$500) for Uniform Allowance.00 each contract year.

~~30.5~~ All uniform allowances shall be payable the first pay day of October of each contract year.

~~30.6~~ Effective July 1, 2004, the City shall purchase or rent uniforms for all full-time custodians. The uniform allotment shall consist of three (3) shirts, four (4) pairs of pants, one (1) vest and one (1) jacket. c. ~~The uniforms shall be replaced as necessary.~~

~~30.7~~ All full time Parking Enforcement Officers shall receive a uniform allotment of three (3) summer uniforms and three (3) winter uniforms.

~~30.8~~ As soon as practical after signing of this Agreement, the City will provide a back brace for each cafeteria worker, who submits a written request to the Department supervisor.

~~30.9~~ Outreach personnel in the Health Department shall be provided by the City with two (2) lab coats.

~~30.10~~ Outerwear: The following employees shall receive a onetime \$400 allowance for outerwear upon implementation of the current contract and \$200 on each October 1st thereafter: Housing Code Inspectors; Sanitarians; Epidemiological Inspectors; Outreach Tuberculosis Workers'; Property Appraisers; Zoning Inspectors and Anti Blight Inspectors. shall receive an initial one-time allowance of four hundred dollars (\$400.00) for outerwear upon implementation of the current contract and three hundred dollars (\$300.00) each contract year thereafter

f. All Telecommunications/Dispatch Operators shall receive three hundred dollars (\$300) per contract year for the purchase of uniforms.

28.5.1 All uniform allowances shall be payable the first pay day of August of each contract year.

28.6 Annual Apparel and Equipment Allotments:

a. Full-time custodians shall be provided with a uniform allotment consisting of three (3) shirts, four (4) pairs of pants, one (1) vest and one (1) jacket. The uniforms shall be replaced as necessary.

~~Security Guards will be given~~b. Parking Enforcement Officers shall be provided with a uniform allotment of three (3) summer uniforms and three (3) winter uniforms each contract year.

c. Outreach personnel in the Health Department shall be provided with two (2) lab coats. The lab coats shall be replaced as necessary.

d. Cafeteria Workers shall be provided with a back brace upon written request to the Department Supervisor.

~~30.11~~ e. Security Guards, for the first and third contract years of this Agreement, shall be provided with an allotment of four (4) pairs of uniform pants and four (4) uniform shirts, the type and design to be determined solely by the City of Bridgeport, every calendar year. For the second and fourth contract years of this Agreement, Security Guards shall be provided with an allotment of one (1) black belt, one (1) police security outdoor jacket, and one (1) pair of either black boots or sneakers appropriate for use while performing Security Guard duties. The process by which the employees receive the pants and shirts allotments will be determined solely by the City of Bridgeport, but the allotment shall be made within the time period specified in 28.6.1.

~~30.12 (a) — Civilian~~ f. Detention Officers will wear the uniform designated by the

~~City's Police Department for Detention Officers. No additional embroidery, patches or variations of the designated uniform will~~shall be permitted.

~~30.12 (b) — Annually, each provided with an allotment of Detention Officer will receive~~ three (3) short sleeve shirts, three (3) long sleeve shirts which shall be embroidered with a badge and a name, three (3) pairs ~~of B.D.U. pants and one (1) pair of shoes. .~~ Such shoes shall be in conformity with the color and type worn by the City's Police Officers, Detention Officers will wear the uniform designated by the City's Police Department for Detention Officers. No additional embroidery, patches or variations of the designated uniform will be permitted.

28.6.1 All uniform allotments shall be delivered to employees on the first pay day of August of each contract year.

28.7 Advanced Rabies Immunizations. - The City shall provide and pay for advanced rabies immunization shots for all active Assistant Animal Control Officers and upon hiring for all new Assistant Animal Control Officers. Such shots are to be distinguished from the normal rabies treatment that would occur when a possible exposure arises.

ARTICLE 3129 - INSURANCE

~~31.1~~ 29.1 The City shall provide and pay for the Health Benefits for all employees and their enrolled eligible dependents as follows:

A) "Medical Benefits" in accordance with the City of Bridgeport/ Bridgeport Board of Education Medical Plan (including Section V - Schedule of Benefits, Revision 2/1/06), a copy of which is annexed to the originals of this Contract and is on file with the City and the Union (the "Medical Plan") Appendix ~~E~~.

B) Drug Prescription plan (covering all approved medications) with an annual maximum and co-pays as described in the attached "Your Personal Prescription Benefit Program" section contained in Appendix ~~F~~.

C) The twenty-five dollar (\$25.00) deductible CIGNA Dental Plan, or its equivalent, excluding orthodontia (the "Dental Plan") described in Appendix G.

D) The VSP Vision Plan, or its equivalent, as outlined and attached hereto as

Appendix ~~D~~H (the "Vision Plan").

~~31.2~~ 29.2 The City shall provide and pay for the cost of a Group Life Insurance Policy in the amount of twenty-five thousand dollars (\$25,000) dollars with accidental death and dismemberment for all employees.

~~31.3~~ 29.3 Retirees prior to the first day of this Agreement, and their surviving spouses, if any, will receive benefits for health care as defined in the plans in existence under the contract which governed their retirement (or such alternative coverage as they

have accepted) and make contributions to coverage, if any, in accordance with such contracts(s).

~~31.4~~ 29.4 For health benefit eligible retirees and their enrolled eligible spouses at the time of retirement, upon attaining Medicare eligibility after their actual retirement date, the premium cost share for health care benefits shall be based upon the premium rate of the supplemental plan provided by the City for said retirees and their spouses. The premium cost share for the retiree's dependents, including a spouse, who is not Medicare eligible, shall be based upon the Fully Insured Equivalent rate for the coverage provided to such dependents.

~~31.5~~ 29.5 A)– Benefits under the Medical Plan or, if appropriate due to age, Medicare Part B and the Medicare Supplement Plan to the extent needed, and the Prescription Drug Plan for retirees, who retired on or after June 30, 2001, and their enrolled eligible dependents on the date of retirement, if any, will be modified to conform to such benefits as provided to the active employees as the same may, from time to time, be modified under future collective bargaining agreements. No additional dependents may be enrolled under an employee's benefit package after retirement.

B)– If any employee who retires on or after July 1, 1999 shall have available coverage for Medical Benefits through subsequent employment of the retiree or through the retiree's spouse, such retiree shall apply for, and if eligible obtain, such coverage provided that such alternative coverage shall not exceed in premium cost to the retiree the cost which the retiree would have paid to the City for Medical Benefits coverage except as provided below. The retiree shall not take advantage of any buy out program in such coverage. The Medical Benefits provided by the City of Bridgeport shall remain secondary to those other Medical Benefits obtained by the retiree, except that in the event the retiree shall not be eligible for alternative coverage, where the retirees' premium cost would be less than the retiree's premium cost for the City's Plan and the City shall not have exercised an option to reimburse the retiree or surviving spouse for such additional cost, the Medical Benefits provided by the City of Bridgeport shall become primary for the retiree and the retiree's spouse. The retiree and the retiree's spouse who have alternate coverage to which they must contribute shall not be required to contribute to the City's coverage to the extent of such contributions.

~~31.6~~ 29.6 Whenever an employee covered by this agreement is suspended, all Health Benefits under Section ~~31.29.1~~ and insurance under Section ~~31.29.2~~ shall be provided throughout the period of suspension. Such Health Benefits and insurance shall continue to be provided for terminated employees, who have filed a timely grievance of such termination under this Agreement, until a final decision on such grievance in arbitration or six (6) months from the date of termination, whichever is sooner.

31.7—29.7 The City may offer the privilege of choosing an alternative health care carrier

and/or administrator and/or plans in lieu of the City's Plan as set forth in Section 29.1 of this Article. Enrollment periods shall be annually in May of each year. For employees electing the alternative, the City shall remit monthly to the Plans in an amount up to but not to exceed that which the City pays for the City's Plans Insurance as specified in Section 29.1 of this Article. If the cost for the alternative is greater than the amount the city would have paid or contributed had the employee not elected such plan, then the City agreed to deduct from the employee's pay, upon receipt of a written authorization from the employee, the additional amount required for full payment of the alternative premium.

~~31.8~~ 29.8 The City shall be permitted to substitute insurance or benefits arrangements from any source for the Plans provided for in Section 29.1 of this Article. Such substitutions shall be permitted if the substituted coverage offers benefits and methods of administration, processing and payment of claims at least equal to those specifically provided for in Section 29.1 of this Article. Before the City may substitute, it must negotiate the substitution with the Union. If the Union does not agree to the substitution, the City must claim the matter for arbitration in accordance with single member panel rules of the American Arbitration Association. The Arbitrator will order the substitution, if after weighing the total benefits and methods of administration, processing and payment of claims offered by the City's proposal against the total benefits and methods of administration, processing and payment of claims offered by the Plan specified in Section 29.1 of this Article, he/she finds that the average bargaining unit member will, on an overall basis, benefit at least as well under the proposed substituted coverage. Nothing herein shall require the City to propose total substitutions for the coverage provided in Section 29.1 of the Article and substitution may be proposed for any one or more of the specified coverages.

~~31.9~~ 29.9 The City shall provide a payment ~~of~~ in lieu of health benefits, for employees that waive such coverage, in the amount of two thousand (\$2,000) dollars per year. This payment will be paid in two (2) equal installments.

~~31.10~~ 29.10 The parties shall continue to work through the Labor Management Cooperative Committee on health care, which may modify but not substantially change the health benefits as provided herein.

~~31.11~~ 29.11 For purposes of this Section, and wherever applicable elsewhere in this Article, "Premium Cost" shall be defined the actual premium cost paid for such ~~coverage~~ Medical Plan and Drug Prescription plan (Sections 29.1A and B) coverages, but excluding Dental Plan and Vision Plan (Sections 29.1C and D) coverages which are 100% paid by the City. or if the City does not pay an actual premium cost, then the pseudo premium cost as developed by an independent third party administrator for purposes of establishing premiums pursuant to the Comprehensive Omnibus Budget Reconciliation Act ("COBRA")

1. Effective January 1, ~~2012~~2023 the Premium Cost Share (PCS) paid shall be ~~18~~25% for all active employees and those who retire on or after 1/1/~~2012~~2023.

2. ~~Effective July 1, 2012 the PCS contribution shall increase to 25% for active members and those who retire on or after July 1, 2012. Members of the Union bargaining unit on that date July 1, 2012, or new members to of the Union bargaining unit by virtue of an intra-City transfer, who were hired on or before July 1, 2012 and who were regular full time employees on said date shall have their PCS contribution capped at twenty five percent (25%) for their health care insurance. This 25% PCS cap is guaranteed to remain in effect for said members throughout their period of employment with the City and their entire period of retirement.~~

3. ~~New members to the Union who were hired on or after November 15, 2011 shall pay a PCS contribution for their health care insurance according to the following schedule:~~

July 1, 2018	31%
July 1, 2019	32%
July 1, 2020	32%
July 1, 2021	33%
PCS shall increase by 1% per year on July 1st of each year, until a cap of 50 % is reached, except that there shall be no PCS increase July 1, 2020.	

3. For all bargaining unit members other than those referred to in paragraph 2 of this Section 29.11, the PCS shall increase by 1% per year on July 1st of each year, until a cap of 33% is reached

Said ~~premium contribution~~ PCS shall be the above named amount regardless of the coverage category of employee only, employee plus one, or employee plus family.

4. ~~Employees covered under item 2 who separate from City employment for more than 180 calendar days for any reason other than those mentioned in the following sentence, shall, if re-hired by the City, be treated as new employees according to the terms and conditions of item 3 above.~~

Exceptions to this provision are:

- a) ~~Employees recalled from layoff from an unexpired recall list.~~
- b) ~~Employees returning from any type of City approved leave of absence, and within the time frames specified in the leave: e.g., military leave, medical leave, personal leave of absence, etc.~~

~~31.12~~

29.12

A) The City will implement and shall maintain a plan pursuant to Section 125 of the

Internal Revenue Code for all active employees so as to facilitate deduction of the amounts contributed for health benefits and for childcare from the gross income of the employee for tax purposes.

B) As an alternative to the current health and/or insurance benefits, the City may offer an employee benefits cafeteria plan which allows the employee to select from a specific list of benefits up to a yearly dollar amount as agreed; the details of which shall be subject to reopener negotiations at the request of either party.

~~31.13~~ 29.13 Any employee hired after May 1, 2015 will not be eligible to receive post employment medical benefits regardless of the service time the employee has with the City.

ARTICLE 3230 - PENSION PLAN

30.1 All employees in the bargaining unit shall be covered by the Connecticut Municipal Employees Retirement System ("CMERS"). The employee contribution to CMERS shall ~~be~~ be on a pre-tax basis subject to meeting CMERS requirements and all other City unions in CMERS agreeing to the pre-tax basis.

ARTICLE 3331 - EMPLOYEE ASSISTANCE PROGRAM (EAP)

~~33.1~~ 31.1 The City of Bridgeport recognizes that a wide range of problems not directly associated with one's job function can have an undesirable effect on an employee's job performance.

~~33.2~~ 31.2 The City of Bridgeport also recognizes that almost any human problem can be successfully treated provided it is identified in its early stages, and referral is made to an appropriate modality of care. This applies whether the problem be one of physical illness, mental or emotional illness, finances, marital or family distress, alcoholism, drug abuse or legal problems.

~~33.3~~ 31.3 Therefore, the City of Bridgeport believes it is in the interest of the employee, the employee's family and the City to provide an employee service which deals with such persistent problems.

~~33.4~~ 31.4 The Employee Assistance Program may establish, and therefore eliminate, and provide its services to all City employees and their immediate family members at no cost to employee or family.

~~33.5~~ 31.5 The decision to seek the assistance of the EAP is left with the employee. An employee may seek assistance on his/her own or may agree to accept assistance at the suggestion of his/her supervisor.

~~33.6~~ 31.6 Employees are assured that their job, future and reputation will not

be jeopardized by utilizing this employee service. Strict record confidentiality will be observed at all times. No one other than the EAP counselor and the employee shall have access to the employee's file and/or progress reports, except in cases where this is waived by agreement.

is waived by agreement.

~~33.7~~ 31.7 Employee problems causing unsatisfactory job performance will continue to be handled in a forthright manner within the established Bargaining Agreement procedures. There is no conflict or contradiction with the prevailing unit procedures.

~~33.8~~ 31.8 To ensure consistency and cooperation, the appropriate union steward will, if the employee consents, become involved when necessary. It should be understood from the outset that this service is a cooperative effort supported by the administration and unions representing City employees.

V. ARTICLE 32 - HOLIDAYS AND LEAVES

ARTICLE 34 - HOLIDAYS

~~34.1~~ 32.1 All employees of the City of Bridgeport shall be paid and have the following days off as holidays: New Year's Day, Martin Luther King Day, Presidents' Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day and any holiday officially proclaimed as such by the Mayor of the City.

~~34.2~~ 32.2 If a holiday falls on Sunday, the following Monday shall be considered the holiday. If a holiday falls on a Saturday, the holiday shall be observed the preceding Friday. Employees who work in departments operating on a seven (7) day, twenty-four (24) hour basis will be paid for holidays on the actual day of the holiday.

~~34.3~~ 32.3 In addition to receiving straight time pay as holiday pay for the holidays listed in Section 32.1, employees who actually work on a holiday either the holiday listed in Section 32.1, or the day on which such holiday is observed, shall be compensated for such work at two (1 and 1/2) times their hourly rates plus holiday pay rate for such the longer period of work actually performed on either the actual holiday or the observed holiday, but not both. Employees who are scheduled off on a holiday shall receive straight time for such holiday off.

~~34.4~~ 32.4 To be eligible for holiday payment, the employee must have worked the full workday before the holiday and the full workday after the holiday, unless excused for reasons acceptable to the City, for example bereavement leave, personal illness, or illness on a holiday, provided the absence is accompanied by a medical certificate, acceptable to the Director of Labor Relations or his/her designee.

~~34.5~~ Employees who work a seven (7) day, twenty four (24) hour operation will be paid for holidays on the actual day of the holiday.

ARTICLE 3533 - VACATIONS

35.1 ~~33.1~~ Except as set forth below, ~~vacations~~ ~~Vacations~~ of employees covered by this contract shall be in accordance with the ordinances of the City of Bridgeport which are now in effect and which provide for such vacations, including pro-rated vacations for all part-time employees covered by this Agreement.

with the employee's current contract year/vacation year salary. An employee who has ~~carried over a week~~ vacation from the prior year and then elects the ~~payout~~ Vacation Payout option shall be paid at a rate equal to such employee's salary in effect at the end of the prior vacation contract year. All payout shall be paid to the employee at the end of the ~~vacation~~ contract year in which the election is made and at the pay rate in effect on the date(s) such vacation was earned.

~~35.4~~ 33.4 All TCO's eligible for one or more weeks of vacation must take one vacation week as a unit. A unit shall consist for four (4) days.

~~35.5~~ 33.5 If a holiday falls during an employee's vacation, such employee will not be charged a vacation day on the day of the holiday.

ARTICLE 3634-SICK LEAVE

For

34.1 Sick Leave Accrual:

~~36.1~~ 34.1.1 On December 31, 2022, employees hired ~~on or before~~ after June 30, 1992, shall be awarded five (5) sick leave shall be earned by each employee of days for the bargaining unit, preceding six month period July-December 2022. Employees hired prior to June 30, 1992 shall shall earn sick leave at the rate of one and one-quarter working days

for each calendar month of service during the six month period July-December 2022. Effective January 1, 2023 all employees shall earn sick leave at the rate of one and one-quarter working days for each calendar month of service, the total of which shall not exceed fifteen (15) days in the first twelve (12) months.

~~36.2~~ 34.2 All unused sick leave of any employee during continuous employment shall be accumulated without limitations. Sick leave shall continue to accumulate during leave/leaves of absence with pay and during the time an employee is on authorized sick leave or vacation time.

~~36.3~~ 34.3 A medical certificate, acceptable to the appointing authority, may be required for any absence consisting of four (4) ~~three (3)~~ or more consecutive working days.

~~36.4 a)~~ Upon Retirement, an employee shall be credited for the period of time corresponding to the amount of sick leave accumulated. The above stated credit shall be paid on a lump sum basis of eight five per cent (85%).

~~b)~~

34.4 Sick Leave Payout:

34.4.1 Employees whose employment is terminated voluntarily or involuntarily and who were hired on or before June 30, 1992 shall receive a lump sum payout equal to eight-five per cent (85%) of the value of the total accumulated but unused sick leave calculated by using the employee's rate of pay at time of termination of employment.

34.4.2 Employees whose employment is terminated voluntarily or involuntarily and who were hired after June 30, 1992 and on or before ratification of this Agreement, shall receive a lump sum payout equal to fifty per cent (50%) of the value of the total accumulated but unused sick leave with a maximum accumulation of two hundred (200) days, calculated by using the employee's rate of pay at time of termination of employment.

34.4.3 Employees whose employment is terminated voluntarily or involuntarily and who were hired after ratification of this Agreement shall not be entitled to receive any lump sum payout of any accumulated but unused sick leave.

34.5 Upon the death of the employee, the amount of sick leave credited to the employee shall be payable to his/her then living spouse, and/or or if no spouse, to his/her then living child(ren) in equal shares, or if no children, to his/her estate.

~~36.5~~ For employees hired after June 30, 1992, sick leave shall be earned at the rate of ten (10) days per year. Upon retirement, these employees shall receive a lump sum payout of fifty percent (50%) of accumulation, with a maximum accumulation of two hundred days (200).

36.6 34.6 Administration:

- a) The City shall be responsible for the administration of these provisions.
- b) The City shall maintain a record for each employee of all sick leave taken and accumulated. These records shall be subject to periodic reports to be submitted to ~~him/her~~the employee.
- e) ~~During the effective period of this Agreement, a satisfactory method of informing individual employees of accumulated sick leave shall be established. Such procedure shall include either of the following:~~
 - 1. ~~c) A record of an~~each employee's accumulated sick leave shall be either 1) submitted to ~~him/her~~such employee upon request at least once annually.
 - 2. ~~A record of an employee's accumulated sick leave shall be, or, 2)~~ indicated on the employee's wage stub at established periodic intervals to be determined by the City but not less than once annually.

ARTICLE 37—PERSONAL³⁵ - OTHER LEAVE

Up to three

35.1 Paid Personal Leave. Three (3) days personal leave with pay for employees in ten month positions, and four (4) days personal leave with pay for employees in twelve month positions shall be granted to any employee on request for personal business in any contract year provided twenty-four (24) hours notice is given, except in an emergency. Such request will not be unreasonably denied. ~~At the end of the contract year, personal days which are unused, will be credited to the employee's sick leave account.~~

ARTICLE 38—BEREAVEMENT LEAVE

38.1—35.2 Paid Bereavement Leave. Each employee shall be granted leave with pay in the event of a death in her/his immediate family. Such leave shall start on the day of death or the following day at the employee's option, and continue through and include the day of burial, except that in no event shall such leave be more than three (3) days, commencing on the day of death. For purposes of this Article, the term "immediate family" shall mean and include the following: ~~Mother~~mother, father, mother-in-law, father-in-law, sister, brother, spouse, child, grandparent, grandchildren, step-parents, step-brothers and step -sisters. Any other bereavement leave, or any extension of the above leave shall be charged to the employee's sick leave account.

38.2 Employees shall be granted one day leave with pay for the death of any aunt, uncle, son-in-law, daughter-in-law, brother-in-law, ~~and sister-in-law~~sister-in-law, niece or nephew. Employee shall provide verification of his/her relationship to the deceased.

ARTICLE 39—LEAVE OF ABSENCE

39.1 ~~A department head, with the approval of the Director of Labor Relations, may grant an employee a leave of absence without pay for a period not to exceed one year, except that a six (6) month hardship extension may be granted with the approval of the Director of Labor Relations. No leave without pay shall be granted except upon written request of the employee. Whenever granted, such leave shall be approved in writing and signed by the Department head and the Director of Labor Relations.~~

~~Upon expiration of a regularly approved leave without pay, the employee shall return to work in the position held at the time leave was granted if the position is funded; provided that if the position no longer exists or is not funded, the returning employee is to be placed in a position which he/she has demonstrated that he/she can perform effectively while in City service and to which his/her seniority entitled him/her. Failure on the part of an employee on leave to report promptly at its expiration, without good cause, shall be considered as a resignation.~~

39.2 ~~The City is not required to fill any vacancy created by such leave but any employee acting or appointed as a provisional to fill a bargaining unit position so created shall be subject to deduction of union dues as outlined in Article 2.~~

ARTICLE 40 – CATASTROPHIC DISABILITY LEAVE

~~Intent~~ – The intent of this article is to allow an employee who becomes disabled and unable to work due to a catastrophic medical illness or condition, the opportunity to continue their healthcare insurance for up to one (1) year.

~~40.1~~ 35.3 Unpaid Catastrophic Disability Leave. Any employee who has exhausted his/her vacation and/or sick leave and who is or becomes medically disabled due to a catastrophic illness and is unable to perform their normally assigned duties Catastrophic Illness may apply for ~~medical~~ catastrophic disability leave by submitting a written statement from their physician indicating their present physical condition, the nature of the medical disability, the limitations to which that disability imposes upon their ability to continue with their normally assigned duties, and the probable duration of the disability. The Employer may require additional information concerning the employee's medical condition during the period of any catastrophic disability leave to substantiate the ongoing need for such leave.

~~Any employee so medically disabled within "Catastrophic Illness" is defined to be any medical condition rendering the meaning~~ Employee unable to perform the substantial functions of this article ~~their position with or without reasonable accommodation.~~

~~40.2~~ Catastrophic disability leave shall be unpaid leave but employees on such leave shall be allowed to continue their City provided healthcare insurance Health Benefits coverage for up to one (1) year at the same level that existed when they became disabled immediately prior to going on leave provided they continue paying their required to pay the same premium cost share (PCS) contributions for said healthcare insurance as were paid prior to going on leave. Thereafter, employees shall be allowed to continue Health Benefits as may be permitted or required under the Consolidated Omnibus Budget Reconciliation Act of 1986, as amended ('COBRA').

~~40.3~~ Any employee medically disabled as a result of a catastrophic illness and uses sick leave to the extent accrued shall be entitled to receive all compensation which has been accrued under the various provisions of this agreement, and, upon returning to work, Any employee returning to work following a catastrophic disability leave shall receive full credit for accumulated seniority, retirement, fringe benefits, and other service credits during the time of the leave.

35.4 Leave of Absence. A department head, with the approval of the Director of Labor Relations, may grant an employee a leave of absence without pay for a period not to exceed one year, except that a six (6) month hardship extension may be granted with the approval of the Director of Labor Relations. ~~Any~~ No leave without pay shall be granted except upon written request of the employee disabled as a result of a catastrophic illness or medical complications related to the catastrophic illness must. If approved, such leave shall be approved in writing and signed by the department head and the Director of Labor Relations.

Upon expiration of a regularly approved leave without pay, the employee shall return to their work in the position when they are physically able to held at the time leave was granted if the position is available. If the position is not available, the returning employee is to be placed in a position which he/she has demonstrated that he/she can perform their duties without

restrictions effectively while in the Employer's employ and to which his/her seniority entitled him/her. Failure on the part of an employee on unpaid leave of absence to report for work promptly upon its expiration, without good cause, shall be considered as a resignation.

The City may require medical proof of Employer is not required to fill any disability which it considers unduly long vacancy created by such leave but any employee acting or appointed as a provisional to fill a bargaining unit position so created shall be part of the bargaining unit subject to this Agreement.

40.4 35.5 Notwithstanding any other provisions of this Agreement, no leave shall exceed twelve months in duration.

40.5 The maximum duration for leave under this article shall be one (1) year from the first date of said leave.

ARTICLE 4136 - WORKER'S COMPENSATION SUPPLEMENT

41.1 36.1 In the event that an employee is required to be absent from work due to a job related accident, and as a result thereof, has been determined to be entitled to compensatory Worker's Compensation compensation payments pursuant to the Connecticut State Statute Worker's Compensation law, such employees employee shall be paid the difference between eighty percent (80%) of that employee's regular straight-time earnings and the amount of the weekly Worker's Compensation pay for each of the third (3rd) to the twelfth (12th) weeks during which the employee is thus required to be absent from work. This provision shall not apply to back weakness or back soreness cases and no differential payment shall be made in any such case.

41.2 36.2 Absence from work required by virtue of a job-related accident determined to be compensable under the Worker's Compensation Statute shall not reduce the sick leave allowance of the employee which has been accumulated pursuant to Section 34.2, Sick Leave of this Agreement.

~~leave allowance of the employee which has been accumulated pursuant to Section 2 of Article~~

~~36, Sick Leave, of this Agreement.~~

~~41.3~~ .3 Subject to the limitations provided in Section ~~39.1 of Article 39~~35.4, and ~~Article 40~~35.3, workers compensation leave shall be granted until such time as the employee reaches maximum medical improvement.

~~41.4~~ 36.4 Each employee so injured or disabled must choose from the list of approved health care providers on the City of Bridgeport Workers Compensation Managed Care Plan as it may be modified from time to time by the Plan Administrator with the approval of the Chairman of the Worker's Compensation Commission.

ARTICLE 4237 - JURY DUTY

~~42.1~~ 37.1 For each of its employees who is summoned to serve on a jury in the Superior Court or United States District Court (in the absence of solicitation by the employee to be listed as a prospective juror) and is required to serve on said jury, the City will reimburse such employees for the difference in the compensation received from the Court and the pay which said employee would have received had the employee worked those hours that the City would have scheduled for the employee's services during the same time period subject to the following provisions: Employees shall be eligible for this payment after presentation to the City of a statement by the appropriate Clerk of the Court setting forth the dates on which the employee was actually present in Court pursuant to the jury duty summons and the amount paid by the Court as the result of the performance of such jury duty.

~~No employee shall be eligible for the City reimbursement provided herein for jury duty more often than once in a fiscal year.~~

ARTICLE 43 - LEAVE LIMITATION³⁸

~~Notwithstanding any other provisions of this Agreement, no leave shall exceed twelve months in duration.~~

VI. MISCELLANEOUS

ARTICLE 44 - NON-DISCRIMINATION

~~44~~

38.1 There shall be no discrimination against an employee because of the employee's race, color, sex, age, religion, national origin, marital status, disability, sexual orientation, political or Union affiliations.

~~44-~~38.2 Disputes involving alleged discrimination shall not be arbitrable if the jurisdiction of the Connecticut Human Rights and Opportunities Commission or any federal or state court or agency has been invoked with respect to a claim of discrimination.

ARTICLE 4539 - RESIDENCY

45.1 **39.1** Employees must inform the appropriate personnel office (i.e. Civil Service Commission, Board of Education or Grants Personnel Office) and the department of all changes of resident address within forty-eight (48) hours of such change.

45.2 **39.2** Any employee residing outside the City of Bridgeport shall not be discriminated against regarding promotions and other conditions of employment because the employee is not a resident of the City of Bridgeport.

ARTICLE 4640 - PUBLIC CONTACT

46.1 **40.1** To foster sound relations between members of the union and the public, it is agreed that the City shall provide name tags to employees who have regular contact with the public and the Union agrees that all employees who have regular contact with the public will endeavor to put a good faith best effort in regularly wearing the name tags in a visible place.

46.2 **40.2** Further, it is agreed that employees whose duties include answering telephone calls from the public will endeavor to put a good faith best effort in answering the telephone by giving their first name after the greeting.

The parties shall agree in writing which employees are excluded from this provision.

ARTICLE 4741 - SAVINGS CLAUSE, INCORPORATION

41.1 If any section, sentence, clause or phrase of this Agreement shall be held for any reason to be inoperative, void or invalid, the validity of the remaining portions of this agreement shall not be affected thereby, it being the intention of the parties in adopting this Agreement that no portion thereof, or provision herein, shall become inoperative or fail by reason of the invalidity of any other portion or provisions. In the event of any conflict between the provisions included in the body of this Agreement and its incorporated Appendices, this Agreement shall control.

41.2 The specific City policies in existence on the effective date of this Agreement are attached hereto, incorporated herein and set forth as Appendix D, as follows:

1. Drug and Alcohol Testing
2. Attendance
3. Vacations

ARTICLE 4842 - TERMINATION

~~48.1~~ 42.1 The agreed upon items in this Agreement shall be effective as of the date of signing this Agreement following ratification/approval by respective parties and shall remain in full force and effect until the thirtieth (30th) day of June ~~2022~~2026. It shall be automatically renewed from year to year thereafter, unless either party shall notify the other in writing no more than one hundred fifty (150) days nor less than one hundred twenty (120) days prior to the expiration date that it desires to modify this Agreement. In the event such notice is given, negotiations shall begin no later than ninety (90) days prior to the expiration date. In the event that either party desires to terminate this Agreement, written notice must be given to the other party no less than ten (10) days prior to the expiration date.

ARTICLE 4943 - GENERAL PROVISIONS

~~49.1~~—43.1 Whenever a new employee is hired, the City shall within ten (10) days of hire, provide the employee's name, department, job title, date of hire, whether or not he/she

is a grant employee, and address to the Union. In addition, the City shall provide a complete seniority list of all employees of the Bargaining Unit to the Union Treasurer every six (6) months.

~~49.2~~ 43.2 Whenever a new grant employee is being hired, upon request from the union, the City must furnish the following information to the Union:

- a) The number of employees to be hired under the grant;
- b) Type and source of funding, and
- c) Any special terms or conditions of employment.

The Union shall have access to the Grant documents upon request.

~~49.3~~ 43.3 Volunteers may be utilized at the Library to supplement and assist but shall not perform bargaining unit work.

~~49.4~~ 43.4 Any employee required to use their own vehicle in the performance of their job duties shall receive a mileage reimbursement at the IRS mileage rate subject to documentation in accordance with City Police.

~~49.5~~ ~~Assistant Animal Control Officers~~ ~~The City shall provide and pay for advanced rabies immunization shots for all active Assistant Animal Control Officers and upon hiring for all new Assistant Animal Control Officers. Such shots are to be distinguished from the normal rabies treatment that would occur when a possible exposure arises.~~

IN WITNESS WHEREOF, the parties have caused their names to be signed this

13th day of October 2019, 2023

FOR THE CITY

FOR THE UNION

Joseph Ganim, Mayor

James V. Meszoros, President

Errol V. Skyers

Michael Freddino, Vice President

Attorney, Office of Labor Relations
Authorized Agent

EXHIBIT 1
POSITIONS FOR WHICH NO POSTING IS REQUIRED UNDER ARTICLE 16

Accounting Clerk I	Library Assistant I
Account Specialist (Nutrition)	Library Binder
Administrative Secretary	Lifeguard
Advocate Office of Persons With Disabilities	Medical Assistant
Arrear Collection Agent	Nutritionist
Assistant Animal Control Officer	Paralegal
Automotive Parts Specialist	Parent Aide
Benefits Analyst	Payroll Clerk
Bilingual Clerk	Payroll Compensation Processor
Bridge Operator	Personnel Assistant I
Buyer Aide	Personnel Trainee
Cafeteria Aide I	Receptionist/Secretary
Cafeteria Assistant	Secretarial Assistant
Cafeteria Helper	Security Guard
Cashier	Senior Center Program Assistant
Clerical Assistant	Service Assistant
Clerk	Spanish Speaking Cashier
Clerk A	Stenographer
Clerk I	Stock Clerk
Collection Aide	Storekeeper
Cook I	Support Specialist I
Custodian I	Switchboard Operator
Customer Service Rep	Typist I
Data Entry Operator I	Victim Advocate Receptionist
Garage Clerk	Vital Records Customer Service Clerk
In School Suspension Officer	
Legal Receptionist	
Legal Secretary	

APPENDIX A

LIST OF JOB CLASSIFICATIONS IN BARGAINING UNIT

Appendix A

Accounting Clerk I	Collection Aide	Financial Planner
Accounting Clerk I (35 Hours)	Collection Aide (35 Hrs)	Fire Arson Analyst
Accounting Clerk I (40 Hours)	Collection Aide (40 Hrs)	Garage Clerk
Accounting Clerk II	Condemnation/Anti-Blight Speci	Health Advocate
Accounting Clerk II	Cook I	HIV Clerk
Accounting Clerk II (35 Hours)	Cook II	Housing Code Inspector
Acct. Specialist - Nutrition	Coordinator Husky Program	Housing Code Inspector
Administrative Secretary	Custodian I	In-School Suspension Officer
Administrative Specialist	Custodian II	Intake Worker
Advocate - Ofc Persons With Di	Custodian III	Inventory Control Specialist
Arrear Collection Agent	Customer Service Rep	Job Developer
Assistant Animal Control Offic	Data Analyst	Junior Librarian
Assistant Sealer Of Weights &	Data Analyst	Laboratory Aid
Assistant Special Project Mana	Data Analyst	Laboratory Technician I
Attendance Officer	Data Analyst	Lead Epidemiological Investiga
Automotive Parts Specialist	Data Coordinator	Lead Guard
Benefits Analyst	Data Entry Operator	Lead Outreach Worker
Bilingual Clerk	Data Entry Operator I	Legal Assistant To City Attny
BOE Buyer	Data Entry Operator I (35 Hour	Legal Receptionist
Bridge Operator	Data Entry Operator II	Legal Secretary (35 Hours)
Buyer	Data Entry Operator II (35 Hou	Library Assistant I
Buyer Aide	Data Entry Operator III	Library Assistant II
Cafeteria Aide I	Data Entry Operator III 35 Hr	Library Assistant III
Cafeteria Aide II	Data Entry Specialist I	Library Binder
Cafeteria Aide III	Data Entry Specialist II	Library Investigator
Cafeteria Aide IV	Dental Assistant	Maintenance
Cafeteria Assistant	Dental Assistant	Maintenance-Nut. Ctr.
Cafeteria Helper	Deputy Harbormaster	Male Outreach Worker
Caseworker	Detention Officer	Marine Operations Technician
Cashier	Detention Officer Pre 6/09	Marine Safety Officer
Cashier (35 Hours)	Emergency Medical Technician	Medical Assistant
Cashier (40 Hours)	Emergency Reporting Service Op	Nutrition Aide
Check Collator	Employability Technician	Nutrition Information Speciali
City Certified Cafeteria Asst	Enforcement Relocation Coordin	Office Specialist
City Planning & Zoning Technic	Engineering Aid I (35 Hrs)	Operation Specialist
Clerical Assistant	Engineering Aid II	Outreach Worker
Clerical Assistant	Engineering Aid III	Outreach Worker
Clerical/Data	Epidemiological Inspector	Paralegal
Clerk	Epidemiological Inspector	Parent Aide
Clerk - Dental Clinic	Facilities Spec. At Large	Parent Aide
Clerk A	Family W/Serv Needs Casewkr	Parking Enforcement Officer
Clerk B	Field Crew Coordinator/Courier	Payroll Clerk
Clerk I	Field Crew Foreman	Payroll Clerk (35 Hours)
Clerk I (35 Hours)	Financial Management Associate	Payroll Clerk (40 Hours)
Clerk II	Financial Mgmt Specialist	Payroll Clerk II
Code Enforcement Relocation Co	Financial Mgr-Nut	Payroll Compensation Processor
Personnel Assistant I	Special Projects Coordinator	

Personnel Assistant II
Personnel Trainee
Pollution Control Field Operat
Program Coordinator
Projects Manager
Property Appraiser I
Property Appraiser I (35 Hours)
Property Appraiser II (35 Hour
Property Appraiser II (35 Hour
Pub Safety TCO
Public Information Specialist
Receptionist
Receptionist/Clerk
Receptionist/Secretary
Receptionist/Secretary
Recreational Program Aide
Refugee Health Program Outreac
Registered Sanitarian/Inspecto
Registered Sanitarian/Inspecto
Reimbursement Cashier Clerk
Retirement Administrator
Retirement/Payroll Admin
Secretarial Assistant
Secretarial Assistant
Secretarial Assistant
Secretarial Assistant
Secretary
Secretary/Accountant To Direct
Security Guard
Security Guard
Security Guard 10 Month
Senior Center Coordinator
Senior Center Program Assistan
Senior Deputy Harbormaster
Senior Health Aide
Senior Information Specialist
Senior Medical Assistant
Senior Tax Coll Clerk - 35Hrs
Service Assistant
Sewer Inspector
Social Service Aid
Social Worker
Social Worker (35 Hrs)
Spanish Speaking Cashier
Spanish Speaking Cashier (35 H
Special Officer

Special Projects Coordinator
Sr Vital Record Cust Svc Clk
Stenographer
Stenographer
Stenographer (35 Hrs)
Stenographer (40 Hours)
Stock Clerk
Storekeeper(Replaced W/1402)
Support Specialist I (35 Hrs)
Switchboard Operator
Tax Assessment Clerk
Tax Assessment Clerk (35 Hours)
Tax Coll Clerk Span(35 Hours)
Tax Coll Customer Svc
Tax Collector Clerk (35 Hours)
Telecommunications Operator
Telephone Specialist
Temporary Clerk
Tuberculosis Outreach Worker
Typist
Typist I
Typist I (35 Hours)
Typist I (40 Hours)
Typist II
Typist II (35 Hours)
Typist II (40 Hours)
Typist III
Typist III (35 Hrs)
Victim Advocate Receptionist
Vital Records Cust Svc Clk
Zoning Inspector
Zoning Inspector

DEPARTMENT AND CLASSIFICATION EXCEPTIONS TO NORMAL AND CUSTOMARY WORKING HOURS AND OVERTIME PROVISIONS

ALL CITY EMPLOYEES SUBJECT TO CITY HALL HOURS

The City of Bridgeport and NAGE, Local R1-200 hereby agree as follows:

All Employees shall be subject to the working hours and overtime provisions set forth in Article 11 of the Agreement except as set forth below. In the event of any conflict between the provisions of Article 11 and the provisions of this Appendix B, Appendix B shall be controlling.

1. Employees assigned to City Hall:

4. Regular work hours will be from 9:00 a.m. to 5:00 p.m. except as provided below and will include, inter alia, the following with one (1) hour unpaid lunch (35 hour work week), except:

a. One hour lunch period. Employees subject to City Hall hours will conclude their work day at 5:00 in the afternoon, except that, by arrangements in each department on an equitable and rotating basis, some employees shall be required to work earlier or later, but no more than two (2) hours either way at the direction of each department head, where reasonable and necessary, for the convenience of the public. When so required to work, the employee affected will be given a later starting time, earlier quitting time or other mutually acceptable adjustment within a particular month/week, in order to provide uniformity of hours worked per week.

b. Departments, including the Board of Education, which now start the work day prior to 9:00 a.m., shall continue such starting times, but the hours of work of such employee affected thereby, shall be correspondingly reduced at the end of the work day so that such employees will not be required to work more than 35 hours per week. Existing practices not inconsistent with the terms of this stipulation shall be continued.

2. Employees assigned to School Cafeterias:

<u>HOURS PER WEEK</u>	<u>REGULAR SHIFT</u>
<u>High Schools</u>	
<u>40 hours</u>	<u>6:30 a.m. - 2:30 p.m.</u> <u>7:00 a.m. - 3:00 p.m.</u>
<u>30 hours</u>	<u>8:00 a.m. - 2:00 p.m.</u> <u>9:00 a.m. - 3:00 p.m.</u>
<u>20 hours</u>	<u>9:30 a.m. - 1:30 p.m.</u> <u>10:00 a.m. - 2:00 p.m.</u> <u>11:00 a.m. - 3:00 p.m.</u>
<u>25 hours</u>	<u>9:00 a.m. - 2:00 p.m.</u> <u>10:00 a.m. - 3:00 p.m.</u>
<u>Middle Schools</u>	

<u>40 hours</u>	<u>7:00 a.m. - 3:00 p.m.</u>
<u>30 hours</u>	<u>8:00 a.m. - 2:00 p.m.</u>
<u>20 hours</u>	<u>9:30 a.m. - 1:30 p.m.</u>
	<u>10:00 a.m. - 2:00 p.m.</u>
<u>Elementary Schools</u>	
<u>40 hours</u>	<u>10:30 a.m. - 6:30 p.m.</u>
<u>30 hours</u>	<u>10:00 a.m. - 4:00 p.m.</u>
<u>20 hours</u>	<u>9:30 a.m. - 1:30 p.m.</u>
	<u>2:00 p.m. 6:00 p.m.</u>

Employees assigned to one of the shifts identified above will be utilized on that shift; provided, however, (1) that in instances where an unexpected lack of adequate personnel coverage threatens service at a school, cafeteria employees may be transferred to that school on a temporary basis to assure prompt, effective school meal coverage; and (2) temporary transfers to shifts other than those to which the employee is regularly assigned may be made in the case of emergencies. Transferred employees are to be returned to their regularly assigned shifts as soon as practicable.

3. Park Special Officers: Park Special Officers shall continue to retain primary overtime rights in the Parks as per the above Article 12.3c of the 2005-2009 Collective Bargaining Agreement.

4. Telecommunications Officers (TCOs):

The scheduled shifts of TCOs shall be:

1st shift - 8 a.m. to 4 p.m.

2nd shift - 4 p.m. to 12 a.m.

3rd shift - 12 a.m. to 8 a.m.

Overlap shifts - 11 a.m. to 7 p.m.

7 p.m. to 3 a.m.

All TCO's shall work thirty-six (36) hours per week. The night differential rate shall be \$1.15 per hour for hours worked between 4 p.m. and 8 a.m.

Every effort will be made to accommodate a half (1/2) hour lunch within these work schedules and requests for changes to these work schedules will not be unreasonably denied.

Any TCO may swap work shifts on a day or days on which he/she is able to secure another employee to work in his/her place provided:

- The two shifts swapped occur within the same pay period (11:00 p.m. Saturday through 10:59 p.m. Saturday).
- Such substitution does not impose any cost to the City.
- Such substitution is within the job title only.
- The Supervisor in charge is notified on the appropriate form at least three (3) days in advance of the requested swap except in the case of an emergency, in which case the request may be made by telephone.

Neither the Department nor the City shall be held responsible for enforcing any agreements made between employees.

TCOs Except for an operational emergency, as declared by the supervisor a newly hired TCO shall be precluded from overtime assignments during their probation. Overtime will be offered to the TCO's on an equitable basis.

- Except for an operational emergency, as declared by the supervisor a newly hired TCO shall be precluded from overtime assignments during their probation. Overtime will be offered to the TCO's on an equitable basis.

As long as the above requirements are met, the swap requested shall not be denied.

5. Parking Control Officers: Parking Control Officers will work eight (8) consecutive hours per day, forty (40) hours per week, Monday through Friday, with a thirty (30) minute paid lunch. The City shall maintain scheduling flexibility to set the schedules between the hours of 8:00 a.m. - 5:00 p.m. Schedules will be set in advance by the City.

6. Detention Officers (DOs):

All DOs will work a schedule of five (5) consecutive eight (8) hour days on duty followed by three (3) consecutive days off duty.

Work shifts shall be:

"A" shift- 11:00 p.m. to 7:00 a.m. or 12 midnight to 8:00 a.m.

"B" Shift- 7:00 a.m. to 3:00 p.m. or 8:00 a.m. to 4:00 p.m.

"C" Shift - 3:00 p.m. to 11:00 p.m. or 4:00 p.m. to 12 midnight.

The hours and days of work for all DOs may be changed for seasonal and operating reasons or for the convenience of the public or to conform to changes in the schedule of the Police Department, after the City meets and confers with the Union regarding such changes.

Notwithstanding, no DO shall work more than sixteen (16) hours straight, including overtime, without at least eight (8) hours off duty between shifts.

Shift preference will be based upon seniority bid after satisfactory completion of the Field Training period subject to the Police Department determination as to the position available and/or needed on a shift. Shift assignments will be posted once per year by the City on or about October 15th of each year.

In the case of an emergency, declared by the Mayor or Police Chief, operating hours and schedules may be changed without notice to the Union. The City and Union will meet within seven (7) days if the emergency situation continues.

DOs assigned to work the "A" or "C" shifts shall receive a shift differential of one dollar and ten cents (\$1.15) per hour.

DOs who work in excess of their regularly assigned work week or work schedule shall be paid at a rate of one and one-half (1 ½) their regular straight time hourly rate for such work.

DOs who are off-duty sick on the day they are scheduled to work overtime shall be charged as though they had worked. DOs who are off duty sick shall be required to work an eight (8) hour regular tour before they can work Department Overtime.

DOs who are off-duty on their regular scheduled workday, when their name appears in rotation, shall be charged as though they would have worked.

In the case of DOs on suicide watch, on overtime, the City must exhaust the seniority roster of DOs for replacement before hiring Police Officers to fill such vacancy. In the case of a female DO on suicide watch or hiring thereof, the City must exhaust the seniority roster of DOs for their replacement for regular duties before hiring Police Officers to fill such vacancy.

In

the

APPENDIX C

WAGE RATES AND STEPS

Appendix C

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812				
07/01/2023	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276				
07/01/2024	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784				
07/01/2025	1301	ACCT CLK I	ACCOUNTING CLERK I	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432				
07/01/2022	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$42,048	\$44,157	\$46,260	\$48,362	\$49,519	\$52,565				
07/01/2023	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$43,309	\$45,482	\$47,648	\$49,812	\$51,005	\$54,142				
07/01/2024	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$44,608	\$46,846	\$49,078	\$51,307	\$52,535	\$55,766				
07/01/2025	1239	ACCT CLK I 35	ACCOUNTING CLERK I (35 HOURS)	35.00	\$45,166	\$47,432	\$49,691	\$51,948	\$53,192	\$56,463				
07/01/2022	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$48,057	\$50,465	\$52,867	\$55,269	\$56,594	\$60,076				
07/01/2023	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$49,498	\$51,979	\$54,453	\$56,927	\$58,292	\$61,878				
07/01/2024	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$50,983	\$53,538	\$56,086	\$58,635	\$60,041	\$63,734				
07/01/2025	1240	ACCT CLK I 40	ACCOUNTING CLERK I (40 HOURS)	40.00	\$51,621	\$54,207	\$56,787	\$59,368	\$60,791	\$64,531				
07/01/2022	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$60,575	\$62,785	\$64,975	\$67,711	\$69,566	\$74,248				
07/01/2023	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$62,393	\$64,668	\$66,925	\$69,743	\$71,653	\$76,475				
07/01/2024	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$64,264	\$66,608	\$68,932	\$71,835	\$73,803	\$78,769				
07/01/2025	1299	ACCT CLK II	ACCOUNTING CLERK II	40.00	\$65,068	\$67,441	\$69,794	\$72,733	\$74,725	\$79,754				
07/01/2022	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$53,003	\$54,935	\$56,851	\$59,248	\$60,874	\$64,967				
07/01/2023	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$54,593	\$56,583	\$58,556	\$61,025	\$62,700	\$66,916				
07/01/2024	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$56,231	\$58,281	\$60,313	\$62,856	\$64,581	\$68,924				
07/01/2025	1244	ACCT CLK II 35	ACCOUNTING CLERK II (35 HOURS)	35.00	\$56,934	\$59,009	\$61,067	\$63,642	\$65,389	\$69,785				
07/01/2022	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$45,667	\$47,456	\$49,233	\$52,788						
07/01/2023	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$47,037	\$48,880	\$50,710	\$54,371						
07/01/2024	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$48,448	\$50,346	\$52,231	\$56,002						
07/01/2025	0031	ACCT SPECL NUT	ACCT. SPECIALIST - NUTRITION	32.50	\$49,054	\$50,976	\$52,884	\$56,702						
07/01/2022	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$54,372									
07/01/2023	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$56,003									
07/01/2024	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$57,683									
07/01/2025	G361	ADMIN SECY	ADMINISTRATIVE SECRETARY	35.00	\$58,404									
07/01/2022	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$71,589	\$73,792	\$75,994	\$81,857	\$84,312	\$86,841				
07/01/2023	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$73,737	\$76,006	\$78,274	\$84,313	\$86,841	\$89,447				
07/01/2024	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$75,949	\$78,286	\$80,622	\$86,842	\$89,446	\$92,130				
07/01/2025	1257	ADMIN SPECIAL	ADMINISTRATIVE SPECIALIST	40.00	\$76,898	\$79,265	\$81,630	\$87,928	\$90,564	\$93,282				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$41,573	\$42,779	\$43,985	\$45,197						
07/01/2023	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$42,820	\$44,062	\$45,305	\$46,553						
07/01/2024	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$44,105	\$45,384	\$46,664	\$47,950						
07/01/2025	8222	BRIDGE OPER	BRIDGE OPERATOR	40.00	\$44,656	\$45,952	\$47,247	\$48,549						
07/01/2022	1404	BUYER	BUYER	35.00	\$64,771	\$66,701	\$68,635							
07/01/2023	1404	BUYER	BUYER	35.00	\$66,714	\$68,702	\$70,694							
07/01/2024	1404	BUYER	BUYER	35.00	\$68,715	\$70,763	\$72,815							
07/01/2025	1404	BUYER	BUYER	35.00	\$69,574	\$71,647	\$73,725							
07/01/2022	1407	BUYER AIDE	BUYER AIDE	35.00	\$50,869	\$52,461	\$54,049	\$55,635	\$57,225					
07/01/2023	1407	BUYER AIDE	BUYER AIDE	35.00	\$52,395	\$54,035	\$55,671	\$57,305	\$58,941					
07/01/2024	1407	BUYER AIDE	BUYER AIDE	35.00	\$53,967	\$55,656	\$57,341	\$59,024	\$60,710					
07/01/2025	1407	BUYER AIDE	BUYER AIDE	35.00	\$54,641	\$56,352	\$58,058	\$59,761	\$61,469					
07/01/2022	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$20,940	\$21,326	\$21,671	\$21,990						
07/01/2023	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$21,569	\$21,965	\$22,321	\$22,650						
07/01/2024	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$22,216	\$22,624	\$22,991	\$23,329						
07/01/2025	0048	CAFE AIDE I	CAFETERIA AIDE I	30.00	\$22,493	\$22,907	\$23,278	\$23,621						
07/01/2022	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$32,544	\$33,554	\$34,582							
07/01/2023	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$33,521	\$34,561	\$35,619							
07/01/2024	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$34,526	\$35,598	\$36,688							
07/01/2025	0049	CAFE AIDE II	CAFETERIA AIDE II	40.00	\$34,958	\$36,043	\$37,146							
07/01/2022	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$36,310	\$37,344	\$38,323							
07/01/2023	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$37,400	\$38,464	\$39,472							
07/01/2024	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$38,522	\$39,618	\$40,656							
07/01/2025	0409	CAFE AIDE III	CAFETERIA AIDE III	40.00	\$39,003	\$40,113	\$41,165							
07/01/2022	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$55,881	\$56,631	\$57,378							
07/01/2023	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$57,557	\$58,330	\$59,100							
07/01/2024	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$59,284	\$60,080	\$60,873							
07/01/2025	0410	CAFE AIDE IV	CAFETERIA AIDE IV	40.00	\$60,025	\$60,831	\$61,633							
07/01/2022	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$21,427	\$21,822	\$22,175	\$22,501						
07/01/2023	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$22,070	\$22,476	\$22,840	\$23,176						
07/01/2024	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$22,732	\$23,151	\$23,526	\$23,872						
07/01/2025	9104	CAFE HELPER	CAFETERIA HELPER	30.00	\$23,016	\$23,440	\$23,820	\$24,170						

<u>EFF DATE</u>	<u>JCC DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G036 CLERK	CLERK	35.00	\$31,405	\$33,316								
07/01/2023	G036 CLERK	CLERK	35.00	\$32,347	\$34,316								
07/01/2024	G036 CLERK	CLERK	35.00	\$33,317	\$35,345								
07/01/2025	G036 CLERK	CLERK	35.00	\$33,734	\$35,787								
07/01/2022	G008 CLERK A	CLERK A	35.00	\$29,713	\$31,405	\$32,092	\$34,097	\$34,880	\$35,924	\$36,942	\$37,297	\$39,046	\$39,807
07/01/2023	G008 CLERK A	CLERK A	35.00	\$30,605	\$32,347	\$33,054	\$35,120	\$35,926	\$37,002	\$38,050	\$38,416	\$40,218	\$41,002
07/01/2024	G008 CLERK A	CLERK A	35.00	\$31,523	\$33,317	\$34,046	\$36,174	\$37,004	\$38,112	\$39,192	\$39,569	\$41,424	\$42,232
07/01/2025	G008 CLERK A	CLERK A	35.00	\$31,917	\$33,734	\$34,472	\$36,626	\$37,467	\$38,589	\$39,682	\$40,063	\$41,942	\$42,760
07/01/2022	G025 CLERK B	CLERK B	35.00	\$37,448									
07/01/2023	G025 CLERK B	CLERK B	35.00	\$38,571									
07/01/2024	G025 CLERK B	CLERK B	35.00	\$39,728									
07/01/2025	G025 CLERK B	CLERK B	35.00	\$40,225									
07/01/2022	1102 CLERK I	CLERK I	32.50	\$36,496	\$38,325	\$40,144	\$41,969	\$42,914	\$45,620				
07/01/2023	1102 CLERK I	CLERK I	32.50	\$37,591	\$39,475	\$41,349	\$43,228	\$44,201	\$46,988				
07/01/2024	1102 CLERK I	CLERK I	32.50	\$38,719	\$40,659	\$42,589	\$44,525	\$45,527	\$48,398				
07/01/2025	1102 CLERK I	CLERK I	32.50	\$39,203	\$41,168	\$43,121	\$45,082	\$46,096	\$49,003				
07/01/2022	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$39,302	\$41,269	\$43,232	\$45,198	\$46,215	\$49,132				
07/01/2023	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$40,481	\$42,507	\$44,529	\$46,554	\$47,602	\$50,606				
07/01/2024	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$41,695	\$43,782	\$45,865	\$47,951	\$49,030	\$52,124				
07/01/2025	1231 CLERK I 35 HRS	CLERK I (35 HOURS)	35.00	\$42,216	\$44,330	\$46,438	\$48,550	\$49,642	\$52,776				
07/01/2022	1105 CLERK II	CLERK II	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812	\$56,414			
07/01/2023	1105 CLERK II	CLERK II	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276	\$58,107			
07/01/2024	1105 CLERK II	CLERK II	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784	\$59,850			
07/01/2025	1105 CLERK II	CLERK II	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432	\$60,598			
07/01/2022	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$66,950									
07/01/2023	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$68,959									
07/01/2024	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$71,027									
07/01/2025	3315 CODE ENFRCE OFF	CODE ENFORCEMENT RELOCATION CO	35.00	\$71,915									
07/01/2022	G021 COLL AIDE	COLLECTION AIDE	35.00	\$39,792	\$42,300	\$43,651	\$55,127						
07/01/2023	G021 COLL AIDE	COLLECTION AIDE	35.00	\$40,986	\$43,569	\$44,961	\$56,780						
07/01/2024	G021 COLL AIDE	COLLECTION AIDE	35.00	\$42,215	\$44,876	\$46,310	\$58,484						
07/01/2025	G021 COLL AIDE	COLLECTION AIDE	35.00	\$42,743	\$45,437	\$46,889	\$59,215						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$39,792	\$42,300	\$43,651	\$52,988						
07/01/2023	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$40,986	\$43,569	\$44,961	\$54,578						
07/01/2024	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$42,215	\$44,876	\$46,310	\$56,215						
07/01/2025	1248	COLL AIDE 35 HR	COLLECTION AIDE (35 HRS)	35.00	\$42,743	\$45,437	\$46,889	\$56,918						
07/01/2022	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$45,475	\$48,346	\$49,886							
07/01/2023	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$46,839	\$49,797	\$51,383							
07/01/2024	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$48,244	\$51,290	\$52,924							
07/01/2025	1249	COLL AIDE 40 HR	COLLECTION AIDE (40 HRS)	40.00	\$48,847	\$51,932	\$53,586							
07/01/2022	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$55,658	\$56,769	\$57,907	\$59,064	\$60,318					
07/01/2023	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$57,328	\$58,473	\$59,644	\$60,836	\$62,127					
07/01/2024	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$59,048	\$60,227	\$61,433	\$62,661	\$63,991					
07/01/2025	3316	CONDEM/ANTI BL	CONDEMNATION/ANTI-BLIGHT SPECI	35.00	\$59,786	\$60,980	\$62,201	\$63,445	\$64,791					
07/01/2022	9110	COOK I	COOK I	40.00	\$39,693	\$40,904	\$42,143							
07/01/2023	9110	COOK I	COOK I	40.00	\$40,884	\$42,132	\$43,408							
07/01/2024	9110	COOK I	COOK I	40.00	\$42,110	\$43,395	\$44,710							
07/01/2025	9110	COOK I	COOK I	40.00	\$42,637	\$43,938	\$45,269							
07/01/2022	9113	COOK II	COOK II	40.00	\$42,691	\$43,903	\$45,112							
07/01/2023	9113	COOK II	COOK II	40.00	\$43,972	\$45,220	\$46,465							
07/01/2024	9113	COOK II	COOK II	40.00	\$45,291	\$46,576	\$47,859							
07/01/2025	9113	COOK II	COOK II	40.00	\$45,857	\$47,159	\$48,457							
07/01/2022	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$45,249	\$46,468	\$47,665	\$48,883						
07/01/2023	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$46,606	\$47,863	\$49,095	\$50,349						
07/01/2024	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$48,005	\$49,298	\$50,568	\$51,860						
07/01/2025	2303	CTY P&Z TECH	CITY PLANNING & ZONING TECHNIC	35.00	\$48,605	\$49,915	\$51,200	\$52,508						
07/01/2022	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$54,540	\$57,094	\$59,645	\$62,199	\$64,757					
07/01/2023	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$56,176	\$58,807	\$61,435	\$64,065	\$66,700					
07/01/2024	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$57,861	\$60,571	\$63,278	\$65,987	\$68,701					
07/01/2025	1113	CUST SERV REP	CUSTOMER SERVICE REP	40.00	\$58,584	\$61,328	\$64,069	\$66,811	\$69,560					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$43,745	\$44,968								
07/01/2023	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$45,057	\$46,317								
07/01/2024	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$46,409	\$47,706								
07/01/2025	9507	CUSTODIAN I	CUSTODIAN I	40.00	\$46,989	\$48,303								
07/01/2022	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$46,170									
07/01/2023	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$47,555									
07/01/2024	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$48,981									
07/01/2025	9511	CUSTODIAN II	CUSTODIAN II	40.00	\$49,594									
07/01/2022	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$47,367									
07/01/2023	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$48,788									
07/01/2024	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$50,251									
07/01/2025	9513	CUSTODIAN III	CUSTODIAN III	40.00	\$50,879									
07/01/2022	1208	DATA ANALYST	DATA ANALYST	32.50	\$45,667	\$47,456	\$49,233	\$51,015	\$52,793					
07/01/2022	G101	DATA ANALYST	DATA ANALYST	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1208	DATA ANALYST	DATA ANALYST	32.50	\$47,037	\$48,880	\$50,710	\$52,545	\$54,376					
07/01/2023	G101	DATA ANALYST	DATA ANALYST	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1208	DATA ANALYST	DATA ANALYST	32.50	\$48,448	\$50,346	\$52,231	\$54,122	\$56,008					
07/01/2024	G101	DATA ANALYST	DATA ANALYST	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1208	DATA ANALYST	DATA ANALYST	32.50	\$49,054	\$50,976	\$52,884	\$54,798	\$56,708					
07/01/2025	G101	DATA ANALYST	DATA ANALYST	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					
07/01/2022	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$49,183	\$51,106	\$53,019	\$54,940	\$56,853					
07/01/2023	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$50,658	\$52,639	\$54,610	\$56,588	\$58,558					
07/01/2024	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$52,178	\$54,218	\$56,248	\$58,286	\$60,315					
07/01/2025	1238	DATA ANALYST 35	DATA ANALYST	35.00	\$52,830	\$54,896	\$56,951	\$59,015	\$61,069					
07/01/2022	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$56,210	\$58,407	\$60,595	\$62,790	\$64,977					
07/01/2023	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$57,896	\$60,159	\$62,413	\$64,674	\$66,926					
07/01/2024	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$59,633	\$61,964	\$64,285	\$66,614	\$68,934					
07/01/2025	1252	DATA ANALYST 40	DATA ANALYST	40.00	\$60,379	\$62,739	\$65,089	\$67,446	\$69,795					
07/01/2022	3617	DATA COORD	DATA COORDINATOR	40.00	\$47,636	\$50,282	\$52,932							
07/01/2023	3617	DATA COORD	DATA COORDINATOR	40.00	\$49,066	\$51,790	\$54,520							
07/01/2024	3617	DATA COORD	DATA COORDINATOR	40.00	\$50,538	\$53,344	\$56,155							
07/01/2025	3617	DATA COORD	DATA COORDINATOR	40.00	\$51,169	\$54,010	\$56,857							

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$33,074	\$34,154	\$37,619							
07/01/2023	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$34,067	\$35,178	\$38,747							
07/01/2024	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$35,089	\$36,234	\$39,910							
07/01/2025	1203	DATA ENT OP1	DATA ENTRY OPERATOR I	32.50	\$35,527	\$36,687	\$40,409							
07/01/2022	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$38,062	\$38,698	\$39,895	\$41,106	\$43,166					
07/01/2023	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$39,203	\$39,859	\$41,092	\$42,339	\$44,461					
07/01/2024	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$40,380	\$41,055	\$42,325	\$43,610	\$45,795					
07/01/2025	1205	DATA ENT OPII	DATA ENTRY OPERATOR II	32.50	\$40,884	\$41,568	\$42,854	\$44,155	\$46,368					
07/01/2022	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$45,667	\$47,456	\$49,233	\$51,015	\$52,793					
07/01/2023	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$47,037	\$48,880	\$50,710	\$52,545	\$54,376					
07/01/2024	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$48,448	\$50,346	\$52,231	\$54,122	\$56,008					
07/01/2025	1206	DATA ENT OPIII	DATA ENTRY OPERATOR III	32.50	\$49,054	\$50,976	\$52,884	\$54,798	\$56,708					
07/01/2022	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$35,618	\$36,781	\$40,509							
07/01/2023	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$36,687	\$37,885	\$41,724							
07/01/2024	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$37,788	\$39,021	\$42,976							
07/01/2025	1235	DATA ENTRY OP 1	DATA ENTRY OPERATOR I (35 HOUR	35.00	\$38,260	\$39,509	\$43,513							
07/01/2022	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$40,990	\$41,676	\$42,963	\$44,266	\$46,486					
07/01/2023	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$42,220	\$42,926	\$44,252	\$45,594	\$47,881					
07/01/2024	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$43,486	\$44,214	\$45,580	\$46,962	\$49,317					
07/01/2025	1236	DATA ENTRY OP 2	DATA ENTRY OPERATOR II (35 HOU	35.00	\$44,030	\$44,767	\$46,150	\$47,549	\$49,933					
07/01/2022	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$49,183	\$51,106	\$53,019	\$54,940	\$56,853	\$60,507				
07/01/2023	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$50,658	\$52,639	\$54,610	\$56,588	\$58,558	\$62,323				
07/01/2024	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$52,178	\$54,218	\$56,248	\$58,286	\$60,315	\$64,192				
07/01/2025	1237	DATA ENTRY OP 3	DATA ENTRY OPERATOR III 35 HR	35.00	\$52,830	\$54,896	\$56,951	\$59,015	\$61,069	\$64,995				
07/01/2022	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$49,199									
07/01/2023	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$50,675									
07/01/2024	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$52,195									
07/01/2025	G019	DATA ENTRY OPR	DATA ENTRY OPERATOR	35.00	\$52,848									
07/01/2022	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$42,904	\$43,975	\$45,074	\$46,428						
07/01/2023	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$44,191	\$45,294	\$46,426	\$47,821						
07/01/2024	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$45,516	\$46,653	\$47,819	\$49,256						
07/01/2025	0047	DATA ENTRY SP I	DATA ENTRY SPECIALIST I	32.50	\$46,085	\$47,236	\$48,417	\$49,871						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$42,315									
07/01/2023	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$43,585									
07/01/2024	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$44,893									
07/01/2025	3616	DETENTION OFF	DETENTION OFFICER	36.00	\$45,454									
07/01/2022	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$46,013									
07/01/2023	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$47,394									
07/01/2024	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$48,815									
07/01/2025	3614	DTN OFF PRE6/09	DETENTION OFFICER PRE 6/09	36.00	\$49,426									
07/01/2022	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$48,003	\$49,883	\$51,753	\$53,635	\$55,510					
07/01/2023	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$49,443	\$51,379	\$53,306	\$55,244	\$57,175					
07/01/2024	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$50,927	\$52,921	\$54,905	\$56,902	\$58,890					
07/01/2025	8243	EMERG MED TECH	EMERGENCY MEDICAL TECHNICIAN	40.00	\$51,563	\$53,582	\$55,591	\$57,613	\$59,626					
07/01/2022	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$57,522	\$57,902								
07/01/2023	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$59,248	\$59,640								
07/01/2024	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$61,026	\$61,429								
07/01/2025	G173	EMPLOY TECH	EMPLOYABILITY TECHNICIAN	35.00	\$61,788	\$62,197								
07/01/2022	2101	ENGRG AID I	ENGINEERING AID I (35 HRS)	35.00	\$43,628	\$44,941	\$46,236	\$47,543	\$48,850					
07/01/2023	2101	ENGRG AID I	ENGINEERING AID I (35 HRS)	35.00	\$44,937	\$46,289	\$47,623	\$48,969	\$50,315					
07/01/2024	2101	ENGRG AID I	ENGINEERING AID I (35 HRS)	35.00	\$46,285	\$47,678	\$49,051	\$50,438	\$51,825					
07/01/2025	2101	ENGRGAID I	ENGINEERING AID I (35 HRS)	35.00	\$46,863	\$48,274	\$49,665	\$51,069	\$52,473					
07/01/2022	2103	ENGRG AID II	ENGINEERING AID II	35.00	\$47,059	\$48,264	\$49,463	\$50,694	\$51,902					
07/01/2023	2103	ENGRG AID II	ENGINEERING AID II	35.00	\$48,470	\$49,712	\$50,947	\$52,214	\$53,459					
07/01/2024	2103	ENGRGAID II	ENGINEERING AID II	35.00	\$49,925	\$51,203	\$52,475	\$53,781	\$55,063					
07/01/2025	2103	ENGRGAID II	ENGINEERING AID II	35.00	\$50,549	\$51,843	\$53,131	\$54,453	\$55,751					
07/01/2022	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$60,099	\$62,014	\$63,943	\$65,848						
07/01/2023	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$61,902	\$63,875	\$65,862	\$67,823						
07/01/2024	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$63,760	\$65,791	\$67,838	\$69,858						
07/01/2025	2105	ENGRG AID III	ENGINEERING AID III	35.00	\$64,557	\$66,613	\$68,686	\$70,731						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$52,897									
07/01/2022	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$52,897									
07/01/2023	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$54,484									
07/01/2023	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$54,484									
07/01/2024	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,118									
07/01/2024	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,118									
07/01/2025	4705	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,820									
07/01/2025	G178	EPI INSPECTOR	EPIDEMIOLOGICAL INSPECTOR	35.00	\$56,820									
07/01/2022	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$42,653	\$43,938	\$45,228	\$46,516	\$47,815					
07/01/2023	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$43,933	\$45,256	\$46,585	\$47,911	\$49,249					
07/01/2024	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$45,251	\$46,614	\$47,983	\$49,349	\$50,727					
07/01/2025	1202	ERS OPERATOR	EMERGENCY REPORTING SERVICE OP	42.00	\$45,817	\$47,196	\$48,583	\$49,966	\$51,361					
07/01/2022	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$63,254									
07/01/2023	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$65,152									
07/01/2024	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$67,107									
07/01/2025	0502	FAC SPEC A LGE	FACILITIES SPEC. AT LARGE	40.00	\$67,945									
07/01/2022	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$57,692	\$60,405	\$63,121	\$65,837	\$68,552					
07/01/2023	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$59,423	\$62,218	\$65,015	\$67,812	\$70,608					
07/01/2024	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$61,206	\$64,084	\$66,966	\$69,846	\$72,726					
07/01/2025	0526	FIN MGMT SPEC	FINANCIAL MGMT SPECIALIST	35.00	\$61,971	\$64,885	\$67,803	\$70,719	\$73,636					
07/01/2022	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$78,153									
07/01/2023	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$80,498									
07/01/2024	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$82,913									
07/01/2025	1302	FIN MGT ASOC	FINANCIAL MANAGEMENT ASSOCIATE	35.00	\$83,949									
07/01/2022	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$64,234	\$66,984	\$69,738	\$71,538	\$75,258	\$78,380	\$80,727			
07/01/2023	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$66,161	\$68,994	\$71,830	\$73,684	\$77,516	\$80,731	\$83,149			
07/01/2024	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$68,146	\$71,063	\$73,985	\$75,894	\$79,841	\$83,153	\$85,644			
07/01/2025	0221	FIN MNG NUT	FINANCIAL MGR-NUT	35.00	\$68,998	\$71,952	\$74,910	\$76,843	\$80,839	\$84,193	\$86,714			
07/01/2022	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$45,667	\$47,456	\$49,233	\$51,015	\$52,793					
07/01/2023	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$47,037	\$48,880	\$50,710	\$52,545	\$54,376					
07/01/2024	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$48,448	\$50,346	\$52,231	\$54,122	\$56,008					
07/01/2025	1107	FIRE ARSN ANLST	FIRE ARSON ANALYST	32.50	\$49,054	\$50,976	\$52,884	\$54,798	\$56,708					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$47,553	\$51,151	\$54,752							
07/01/2023	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$48,980	\$52,685	\$56,394							
07/01/2024	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$50,449	\$54,266	\$58,086							
07/01/2025	5108	JR LIBRARIAN	JUNIOR LIBRARIAN	35.00	\$51,080	\$54,944	\$58,812							
07/01/2022	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$49,857									
07/01/2023	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$51,353									
07/01/2024	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$52,893									
07/01/2025	4704	LEAD EPID INVES	LEAD EPIDEMIOLOGICAL INVESTIGA	35.00	\$53,555									
07/01/2022	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$47,511									
07/01/2023	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$48,936									
07/01/2024	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$50,404									
07/01/2025	G454	LEAD OUTREACH W	LEAD OUTREACH WORKER	35.00	\$51,034									
07/01/2022	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$73,919	\$76,192	\$78,467	\$80,741	\$83,015					
07/01/2023	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$76,137	\$78,478	\$80,821	\$83,163	\$85,505					
07/01/2024	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$78,421	\$80,832	\$83,246	\$85,658	\$88,071					
07/01/2025	1136	LEGAL ASSISTANT	LEGAL ASSISTANT TO CITY ATTNY	35.00	\$79,401	\$81,843	\$84,287	\$86,728	\$89,171					
07/01/2022	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$42,185	\$44,096	\$46,015	\$47,930						
07/01/2023	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$43,450	\$45,419	\$47,396	\$49,368						
07/01/2024	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$44,754	\$46,782	\$48,818	\$50,849						
07/01/2025	1118	LEGAL REC	LEGAL RECEPTIONIST	32.50	\$45,313	\$47,367	\$49,428	\$51,485						
07/01/2022	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$51,658	\$54,074	\$56,497	\$58,909	\$61,339					
07/01/2023	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$53,207	\$55,696	\$58,191	\$60,676	\$63,179					
07/01/2024	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$54,804	\$57,367	\$59,937	\$62,496	\$65,074					
07/01/2025	1110	LEGAL SECRETARY	LEGAL SECRETARY (35 HOURS)	35.00	\$55,489	\$58,084	\$60,686	\$63,278	\$65,888					
07/01/2022	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$34,761	\$35,840	\$39,304							
07/01/2023	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$35,804	\$36,915	\$40,483							
07/01/2024	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$36,878	\$38,023	\$41,697							
07/01/2025	5103	LIBR ASST I	LIBRARY ASSISTANT I	35.00	\$37,339	\$38,498	\$42,219							
07/01/2022	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$39,749	\$40,382	\$41,581	\$42,792	\$44,853					
07/01/2023	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$40,941	\$41,594	\$42,829	\$44,076	\$46,199					
07/01/2024	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$42,169	\$42,841	\$44,113	\$45,398	\$47,585					
07/01/2025	5105	LIBR ASST II	LIBRARY ASSISTANT II	35.00	\$42,697	\$43,377	\$44,665	\$45,966	\$48,180					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$44,665	\$46,102	\$47,553	\$48,998	\$51,261					
07/01/2023	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$46,005	\$47,485	\$48,980	\$50,468	\$52,799					
07/01/2024	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$47,385	\$48,909	\$50,449	\$51,982	\$54,383					
07/01/2025	5106	LIBR ASST III	LIBRARY ASSISTANT III	35.00	\$47,977	\$49,521	\$51,080	\$52,632	\$55,063					
07/01/2022	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$36,372	\$37,528	\$38,694	\$39,827						
07/01/2023	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$37,464	\$38,654	\$39,855	\$41,022						
07/01/2024	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$38,587	\$39,814	\$41,050	\$42,252						
07/01/2025	5107	LIBRARY BINDER	LIBRARY BINDER	35.00	\$39,070	\$40,311	\$41,564	\$42,781						
07/01/2022	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$39,169	\$40,382	\$41,581	\$42,792	\$44,021					
07/01/2023	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$40,344	\$41,594	\$42,829	\$44,076	\$45,342					
07/01/2024	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$41,554	\$42,841	\$44,113	\$45,398	\$46,702					
07/01/2025	5104	LIBRARY INVEST	LIBRARY INVESTIGATOR	35.00	\$42,074	\$43,377	\$44,665	\$45,966	\$47,286					
07/01/2022	G070	LIFEGUARD		35.00	\$8,373									
07/01/2023	G070	LIFEGUARD		35.00	\$8,624									
07/01/2024	G070	LIFEGUARD		35.00	\$8,883									
07/01/2025	G070	LIFEGUARD		35.00	\$8,994									
07/01/2022	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$81,446									
07/01/2023	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$83,890									
07/01/2024	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$86,406									
07/01/2025	0532	MARINE OPS TECH	MARINE OPERATIONS TECHNICIAN	80.00	\$87,486									
07/01/2022	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$65,378									
07/01/2023	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$67,340									
07/01/2024	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$69,360									
07/01/2025	0514	MARINE SAF OFF	MARINE SAFETY OFFICER	40.00	\$70,227									
07/01/2022	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$32,205	\$32,209	\$33,316	\$34,835	\$36,355	\$37,875				
07/01/2023	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$33,171	\$33,175	\$34,316	\$35,880	\$37,446	\$39,011				
07/01/2024	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$34,166	\$34,171	\$35,345	\$36,956	\$38,569	\$40,182				
07/01/2025	G144	MED ASSTNT	MEDICAL ASSISTANT	35.00	\$34,593	\$34,598	\$35,787	\$37,418	\$39,051	\$40,684				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G136	NUTRITIONIST		35.00	\$31,405									
07/01/2023	G136	NUTRITIONIST		35.00	\$32,347									
07/01/2024	G136	NUTRITIONIST		35.00	\$33,317									
07/01/2025	G136	NUTRITIONIST		35.00	\$33,734									
07/01/2022	G134	NUTRTRN AIDE	NUTRITION AIDE	35.00	\$33,316	\$37,292	\$38,054							
07/01/2023	G134	NUTRTRN AIDE	NUTRITION AIDE	35.00	\$34,316	\$38,411	\$39,196							
07/01/2024	G134	NUTRTRN AIDE	NUTRITION AIDE	35.00	\$35,345	\$39,563	\$40,372							
07/01/2025	G134	NUTRTRN AIDE	NUTRITION AIDE	35.00	\$35,787	\$40,058	\$40,877							
07/01/2022	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$61,481	\$64,107	\$66,734							
07/01/2023	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$63,325	\$66,030	\$68,736							
07/01/2024	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$65,225	\$68,011	\$70,798							
07/01/2025	G719	OPERATION SPEC	OPERATION SPECIALIST	40.00	\$66,040	\$68,861	\$71,683							
07/01/2022	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$35,943	\$37,020	\$38,097	\$39,176	\$40,292					
07/01/2023	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$37,021	\$38,131	\$39,240	\$40,351	\$41,500					
07/01/2024	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$38,132	\$39,275	\$40,417	\$41,562	\$42,745					
07/01/2025	G138	OUTREACH WKR	OUTREACH WORKER	35.00	\$38,608	\$39,766	\$40,922	\$42,081	\$43,280					
07/01/2022	1258	PARALEGAL	PARALEGAL	35.00	\$55,021	\$57,057	\$59,091	\$61,131	\$63,165					
07/01/2023	1258	PARALEGAL	PARALEGAL	35.00	\$56,671	\$58,769	\$60,864	\$62,964	\$65,060					
07/01/2024	1258	PARALEGAL	PARALEGAL	35.00	\$58,371	\$60,532	\$62,690	\$64,853	\$67,011					
07/01/2025	1258	PARALEGAL	PARALEGAL	35.00	\$59,101	\$61,288	\$63,473	\$65,664	\$67,849					
07/01/2022	6008	PARENT AIDE	PARENT AIDE	35.00	\$45,365									
07/01/2022	G143	PARENT AIDE	PARENT AIDE	35.00	\$45,365									
07/01/2023	6008	PARENT AIDE	PARENT AIDE	35.00	\$46,726									
07/01/2023	G143	PARENT AIDE	PARENT AIDE	35.00	\$46,726									
07/01/2024	6008	PARENT AIDE	PARENT AIDE	35.00	\$48,128									
07/01/2024	G143	PARENT AIDE	PARENT AIDE	35.00	\$48,128									
07/01/2025	6008	PARENT AIDE	PARENT AIDE	35.00	\$48,730									
07/01/2025	G143	PARENT AIDE	PARENT AIDE	35.00	\$48,730									
07/01/2022	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$75,952	\$78,283	\$80,624	\$86,840						
07/01/2023	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$78,231	\$80,632	\$83,043	\$89,446						
07/01/2024	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$80,578	\$83,051	\$85,534	\$92,129						
07/01/2025	1119	PAYRLL CLERKII	PAYROLL CLERK II	40.00	\$81,585	\$84,089	\$86,603	\$93,281						

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$20,337	\$32,346	\$47,930	\$52,282						
07/01/2023	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$20,947	\$33,317	\$49,368	\$53,850						
07/01/2024	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$21,576	\$34,316	\$50,849	\$55,466						
07/01/2025	G075	RECEPTIONIST	RECEPTIONIST	35.00	\$21,846	\$34,745	\$51,485	\$56,159						
07/01/2022	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$68,687	\$70,923	\$74,873	\$87,476	\$87,917	\$88,360				
07/01/2023	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$70,747	\$73,050	\$77,119	\$90,100	\$90,554	\$91,010				
07/01/2024	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$72,870	\$75,242	\$79,433	\$92,803	\$93,271	\$93,741				
07/01/2025	G436	REG SANITARIAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$73,780	\$76,182	\$80,425	\$93,963	\$94,437	\$94,912				
07/01/2022	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$68,687	\$70,923	\$74,873	\$87,477	\$87,917	\$88,360				
07/01/2023	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$70,747	\$73,050	\$77,119	\$90,101	\$90,554	\$91,010				
07/01/2024	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$72,870	\$75,242	\$79,433	\$92,804	\$93,271	\$93,741				
07/01/2025	4702	REGISTERED SAN	REGISTERED SANITARIAN/INSPECTO	40.00	\$73,780	\$76,182	\$80,425	\$93,964	\$94,437	\$94,912				
07/01/2022	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$73,837	\$76,420	\$79,093	\$81,863	\$84,727	\$87,693				
07/01/2023	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$76,052	\$78,712	\$81,465	\$84,319	\$87,269	\$90,324				
07/01/2024	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$78,333	\$81,074	\$83,909	\$86,849	\$89,887	\$93,034				
07/01/2025	0237	RET/PAYROLL ADM	RETIREMENT/PAYROLL ADMIN	40.00	\$79,312	\$82,087	\$84,958	\$87,934	\$91,010	\$94,197				
07/01/2022	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$67,122	\$69,606	\$71,974	\$74,330	\$76,690	\$82,119				
07/01/2023	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$69,136	\$71,695	\$74,134	\$76,560	\$78,990	\$84,582				
07/01/2024	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$71,210	\$73,845	\$76,358	\$78,857	\$81,360	\$87,120				
07/01/2025	1121	RETIRE ADMIN	RETIREMENT ADMINISTRATOR	40.00	\$72,100	\$74,768	\$77,312	\$79,842	\$82,377	\$88,209				
07/01/2022	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$42,297									
07/01/2022	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$45,667	\$47,456	\$49,233	\$52,788						
07/01/2023	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$43,566									
07/01/2023	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$47,037	\$48,880	\$50,710	\$54,371						
07/01/2024	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$44,873									
07/01/2024	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$48,448	\$50,346	\$52,231	\$56,002						
07/01/2025	1137	SEC ASST	SECRETARIAL ASSISTANT	27.50	\$45,434									
07/01/2025	G453	SEC ASST	SECRETARIAL ASSISTANT	35.00	\$49,054	\$50,976	\$52,884	\$56,702						
07/01/2022	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$41,563	\$42,270	\$42,998							
07/01/2023	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$42,809	\$43,538	\$44,288							
07/01/2024	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$44,094	\$44,844	\$45,617							
07/01/2025	0404	SEC GUARD Lead	SECURITY GUARD	40.00	\$44,645	\$45,404	\$46,187							

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$64,881	\$66,504	\$68,168	\$69,938						
07/01/2023	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$66,827	\$68,499	\$70,214	\$72,036						
07/01/2024	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$68,832	\$70,554	\$72,320	\$74,197						
07/01/2025	0045	SEC/ACC DIR	SECRETARY/ACCOUNTANT TO DIRECT	32.50	\$69,692	\$71,436	\$73,224	\$75,125						
07/01/2022	G013	SECRETARY	SECRETARY	35.00	\$43,126									
07/01/2023	G013	SECRETARY	SECRETARY	35.00	\$44,420									
07/01/2024	G013	SECRETARY	SECRETARY	35.00	\$45,752									
07/01/2025	G013	SECRETARY	SECRETARY	35.00	\$46,324									
07/01/2022	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$45,667	\$47,456	\$49,233	\$52,788						
07/01/2023	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$47,037	\$48,880	\$50,710	\$54,371						
07/01/2024	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$48,448	\$50,346	\$52,231	\$56,002						
07/01/2025	0037	SECRETARIAL ASSI	SECRETARIAL ASSISTANT	32.50	\$49,054	\$50,976	\$52,884	\$56,702						
07/01/2022	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$41,548									
07/01/2023	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$42,795									
07/01/2024	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$44,078									
07/01/2025	G137	SECURITY GUARD	SECURITY GUARD	40.00	\$44,629									
07/01/2022	1262	SEN TAX CLK 35	SENIOR TAX COLL CLERK - 35HRS	35.00	\$53,003	\$54,935	\$56,851	\$59,248	\$60,874	\$64,967				
07/01/2023	1262	SEN TAX CLK 35	SENIOR TAX COLL CLERK - 35HRS	35.00	\$54,593	\$56,583	\$58,556	\$61,025	\$62,700	\$66,916				
07/01/2024	1262	SEN TAX CLK 35	SENIOR TAX COLL CLERK - 35HRS	35.00	\$56,231	\$58,281	\$60,313	\$62,856	\$64,581	\$68,924				
07/01/2025	1262	SEN TAX CLK 35	SENIOR TAX COLL CLERK - 35HRS	35.00	\$56,934	\$59,009	\$61,067	\$63,642	\$65,389	\$69,785				
07/01/2022	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$42,056									
07/01/2023	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$43,318									
07/01/2024	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$44,617									
07/01/2025	G187	SERVICE ASST	SERVICE ASSISTANT	40.00	\$45,175									
07/01/2022	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$58,730	\$61,445								
07/01/2023	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$60,491	\$63,288								
07/01/2024	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$62,306	\$65,187								
07/01/2025	G449	SOCIAL WKR	SOCIAL WORKER (35 HRS)	35.00	\$63,085	\$66,001								
07/01/2022	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$42,048	\$44,157	\$46,260	\$48,362	\$49,519	\$52,565				
07/01/2023	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$43,309	\$45,482	\$47,648	\$49,812	\$51,005	\$54,142				
07/01/2024	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$44,608	\$46,846	\$49,078	\$51,307	\$52,535	\$55,766				
07/01/2025	1243	SP SK CASH 35	SPANISH SPEAKING CASHIER (35 H	35.00	\$45,166	\$47,432	\$49,691	\$51,948	\$53,192	\$56,463				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812				
07/01/2023	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276				
07/01/2024	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784				
07/01/2025	1304	SP SPKG CASHIER	SPANISH SPEAKING CASHIER	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432				
07/01/2022	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$46,833	\$51,503	\$57,331	\$58,080						
07/01/2023	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$48,238	\$53,048	\$59,051	\$59,823						
07/01/2024	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$49,685	\$54,640	\$60,822	\$61,618						
07/01/2025	3607	SPECIAL OFFICER	SPECIAL OFFICER	40.00	\$50,306	\$55,323	\$61,582	\$62,388						
07/01/2022	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$27,265									
07/01/2023	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$28,083									
07/01/2024	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$28,926									
07/01/2025	6010	SR CNTR PR ASST	SENIOR CENTER PROGRAM ASSISTAN	25.00	\$29,287									
07/01/2022	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$49,765	\$51,583	\$52,941	\$54,300	\$55,657					
07/01/2023	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$51,258	\$53,131	\$54,529	\$55,929	\$57,327					
07/01/2024	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$52,796	\$54,725	\$56,165	\$57,606	\$59,047					
07/01/2025	G026	SR CTR COORD I	SENIOR CENTER COORDINATOR	35.00	\$53,456	\$55,409	\$56,867	\$58,326	\$59,785					
07/01/2022	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$57,017									
07/01/2023	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$58,727									
07/01/2024	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$60,489									
07/01/2025	G118	SR INFO SPEC	SENIOR INFORMATION SPECIALIST	35.00	\$61,245									
07/01/2022	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$47,751	\$49,617	\$51,475	\$53,341	\$55,198					
07/01/2023	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$49,183	\$51,106	\$53,020	\$54,941	\$56,854					
07/01/2024	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$50,659	\$52,639	\$54,610	\$56,589	\$58,559					
07/01/2025	1264	SR VIT REC CSC	SR VITAL RECORD CUST SVC CLK	35.00	\$51,292	\$53,297	\$55,293	\$57,296	\$59,291					
07/01/2022	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$41,051	\$42,340	\$43,656	\$44,954	\$47,288	\$56,862				
07/01/2023	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$42,282	\$43,610	\$44,965	\$46,303	\$48,707	\$58,568				
07/01/2024	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$43,551	\$44,919	\$46,314	\$47,692	\$50,168	\$60,325				
07/01/2025	1250	STENOGR 35 HR	STENOGRAPHER (35 HRS)	35.00	\$44,095	\$45,480	\$46,893	\$48,288	\$50,795	\$61,079				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$46,915	\$48,387	\$49,891	\$51,378	\$54,043	\$64,986				
07/01/2023	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$48,323	\$49,839	\$51,388	\$52,920	\$55,664	\$66,935				
07/01/2024	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$49,773	\$51,334	\$52,930	\$54,507	\$57,334	\$68,943				
07/01/2025	1233	STENOGRAPH 40	STENOGRAPHER (40 HOURS)	40.00	\$50,395	\$51,976	\$53,591	\$55,189	\$58,051	\$69,805				
07/01/2022	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$38,123	\$39,312	\$40,538	\$41,745	\$43,910	\$52,800				
07/01/2023	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$39,267	\$40,491	\$41,754	\$42,997	\$45,227	\$54,384				
07/01/2024	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$40,445	\$41,706	\$43,006	\$44,287	\$46,584	\$56,015				
07/01/2025	1106	STENOGRAPHER	STENOGRAPHER	32.50	\$40,951	\$42,227	\$43,544	\$44,841	\$47,166	\$56,716				
07/01/2022	1401	STOCK CLERK	STOCK CLERK	40.00	\$33,074	\$33,609	\$34,154	\$34,701	\$35,227					
07/01/2023	1401	STOCK CLERK	STOCK CLERK	40.00	\$34,067	\$34,617	\$35,178	\$35,742	\$36,284					
07/01/2024	1401	STOCK CLERK	STOCK CLERK	40.00	\$35,089	\$35,656	\$36,234	\$36,814	\$37,372					
07/01/2025	1401	STOCK CLERK	STOCK CLERK	40.00	\$35,527	\$36,101	\$36,687	\$37,274	\$37,840					
07/01/2022	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$38,698	\$39,895	\$41,106	\$42,334	\$43,489	\$44,638				
07/01/2023	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$39,859	\$41,092	\$42,339	\$43,604	\$44,793	\$45,977				
07/01/2024	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$41,055	\$42,325	\$43,610	\$44,912	\$46,137	\$47,357				
07/01/2025	1403	STOREKEEPER	STOREKEEPER(REPLACED W/1402)	40.00	\$41,568	\$42,854	\$44,155	\$45,474	\$46,714	\$47,949				
07/01/2022	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$52,213									
07/01/2023	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$53,779									
07/01/2024	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$55,393									
07/01/2025	G441	SUPP SPEC I	SUPPORT SPECIALIST I (35 HRS)	35.00	\$56,085									
07/01/2022	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$34,682	\$35,843	\$37,005	\$38,141	\$39,298					
07/01/2023	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$35,723	\$36,918	\$38,115	\$39,285	\$40,477					
07/01/2024	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$36,794	\$38,026	\$39,258	\$40,464	\$41,691					
07/01/2025	1201	SWITCH BOARD OP	SWITCHBOARD OPERATOR	32.50	\$37,254	\$38,501	\$39,749	\$40,969	\$42,212					
07/01/2022	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1245	TAX ASES CLK 35	TAX ASSESSMENT CLERK (35 HOURS)	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					
07/01/2022	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1260	TAX COLL CLK 35	TAX COLLECTOR CLERK (35 HOURS)	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$49,183	\$51,107	\$53,018	\$54,938	\$56,853					
07/01/2023	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$50,658	\$52,640	\$54,609	\$56,586	\$58,558					
07/01/2024	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$52,178	\$54,219	\$56,247	\$58,284	\$60,315					
07/01/2025	1261	TAX COLL CLK SP	TAX COLL CLERK SPAN(35 HOURS)	35.00	\$52,830	\$54,897	\$56,950	\$59,012	\$61,069					
07/01/2022	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$44,157	\$46,260	\$48,362	\$49,519	\$51,923					
07/01/2023	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$45,482	\$47,648	\$49,812	\$51,005	\$53,481					
07/01/2024	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$46,846	\$49,078	\$51,307	\$52,535	\$55,085					
07/01/2025	1263	TAX COLL CUST S	TAX COLL CUSTOMER SVC	35.00	\$47,432	\$49,691	\$51,948	\$53,192	\$55,774					
07/01/2022	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$44,091	\$45,613	\$47,134	\$48,654	\$50,172					
07/01/2023	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$45,414	\$46,981	\$48,548	\$50,114	\$51,677					
07/01/2024	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$46,776	\$48,390	\$50,004	\$51,617	\$53,228					
07/01/2025	G259	TB OUTRCH WKR	TUBERCULOSIS OUTREACH WORKER	35.00	\$47,361	\$48,995	\$50,629	\$52,262	\$53,893					
07/01/2022	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$43,210	\$48,262	\$53,333	\$55,936	\$60,968					
07/01/2023	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$44,506	\$49,710	\$54,933	\$57,614	\$62,797					
07/01/2024	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$45,842	\$51,201	\$56,581	\$59,342	\$64,681					
07/01/2025	1209	TCO	TELECOMMUNICATIONS OPERATOR	36.00	\$46,415	\$51,841	\$57,288	\$60,084	\$65,490					
07/01/2022	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$52,211									
07/01/2023	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$53,777									
07/01/2024	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$55,390									
07/01/2025	G053	TEL SPEC	TELEPHONE SPECIALIST	35.00	\$56,083									
07/01/2022	1100	TYPIST 1	TYPIST I	32.50	\$36,496	\$38,325	\$40,144	\$41,969	\$42,914	\$45,620				
07/01/2023	1100	TYPIST 1	TYPIST I	32.50	\$37,591	\$39,475	\$41,349	\$43,228	\$44,201	\$46,988				
07/01/2024	1100	TYPIST 1	TYPIST I	32.50	\$38,719	\$40,659	\$42,589	\$44,525	\$45,527	\$48,398				
07/01/2025	1100	TYPIST 1	TYPIST I	32.50	\$39,203	\$41,168	\$43,121	\$45,082	\$46,096	\$49,003				
07/01/2022	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$39,302	\$41,269	\$43,232	\$45,198	\$46,215	\$49,132				
07/01/2023	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$40,481	\$42,507	\$44,529	\$46,554	\$47,602	\$50,606				
07/01/2024	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$41,695	\$43,782	\$45,865	\$47,951	\$49,030	\$52,124				
07/01/2025	1230	TYPIST I 35 HR	TYPIST I (35 HOURS)	35.00	\$42,216	\$44,330	\$46,438	\$48,550	\$49,642	\$52,776				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$44,915	\$47,169	\$49,367	\$51,656	\$52,815	\$56,150				
07/01/2023	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$46,263	\$48,584	\$50,848	\$53,205	\$54,400	\$57,835				
07/01/2024	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$47,651	\$50,041	\$52,373	\$54,801	\$56,032	\$59,570				
07/01/2025	1256	TYPIST I 40HR	TYPIST I (40 HOURS)	40.00	\$48,246	\$50,667	\$53,028	\$55,486	\$56,732	\$60,315				
07/01/2022	1104	TYPIST II	TYPIST II	32.50	\$39,045	\$41,003	\$42,956	\$44,908	\$45,982	\$48,812				
07/01/2023	1104	TYPIST II	TYPIST II	32.50	\$40,217	\$42,233	\$44,245	\$46,255	\$47,362	\$50,276				
07/01/2024	1104	TYPIST II	TYPIST II	32.50	\$41,423	\$43,500	\$45,572	\$47,643	\$48,783	\$51,784				
07/01/2025	1104	TYPIST II	TYPIST II	32.50	\$41,941	\$44,044	\$46,142	\$48,238	\$49,392	\$52,432				
07/01/2022	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$42,048	\$44,157	\$46,260	\$48,362	\$49,519	\$52,565				
07/01/2023	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$43,309	\$45,482	\$47,648	\$49,812	\$51,005	\$54,142				
07/01/2024	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$44,608	\$46,846	\$49,078	\$51,307	\$52,535	\$55,766				
07/01/2025	1232	TYPIST II 35 HR	TYPIST II (35 HOURS)	35.00	\$45,166	\$47,432	\$49,691	\$51,948	\$53,192	\$56,463				
07/01/2022	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$48,057	\$50,465	\$52,867	\$55,269	\$56,594	\$60,076				
07/01/2023	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$49,498	\$51,979	\$54,453	\$56,927	\$58,292	\$61,878				
07/01/2024	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$50,983	\$53,538	\$56,086	\$58,635	\$60,041	\$63,734				
07/01/2025	1253	TYPIST II 40HR	TYPIST II (40 HOURS)	40.00	\$51,621	\$54,207	\$56,787	\$59,368	\$60,791	\$64,531				
07/01/2022	1111	TYPIST III	TYPIST III	32.50	\$48,738	\$50,232	\$52,619	\$55,016	\$56,522	\$60,325				
07/01/2023	1111	TYPIST III	TYPIST III	32.50	\$50,200	\$51,739	\$54,197	\$56,667	\$58,218	\$62,135				
07/01/2024	1111	TYPIST III	TYPIST III	32.50	\$51,706	\$53,291	\$55,823	\$58,367	\$59,964	\$63,999				
07/01/2025	1111	TYPIST III	TYPIST III	32.50	\$52,352	\$53,957	\$56,521	\$59,097	\$60,714	\$64,799				
07/01/2022	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$52,486	\$54,098	\$56,668	\$59,248	\$60,874	\$64,967				
07/01/2023	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$54,060	\$55,721	\$58,368	\$61,025	\$62,700	\$66,916				
07/01/2024	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$55,682	\$57,392	\$60,119	\$62,856	\$64,581	\$68,924				
07/01/2025	1251	TYPIST III 35HR	TYPIST III (35 HRS)	35.00	\$56,378	\$58,110	\$60,870	\$63,642	\$65,389	\$69,785				
07/01/2022	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$55,400									
07/01/2023	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$57,062									
07/01/2024	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$58,773									
07/01/2025	G083	VICTIM ADV	VICTIM ADVOCATE RECEPTIONIST	35.00	\$59,508									
07/01/2022	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$39,490	\$41,465	\$43,441	\$45,418	\$47,390	\$49,368				
07/01/2023	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$40,675	\$42,709	\$44,745	\$46,780	\$48,812	\$50,849				
07/01/2024	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$41,895	\$43,990	\$46,087	\$48,184	\$50,276	\$52,374				
07/01/2025	1265	VIT REC CUST SC	VITAL RECORDS CUST SVC CLK	35.00	\$42,419	\$44,540	\$46,663	\$48,786	\$50,905	\$53,029				

<u>EFF DATE</u>	<u>JCC</u>	<u>DESCRIPTION</u>	<u>FULL DESC</u>	<u>HRS/PERIOD</u>	<u>STEP 1</u>	<u>STEP 2</u>	<u>STEP 3</u>	<u>STEP 4</u>	<u>STEP 5</u>	<u>STEP 6</u>	<u>STEP 7</u>	<u>STEP 8</u>	<u>STEP 9</u>	<u>STEP 10</u>
07/01/2022	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$48,738									
07/01/2023	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$50,200									
07/01/2024	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$51,706									
07/01/2025	1116	WPCA FLD OP CLE	POLLUTION CONTROL FIELD OPERAT	40.00	\$52,352									
07/01/2022	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$51,659	\$53,395	\$55,117	\$56,842						
07/01/2023	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$53,208	\$54,997	\$56,771	\$58,547						
07/01/2024	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$54,805	\$56,647	\$58,474	\$60,303						
07/01/2025	3302	ZONING INSP	ZONING INSPECTOR	35.00	\$55,490	\$57,355	\$59,205	\$61,057						
07/01/2022	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$55,631	\$57,503	\$59,357	\$61,214						
07/01/2023	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$57,300	\$59,228	\$61,138	\$63,050						
07/01/2024	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$59,019	\$61,005	\$62,972	\$64,942						
07/01/2025	3314	ZONING INSP 35	ZONING INSPECTOR	35.00	\$59,757	\$61,767	\$63,759	\$65,754						

APPENDIX D
CITY POLICIES

Appendix D

CITY OF BRIDGEPORT

Subject:	Approval:	Approval:	Effective:
ATTENDANCE	Dennis C. Murphy CAO	Joseph P. Ganim Mayor	April 1, 2000 Number: 02-2000 Page: 1 of 7

PURPOSE

This policy establishes attendance guidelines and procedures, and describes the responsibility of the employee and supervisor in maintaining an effective attendance program.

SCOPE

This policy applies to all City of Bridgeport employees in all locations, with the exception of uniformed personnel in the Police and Fire Departments.

POLICY

The City of Bridgeport municipal departments provide a wide range of services to residents, business owners and others. In order to provide quality and timely services, each department must be fully staffed each day. Absenteeism detracts from the City's ability to meet quality service standards and causes a difficult burden for those employees who must assume the duties of absent employees.

Sick time benefits are provided as income protection when illness prevents the employee from reporting to work. It should not be considered as authorized "time off" and attempts to "use up" sick time are strongly discouraged. Our bargaining agreements generally allow for sick leave accumulation and include sick leave "pay-out" provisions. The City's commitment to continued sick leave benefits for income protection purposes is not inconsistent with our commitment to an effective attendance policy.

Excessive employee absenteeism is unacceptable and will be addressed by supervisors and the Office of Labor Relations in accordance with the standards described below.

Employee Responsibilities

Each employee is expected to:

- Employees are expected to maintain a good attendance record.
- Each employee is expected to give advance notification of absences due to illness, and provide the reason for the absence. The employee must give notification by phone, personally and directly, to the supervisor. If an extreme situation arises and the employee is unable to call prior to the scheduled work time, notification must be given to the Supervisor within half-hour after the scheduled start time.¹ If the employee fails to do so, the employee's absence is considered unauthorized. After three consecutive days without notice, the employee will be considered to have resigned from employment, unless otherwise provided for under the employee's collective bargaining agreement.

Supervisor Responsibilities

Each Supervisor is responsible for monitoring and enforcing this policy. While it is the employee's responsibility to correct the attendance problems and prevent absenteeism, the supervisor should emphasize the following:

- Communicate the City's policy of requiring good attendance to all unit employees.
- Each Department Head or his/her designee shall be responsible for forwarding a monthly report to the CAO and Director of Labor Relations indicating each employee whose attendance merits disciplinary action under this policy and each disciplinary action taken for such employee.
- Employees should personally call their supervisor directly if illness will prevent them from reporting to work. The supervisor must advise the employee that they are to maintain contact for any period of absence beyond one day, unless the employee has provided a doctor's certification covering a specified period.
- Determine when the employee expects to return to work.
- Insure that all absences are accurately and properly recorded on weekly time sheets and on the unit attendance log.
- It is the supervisor's responsibility to consistently enforce this policy by monitoring the employee's attendance records on a monthly basis.
- The attendance records of each employee should be considered individually with reference made to the following types of attendance problems:
 - **Frequency of Absence:** Frequent short-term absences often indicate basic poor attendance habits.
 - **Pattern of Absence:** Unscheduled absences that reflect a pattern of Monday or Friday absences, or absences on the day before or after a holiday or long weekend, or other pattern related to operational conditions (e.g. weather, workload, etc.)
 - **Cause of Absence:** The nature of frequent absences are unrelated and may reflect a poor attendance record.
- Employees should be advised that the City provides a comprehensive benefits plan that should enable the employee to seek treatment for medical problems. The

¹ The collective bargaining agreement for members of the American Federation of State, County and Municipal Employees, Local 1522 (AFSCME 1522) requires its members to call in one hour prior to the start of his/her shift.

Employee Assistance Program (EAP) may also be used as a potential resource for any underlying issues causing an attendance problem.

- Long-term employees with established records of good attendance may be considered differently than a new employee with a poor record during the initial months of employment. It must be recognized, however, that each absence adversely affects the City's ability to provide quality municipal services. The primary responsibility for maintaining a satisfactory attendance record rests with the employee.
- If a supervisor detects an abuse of sick time by an employee, disciplinary action should be taken as described below. **NOTE: The supervisor should counsel the employee and encourage the employee to avail themselves of the EAP, prior to issuing an oral or written warning. In addition, prior to taking any action beyond counseling or an oral or written warning, the supervisor must consult with the Office of Labor Relations.**
- Supervisors are reminded that the use of vacation and personal days must be consistent with the operational needs of the department but must not be so restricted so as to unreasonably deny their use. Sound business judgment is expected to be used in dealing with employee's use of vacation and personal days.

When a matter of interpretation arises, the supervisor shall contact the Director of Labor Relations, or his designee, so as to assure the proper application of these standards.

ATTENDANCE STANDARDS & PROCEDURES

Definitions:

Absence

An "absence" is defined as any unscheduled absence from work during scheduled working hours (including failing to report for scheduled or unscheduled overtime) or failure to remain at work as scheduled. The use of the term scheduled is significant to this definition because it automatically excludes vacation, personal leave or other forms of approved and scheduled time off. An unscheduled consecutive absence in excess of one day, shall be considered as only one absence against the employee, regardless of its length. (Example: An employee is absent for four consecutive days with the flu. This is treated as one absence for purposes of this policy) An absence excludes any work related injury, or a reoccurrence of such an injury, approved by the City's Worker's Compensation Administrator.

Chronic Illness

An illness requiring periodic visits or treatment by a physician that continues over an extended period of time and which causes an episodic rather than a continuous period of incapacity.

Disciplinary Procedures²

In order to translate attendance standards into an effective working personnel policy, the City has adopted the following standards and procedures. It must be noted that four (4) or more absences in the initial probationary period of employment should be considered as failure to satisfy the probationary period of employment.

- **Corrective counseling** is warranted when an employee has:

Six (6) absences within any twelve (12) month period*

The supervisor should counsel the employee prior to issuing an oral warning. The supervisor shall discuss with the employee contributing problems and possible corrective measures. An EAP referral should be made, if appropriate. The supervisor should also advise the employee that an additional absence could result in an oral warning.

- **Oral warning** is warranted when an employee has:

Seven (7) absences within any twelve (12) month period*

The oral warning must be documented by a written memorandum to the employee from the supervisor. In determining whether to issue an oral warning, the supervisor may consider the number of absences, any pattern of absences, the employee's past record and any other extenuating circumstances. Regardless of the circumstances, however, the supervisor must issue an oral warning when the number of absences exceeds these guidelines by one (1) for this category, and continue with discipline in accordance with this policy for all future absences.

The supervisor should advise the employee that an additional absence could result in a written warning.

- **Written warning** is warranted when an employee has:

Eight (8) absences within any twelve (12) month period*

² The disciplinary procedures provided herein represents the City's position with respect to just cause discipline under any applicable collective bargaining agreements. The City recognizes that a union may seek to contest such interpretation under the applicable grievance provisions.

* This is a continuously rolling twelve month period.

The supervisor may consult with the Office of Labor Relations, prior to issuing the written warning. In determining whether to issue a written warning, the supervisor may consider the number of absences, any pattern of absences, the employee's past records and any other extenuating circumstances. Regardless of the circumstances, however, the supervisor must issue a written warning when the number of absences exceeds these guidelines by one (1) for this category, and continue with discipline in accordance with this policy for all future absences.

The supervisor should advise the employee that an additional absence will result in a five day suspension without pay.

- **A five (5) day suspension without pay** is warranted when an employee has reached:

Nine (9) absences within any twelve (12) month period*

The supervisor must consult with the Office of Labor Relations, prior to issuing a five (5) day suspension without pay. The supervisor must advise the employee that termination will be warranted following one (1) additional absence, regardless of the circumstances.

- **Termination** is warranted when an employee has reached:

Ten (10) absences within any 12 month period*

The supervisor must consult with the Office of Labor Relations prior to terminating an employee.

Physician's Documentation

Unless otherwise provided under an applicable collective bargaining agreement, any employee who incurs more than three (3) absences in a six (6) month period**, or who incurs more than five (5) absences in a twelve (12) month period**, will be required to obtain a physician's statement, acceptable to the Director of Labor Relations, upon the employee's return to work. Failure to provide this statement shall result in no pay for the absence, and other corrective action, if appropriate. Evidence of admission to a hospital may be provided in lieu of a physician's statement. The physician's statement should document the reason for the absence.

A doctor's statement(s) and any other medical records for an employee shall be maintained in the employee's medical file. The information in this file shall be maintained as confidential unless disclosure is necessary for the health and/or safety of

* This is a continuously rolling twelve month period.

** This is a continuously rolling six and twelve month period.

other personnel (such as issues of dangerous contagious disease) or for purposes of disciplinary or any other action taken pursuant to this policy.

If an employee attempts to return to work after being absent for a "health related" reason and can document with a physician's statement, acceptable to the Director of Labor Relations, that a second absence (within 2 days of a previous absence) is the result of a single medical condition, the second absence will be considered as a single absence.

Chronic Illness

An absence attributable to a chronic illness will be a factor considered when imposing discipline pursuant to this policy, if the employee suffering from such an illness can provide documentation from a treating physician reflecting that the absence was a direct result of said illness. The physician's documentation must reflect that the illness is chronic (as defined above) and severe enough to prevent the employee from performing his/her duties. However, the absence may be counted against the employee if the employee's attendance record reflects a "pattern of absences" as described in this policy. **Prior to imposing discipline pursuant to this policy for absences that may be caused by a chronic illness, the supervisor must consult with the Office of Labor Relations.**

Annual Physical Examination

An employee's use of sick time (1/2 sick day) to attend an annual physical examination will not be considered against the employee for purposes of imposing discipline pursuant to this policy. The employee's supervisor must be given prior notice of not less than two (2) business days of such examination and adequate documentation if requested. However, employee should use their accumulated personal or vacation days to attend any other medical and/or dental appointments during regularly scheduled work hours.

Absence to Care for Sick Child

The City understands that it may be necessary for employees to be absent from work to care for a sick child. Therefore, an employee's use of a sick day to care for a sick child may not be considered against the employee for purposes of imposing discipline, if the employee can demonstrate that they are the child's primary care giver, the use of a sick day was necessary to care for the ill child, and the child's illness is documented by a physician's statement. However, the sick day may be considered against the employee if the employee's attendance record reflects a "pattern of absences" as described in this policy, or if the number of sick days used to care for a sick child exceeds three in any rolling twelve month period.

Family and Medical Leave / Maternity Leave

Any sick time taken by an employee on an approved family and medical leave, or an approved maternity leave, shall not be considered when imposing discipline pursuant to this policy.

American With Disabilities Act

The American with Disabilities Act (ADA) prohibits employers from discriminating against "qualified" individuals with disabilities. The City is committed to ensuring non-discrimination in all terms and conditions of employment. Prior to imposing any discipline, beyond an oral or written warning, supervisors must consult with the Office of Labor Relations or the ADA Coordinator to ensure compliance with this Act. Employees may contact the City's ADA Coordinator with any questions concerning the ADA.

Good Attendance

An employee with "good attendance" is one with fewer than four (4) absences within a twelve (12) month period. An employee's attendance record shall be considered when evaluating an employee's job performance, and in determining eligibility for promotions.

Employee Records

Documentation of any action taken pursuant to the policy and procedures established herein, shall be returned to the employee's personnel file, unless and until, removal is required under any applicable collective bargaining agreement.

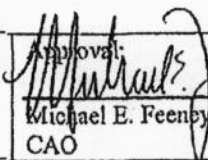
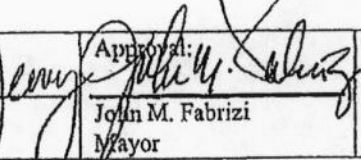
The rolling base period for calculation of the number of absences shall commence on April 1, 2000.³

Any questions concerning this Policy shall be directed to the Office of Labor Relations.

³ For members of Local 1522 AFSCME Council #4 this policy will be a continuation of the one effective 1/1/99, and the effective date with respect to such employees for purposes of this provision will continue to be 1/1/99.



CITY OF BRIDGEPORT

Subject:	Approval:	Approval:	Effective:
TARDINESS	 Michael E. Feenby CAO	 John M. Fabrizi Mayor	October 1, 2005
			Number: Page: 1 of 5

PURPOSE

This policy establishes tardiness guidelines and procedures, and describes the responsibility of the employee and supervisor in maintaining an effective tardiness policy.

SCOPE

This policy applies to all City of Bridgeport employees in all locations, with the exception of uniformed personnel in the Police and Fire Departments who are governed by existing policy and practice.

POLICY

The City of Bridgeport municipal departments provide a wide range of services to residents, business owners and others. In order to provide quality and timely services, each department must be fully staffed each day within its regularly scheduled hours. Tardiness detracts from the City's ability to meet quality service standards and causes a difficult burden for those employees who must assume the duties of employees who are tardy.

Employees are expected to show up for work regularly and on time. The City understands that inclement weather and traffic can be unpredictable and may delay an employee's normal work commute. However, it is the employee's responsibility to plan their commute in accordance with weather/traffic in order to arrive at work at their regularly scheduled time. *See the City's Inclement Weather Policy.*

Continuous and/or excessive employee tardiness is unacceptable and will be addressed by supervisors and the Office of Labor Relations in accordance with the standards described below. Failure to meet the requirements of this policy may result in a payroll deduction and/or discipline up to and including termination.

Employee Responsibilities

Each employee is expected to:

- Employees are expected to show up for work regularly and on time.
- Employees are expected to accurately document their actual time worked on weekly time sheets.
- Employees who work off-site are expected to call their supervisor when they arrive late.
- Employees are expected to correct and prevent tardiness problems.

Supervisor Responsibilities

Supervisors are expected to:

- Communicate the City's policy of requiring punctuality to all employees they supervise.
- Insure that all instances of tardiness are accurately and properly recorded on weekly time sheets.
- Consistently enforce this policy by monitoring all employees' records on an ongoing basis.
- Advise employees that the City's Employee Assistance Program (EAP) may also be used as a potential resource for any underlying issues that may be contributing to continuous tardiness.
- Each Department Head or his/her designee shall forward a quarterly report to the Director of Labor Relations indicating each employee whose tardiness merits disciplinary action under this policy and each disciplinary action taken for such employee.
- Supervisors may use discretion not to impose *disciplinary action* under extenuating circumstances.
- Supervisors should use sound and consistent discretion in any decision not to impose discipline if appropriate under this policy.
- Long-term employees with established records of no tardiness may be considered differently than a new employee with a poor record during the initial months of employment. It must be recognized, however, that each instance of tardiness adversely affects the City's ability to provide quality municipal services. The primary responsibility for maintaining a satisfactory record rests with the employee.
- If a supervisor is aware of an employee's tardiness, disciplinary action should be taken as described below.
- Supervisors may impose discipline for a pattern of tardiness within the five (5) minute leeway as provided under this policy.

When a matter of interpretation arises, the supervisor shall contact Labor Relations so as to assure the proper application of these standards.

TARDINESS STANDARDS & PROCEDURES

Definitions

Tardiness is defined as 1) a period of lateness at the beginning of an employee's workday, 2) a period of lateness resulting from the employee returning to work late from lunch and break periods. Leaving work early before the tour of duty ends is considered an absence in accordance with the Attendance Policy.

Employees who show up for work within five (5) minutes of their regularly scheduled time shall generally not be considered tardy. This is a five (5) minute leeway and shall not be abused. For example, employees who are more than periodically five (5) minutes late arriving to work and/or returning from lunch may be disciplined for a pattern of tardiness. Supervisors are expected to

use sound and consistent judgment about patterns of tardiness and to consult with Labor Relations as appropriate about discipline. A pattern of abuse of the five (5) minute leeway may be subject to discipline separate and apart from tardiness points and/or may have tardiness occurrences of five (5) minutes or more counted as tardiness points as provided below. Non-exempt employees who are tardy by more than fifteen (15) minutes for any reason will have their pay docked for that time. Exempt employees who are tardy by more than fifteen (15) minutes for any reason will have that time docked from their accumulated compensatory time (if applicable) or vacation or personal days.

Disciplinary Procedures¹

In order to translate tardiness standards into an effective working personnel policy, the City has adopted the following standards and procedures. It must be noted that four (4) or more tardiness points in the initial probationary period of employment should be considered as failure to satisfy the probationary period of employment.

Each instance of tardiness counts as a tardiness point. An employee may accumulate up to four tardiness points within any twelve (12) month period* without penalty. Four or more tardiness points will result in the following discipline:

- **4 tardiness points = Corrective counseling is warranted**

The supervisor should counsel the employee prior to issuing an oral warning. Corrective counseling should be documented by a written memorandum to the employee from the supervisor. The supervisor shall discuss with the employee contributing problems and possible corrective measures. An EAP referral should be made, if appropriate. The supervisor should also advise the employee that an additional tardiness point may result in an oral warning.

- **5 tardiness points = Oral warning is warranted**

Oral warnings must be documented by a written memorandum to the employee from the supervisor. In determining whether to issue an oral warning, the supervisor may consider the employee's past record and any other extenuating circumstances. The supervisor should advise the employee that an additional tardiness point may result in a written warning.

- **6 tardiness points = Written warning is warranted**

Written warnings must be documented by a written memorandum to the employee from the supervisor. In determining whether to issue a written warning, the supervisor may consider the employee's past records and any other extenuating circumstances. The

¹ The disciplinary procedures provided herein represents the City's position with respect to just cause discipline under any applicable collective bargaining agreements. The City recognizes that a union may seek to contest such interpretation under the applicable grievance provisions.

* This is a continuously rolling twelve-month period.

supervisor should advise the employee that an additional tardiness point may result in a one (1) day suspension without pay.

- **7 tardiness points = A one (1) day suspension without pay** is warranted

The supervisor must consult with the Office of Labor Relations, prior to issuing a one (1) day suspension without pay. The supervisor should advise the employee that a three (3) day suspension will be warranted following one (1) additional tardiness point, regardless of the circumstances.

- **8 tardiness points = A three (3) day suspension without pay** is warranted

The supervisor must consult with the Office of Labor Relations, prior to issuing a three (3) day suspension without pay. The supervisor should advise the employee that a five (5) day suspension will be warranted following one (1) additional tardiness point, regardless of the circumstances.

- **9 tardiness points = A five (5) day suspension without pay** is warranted

The supervisor must consult with the Office of Labor Relations, prior to issuing a five (5) day suspension without pay. The supervisor should advise the employee that termination will be warranted following one (1) additional tardiness point, regardless of the circumstances.

- **10 tardiness points = Termination** is warranted

Supervisors must consult with the Office of Labor Relations prior to terminating an employee.

Supervisors may choose to consult with Labor Relations prior to issuing a verbal or written warning to an employee. However, **supervisors must consult with Labor Relations prior to an employee suspension or termination.**²

An employee's tardiness that is approved and directly related to their intermittent FMLA shall not be subject to progressive discipline.

NOTE: In each instance of tardiness, the employee shall be docked as described above whether or not discipline is warranted for the instance.

Making up Time Lost

² Supervisors should continue to send notice of any disciplinary action (oral, written or otherwise) to the employee and Union as required by the collective bargaining agreement. Any questions regarding Union notification should be directed to Labor Relations.

An employee may make up for the time lost because of their tardiness by 1) showing up for work earlier than their regularly scheduled hours, or 2) staying at work later than their regularly scheduled hours. This requires prior approval by the employee's supervisor. Making up lost time shall not become a habit or pattern. It is intended that in extenuating circumstances an employee would make up for their time lost and not be docked pay, vacation, personal or compensatory time. Since many City offices are open during specific set hours in order to provide a service to the public, it may not be feasible for an employee to make up their lost time as stated above. Therefore, supervisors have discretion in approving an employee's request for making up time lost. In allowing employees to make up lost time, a supervisor may consider long-term employees with established records of no tardiness. However, employees who have been disciplined for violation of this policy within the 12 month period as provided above shall not be permitted to make up time.

If a supervisor feels that an employee has given their best efforts to report to work on time, but the employee was not able to do so because they are the primary caregiver for a school age child or an elderly relative living in the same household, then the supervisor may allow the employee to make up the lost time without the instance being considered a tardiness occurrence.

Supervisors should not allow employees to make up missed time by reducing or foregoing breaks and/or lunch periods as this may contradict FLSA regulations and/or union contracts.

NOTE: Allowing an employee to make up lost time does not imply that an employee will not be disciplined for their tardiness.

Employee Records

Documentation of any action taken pursuant to the policy and procedures established herein shall be returned to the employee's personnel file, unless and until, removal is required under any applicable collective bargaining agreement.

Early Closings

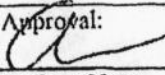
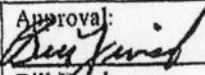
In cases of inclement weather or days preceding holidays, supervisors and department heads do not have the authority to completely close down their respective offices/departments without the approval of the CAO. City offices must at least maintain a "skeleton staff" that can carry out the basic functions of the department unless the CAO shall advise to the contrary. *See the City's Policy on Inclement Weather.*

The rolling base period for calculation of the number of absences shall commence on October 1, 2005.

Any questions concerning this Policy shall be directed to the Office of Labor Relations.



CITY OF BRIDGEPORT

Subject: Vacation Carry-Over	Approval: 	Approval: 	Effective: December 4, 2009
	Andrew Nunn CAO	Bill Finch Mayor	Number: Page: 1 of 2

PURPOSE

To allow eligible employees an opportunity to choose to carry-over unused vacation from one vacation year to the next and/or receive the cash value of the unused vacation time.

SCOPE

This policy applies to all employees who by virtue of years of service have earned a vacation carry-over or vacation payout benefit in accordance with the provisions of their collective bargaining agreement.

HISTORY

Background: Prior to 2010, employees were allowed to make elections to carry over or receive the cash value of unused vacation days at the close of a vacation year. Historically, a City vacation year is the period from April 1st to March 31st of the next year. The IRS has determined that the practice of allowing employees to choose between carrying-over unused days or receiving cash payments for such days at the end of a vacation year violates the doctrine of constructive receipt and is not an allowable practice.

Changes from prior practice: Beginning with the 2010-11 vacation year, eligible employees must make irrevocable elections regarding the treatment of unused vacation. Elections must be made prior to the close of business of the last business day of the calendar year preceding the vacation year. For the vacation year beginning 4/1/2010, elections must be made by 12/31/2009. This policy provides a default election for eligible employees to carry-over days, and also allows eligible employees an opportunity to modify their carry-over/cash out provisions as long as the election is made prior to the close of business on the last business day of the calendar year in which they are made, after which time all elections are irrevocable.

POLICY

Policy: In each vacation year, employees eligible for vacation carry-over or vacation cash out shall be deemed to have made an election to utilize the vacation carry-over / vacation cash out benefit at the maximum level allowed by their collective bargaining agreement. This "default election option" requires no action on the part of the employee. Under the

default election option, the unused vacation time elections shall be implemented in the following order:

- First, an election to carry-over the maximum amount (normally one week) of unused vacation shall be made for all eligible employees having sufficient years of service.
- Second, any vacation time available for cash out in excess of the initial carry-over amount, up to the limit specified in the employee's collective bargaining agreement, shall be elected for cash out after the close of the vacation year.

Under the default option, if, at the end of a vacation year, fewer unused vacation days remain than were elected, carry-over vacation days shall be preserved preferentially over cash-out days.

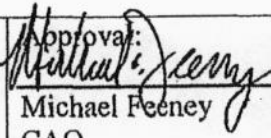
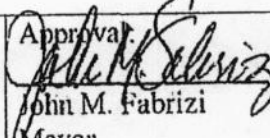
Employees wishing to make an election different from the default option, but which complies with the provisions of their collective bargaining agreement, must make an irrevocable written election by completing the "Vacation Carry-over and Payout Option Election Form" regarding the treatment of such vacation prior to the upcoming vacation year. This irrevocable election must be received in the Benefits Department no later than close of business on the last working day, generally December 31st, of the calendar year preceding the vacation year.

Unless superseded by provisions of the employee's collective bargaining agreement, at the end of a vacation year, an eligible employee's elected preference for carry-over (default option) or cash out (alternate option) shall determine the order of preference as to which days shall be retained if the number of available days is less than the maximum number allowed.

To the extent that any unused days remain after fully effectuating the employee's election(s) to carryover or cash out days, then, such remaining unused days shall be forfeited in accordance with an employees collective bargaining agreement, unless these days were unused because of a bona fide City emergency and a prior written exception to this policy was approved by the Director of Labor Relation within 30 days of said emergency, in which case the employee will be allowed to carry over such days.

Any questions concerning this Policy shall be directed to the Office of Labor Relations.

CITY OF BRIDGEPORT

Subject: Pre-Employment and Reasonable Suspicion Drug and Alcohol Testing Policy	Approval:  Michael Feeney CAO	Approval:  John M. Fabrizi Mayor	Effective: 4-27-07 <hr/> Number: Page: 1 of 11
---	--	--	---

PURPOSE

The purpose of this policy is to establish the guidelines and procedures whereby a prospective employee of the City of the Bridgeport is required to take a pre-employment drug test or an employee (other than uniformed members of the Police and Fire Departments and CDL Drivers) may be ordered to undergo drug and/or alcohol testing when reasonable suspicion exists that the employee is using drugs and/or alcohol while on duty.

POLICY

It is the policy of the City of Bridgeport that the illegal use of drugs or misuse of alcohol is strictly prohibited. Any discipline issued pursuant to this policy will be considered for just cause within the applicable Collective Bargaining Agreement.

DEFINITIONS:

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl or isopropyl alcohol.

Alcohol Concentration: The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under this policy.

Alcohol Use: The consumption of any beverage, mixture or preparation containing alcohol including, but not limited to, any medication containing alcohol.

Breath Alcohol Technician: The individual who will instruct and assist the employee in the alcohol testing process and operates the evidential breath-testing device.

Bridgeport Motor Vehicle: City owned, leased or rented motor vehicle or combination of motor vehicles used in commerce to transport City of Bridgeport employees, passengers or property.

Chain of Custody: Procedures to account for the integrity of each specimen by tracking its handling and storage from point of collection to final disposition.

Collection Site: Industrial Medical Center (IMC), 226 Mill Hill Avenue, Bridgeport, CT 06610 during hours the site is open and Bridgeport Hospital outside such hours, or such other site as the City may designate which meets SAMHSA standards.

Confirmation Test: In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of the screening test in order to insure reliability and accuracy. The confirmation test is performed using a Gas Chromatology/Mass Spectrometry (GC/MS) technique.

Covered Employee: All prospective employees of the City of Bridgeport and employees of the City of Bridgeport except uniformed members of the Police and Fire Departments and drivers of City vehicles who possess commercial driver's licenses (CDL) who are covered under other similar City policies.

Direct Breath Analysis: The analysis of a sample of a person's breath using an instrument designed for this purpose in order to determine the concentration of ethyl alcohol in the person's blood.

Evidential Breath Testing Device (EBT): An EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath.

Intoxilyzer: An EBT by means of which equivalent blood alcohol concentration is indicated or recorded on a dial, meter, scale chart or printed record activated by a reaction between a sample introduced and appropriate detector in a chamber, tube or vessel within such apparatus.

Medical Review Officer (MRO): A licensed physician responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his/her medical history and any other relevant biomedical information. If an employee's test result is positive, the MRO will contact the employee to discuss the test to determine if the positive result is valid and to notify the employee that he/she has seventy-two (72) hours to request a test of the split specimen.

Prescribed Drug: Any drug, including over the counter medication, prescribed for an individual by a licensed practitioner.

Refusal to Submit: When any Covered Employee engages in conduct that obstructs the testing process. This includes but is not limited to the refusal to sign consent forms; the failure to provide adequate urine or a proper sample for controlled substance testing; the refusal to take a required test; the failure to make oneself available to a test as required by this policy.

Safety Related Function: Any function that affects the safety of employees and the safe and effective operation of the City of Bridgeport including but not limited to the following:

- 1) All time at a City of Bridgeport facility or other City of Bridgeport locations or in a City of Bridgeport motor vehicle;
- 2) All time that a covered City of Bridgeport employee is on duty.

SAMHSA: Substance Abuse Mental Health Services Administration.

Screening Test: In drug testing an immunoassay screen to eliminate negative urine specimens from further analysis. The initial screening will be the EMIT (Enzyme Multiplied Immunoassay Technique).

Supervisor: Personnel assigned to a position having day-to-day responsibility for supervising subordinates.

PROHIBITED CONDUCT

- 1) The illegal use of controlled substances at any time is prohibited.
- 2) The performance of any Safety Related Function while using legally prescribed drugs is prohibited unless the use is pursuant to the instructions of a physician who has advised the employee that the substance will not adversely affect his/her work performance. The use of legally prescribed drugs, that may impair the employee's work performance or may affect workplace safety, shall be reported to the immediate supervisor before the performance of any Safety Related Function.
- 3) Refusal to submit to a drug test is strictly prohibited. The Covered Employee is required to cooperate with the laboratory personnel and provide them with the following:

- An adequate and complete sampling
- Assistance in completing the required documentation for chain of custody
- Marking and sealing the specimen

The refusal by a Covered Employee to submit to a drug screening test pursuant to the provisions of this policy will result in disciplinary action, up to and including termination.

The refusal by a prospective employee to submit to a drug screening test pursuant to the provisions of this policy will disqualify a prospective employee from consideration for employment.

- 4) The use of a masking agent designed to conceal the use of drugs to be tested is prohibited. The use of such an agent will be deemed a confirmed positive test.
- 5) The consumption of alcohol while performing a Safety Related Function is prohibited.
- 6) A blood alcohol level of .04 or greater is prohibited while performing any Safety Related Function.
- 7) A refusal to submit to an alcohol test is prohibited. A refusal to submit to an alcohol test will be treated as a confirmed positive result.

EMPLOYEES SUBJECT TO TESTING & TYPES OF DRUGS TESTED FOR

All Covered Employees shall be subject to the alcohol and drug testing procedures detailed in this policy.

The drug testing outlined in this policy will test for the following substances:

- 1) Marijuana
- 2) Cocaine
- 3) Amphetamines
- 4) Opiates (e.g. heroine, codeine)
- 5) Phencyclidine (PCP)

Note: The City reserves the right to order testing for Hallucinogens or Steroids, when appropriate. This list is subject to change at the City's discretion.

PRE-EMPLOYMENT TESTING

Prior to the employment of any prospective employee of the City of Bridgeport, that prospective employee shall undergo testing for alcohol and controlled substances. A Covered Employee who is laid off or on a leave for more than one year shall be subject to pre-employment testing.

REASONABLE SUSPICION TESTING

When a "reasonable suspicion" is determined indicating that a Covered Employee is using drugs and/or alcohol, that employee will be tested pursuant to procedures set forth in this policy.

Circumstances which constitute a basis for determining reasonable suspicion may include, but are not limited to:

- Direct observation of drug and/or alcohol use;
- The employee's body shows evidence of drug use (e.g. track marks);
- The employee is found to be in possession of drugs or alcohol on duty;
- Spontaneous, unusual, abnormal, erratic or unacceptable behavior;
- An unusual or suspicious pattern of sick leave usage;
- Information which is provided by a reliable and credible source;
- The presence of symptoms of drug or alcohol use (e.g. odor of alcoholic beverage, glassy or blood shot eyes, slurred speech, poor coordination and/or reflexes, etc.);
- The occurrence of repeated multiple on-the-job accidents or injuries.

Any observation for controlled substances and/or alcohol reasonable suspicion testing must be reported immediately to a supervisor.

Any employee who has a reasonable suspicion that his/her supervisor may be under the influence of a controlled substance and/or alcohol may report such suspicion to the next supervisor in the chain of command, and if not available, to the highest ranking

supervisor on duty. There will not be any reprisal against any employee who makes such a report. Any supervisor who does so will be subject to discipline up to and including termination.

A Supervisor who has a reasonable suspicion under this Policy shall consult with the City's Office of Labor Relations if possible concerning such suspicion. The supervisor shall also report such suspicion to their Department Head if possible. After such consultation the supervisor may order the employee for reasonable suspicion testing as provided herein. Except in an emergency or the unavailability of Labor Relations and/or the Department Head, the prior approval of such persons shall be obtained before ordering an employee for testing. A memorandum detailing in writing the specific facts, symptoms or observations that formed the basis for their determination that reasonable suspicion existed to warrant the testing of the employee shall be prepared by the reporting supervisor at the time of referral for testing and approved by the Department Head.

A written directive shall be prepared by the supervisor ordering the employee to report for testing immediately, if possible, but in any event within twenty-four (24) hours. The supervisor shall drive the employee to the Collection Site if possible. If not possible, the supervisor shall arrange for transportation. No employee under reasonable suspicion shall be permitted to drive themselves.

Any employee ordered for reasonable suspicion controlled substance testing, shall also undergo an alcohol screening test.

POST ACCIDENT TESTING

Employees shall be tested for controlled substances and/or alcohol if the employee was involved in an accident while performing a safety sensitive function with respect to that vehicle, and:

- 1) The accident involved the loss of human life, or;
- 2) The employee was involved in an accident while performing a safety sensitive function with respect to that vehicle and:
 - a. Any vehicle is required to be towed from the scene of the accident or,
 - b. The employee receives a citation as a result of the accident or,
 - c. Anyone involved in the accident has a bodily injury requiring immediate treatment away from the scene of the accident or,
 - d. The employer determines, using the best information available at the time of the decision, that the covered employee's performance cannot be completely discounted as a contributing factor to the accident.

Nothing in this section shall require the delay of necessary medical attention following an accident.

RETURN TO DUTY TESTING

Before an employee who has violated this policy concerning alcohol returns to duty requiring the performance of a Safety Related Function, the employee shall undergo a return to duty alcohol test with a result indicating a blood alcohol level of less than .04.

Before an employee who has violated this policy concerning controlled substance returns to duty requiring the performance of a Safety Related Function, just before such function, the employee shall undergo a return to duty controlled substance test with a result indicating a verified negative result for controlled substance use.

FOLLOW-UP TESTING

Following a determination by a substance abuse professional that an employee is in need of assistance associated with alcohol misuse and/or use of controlled substance that employee will be subject to unannounced follow-up alcohol and/or controlled substance testing. A minimum of six follow up tests must be performed within twelve months of the employee's return to Safety Related Function whether or not a substance abuse professional determines that the employee is in need of further assistance. Additional follow-up tests shall be performed as directed by a substance abuse professional.

ALCOHOL TESTING PROCEDURES

Alcohol testing will be performed by using evidential breath testing (EBT) devices approved by the NHTSA. The Test will be conducted by a Breath Alcohol Technician (BAT) at the collection site. At least two breath tests will be required to determine if a person has a prohibited alcohol concentration. If the first test result is less than .02, the test will be considered negative. If the test shows an alcohol concentration of .02 or greater, a second confirmation test must be conducted. If the confirmation test shows an increased concentration, then the process must be repeated. The final test result will determine what action, if any, needs to be taken.

In order to insure that an EBT is working properly, the BAT will run an air bank test which shows a reading of zero before a test is performed. A fifteen minute waiting period is required between the screening and confirmation test.

DRUG TESTING PROCEDURES

- 1) Drug testing will be performed by providing a urine sample (minimum of 60-75 ml.) at the collection site.
- 2) If an employee is unable to provide an adequate sample, the employee must remain at the collection site for a period of three hours. The employee will be required to consume a minimum of 40 fl. oz. of water during this period. If the employee is still unable to provide an adequate sample, the employee will be referred to a mutually

agreed upon physician, to assess the employee's inability to provide an adequate sample.

- 3) Specimen collection procedures require security for the collection site, chain of custody documentation, use of authorized personnel, privacy during collection, integrity and identity of the specimen, and transportation to the laboratory. Only those sites certified by SAMHSA, and that have these procedures in place will be used.
- 4) All personnel subject to testing shall present their department identification upon appearing at the laboratory.
- 5) Once the urine specimen is collected, it will be forwarded to a SAMHSA certified laboratory. The accuracy of the test shall be drug specific. The initial test shall employ a methodology different from the second test. The initial screening shall consist of the EMIT (Enzyme Multiplied Immunoassay Technique). If this test is negative no further test will be required. If the result is positive, a second confirmation test will be conducted. The confirmation test is performed using a Gas Chromatology/Mass Spectrometry (GC/MS) technique. A MRO will review and interpret positive test results.
- 6) The testing facility will be continuously bound to make provisions to properly preserve, store and secure a split urine sample of the original urine specimen, to be reserved and made available for the purpose of an independent confirmation. The employee, using the laboratory of his/her discretion, will authorize this independent confirmation provided such laboratory is SAMHSA certified. Any employee requesting testing of the split sample must make the request to the MRO within 72 hours of being notified of the results. The laboratory will make available to the employee, for his/her inspection, all records of the primary and secondary confirmation testing done by the lab on the urine sample provided by the employee. There are no cut off levels for testing of the split sample.
- 7) Only confirmed positive results are reported positive. The Office of Labor Relations shall be notified immediately following a positive test result.
- 8) The laboratory must continue the uninterrupted chain-of-custody procedure from receipt of the specimen and maintain internal chain of custody procedures that establish fundamental accountability and reliability of testing from a legal viewpoint. The chain of custody procedure must be stringent and confidential in all phases of the process:
 - Handling of the specimen
 - Testing the specimen
 - Storing of the specimen
 - Reporting of the test results

- 9) The City shall assure that the existing laboratory will be subject to appropriate external auditing procedures to evaluate quality assurance, evaluation of testing procedures and overall performance.

The following table reflects the cut off levels that will indicate a positive on a drug-screening test.

DRUGS	INITIAL TEST LEVELS (NG/ML)	CONFIRMATION TEST LEVELS (NG/ML)
Marijuana	50	15
Cocaine	300	150
Opiates	2000	
Morphine		2000
Codeine		2000
Phencyclidine (PCP)	25	25
Amphetamines	1000	500
Methamphetamine		500

CONSEQUENCES OF A POSITIVE CONTROLLED SUBSTANCE TEST

Any employee who has tested positive for the use of controlled substances or alcohol in violation of this policy will immediately be removed from the performance of any Safety Related Function. This includes but is not limited to any activity or the use of any equipment that may involve a safety risk to the employee, his fellow employees or the general public at large.

Disciplinary action will be taken against an employee for the confirmed use of drugs and/or the misuse of alcohol. That employee will immediately be suspended for a period of ten (10) days without pay. In some circumstances more severe disciplinary action, including termination, will be applied, depending on the seriousness of the conduct and/or the employee's record.

In the case of a probationary employee, that employee shall be terminated for such confirmed use.

In the case of a temporary, part-time, or seasonal employee, that employee shall be terminated for such confirmed use.

A positive pre-employment test will disqualify a prospective employee from consideration for employment.

As a condition of continued employment, the employee will be mandated to successfully complete a detoxification/rehabilitation program as recommended by and under the

supervision of the City's Employee Assistance Program. Any breach of the employee's after care treatment will lead to the dismissal of the employee.

A positive result on return to duty or follow up tests will lead to the dismissal of the employee.

A second violation of the City's Drug and Alcohol Policy will lead to the dismissal of the employee. It is the Policy of the City of Bridgeport to encourage the rehabilitation of its employees with drug or alcohol problems. Therefore, the City will allow a one-time opportunity, for any employee not terminated, to rehabilitate himself through the City's EAP program. This is a one time only opportunity. **Note:** Any employee who is found to be in violation of this policy by any other means (i.e. direct observation, arrest, or criminal conviction) will be subject to the above discipline up to and including termination.¹

CONSEQUENCES OF VOLUNTARY DISCLOSURES

The City believes that successful rehabilitation depends on an employee's willingness to rehabilitate himself/herself and the admission to oneself that he/she has a problem. Therefore, the City will encourage voluntary disclosure and offer assistance to any employee who seeks help on a voluntary basis. On a one time only basis, any employee who voluntarily seeks assistance will not be disciplined for the use of controlled substances or the misuse of alcohol and will be afforded the opportunity to utilize his/her accrued sick time to achieve his goal of rehabilitation. Each employee is entitled to only one voluntary disclosure.

An employee who voluntarily discloses his drug and/or alcohol problem will be subject to the same return to duty requirements as an employee who tests positive including return to duty and follow up testing; however, this employee will not be subject to immediate termination for a failure of such return to duty or follow up test unless it is his second disciplinary offense.

A disclosure will be considered voluntary only if made:

- 1) Prior to any accident or incident which could lead to a drug and/or alcohol test.
- 2) Prior to the employee being ordered for drug and/or alcohol test.
- 3) Prior to any employee becoming aware of an impending test.

A voluntary disclosure must be made to the appropriate department head in writing.

Note: An employee who voluntarily discloses his drug or alcohol use will not be subject to discipline only for the use of controlled substances or the misuse of drugs. He

¹ The disciplinary action outlined herein represents the City's position with respect to just cause. It is recognized that a union may contest such discipline and whether just cause exists through the grievance and arbitration process.

may however be subject to discipline for any underlying offenses (e.g. tardiness) or for any pending disciplinary action.

CONSEQUENCES OF REFUSAL TO SUBMIT

Any employee who is required to submit to a drug or alcohol test as required by this policy and refuses to submit to such test will be subject to immediate termination.

REINSTATEMENT OF EMPLOYEE

Any employee who tests positive for alcohol and/or controlled substances, refuses a required test, or who voluntarily discloses a drug and/or alcohol problem and who is not terminated from employment will not be allowed to perform any Safety Related Functions until he has been evaluated by a substance abuse professional, completed all recommended treatment, and taken a return-to-duty drug test with a verified negative result.

EMPLOYEE ASSISTANCE PROGRAM

Any employee who needs to seek help with a drug or alcohol problem may contact the City of Bridgeport Employee Assistance Program.

The EAP is available to all City employees and will provide counseling and referral services to any employee who seeks treatment.

The EAP services are provided by the City at no charge. Additional counseling is available with a minimal co-pay charge as referred by the EAP. Any required treatment that is not covered by the City's EAP program or insurance shall be borne by the employee.

EAP enrollment and counseling is confidential.

Note: The enrollment in an EAP program is not considered a voluntary disclosure. The employee must notify his supervisor in writing to be considered to have voluntarily disclosed.

EMPLOYEE EDUCATION

Covered Employees will be provided with information on the symptoms and effects of Drug and Alcohol use.

SUPERVISOR TRAINING

Department Heads and supervisors of Covered Employees will receive training on alcohol awareness and drug awareness.

The purpose of supervisory training is to provide supervisors with the knowledge to recognize the symptoms of drug and alcohol use and/or abuse and to familiarize them with the procedures and roles of the persons involved in this Drug and Alcohol Policy.

COMPENSATION OF EMPLOYEE

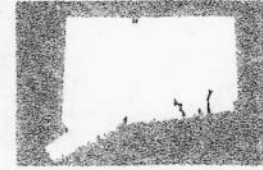
Each employee shall be compensated at his regular hourly rate for all testing pursuant to this policy, whether during regular working hours or on call back, except in the case of return to duty or follow up testing in which case the employee will not be compensated.

CONTACT PERSON

The City's Office of Labor Relations will be available to answer any questions regarding this policy.

APPENDIX E
MEDICAL BENEFITS

CONNECTICUT PARTNERSHIP PLAN



A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same POS plan currently offered to State of Connecticut employees. You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT: \$150*), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of-network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State Bluecare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 5, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and visit www.anthem.com/statect to find out if your doctor, hospital or other medical provider is in Anthem's network. Information about the dental plan offered where you work, and the amount you'll pay for healthcare and dental coverage, will be provided by your employer.

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	\$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: \$350 Family: \$350 per member (\$1,400 maximum) <i>Waived for HEP-compliant members</i>	Individual: \$300 Family: \$900
Coinsurance (the percentage of a covered expense you pay <i>after</i> you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: \$2,000 Family: 4,000	Individual: \$2,300 (includes deductible) Family: \$4,900 (includes deductible)
Primary Care Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Specialist Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	\$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	\$15 copay	20% of allowable UCR* charges
Chiropractic Care	\$0 copay	20% of allowable UCR* charges
Diagnostic Labs and X-Rays ¹ ** High Cost Testing (MRI, CAT, etc.)	\$0 copay (your doctor will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (you will need to get prior authorization for high-cost testing)
Durable Medical Equipment	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)

¹ IN NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility. 20% cost share at non-preferred facility. Outside your carrier's immediate service area: no co-pay.

¹ OUT OF NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance. Outside of carrier's immediate service area: deductible plus 20% coinsurance.

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Eye Exam (one per year)	\$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	\$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	\$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	\$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment		
**Inpatient	\$0	20% of allowable UCR* charges (you may need to get prior authorization)
Outpatient	\$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	\$0	20% of allowable UCR* charges
**Outpatient Surgery	\$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	\$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	\$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	\$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

** Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from Anthem. If you use out-of-network providers, you are responsible for obtaining prior authorization from Anthem.

Be the picture of health

Check out these programs and services to be your healthy best

Need a doctor? Choose a State of Connecticut preferred doctor and save.

When you see a Primary Care Physician (PCP) or specialist in your State of Connecticut preferred network (also referred to as Tier 1 in your health plan), there's no office visit copay. These doctors cost less than doctors outside of your plan.

- 1 Visit anthem.com/doctor and choose Find a Doctor.
- 2 Call the Enhanced Member Service Unit at 1-800-522-2232 for more information or to find out if your doctor is in Tier 1.

Use Site-of-Service providers to get 100% coverage for lab tests, X-rays, and diagnostic imaging.

Site-of-Service (SOS) providers give you 100% coverage with a \$0 copay. Your plan will cover only 80% of the cost when you get these services from other providers.

- 3 Call the Enhanced Member Service Unit at 1-800-522-2232 to learn more.

Find support for mental health issues

If you or a family member needs mental health or substance use care or treatment, we have specialists and designated programs that can help and/or direct you to the type of care that you need.

- 4 Call an Anthem Behavioral Health Care Specialist at 1-888-805-0580.
- 5 Visit anthem.com/mental.

See a doctor, psychologist or therapist from home or work with LiveHealth Online

With LiveHealth Online you can see a board-certified doctor on your smartphone, tablet or computer with a webcam. Doctors can assess your health, provide treatment options and send a prescription to the pharmacy of your choice, if needed.² If you're feeling stressed, worried or having a tough time, you can see a licensed psychologist or therapist through LiveHealth Online Psychology. It's private and in most cases you can see a therapist within 4 days or less.³

- 6 Learn more about livehealthonline.com or use the free mobile app.

How to find care right away when it's not an emergency

The emergency room shouldn't be your first stop — unless it's a true emergency (then, call 911 or go to the ER). Depending on the situation, there are different types of providers you can see if your doctor isn't available.

- 7 Visit a walk-in doctor's office, retail health clinic or urgent care center.
- 8 Have a video visit with a doctor through LiveHealth Online.
- 9 Call 24/7 NurseLine at 1-800-711-6947 to speak with a nurse about symptoms or get help finding the right care.

Get access to care wherever you go

If you travel out of Connecticut, but are in the U.S., you have access to doctors and hospitals across the country with the BlueCard® program. If you travel out of the U.S., you have access to providers in nearly 200 countries with the Blue Cross and Blue Shield Global Core® program.

- 10 Call 1-800-870-BLUE (2583) to learn more about both programs. If you're outside the U.S., call collect at 1-804-657-6779.

It's easy to manage your benefits online and on the go

- 11 Find a doctor, check your claims and compare costs for care near you at anthem.com/first-look.
- 12 Use our free mobile app (search "Anthem Blue Cross and Blue Shield" at the App Store[®] or Google Play[™]) for benefit information and to show your ID card, get directions to a doctor or urgent care center and much more.

Customer service helps you get answers and much more

The State of Connecticut Enhanced Member Service Unit can give you information on benefits, wellness programs and services and everything mentioned in this flier.

- 13 Call them at 1-800-522-2232.
- 14 Visit anthem.com/doctor.

¹ Designated as Tier 1 in our Find a Doctor tool. Eligible specialties include allergy and immunology, cardiology, endocrinology, ear nose and throat (ENT), gastroenterology, OB/GYN, ophthalmology, orthopedic surgery, rheumatology and urology.

² Prescription availability is defined by physician judgment and state regulations.

³ Appointments subject to availability of therapist.

⁴ Blue Cross Blue Shield Association website: Coverage Home and Away (accessed March 2019):

bcbs.com/already-a-member/coverage-home-and-away.html.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf

of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent

licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 59142CTMENABS Rev. 03/19



APPENDIX F
PRESCRIPTION DRUG BENEFITS



CONNECTICUT
PARTNERSHIP PLAN



PREScription DRUGS

PREScription DRUGS	Maintenance ⁺ (31 to 90-day supply)	Non-Maintenance (up to 30-day supply)	HEP Chronic Conditions
Generic (preferred/non-preferred)**	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-Pocket Maximum	\$4,600 Individual/\$9,200 Family		

+ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

** Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

Preferred and Non-Preferred Brand-Name Drugs

A drug's tier placement is determined by Caremark's Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at www.osc.ct.gov/boards/cer) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If Your Doctor Prescribes a Brand Name When a Generic is Available

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It is not enough for your doctor to note "dispense as written" on your prescription; a separate

form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-Day Supply for Maintenance Medications

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

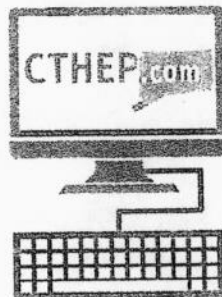
- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on the Comptroller's website at www.osc.ct.gov).

The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). Here are the 2022 HEP Requirements:

PREVENTIVE SCREENINGS	AGE						
	0-5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49	As recommended by physician
Cervical Cancer Screening	N/A	N/A	Pap smear every 3 years (21+)	Pap smear every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	40-44: N/A 45+: Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years	



The Health Enhancement Program features an easy-to-use website to keep you up to date on your requirements.



Additional Requirements for Those With Certain Conditions

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

If You Do Not Comply with the requirements of HEP

If you or any enrolled dependent is not in compliance with HEP, your premiums will be \$500 per month higher and you will have an annual \$1,500 per individual (\$3,000 per family) in-network medical deductible.

Care Management Solutions, an affiliate of ConnectiCare, is the administrator for the Health Enhancement Program (HEP). The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. You can visit www.cthep.com to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Access a library of health information and articles
- Set and track personal health goals
- Exchange messages with HEP Nurse Case Managers and professionals

You can also call Care Management Solutions to speak with a representative.

Care Management Solutions

(877) 687-1448 Monday – Thursday, 8:00 a.m. – 6:00 p.m. Friday, 8:00 a.m. – 5:00 p.m.

www.cthep.com



**CONNECTICUT
PARTNERSHIP PLAN**

YOUR BENEFIT RESOURCES

Office of the State Comptroller, Healthcare Policy & Benefit Services Division

www.osc.ct.gov/ctpartner

860-702-3560

Anthem Blue Cross and Blue Shield

www.anthem.com/staect

Enhanced Dedicated Member Services: **1-800-922-2232**

Caremark (Prescription drug benefits)

www.caremark.com

1-800-318-2572

CIGNA (Dental and Vision Rider benefits)

www.cigna.com/stateofct

1-800-244-6224

***Health Enhancement Program (HEP) Case Management Solutions
(an affiliate of ConnectiCare)***

www.cthep.com

1-877-687-1448

For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

APPENDIX G
DENTAL BENEFITS

Cigna Dental Benefit Summary
Bridgeport, City & Board of Education
City Employees Only
Plan Renewal Date: 07/01/2022



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	\$1,000		\$1,000	
Calendar Year Deductible Individual Family	\$25 \$75		\$25 \$75	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
Carryover Provision	Dental Expenses incurred and applied toward the Individual or Family Deductible during the last 3 months of the calendar year will be applied toward the next year's Deductible.			

Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.my.cigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense.
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> • Procedures and services not included in the list of covered dental expenses; • Diagnostic: cone beam imaging; • Preventive Services: instruction for plaque control, oral hygiene and diet; • Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: precision or semi-precision attachments; • Implants: implants or implant related services; • Orthodontics: orthodontic treatment; • Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion; • Athletic mouth guards; • Services performed primarily for cosmetic reasons; • Personalization or decoration of any dental device or dental work; • Replacement of an appliance per benefit guidelines; • Services that are deemed to be medical in nature; • Services and supplies received from a hospital; • Drugs: prescription drugs; • Charges in excess of the Maximum Reimbursable Charge. 	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

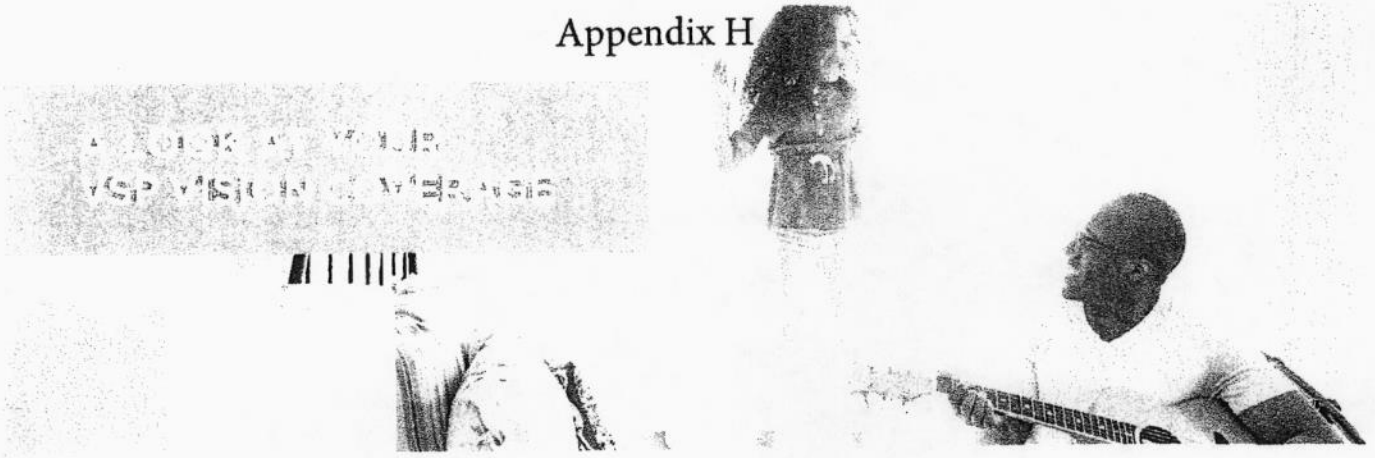
Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

© 2021 Cigna / version 09152021

APPENDIX H
VISION BENEFITS

Appendix H



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.




With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

PREMIER PROGRAM

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

bebe CALVIN KLEIN COLE HAAN FLEXON LACOSTE   NINE WEST	
---	---

© 2011 Vision Service Plan, Inc.

VISION CARE FOR LIFE

YOUR VSP VISION BENEFITS SUMMARY
 CITY OF BRIDGEPORT and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2020



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
PRESCRIPTION GLASSES		\$30	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$105 allowance for a wide selection of frames \$125 allowance for featured frame brands 20% savings on the amount over your allowance \$60 Costco® frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$105 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

©2020 Vision Service Plan. All rights reserved. VSP, VSP Vision Care for Life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

APPENDIX I
COOPER STANDARDS

Appendix I - Cooper Standards

I. SPECIFICATIONS AND STANDARDS FOR FITNESS TESTING (COOPER TEST)

The POSTC Fitness Test is a scientifically valid test, consisting of four separate test components, conducted during a one to two hour window of time.

Test 1. The One Minute Sit Up Test. This is a measure of the muscular endurance of the abdominal muscles and core area. Sit ups are done with bent legs and hands alongside the ears. The score is the number of correctly performed sit ups in one minute.

Test 2. The 300 Meter Run. This is a measure of the anaerobic power and sprinting ability. The test is conducted on a suitable running surface/track. The score is measured in the number of seconds necessary to complete the 300 meter distance.

Test 3. The One Minute Pushup Test. This is a measure of absolute strength of the muscles of the upper body. Pushups start in the up position (flat back and arms fully extended). The candidate lowers their body to approximately four inches from the ground without touching/bending their knees. Without touching knees the candidate then fully extends arms into the up position. The score is the number of correctly performed pushups in one minute.

Test 4. The 1.5 Mile Run. This is a measure of the cardiovascular capability of the runner. The test is conducted on a suitable oval running track. The score is the minutes and seconds necessary to complete the 1.5 mile distance.

Minimum Scores for Employment as a Police Officer using the 40th percentile of the Cooper Standards.


	ONE MINUTE	SECONDS	ONE MINUTE	
MALE	SIT UPS	300 MTR SPRINT	PUSH UPS	RUN
20-29	38	59	29	12:38
30-39	35	59	24	12:58
40-49	29	72	18	13:50
50-59	24	83	13	15:06
FEMALE				
20-29	32	71	15	14:50
30-39	25	79	11	15:43
40-49	20	94	9	16:31
50-59	14	N A	7	18:18



OFFICE OF THE MAYOR
CITY OF BRIDGEPORT, CONNECTICUT
999 BROAD STREET
BRIDGEPORT, CONNECTICUT 06604
TELEPHONE (203) 576-7201
FAX (203) 576-3913

JOSEPH P. GANIM
Mayor

**Comm. #56-22 Ref'd to Miscellaneous Matters Committee
On 5/1/2023**

TO: Director of Governmental Accountability
FROM: Mayor Joseph P. Ganim 
DATE: April 13, 2023
RE: Boards & Commissions

Please place the following name on the May 1, 2023 City Council agenda for referral to the Miscellaneous Matters Committee for the purpose of appointment to the **Planning and Zoning Commission**.

John Mariani Jr.
70 Leslie RD, Unit D (D)
Bridgeport, CT 06606

This term shall expire on 12/31/2026

JPG/AT



OFFICE OF THE MAYOR
CITY OF BRIDGEPORT, CONNECTICUT
999 BROAD STREET
BRIDGEPORT, CONNECTICUT 06604
TELEPHONE (203) 576-7201
FAX (203) 576-3913

JOSEPH P. GANIM
Mayor

**Comm. #57-22 Ref'd to Miscellaneous Matters Committee
On 5/1/2023**

TO: Director of Governmental Accountability
FROM: Mayor Joseph P. Ganim *JPG*
DATE: April 13, 2023
RE: Boards & Commissions

Please place the following name on the May 1, 2023 City Council agenda for referral to the Miscellaneous Matters Committee for the purpose of appointment to the **Harbor Commission**.

Mark Stevens Harp
1 Rockridge Circle (D)
Bridgeport, CT 06606

This term shall expire on 9/30/2027

JPG/AT



City of Bridgeport
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT

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

JOSEPH P. GANIM
Mayor

THOMAS F. GILL
Director

COMM. #58-22 Ref'd to ECD& E Committee
on 5/1/2023

WILLIAM J. COLEMAN
Deputy Director

April 24, 2023

City Clerk
45 Lyon Terrace
Bridgeport, CT 06604

Re: *Resolution Approving Programs for Connecticut Neighborhood Assistance Act Tax Credit Program – For Referral to ECDE Meeting of May 17, 2023.*

Required Public Hearing - Neighborhood Assistance Act Program Applications – Full Council Meeting of May 15, 2023.

Dear City Clerk and Honorable Members of the City Council:

OPED requests the City Council's action on the attached resolution approving programs for the 2023 Connecticut Neighborhood Assistance Act Tax Credit Program. This item is for referral to the May 17, 2023 meeting of the Economic and Community Development and Environment Committee.

OPED also requests that the Council order a public hearing on these 2023 Neighborhood Assistance Act Program Applications for its meeting of May 15, 2023.

Truly Yours,

Max Perez,
Director of Business Development and NAA Coordinator

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

RECEIVED
CITY CLERKS OFFICE
23 APR 25 AM 10:38
ATTEST
CITY CLERK

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

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

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

Whereas, the City’s Office of Planning and Economic Development (“OPED”) is the designated office for overseeing the implementation of the 2023 Neighborhood Assistance Act Tax Credit Program;

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

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

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

Whereas, the Bridgeport City Council received this attached list of program proposals as an OPED submittal item on its City Council Agenda of May 1, 2023;

Whereas, the Bridgeport City Council held a duly noticed public hearing on all program proposals at its meeting of May 15, 2023;

Whereas, the Bridgeport City Council reviewed the list and the OPED submittal at the May 17, 2023 meeting of its Economic and Community Development and Environment Committee;

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 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
2023 Connecticut Neighborhood Assisted Act
Organization Program Amount

1. **Big Brothers Big Sisters of SW CT, Inc.** - One to One Mentoring
\$125,000.00
2. **Bridgeport Rescue Mission** – Transitional Supportive Housing
\$150,000.00
3. **Junior Achievement of Western CT, Inc.** - Junior Achievement Financial Programs
\$100,000.00
4. **Bridgeport Neighborhood Trust** – ERA Funding, outreach & Administrative support
\$150,000.00
5. **Habitat for Humanity of Coastal Fairfield County** - Habitat CFC Program
\$150,000.00
6. **Hall Neighborhood House, Inc.** - Hall Senior Center
\$24,000.00
7. **Discovery Museum, Inc** – Chiller Replacement
\$150,000.00
8. **Cardinal Shehan Center** – Music, recording studio/DJ ART, STEM & Cooking Program
\$25,000.00
9. **Bridgeport Economic Development Corporation** - Bridgeport Brownfields Reclamation
\$50,000.00
10. **Connecticut Zoological Society** - Greenhouse Energy Conservation
\$150,000.00

11. **Central CT YMCA BPT – Hernan’s Haven for Youth**
\$150,000.00
12. **McGivney Community Center - McGivney Youth Programs**
\$40,000.00
13. **Boys Club & Girls Club of Bridgeport, CT – Project Learn**
\$150,000.00
14. **Boys Club & Girls Club of Bridgeport, CT - Energy Conservation Green Projects**
\$150,000.00
15. **Bridgeport Public Education Fund, Inc. - Mentoring for Academics Achievement**
\$50,000.00
16. **Bridgeport Public Education Fund, Inc – College Assistance Program**
\$50,000.00
17. **Wakeman Memorial Association – Energy Efficient updates**
\$51,282.60
18. **Mercy Learning Center of Bridgeport-Literacy & life skills**
\$150,000.00
19. **Housatonic Community College- Housatonic Museum of Art LED Upgrades**
\$24,000.00
20. **Wakeman Memorial Association - Madison Ave Clubhouse Green Playground**
\$45,925.00
21. **Bridgeport Caribe Youth League, Inc-Energy Efficient Repair and upgrades**
\$150,000.00

22. **University of Bridgeport-** Adding Energy Effectiveness
\$150,000.00
23. **University of Bridgeport-** Jobs for Bridgeport
\$150,000.00
24. **Mutual Housing Association of Southwestern CT, Inc-** Clinton Commons fire, safety & security upgrades & Flooring
\$150,000.00
25. **The Center for Family Justice, Inc.** CFJ'S Expansion Renovation Project.
\$150,000.00
26. **Central CT YMCA BPT –** Ralphola Taylor Community Central
\$50,000.00
27. **Groundwork, Bridgeport, Inc.** Tree Stewards
\$150,000.00
28. **Recovery Network-** Renovation of Tina Klem Serenity House & McGrath House
\$149,750.00
29. **Burroughs Community Center-** Energy conservation addition of Solar & LED lighting
\$85,000.00
30. **Marrakech, Inc.-** Window replacement at 2 Anton Circle BPT
\$30,000.00
31. **Bridgeport Youth Lacrosse-** Sport for Peace
\$90,000.00
32. **Bridgeport Hospital Foundation-** Bringing Technology to Life
\$50,000.00
33. **Bridgeport Caribe Youth League, Inc-**Workplace technology program
\$150,000.00



Municipality: Bridgeport

Form NAA-01

2023 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 Connecticut, Inc.

Address: Satellite: 2470 Fairfield Avenue, Bridgeport, CT 06605
Main: 30 Laurel Street, Suite 3, Hartford, CT 06106

Federal Employer Identification Number: 06-0850379

Program title: One-to-One Mentoring

Name of contact person: Annemarie Holly

Telephone number: (860) 990-0998

Email address: annemarieh@ctbig.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 125,000.00

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): Youth Development

Description of program: _____
BBBSCT provides one-to-one mentoring for at-risk children and youth by professionally trained and supported volunteer mentors. Matches meet regularly for enriching activities and build bonds that help participating children reach their highest potential. In our research-based model, mentoring is impactful because our professional staff ensures that mentors, parents and youth have the supports and resources they need. Our programs give children consistent, focused, one-to-one adult attention – helping at-risk kids build connections with trusted adults, resulting in reduced risky behaviors, increased self-confidence and greater opportunities to thrive.

Need for program: _____
Children in Bridgeport face significant challenges. Over 80% of all children are eligible for Free or Reduced-Price Lunch, compared with 42% statewide (CT Dept of Education, 2022); research shows that low-income children need more support to achieve at the same level as their more affluent peers. In 2021-22, 20.6% of students met proficiency on the Smart Balanced English-Language Arts assessment compared to the state average of 49.1%. Just 10.8% of students met proficiency on the Math Assessment, versus the 40% rate statewide (Ibid). Big Brothers Big Sisters' mentoring can turn these challenges into opportunities for growth.

Neighborhood area to be served: _____
All of Bridgeport

Plan to implement the program: _____
BBBSCT works to develop and enhance cross-sector partnerships so that we can receive program referrals from a variety of sources, better understand and respond to the needs of the community and avoid duplication of services. Our staff follows the same action steps with each child, family, and volunteer referred to our program. First, we conduct initial screening of child/family or volunteer and explain requirements. Eligible parties are assigned an Enrollment Coordinator (EC). The EC conducts follow-ups with the families (interviews, assessment of child needs, and goal setting) and volunteers (interview, assessment, background and reference checks, trainings). Based on shared interests and goals, the EC suggests a match. They then hold a meeting between child/family and volunteer to ensure all parties are comfortable. Next, a Case Manager is assigned, collects baseline data, and conducts regular check-ins to provide support, guidance and ensure child safety. Matches meet and engage in enriching activities for 6-10 hours per month.

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 06/30/2024
MM - DD - YYYY

Post-project audit due date: 09/30/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$125,000.00
Other funding sources - itemized sources:	
a) <u>Individual Contributions</u>	\$383,000.00
b) <u>Grants (Corporations, Foundations, United Way, Governme</u>	\$1,870,116.00
c) <u>Special Events</u>	\$513,000.00
d) <u>Other (other sales, revenue, in-kind contributions)</u>	\$75,000.00
	\$2,841,116.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries</u>	\$1,511,793.00
b) <u>Benefits</u>	\$290,663.00
c) <u>Rent</u>	\$82,200.00
d) <u>Insurance</u>	\$44,186.00
Administrative expenses - itemized description:	
a) <u>Assistance to Individuals</u>	\$309,719.00
b) <u>Professional Fees</u>	\$128,515.00
c) <u>Membership Dues</u>	\$32,903.00
d) <u>Miscellaneous</u>	\$363,853.00
	\$2,763,832.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

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

07/01, 2020, and ending

06/30, 20 21

Header section containing organization name (NUTMEG BIG BROTHERS/BIG SISTERS INC.), address (30 LAUREL STREET, HARTFORD, CT 06106), principal officer (ANDREW FLEISCHMEN), and identification numbers.

Part I Summary

Table with 22 rows detailing financial and governance information. Rows include: 1. Mission statement; 2-7. Governance metrics; 8-12. Revenue breakdown; 13-19. Expense breakdown; 20-22. Net assets or fund balances. Includes a comparison table for Prior Year vs Current Year.

Part II Signature Block

Signature block containing officer signature (Andrew M. Fleischmann), preparer signature (Amber D. Tucker), dates (03/02/2022), and contact information for Fiondella, Milone & Lasaracina LLP.

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

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 OF BIG BROTHERS BIG SISTERS OF CONNECTICUT IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. [] Yes [X] No

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 \$ 815,419. including grants of \$) (Revenue \$) THE ORGANIZATION BUILDS MENTORING RELATIONSHIPS ALL 169 OF CONNECTICUT'S CITIES AND TOWNS. THESE RELATIONSHIPS UNITE CHILDREN WITH COMMITTED VOLUNTEERS, CHANGING LIVES FOR THE BETTER, FOREVER. THE FOSTER GRANDPARENTS PROGRAM MATCHES LOW-INCOME SENIOR CITIZENS TO CHILDREN IN SCHOOLS, DAY CARE CENTERS AND HEAD START PROGRAMS. THE BIG FUTURES PROGRAM PROVIDES MENTORING SUPPORT AND GUIDANCE TO YOUTH WHO HAVE GRADUATED HIGH SCHOOL THROUGH AGE 25.

4b (Code:) (Expenses \$ 569,358. including grants of \$) (Revenue \$) FOSTER GRANDPARENT PROGRAM MATCHES LOW INCOME SENIOR CITIZENS TO CHILDREN IN SCHOOLS, DAY CARE CENTERS AND HEAD START PROGRAMS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,384,777.



Municipality: _____

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Bridgeport Rescue Mission

Address: 725 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-1362705

Program title: Transitional Supportive Housing

Name of contact person: Lisa Chester or Mike Cobb

Telephone number: (203) 333-4087

Email address: Lisa.Chester@BridgeportRescueMission.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: _____

Bridgeport Rescue Mission provides essential services and life-changing recovery programs to economically and socially disenfranchised individuals so they can become self-sufficient, contributing members of our community. To ensure and empower guests to a long-term successful transition toward self-sustainability, we plan to re-open transitional housing in one of the homes we own after renovation. Guests will receive supportive housing, help in finding a livable wage, and financial skills partnership to ensure they are able to build a future of sustainability.

Need for program: _____

It is nearly impossible for graduating residents to save toward the future if 50% or more of income is needed for housing. This struggle keeps individuals on the verge of homelessness. Housing in Connecticut is 35% higher than the national average; Bridgeport median rentals are at \$1,400 for a small apartment. The gap we fill is the need for transitional housing allowing residents to save and build a foundation for long term success. There is a shortfall of low-income housing in Bridgeport. Most of the existing low-income housing is full or limited to senior living (meeting another vital need in the community).

Neighborhood area to be served: _____

The greater Bridgeport Community - 1088 Fairfield is the address for the renovation and housing.

Plan to implement the program: _____

The BRM team plans to renovate and re-open the home at 1088 Fairfield which has been closed for some time as a space for very low rent housing while guests transition from homeless to a home. This location was previously used as a shelter, as well as some transitional housing. Albeit pre-pandemic, and it has been difficult to obtain the funding needed to renovate and reopen this location.

We have guests who have completed their recovery programming waiting to transition to an independent
~~affordable housing solution~~

Timetable:

Program start date: 09/01/2023
MM - DD - YYYY

Program completion date: 08/31/2024
MM - DD - YYYY

Post-project audit due date: 12/01/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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 Donations</u>	<u>\$705,353.00</u>
b) <u>Corporations</u>	<u>\$72,632.00</u>
c) <u>Foundations</u>	<u>\$24,086.00</u>
d) _____	_____
	<u>\$802,071.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Renovations to building</u>	<u>\$80,000.00</u>
b) <u>Furnishings</u>	<u>\$50,000.00</u>
c) <u>IT and Video Security</u>	<u>\$20,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Salaries for Men's Programs staff</u>	<u>\$558,321.00</u>
b) <u>Maintenance, upkeep and utilities</u>	<u>\$93,750.00</u>
c) _____	_____
d) _____	_____
	<u>\$802,071.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

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

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

Date	

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



**BRIDGEPORT
RESCUE MISSION**
Expanding Hope. Rebuilding Lives.

Supporting information for the Bridgeport Neighborhood Assistance Act application
**Bridgeport Rescue Mission's Proposal to renovate and open supportive, transitional housing
for men and women previously living homeless.**

The need for supportive, low-cost housing for individuals graduating from substance abuse or other life restoring programs while saving for future long-term housing is a vital next step for success toward sustainability. Access to such housing in Bridgeport is very limited and often impossible to obtain.

In response to this growing need, Bridgeport Rescue Mission plans to re-open a previous shelter to those in need of transitional housing with a manageable rent. The supportive transitional housing will allow residents to save money for deposits or possibly even a down payment for long-term housing solutions. With staff coaching and group support, guests in transitional housing will experience greater success toward independence.

It is difficult to save toward the future if 50% or more of income is needed for housing. This struggle keeps individuals on the verge of homelessness. Housing in Connecticut is 35% higher than the national average; Bridgeport median rentals are at \$1,400 for a small apartment. The gap we'll fill is the lack of transitional housing allowing residents to save and build a foundation for long term success. There is a shortfall of low-income housing in Bridgeport. Most of the existing low-income housing is full or limited to senior living (meeting another vital need in the community).

Guests who have gone through coaching, residential treatment, and other programs at Bridgeport Rescue Mission or other local service providers, often struggle to find a livable income quickly. When they do find a position, the paycheck is often just at \$30,000 annually (\$2,600 per month before taxes). Once taxes are paid, they are left with just over \$2,100 and very little wiggle room to save for the future. With rent at \$1400 per month (as it is in Bridgeport), utilities (water, gas, electric) averaging \$250 per month, plus food, medical, clothing, school fees for children or themselves, and other basic needs, there is very little if any money remaining. Lack of transitional housing contributes to the cycle of homelessness, encouraging a chronic cycle.

The BRM team plans to renovate and re-open the home at 1088 Fairfield, currently not in use, as a space for very low rent housing while guests transition from homeless to a home. This location was previously used as a shelter, as well as some transitional housing "pre-pandemic". As a result of being empty for some time, renovations are needed. We are also aware that data supports providing a well-lit, nicely furnished, and secure temporary home to those who have

2

experienced homelessness furthers long term success when guests transition to independent living. The restoration of dignity is vital to self-worth and perceived value.

An article published on October 31, 2022, in the CT Post, shares one man's story, "People have lived under the overpass for about two months, says a housing advocate who donated the camp's tents. One of its residents, George McClain, 62, became homeless after getting caught smoking crack cocaine, an addiction he says he no longer has. McClain is struggling to find housing, and he says landlords are rejecting other residents' federal housing vouchers. The Bridgeport native says he receives \$764 a month in disability benefits and has arthritis in both knees. McClain said the clearing housing his new Stratford Avenue camp grabbed his attention as he walked in the area. He returned with his 28-year-old nephew, who has since left the camp to stay in a shelter. 'We brought plastic bags, and cleaned it up,' said McClain, who spent years working as a trash collector for a private sanitation company. Over time, McClain said the camp has grown to house about a dozen people."

This is one example of how transitional housing may help until a long-term solution is found. For example, if Mr. McClain or another person from this camp were to enter the supportive transitional housing program, our team would help to build a solution that works for their specific needs and build a stable future. For example, helping Mr. McClain to find a roommate to share expenses of a traditional apartment long term, or to helping him apply for early benefits from Social Security while he's in a safe, stable, transitional housing room and saving money offers him stability.

The home at 1088 Fairfield will house 20 to 40 residents with 10 bedrooms and 5 bathrooms in each wing (a total of 20 bedrooms and 10 bathrooms). Each wing would operate as a unit with independent but supportive housing. Support would include opening a bank account, addiction counseling, personalized needs assessments and help with applying for benefits that are applicable to each resident. All residents would be required to hold a job, as well as participating in skills training, such as financial management and social interactions. Before the pandemic, our transitional housing program charged a small \$100 per month fee for participation. We anticipate the rental ranging from \$100 to \$200 once we open the program.

Opening this supportive transitional housing will not only provide long term success, but also decrease the number of families and individuals needing long term governmental support. The progress expected will include self-supporting goals for each resident for long term success and growth. Generational poverty can be alleviated with one individual finding their path to self-sustainability.

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

In-person requests: A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

Written requests: Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

Permissible charges: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return – Form 990 - \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application - \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

Form **990**

Return of Organization Exempt From Income Tax

2021

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

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.

and ending JUN 30, 2022

A For the 2021 calendar year, or tax year beginning

JUL 1, 2021

D Employer identification number

85-3559611

B Check if applicable:

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

C Name of organization

BRM Support Corporation

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1088 Fairfield Ave.

City or town, state or province, country, and ZIP or foreign postal code
Bridgeport, CT 06605

F Name and address of principal officer: Al Carey
same as C above

E Telephone number
203-333-4087

G Gross receipts \$ 1,849,385.

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: N/A

L Year of formation: 2020

M State of legal domicile: CT

K Form of organization: Corporation Trust Association Other

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To carry out certain functions of Bridgeport Rescue Mission, Inc.

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

3	Number of voting members of the governing body (Part VI, line 1a)	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	0
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5
6	Total number of volunteers (estimate if necessary)	0.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.

	Prior Year	Current Year
8	1,428,514.	1,290,557.
9	0.	0.
10	485.	0.
11	88,153.	370,965.
12	1,517,152.	1,661,522.
13	0.	0.
14	0.	0.
15	0.	0.
16a	0.	0.
b	47,735.	87,939.
17	47,735.	87,939.
18	1,469,417.	1,573,583.
19		
	Beginning of Current Year	End of Year
20	15,395,003.	16,198,469.
21	13,925,586.	13,155,469.
22	1,469,417.	3,043,000.

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer
Jean Correa, Chief Accounting Officer
Date

Paid Preparer Use Only

Print/Type preparer's name: Sara Tibbott
Preparer's signature: *Sara Tibbott*
Date: 2/28/2023
Check if self-employed:
Firm's EIN: 36-3990892
Firm's name: Capin Crouse, LLP
Firm's address: 1330 Avenue of the Americas, Suite 23A, New York, NY 10019
Phone no.: 505-502-2746

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

Form 990 (2021)



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Junior Achievement of Greater Fairfield County, Inc.

Address: 835 Main Street, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0644315

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

Name of contact person: Laura Stern

Telephone number: (203) 382-0180

Email address: lstern@jagfc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 100,000.00

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.

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 06/30/2024
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$100,000.00
Other funding sources - itemized sources:	
a) <u>Corporate, foundations, individual gifts, organizations</u>	\$206,771.20
b) <u>Special event revenue</u>	\$26,181.12
c) _____	_____
d) _____	_____
	\$332,952.32

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries, benefits, payroll taxes</u>	\$239,339.18
b) <u>Program materials and supplies</u>	\$8,775.17
c) <u>Travel, mileage, training</u>	\$3,278.08
d) <u>Scholarships, awards, recognition</u>	\$1,639.04
Administrative expenses - itemized description:	
a) <u>Insurance, license fees</u>	\$31,952.45
b) <u>Overhead - rent, utilities, equipment</u>	\$7,211.78
c) <u>Operating costs - IT, telephone, office supplies, postage/frgt</u>	\$32,435.34
d) <u>Marketing & development, staff & board development</u>	\$8,321.28
	\$332,952.32

Total Proposed Expenditures:

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

07/01/2021 and ending

06/30/2022

Header section A-M containing organization name, address, tax-exempt status, website, and other identifying information.

Part I Summary

Table with 22 rows detailing organizational activities, revenue, expenses, and net assets or fund balances.

Part II Signature Block

Signature block containing officer and preparer signatures, dates, and contact information.

May the IRS discuss this return with the preparer shown above? See instructions. For Paperwork Reduction Act Notice, see the separate instructions.



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Bridgeport Neighborhood Trust, Inc.

Address: 570 State Street, Bridgeport, CT 06604

Federal Employer Identification Number: 22-2809353

Program title: ERA Funding, Outreach & Administrative Support Program

Name of contact person: Charles Griggs

Telephone number: (203) 913-9767

Email address: charles@bntweb.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for persons with physical disabilities;
 Program serving low-income persons;
 Child care services;
 Establishment of a child day care facility;
 Open space acquisition fund; **or**
 Other (specify): Administrative funds supporting BNT's programs serving low-income persons

Description of program: _____

The ERA Funding, Outreach & Administrative Support Program would support BNT's administrative, funding and outreach functions supporting BNT's Empowerment Resource Academy (ERA) programming serving low-income persons, including the portion of administrative salaries devoted to program outreach and advertising, fundraising, accounting, oversight, and strategic planning. ERA provides homeownership, home retention and financial literacy classes and counseling to low- to moderate-income families across Connecticut, and mostly in Bridgeport where it is headquartered and provides higher value in-person counseling services.

Need for program: _____

Like most nonprofits, outside of the annual benefits they host, most grant opportunities at most will support 15% of program administrative and outreach needs, so this component of funding is sorely lacking. In fact, at BNT, only 20% of its annual grant and benefit fundraising of approximately \$500k supports these costs, which means that the appropriate support for growth is not being provided. This funding is crucial for BNT's capacity building and sustainability. As for the need of ERA's programs in Bridgeport, 64% of all renter households are housing constrained, which translates to 89,200 residents that would benefit from our services.

Neighborhood area to be served: _____

All residents in Bridgeport are available to our programming. By way of reference, in 2022 ERA's regular and ongoing education and counseling services (not including one-time state funded rental and mortgage assistance programs) were provided to 2,229 households, of which 1,404 (63%) were Bridgeport heads of households. With this funding, we expect to increase the number of households served in Bridgeport by 25% within 2 years to at least 1,750 households, representing approximately 4,700 Bridgeport residents.

Plan to implement the program: _____

The program would be put in place immediately, and should it be funded in its entirety (\$150k), which we realize is a challenge due to the significantly competitive nature of the NAA program, would be expected to increase BNT's capacity by at least 25% within 2 years. Funds raised would be used 25% for fund development, including the hiring of 1/2 person (to 1.5 persons), 30% for advertising and outreach (supporting 2 staff), and the remaining 45% for the administrative needs to support ERA program capacity building (supporting 3 staff).

Timetable:

Program start date: 01/01/2024
MM - DD - YYYY

Program completion date: 12/31/2024
MM - DD - YYYY

Post-project audit due date: 03/31/2025
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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>Portion of 2023 Budgeted Grants Available for Admin.</u>	<u>\$180,000.00</u>
b) <u>2023 Annual Benefit Budget</u>	<u>\$100,000.00</u>
c) _____	_____
d) _____	_____
	<u>\$430,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Fund Development Salaries & Benefits (30%)</u>	<u>\$129,000.00</u>
b) <u>Marketing & Outreach Staffing (35%)</u>	<u>\$150,500.00</u>
c) <u>Administrations - Other Admin Staff & Accounting (35%)</u>	<u>\$150,500.00</u>
d) _____	_____
	<u>\$430,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

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

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

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

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

A For the 2021 calendar year, or tax year beginning and ending

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

C Name of organization
BRIDGEPORT NEIGHBORHOOD TRUST

Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
570 STATE STREET

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

D Employer identification number
22-2809353

E Telephone number
203-290-4255

G Gross receipts \$ **6,207,969.**

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.BNTWEB.ORG**

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **BRIDGEPORT NEIGHBORHOOD TRUST WORKS TO END HOUSING INSECURITY, INCOME INEQUALITY AND HOMELESSNESS**

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

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	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 2021 (Part V, line 2a)	47	
	6	Total number of volunteers (estimate if necessary)	7	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,877,783. Current Year: 3,122,494.
9		Program service revenue (Part VIII, line 2g)	2,078,064. 2,408,303.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,419. 226,403.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,792. 227,860.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,947,474. 5,985,060.	
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)	1,275,366. 1,401,172.
		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)	2,740,769. 3,796,868.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,016,135. 5,198,040.	
Net Assets or Fund Balances	19	Total expenses. Subtract line 18 from line 12	-68,661. 787,020.	
	20	Total assets (Part X, line 16)	Beginning of Current Year: 32,086,902. End of Year: 32,575,822.	
	21	Total liabilities (Part X, line 26)	12,410,595. 12,112,495.	
	22	Net assets or fund balances. Subtract line 21 from line 20	19,676,307. 20,463,327.	

Part II Signature Block

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

Signature of officer: **DORIS LATORRE, CHIEF EXECUTIVE OFFICER**
 Date: _____

Type or print name and title

Print/Type preparer's name: **MICHAEL PRUELL, CPA**
 Preparer's signature: **MICHAEL PRUELL, CPA**
 Date: **11/14/22**
 Check if self-employed PTIN: **P01585061**

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

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



Municipality: Bridgeport, CT

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Habitat for Humanity of Coastal Fairfield County

Address: 1542 Barnum Avenue, Bridgeport, CT 06610

Federal Employer Identification Number: 22259707

Program title: Habitat CFC Program

Name of contact person: Kristen Alvanson

Telephone number: (203) 581-2941

Email address: kalvanson@habitatcfc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____
Habitat CFC seeks to build community and to improve lives by partnering with low-income families, community volunteers and donors to build decent and affordable homes. Since 1985, we have dedicated 279 homes helping over 1,100 family members in Fairfield County. We sell homes to families earning typically between 45% and 70% of the area median income and provide a 30-year mortgage with no down payments and with zero interest. Habitat CFC is a construction company with a green focus. We incorporate energy efficient building practices into our construction; 100% of our homes receive Energy Star certification.

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

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

Plan to implement the program: _____
Habitat CFC will build at least 10 decent, affordable homes for hardworking families in 2022. While the pandemic has slowed us down, we are continuing to build and look forward to increasing production as we are able to allow more volunteers on site. In order to reach our goal, we rely on every Habitat CFC department to play its part in making it happen. Our Construction Department keeps the building on schedule. Our Family Services Department works with future homeowner families throughout the process. Our Development Department works to secure funds needed to operate. And our Volunteer Services Department facilitates volunteer opportunities throughout the year.

Timetable:

Program start date: 01/01/2023
MM - DD - YYYY

Program completion date: 12/31/2023
MM - DD - YYYY

Post-project audit due date: 03/31/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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>\$1,135,000.00</u>
b) <u>Donor Contributions</u>	<u>\$1,600,000.00</u>
c) <u>ReStore Net</u>	<u>\$500,000.00</u>
d) <u>Grants & Other</u>	<u>\$2,524,000.00</u>
	<u>\$5,909,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Direct Construction</u>	<u>\$2,715,000.00</u>
b) <u>Program Compensation</u>	<u>\$1,695,000.00</u>
c) <u>Other Compensation</u>	<u>\$596,000.00</u>
d) _____	
Administrative expenses - itemized description:	
a) <u>Interest</u>	<u>\$30,000.00</u>
b) <u>Insurance, Legal and Accounting</u>	<u>\$240,000.00</u>
c) <u>Rent</u>	<u>\$253,000.00</u>
d) <u>Other</u>	<u>\$380,000.00</u>
	<u>\$5,909,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____
Margaret E. Morton Government Center, 999 Broad St. Bridgeport, CT 06604

Name of municipal liaison: Max Perez

Telephone number: 2037272707

Fax number: 2035763979

Email address: max.perez@bridgeport.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 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
HABITAT FOR HUMANITY OF COASTAL FAIRFIELD COUNTY, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1542 BARNUM AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06610

D Employer identification number
**** - ***7077**

E Telephone number
(203) 333-2642

G Gross receipts \$ **5,838,491.**

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.HABITATCFC.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1985** **M** State of legal domicile: **CT**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES HOME OWNERSHIP TO RESPONSIBLE LOW-INCOME FAMILIES THROUGH NEW		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	12
	3 Number of voting members of the governing body (Part VI, line 1a)	4	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	28
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	6	2188
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,088,574.	1,640,368.
	9 Program service revenue (Part VIII, line 2g)	2,221,692.	2,752,375.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,242.	325.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	783,855.	1,385,735.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,099,363.	5,778,803.
	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)	1,745,994.	1,747,338.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 315,307.	2,603,512.	3,259,115.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,349,506.	5,006,453.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-250,143.	772,350.
	19 Revenue less expenses. Subtract line 18 from line 12		
	20 Total assets (Part X, line 16)	Beginning of Current Year 10,271,690.	End of Year 10,938,183.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	3,615,552.	3,509,695.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,656,138.	7,428,488.

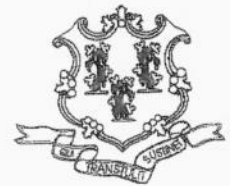
Part II Signature Block

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: **CAROLYN VERMONT, CEO**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **EDWARD G. SULLIVAN**
 Preparer's signature: _____
 Date: _____
 Check if self-employed PTIN: **P00579546**
 Firm's name: **WHITTLESEY PC**
 Firm's address: **280 TRUMBULL ST 24TH FL HARTFORD, CT 06103**
 Firm's EIN: **** - ***3326**
 Phone no.: **860.522.3111**

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



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Hall Neighborhood House, Inc.

Address: 52 George E. Pipkin's Way
Bridgeport, CT 06608

Federal Employer Identification Number: 06-0676851

Program title: Hall Senior Center

Name of contact person: Robert Dzurenda

Telephone number: (203) 345-2040

Email address: rdzurenda@hnhonline.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,000.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for persons with physical disabilities;
 Program serving low-income persons;
 Child care services;
 Establishment of a child day care facility;
 Open space acquisition fund; **or**
 Other (specify): Senior Citizens 60-years and older

Description of program: _____

Financial assistance is requested from the Neighborhood Assistance Act grant program to fund Hall Senior Center which is open Monday through Friday 8:30am to 3:00pm. Hall Senior Center serves over 50 people daily, offering free continental breakfast and hot lunch daily; daily exercise, recreational and therapeutic activities like yoga & Tai Chi; shopping trips; and weekly health assessments monitored by Public Health RN/PhD Linda Strong of Sacred Heart University's College of Nursing students. Hall also offers Caregiver Support for caregivers of seniors.

Need for program: _____

All of Hall's seniors live on fixed incomes, over 87% of which are of low income status (below 100% of Federal Poverty Level) and cannot afford to prepare nutritious meals each day. They need help accessing community and government benefits. Hall is awarded Title III federal funds that must be matched. This NAA grant would aid in offering those matching dollars, and the NAA support will help to cover the spending gap

Neighborhood area to be served: _____

The 96% of Hall Senior Center participants live in Bridgeport's East Side, East End and other Bridgeport neighborhoods.

Plan to implement the program: _____

Hall Senior Center is open 48 weeks per year and is staffed by a Senior Center Manager. The center is open Monday through Friday 8:30am-3:00pm. 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, and recreation are also offered. The programming keeps the older clients cognitively fit and emotionally healthy.

Timetable:

Program start date: 01/01/2024
MM - DD - YYYY

Program completion date: 12/31/2024
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$24,000.00</u>
Other funding sources - itemized sources:	
a) <u>Title III Federal Funds for Senior Center & Family Caregive</u>	<u>\$66,000.00</u>
b) <u>Other</u>	<u>\$1,500.00</u>
c) <u>NewGrants</u>	<u>\$25,000.00</u>
d) <u>Fund Raiswers/Private Donors</u>	<u>\$31,200.00</u>
	<u>\$147,700.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries, employer FICA, unemployment, Workers Comp</u>	<u>\$93,150.00</u>
b) <u>Training, conferences, public transportation, field trips, conl</u>	<u>\$4,500.00</u>
c) <u>Food, office supplies, kitchen/program, maintenance supplie</u>	<u>\$10,500.00</u>
d) <u>Other Program Enrichment</u>	<u>\$22,950.00</u>
Administrative expenses - itemized description:	
a) <u>copier/printer, general maintenance, utilities, rent, taxes</u>	<u>\$12,800.00</u>
b) <u>Computer server/software upgrade</u>	<u>\$800.00</u>
c) <u>communication, property liability insurance, fingerprinting/cr</u>	<u>\$2,000.00</u>
d) <u>audit</u>	<u>\$1,000.00</u>
	<u>\$147,700.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ Margaret E. Morton Government Center
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez</u>
Telephone number: 2035763976
Fax number: 2035793979
Email address: <u>max.perez@bridgeportct.gov</u>

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

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

2021

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 2021 calendar year, or tax year beginning **10/01**, 2021, and ending **9/30**, 2022

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

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

D Employer identification number
06-0676851

E Telephone number

G Gross receipts \$ **7,065,111.**

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

H(a) Is this a group return for subordinates? Yes No **X**
H(b) Are all subordinates included? Yes No

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

J Website: ▶ **HNHONLINE.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1901** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE SERVICES THAT WILL EDUCATE, ENRICH AND EMPOWER THE LIVES OF RESIDENTS OF ALL AGES IN BRIDGEPORT AND THE SURROUNDING COMMUNITIES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	5	123
	6 Total number of volunteers (estimate if necessary).....	6	625
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year 4,453,370.	Current Year 6,380,599.
	9 Program service revenue (Part VIII, line 2g).....	226,763.	334,240.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	5,578.	5,906.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	681,839.	333,717.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	5,367,550.	7,054,462.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	2,870,816.	3,670,585.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,309.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	1,715,963.	2,303,400.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	4,586,779.	5,973,985.	
19 Revenue less expenses. Subtract line 18 from line 12.....	780,771.	1,080,477.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 10,491,913.	End of Year 10,873,646.
	21 Total liabilities (Part X, line 26).....	3,189,233.	2,518,860.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	7,302,680.	8,354,786.

Part II Signature Block

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

Sign Here

Signature of officer: **ROBERT L. DZURENDA**
 Date: _____
 Title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

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

Firm's name: ▶ **HOPE & HERNANDEZ, P.C.**
 Firm's address: ▶ **2600 MAIN STREET**
BRIDGEPORT, CT 06606
 Firm's EIN ▶ **06-0993320**
 Phone no. **203-366-5092**

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

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: _____

Replace old chiller with new energy-efficient chiller. We have gotten three bids, this is the lowest bid.

Need for program: _____

Our chiller broke down last Spring. We had no air conditioning for the whole summer. Discovery is a gathering place for many in the City of Bridgeport to escape the heat and also keep their children's education going throughout the Summer. Our main mission is to close the education gap between Bridgeport Public School students and those from surrounding towns with many more resources. We have free Wednesdays for Bridgeport residents and offer scholarships to students who cannot afford our Summer Programming. Last year our numbers plummeted and we had to close down the planetarium on very hot days. This effected our ability to host "Free Summer at the Museum for CT Residents." We also were not able to hold events.

Neighborhood area to be served: _____

We serve much of Fairfield County, but our focus is on Bridgeport Public School students and Bridgeport residents as this is where the most need is and this is where the fewest resources are.

Plan to implement the program: _____

We are renting a chiller for the Summer, while we have ordered a new chiller. We cannot go another Summer with the loss of revenue and lack of attendance at our Summer Programs. Due to pipeline issues, the new chiller will not be delivered until after the Summer, but we will have it installed and up and running for next summer.



Municipality: Bridgeport

Form NAA-01
2023 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: _____
Discovery Museum, Inc.

Address: 4450 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0740527

Program title: Chiller Replacement

Name of contact person: Eileen Bakos

Telephone number: (203) 416-3522

Email address: ebakos@shudiscovery.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.

Timetable:

Program start date: 06/01/2023
MM - DD - YYYY

Program completion date: 06/01/2024
MM - DD - YYYY

Post-project audit due date: 07/01/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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>Line of Credit</u>	<u>\$60,255.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>High efficiency/performance chiller (quote attached)</u>	<u>\$210,255.00</u>
b) <u>Includes installation, parts, rigging, labor</u>	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	<u>\$0.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$210,255.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

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

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

**2023 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal
Instructions**

Complete all items on Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the **2020** calendar year, or tax year beginning **7/01**, 2020, and ending **6/30**, 2021

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

C THE DISCOVERY MUSEUM, INC.
4450 PARK AVENUE
BRIDGEPORT, CT 06604

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

D Employer identification number
06-0740527

E Telephone number
203-372-3521

G Gross receipts \$ **1,705,372.**

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

J Website: ▶ **WWW.DISCOVERYMUSEUM.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1958** **M** State of legal domicile: **CT**

Part I Summary

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

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

	Prior Year	Current Year
3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	46
6 Total number of volunteers (estimate if necessary)	6	145
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Total unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8 Contributions and grants (Part VIII, line 1h)	1,098,444.	1,080,067.
9 Program service revenue (Part VIII, line 2g)	359,216.	25,065.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,745.	-170,554.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,062.	170,045.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,651,467.	1,104,623.
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)	761,394.	484,291.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,142.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	832,151.	690,548.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,593,545.	1,174,839.
19 Revenue less expenses. Subtract line 18 from line 12	57,922.	-70,216.
20 Total assets (Part X, line 16)	Beginning of Current Year 5,252,981.	End of Year 5,611,992.
21 Total liabilities (Part X, line 26)	737,625.	980,393.
22 Net assets or fund balances. Subtract line 21 from line 20	4,515,356.	4,631,599.

Part II Signature Block

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

Sign Here

Signature of officer: **DAVID ZIEFF** Date: _____

Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **MICHAEL A. MALETTA CPA** Preparer's signature: **MICHAEL A. MALETTA CPA** Date: **3/24/22**

Firm's name: **MALETTA & COMPANY** Check if self-employed PTIN: **P00435529**

Firm's address: **43 ENTERPRISE DRIVE** Firm's EIN: **061209905**

BRISTOL, CT 06010 Phone no.: **8605826715**

April 7, 2023

Discovery Museum
Erika Eng
4450 Park Ave
Bridgeport, CT 06604

RE: Discovery Museum -- Chiller Replacement

Dear Mrs. Eng,

This proposal addresses the need to replace the existing Carrier 110 Ton air cooled chiller at the Discovery Museum building. The following will outline the scope of the project:

- Recover remaining refrigerant according to EPA standards
- Disconnect chilled water connections
- Provide weekday crane service to remove existing chiller and set new one in place
- Discard old chiller offsite
- Provide Trane CGAM110 Chiller
- Connect chiller to existing supply and return connections
- Insulate new chilled water piping
- Complete startup of new chiller
- Provide 1-year parts and labor warranty on new chiller
- Provide 5-year compressor part only warranty
- Excludes temporary chilled water / water balancing / glycol / high voltage electrical wiring / control wiring / overtime labor premiums / guarding / permit / zoning compliance

Tag Data - Air-Cooled Scroll (Qty: 1)

Item	Tag(s)	Qty	Description	Model Number
A1	110T 410A	1	20-130 Ton Air-Cooled (CGAM)	CGAM110A2**2AXD2A1A1A1AX*A1C1A4XXA8BXA1A3A1D1XXLXX

Product Data - Air-Cooled Scroll

Item: A1 Qty: 1 Tag(s): 110T 410A

Air-Cooled Scroll Packaged Chiller

Startup included - Trane Service must start equipment for warranty to be honored

110 nominal tons

Factory Assigned

80 hertz

208 volt 3 phases

High efficiency/performance

Full Factory Refrigerant Charge (HFC-410A)

With factory installed freeze protection

Refrigerant isolation valves (discharge valve)

UL listed to US and Canadian safety standard

ASHRAE 90.1/CSA C743 - No Compliance

AHRI certified

Factory installed flow switch - set point 60 cm/sec

Standard Cooling

Grooved pipe connection

Factory insulation 0.75"

Performance based on water

Wide Ambient

Lanced aluminum fins

Across the line starter/direct on line

Single point connection main line unit power-ancillary items require other power

Circuit breaker

Enclosure type UL 1995 rated for outdoor applications

BACnet MS/TP Interface

Programmable relays

Dual high head pump

Pump flow ctrl by var speed drive

Our price to perform this work as outlined above, including all parts, necessary labor and rigging is **\$210,255.00 excluding sales tax**. Pricing is in effect for 15 days from the date of proposal. We require completed CERT -141 to honor tax exemption status. Otherwise please add tax to the proposal.

Bill Riordan
Encon Heating and Air Conditioning
Cell 203-521-5526
briordan@goencon.com



4 Tower Dr
 Wallingford, CT 06492
www.cmcenergysv.com/ct/

Proposal

DATE: 1/6/23
 INVOICE #
 Project ID: Discovery Museum

PROJECT ADDRESS
 Discovery Museum
 4450 Park Ave
 Bridgeport, CT 06604

BILL TO

Discovery Museum
 4450 Park Ave
 Bridgeport, CT 06604

DESCRIPTION	QTY	SERVICES
HVAC:		
Supply and install New 110 Ton Trane Chiller	1	\$ 315,125.00
Removal of existing 110 ton Carrier Chiller	1	
Recovery and Dispose refrigerant in existing chiller per EPA guidelines	1	
Disconnect and reconnect existing chilled water piping	1	
Disconnect and reconnect electrical	1	
Disconnect and reconnect controls (Standalone only)	1	
Insulation new piping	1	
Crane and Rigging	1	
Pipe and Duct Identification, labeling and tagging	1	
Shop, coordination and as built drawings	1	
Equipment start-up and testing of contractor supplied equipment	1	
Labels and tagging	1	
O & M Manuals	1	
Permit Fees Included		
	Subtotal	\$ 315,125.00
	TOTAL DL	\$ 315,125.00

OTHER COMMENTS

This quote includes all materials and labor to complete work.

If you have any questions about this invoice, please contact
 CMC Energy Services Inc.
 1-888-403-3500
 Thank You For Your Business!



Municipality: Bridgeport

Form NAA-01

2023 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: Music (Recording Studio/DJ'ing), Arts, STEM & Cooking Programs

Name of contact person: Lorraine Gibbons

Telephone number: (203) 336-4468

Email address: lgibbons@shehancenter.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

As part of the Cardinal Shehan Center's After School & Saturday Program, we will enrich the lives of underserved children in Bridgeport, CT with the following: 1) Recording Studio: children will learn about recording music, DJ'ing, hip hop, poetry, public speaking, and careers. 2) Arts Program: children will engage in arts & crafts, drawing, photography, painting, and learn how to express themselves creatively. 3) STEM Program: hands-on projects relating to science, technology, engineering, and math, as well as invent their own creations including robots in the Lego League. 4) Cooking Program: teaches culinary arts, nutrition, and safety.

Need for program: _____

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

Neighborhood area to be served: _____

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

Plan to implement the program: _____

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

Timetable:

Program start date: 09/18/2023

Program completion date: 05/25/2024

Post-project audit due date: 06/07/2024

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$25,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$25,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Art supplies (photo chemicals/paper, arts/crafts materials)</u>	<u>\$5,000.00</u>
b) <u>STEM supplies (experiment supplies)</u>	<u>\$2,000.00</u>
c) <u>Recording Studio supplies (audio equipment)</u>	<u>\$5,000.00</u>
d) <u>Cooking ingredients</u>	<u>\$5,000.00</u>
Administrative expenses - itemized description:	
a) <u>Staff: Recording Studio Instructor</u>	<u>\$2,000.00</u>
b) <u>Staff: Art/Photo Instructor</u>	<u>\$2,000.00</u>
c) <u>Staff: STEM Instructor</u>	<u>\$2,000.00</u>
d) <u>Staff: Cooking Instructor</u>	<u>\$2,000.00</u>
	<u>\$25,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

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

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

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

2021

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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 1494 MAIN STREET		G Gross receipts \$ 2,584,913.
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.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

1 Briefly describe the organization's mission or most significant activities: TO ENRICH LIVES THROUGH LEARNING BY ENHANCING THE EDUCATIONAL, SOCIAL, AND RECREATIONAL OPPORTUNITIES	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 27
	4 Number of independent voting members of the governing body (Part VI, line 1b) 24
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 71
	6 Total number of volunteers (estimate if necessary) 100
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.
	8 Contributions and grants (Part VIII, line 1h) 983,396.
9 Program service revenue (Part VIII, line 2g) 1,658,901.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 189,977.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 432,649.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 497,547.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 214,232.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 79,666.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 42,274.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 1,685,688.	
b Total fundraising expenses (Part IX, column (D), line 25) 90,262.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 33,000.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 84,000.	
19 Revenue less expenses. Subtract line 18 from line 12 755,404.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 0.
	21 Total liabilities (Part X, line 26) 755,404.
	22 Net assets or fund balances. Subtract line 21 from line 20 0.
	23 Total net assets or fund balances. Add lines 20 and 22 894,018.
24 Total revenue less expenses. Subtract line 18 from line 12 391,197.	
25 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 568,971.	
26 Revenue less expenses. Subtract line 25 from line 24 1,179,601.	
27 Total revenue less expenses. Subtract line 26 from line 12 1,546,989.	
28 Total revenue less expenses. Subtract line 27 from line 12 506,087.	
29 Revenue less expenses. Subtract line 28 from line 12 865,965.	
30 Total assets (Part X, line 16) 8,925,526.	
31 Total liabilities (Part X, line 26) 8,334,335.	
32 Net assets or fund balances. Subtract line 31 from line 30 553,406.	
33 Total net assets or fund balances. Add lines 30 and 32 8,372,120.	

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 LORRAINE GIBBONS, EXECUTIVE DIRECTOR	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAMES G. WOODS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01429665
	Firm's name VENMAN & CO. LLC, CPA'S	Firm's EIN 06-0674034		Phone no. 203-929-9945	
	Firm's address 375 BRIDGEPORT AVENUE SHELTON, CT 06484				

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



Municipality: BRIDGEPORT

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
BRIDGEPORT ECONOMIC DEVELOPMENT CORPORATION

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

Federal Employer Identification Number: 23-7374878

Program title: Bridgeport Brownfields Reclamation Partnership

Name of contact person: Edward Lavernoich

Telephone number: (203) 335-3800

Email address: lavernoich@brbc.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Technical assistance and project management for the assessment, remediation, and redevelopment of contaminated properties/brownfields in Bridgeport's low income neighborhoods. Collaboration and partnership with the City of Bridgeport government, Neighborhood Revitalization Zones, other neighborhood groups, and MetroCOG (regional planning agency). Current project priorities include the Bridgeport Brass Redevelopment Planning Project, Cherry Street Lofts Environmental and Infrastructure Project, and Mt Growmore Agricultural Campus, a partnership with the East End NRZ.

Need for program: _____

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

Neighborhood area to be served: _____

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

Bridgeport residents are expected to benefit from these activities, via the removal of certain public health risks and improved economic activity throughout the region.

Plan to implement the program: _____

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

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 06/30/2024
MM - DD - YYYY

Post-project audit due date: 09/30/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$50,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Personnel and office overhead</u>	\$40,000.00
b) <u>Accounting, audit and legal expenses</u>	\$10,000.00
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$50,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, Office of Planning and Economic Development
Mailing address: _____ Margaret E. Morton Center 999 Broad Street Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>203 576-3976</u>
Fax number: <u>203576-3979</u>
Email address: <u>max.perez@bridgeportct.gov</u>

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning and ending

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

C Name of organization: **BRIDGEPORT ECONOMIC DEVELOPMENT CORP**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
10 MIDDLE STREET-14TH FL
 City or town, state or province, country, and ZIP or foreign postal code:
BRIDGEPORT, CT 06601

D Employer identification number: **23-7374878**

E Telephone number: **203-335-3800**

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

G Gross receipts \$: **2,092,707.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number: _____

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

J Website: **WWW.BRBC.ORG**

K Form of organization: Corporation Trust Association Other

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

COPY

Part I Summary

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

Activities & Governance		
3	Number of voting members of the governing body (Part VI, line 1a)	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	12
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.

Revenue	Prior Year	Current Year
8	97,406.	2,088,555.
9	4,000.	4,150.
10	0.	0.
11	4,522.	2.
12	105,928.	2,092,707.
13	0.	0.
14	0.	0.
15	71,788.	84,196.
16a	0.	0.
b	111,066.	104,849.
17	182,854.	189,045.
18	-76,926.	1,903,662.
19	143,969.	2,035,701.
20	28,006.	16,076.
21	115,963.	2,019,625.
22		

Expenses

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer: **EDWARD LAVERNOICH, PRESIDENT**
 Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **SANDRA D. CALLANAN**
 Preparer's signature: _____
 Date: **11/07/22**
 Check if self-employed: PTIN: **P01200948**
 Firm's name: **CIRONEFRIEDBERG, LLP**
 Firm's EIN: **06-1533315**
 Firm's address: **6 RESEARCH DRIVE, #450**
SHELTON, CT 06484
 Phone no. **203-366-5876**

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



Municipality: Bridgeport

Form NAA-01

2023 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 Zoological Society / DBA Connecticut's Beardsley Zoo

Address: 1875 Noble Avenue, Bridgeport, CT 06610

Federal Employer Identification Number: 23-7068821

Program title: Greenhouse- New Skin and Framing

Name of contact person: Gregg Dancho

Telephone number: (203) 394-6575

Email address: gdancho@beardsleyzoo.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

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

Need for program: _____

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

Neighborhood area to be served: _____

City-wide

Plan to implement the program: _____

Once funding is complete, the Zoo will replace the north side greenhouse windows (skin) and frames with insulated, double pane units with argon glass with stainless-steel spacers. Construction to be completed by December 2024.

Timetable:

Program start date: 12/01/2023
MM - DD - YYYY

Program completion date: 12/31/2024
MM - DD - YYYY

Post-project audit due date: 03/30/2025
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a) <u>Corporate Support</u>	\$50,000.00
b) <u>Foundation and Individual Support</u>	\$150,000.00
c) <u>Zoo Endowment</u>	\$150,000.00
d) <u>Grant Support</u>	\$500,000.00
	\$1,000,000.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Engineering Cost</u>	\$15,000.00
b) <u>Site Prep</u>	\$75,000.00
c) <u>Construction and Labor</u>	\$300,000.00
d) <u>Materials</u>	\$700,000.00
Administrative expenses - itemized description:	
a) <u>Staff</u>	\$10,000.00
b) _____	_____
c) _____	_____
d) _____	_____
	\$1,100,000.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

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

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



Municipality: Bridgeport

Form NAA-01

2023 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 Alpha Community Services YMCA

Address: 1054 Boston Avenue, Bridgeport, CT 06610

Federal Employer Identification Number: 06-0662195

Program title: Hernan's Haven for Youth

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): \$ 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): Housing and Homeless services

Description of program: _____

Hernan's Haven is a youth housing program with 11 units designed to support young adults between ages 18-24 who are experiencing homelessness. It was designed to not only house young adults, but give them the independence of their own space, the safety and stability of home and the wrap around services they need to be academically, fiscally, socially, emotionally and mentally well, successful and thriving. Challenged by life's stressors, being raised in poverty, surrounded by crime, neglect and abuse, the vulnerable population of young adults who continue to struggle with resources for housing, education and work force development.

Need for program: _____

Hernan's Haven does not have the funds to cover the cost of client supplies, office supplies, utility expenses, staff support, custodial supplies and occupancy contracted services. The program requires Case Managers who are uniquely positioned to understand and meet the needs of young people who have histories of homelessness, generational dysfunction, and who struggle with mental health issues and substance use disorders. From social work services, to tutoring, financial literacy, secondary education counseling and workforce development, residents of Hernan's Haven require full time support services.

Neighborhood area to be served: _____

Hernan's Haven serves youth in Bridgeport, CT as well as youth referred to us by the Fairfield County Coordinated Access network (CAN) 211 system.

Plan to implement the program: _____

In our efforts for stability of this program, We continue to advocate for service dollars from the State Department of Housing. We also continue to apply for local funding through the Community Development Block Grant along with securing private funding for this program. However the program 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 continued intensive case management services, continue to provide the workshops, and continue to provide basic needs items. Hernan's Haven request is intended to support the invisible homeless population in the City of Bridgeport and surrounding town

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 06/30/2024
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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>M&T Bank</u>	<u>\$60,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Personnel Costs (includes Fringe, benefits, retirement)</u>	<u>\$71,536.00</u>
b) <u>Supplies (office, food, and client support supplies)</u>	<u>\$33,464.00</u>
c) <u>Occupancy (utilities, telephone, internet, security, maint.)</u>	<u>\$40,000.00</u>
d) <u>Equipment Lease/Rental (Xerox)</u>	<u>\$5,000.00</u>
Administrative expenses - itemized description:	
a) <u>Association Support- HR, Payroll, IT, Accounting, Admin..</u>	<u>\$10,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$160,000.00

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: _____
Office of Planning & Economic Development, 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

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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 2021 calendar year, or tax year beginning , 2021, and ending , 20

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

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

D Employer identification number: 06-0662195

E Telephone number: (203) 777-9622

G Gross receipts \$: 31,162,165

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ _____

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

J Website: ▶ WWW.CCCYMCA.ORG

L Year of formation: 1994

M State of legal domicile: CT

K Form of organization: Corporation Trust Association Other ▶ _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

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

3	Number of voting members of the governing body (Part VI, line 1a)	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	28
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	1,212
6	Total number of volunteers (estimate if necessary)	2,301
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8	7,273,070	16,454,312
9	9,563,617	13,459,246
10	338,970	632,018
11	216,290	192,539
12	17,391,947	30,738,115
13		0
14		0
15	13,757,668	15,002,010
16a	0	0
16b	7,287,850	8,699,173
17	21,045,518	23,701,183
18	(3,653,571)	7,036,932
19		
	Beginning of Current Year	End of Year
20	42,295,471	48,852,527
21	11,922,318	10,843,930
22	30,373,153	38,008,597

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: _____
 MELISSA KESSELL KESSELL, CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: NICHOLAS YANOZAS
 Preparer's signature: _____ Date: _____
 Firm's name: WHITTLESEY PC
 Firm's address: 280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103
 Check if self-employed PTIN: P01423868
 Firm's EIN: 06-0903326
 Phone no.: (860) 522-3111

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



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
McGivney Community Center

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

Federal Employer Identification Number: _____

Program title: McGivney's Youth Program

Name of contact person: Lorraine Gibbons

Telephone number: (203) 333-2789

Email address: lgibbons@mcgivney.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

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

Need for program: _____

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

Neighborhood area to be served: _____

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

Plan to implement the program: _____

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

Timetable:

Program start date: 7/1/2023

Program completion date: 6/30/2024

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$40,000.00</u>
Other funding sources - itemized sources:	
a) <u>City of Bridgeport- Youth Service Bureau</u>	<u>\$7,500.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

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

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

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

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

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

Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

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

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

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

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

C **MC GIVNEY COMMUNITY CENTER, INC**
338 STILLMAN STREET
BRIDGEPORT, CT 06610

D Employer identification number
22-3059815

E Telephone number
(203) 333-2789

G Gross receipts \$ 717,511.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

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

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

H(c) Group exemption number ▶ 0928

J Website: ▶ WWW.MCGIVNEY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE TO THE YOUTHS OF THE COMMUNITY STIMULATING AND ENRICHING PROGRAMS THAT FOSTER ACADEMIC SUCCESS AND SELF-ESTEEM.

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

3 Number of voting members of the governing body (Part VI, line 1a)	<u>24</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>24</u>
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<u>23</u>
6 Total number of volunteers (estimate if necessary)	<u>0</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>0.</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>385,605.</u>	<u>434,578.</u>
9 Program service revenue (Part VIII, line 2g)	<u>27,469.</u>	<u>84,136.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>22,900.</u>	<u>15,947.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>101,349.</u>	<u>70,743.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>537,323.</u>	<u>605,404.</u>
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>307,834.</u>	<u>306,307.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (A), line 25) ▶ <u>53,888.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>180,416.</u>	<u>211,682.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>488,250.</u>	<u>517,989.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>49,073.</u>	<u>87,415.</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>1,509,640.</u>	<u>1,227,391.</u>
21 Total liabilities (Part X, line 26)	<u>274,154.</u>	<u>15,877.</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,235,486.</u>	<u>1,211,514.</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: LORRAINE GIBBONS Date: _____
 Type or print name and title: EXECUTIVE DIR.

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL A. MALETTA CPA Preparer's signature: MICHAEL A. MALETTA CPA Date: 12/12/22
 Check if self-employed PTIN: P00435529

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

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



Municipality: CITY OF BRIDGEPORT

Form NAA-01

2023 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 AND GIRLS CLUB OF BRIDGEPORT INC

Address: 102 PARK STREET, BRIDGEPORT CT 06608

Federal Employer Identification Number: 06-0669105

Program title: PROJECT LEARN

Name of contact person: ROBERT KEELEY

Telephone number: (203) 913-2373

Email address: INFO@JEROMEORCUTT.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: _____

Our project proposes three phases of growth that will allow us to become a greater pillar of the community and serve up to 200 children and youth ages 3 to 18. With the focus on cultivating safety, unity, education and generational growth. This project will expand our After School Program and Early Childhood Development capacity and add three areas of support for the community; 1) provide additional children and youth of the East Side of Bridgeport a safe place from 7:00 am to 6:00 pm, 2) provide additional programs, that enhance academic and life opportunities and 3) expanded child care options in Bridgeport by adding a child care center for families with children 3-5 years old who are needing educational care and stability for employment.

Need for program: _____

According to the State of the Child 2019 report by the Bridgeport Child Advocacy Coalition; For the 5,470 Bridgeport children ages 3-5 in 2018, there were 68 nursery school capacity slots to serve them, with one vacancy. Our project will expand the need for additional 3-5 year old care by 200 slots. The report also stated that Math and English Language Arts/Literacy test results for Bridgeport schools show on average 55% of students do not meet the achievement level tested for, compared to 25% statewide. And 72.5% of children ages 6-17 lived in families in which both parents were in the labor force, leaving the gap from 3-6 pm to be unsupervised at times. Violent Crime on East Side is 3x to 5x greater than state and national average.

Neighborhood area to be served: _____

East Side of Bridgeport

Plan to implement the program: _____

K5 – 12, 200-child After School & Child Care Program. We are renovating the facility to meet building requirements. We have begun the permitting process and have submitted room layouts and specifications to the building department in Bridgeport, CT for their review and approval - Q223. We will replace doors, windows, implement a security and fire alarm system, outside fencing, new elevator and build out rooms to accommodate classes. We are currently going through the Child Care Center licensing process with the Department of Early Childhood Education. GO LIVE Q423

Timetable:

Program start date: 09/01/2023
MM DD YYYY

Program completion date: 08/31/2024
MM DD YYYY

Post-project audit due date: 11/30/2024
MM DD YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a) <u>CARE FOR KIDS PROGRAM FUNDS</u>	\$800,000.00
b) <u>SPECIAL EVENTS</u>	\$50,000.00
c) <u>PRIVATE DONATIONS</u>	\$30,000.00
d) _____	_____
	\$1,030,000.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>DIRECTOR, TEACHERS, SUPPORT, CONSULTANTS</u>	\$721,733.00
b) <u>SUPPLIES</u>	\$116,000.00
c) <u>REPAIR, MAINTENANCE, TRASH DISPOSAL</u>	\$50,400.00
d) _____	_____
Administrative expenses - itemized description:	
a) <u>UTILITIES</u>	\$30,000.00
b) <u>ACCOUNTING, HR, LEGAL, IT, COMPLIANCE</u>	\$126,000.00
c) <u>INSURANCE</u>	\$43,800.00
d) _____	_____
	\$1,087,933.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
CITY OF BRIDGEPORT DEPT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Mailing address: _____
999 BROAD STREET BRIDGEPORT CT 06608

Name of municipal liaison: MAX PEREZ

Telephone number: 203-576-3976

Fax number: 203-576-3979

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

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)

2021

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 2021 calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 2022

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 _____ Room/suite _____
 Number and street (or P.O. box if mail is not delivered to street address) 102 PARK STREET
 City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06608

D Employer identification number 06-0669105
E Telephone number 203-275-8925
G Gross receipts \$ 98202

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

K Form of organization: Corporation Trust Association Other ▶ _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CULTURAL ENRICHMENT, PERSONAL EDUCATION AND SOCIAL RECREATION PROGRAMS.			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	<u>10</u>
	3 Number of voting members of the governing body (Part VI, line 1a)	4	<u>10</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	<u>4</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	6	
	6 Total number of volunteers (estimate if necessary)	7a	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>120809</u>	<u>96101</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1515</u>	<u>2101</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>122324</u>	<u>98202</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
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)	<u>114932</u>	<u>42576</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1442</u>	<u>100238</u>	<u>101720</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>215170</u>	<u>144296</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>-92846</u>	<u>-46094</u>	
19 Revenue less expenses. Subtract line 18 from line 12			
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>573408</u>	<u>480177</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>70900</u>	<u>70900</u>
		<u>502508</u>	<u>409277</u>

Part II Signature Block

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

Sign Here

Signature of officer
ROBERT KEELEY, EXECUTIVE DIRECTOR
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name KEVIN M LAING Preparer's signature _____ Date 11/10/2022 Check if self-employed PTIN P01896941

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

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

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

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

Form 990 (2021)

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 \$ 79363 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 \$ 64933 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 144296



Municipality: CITY OF BRIDGEPORT

Form NAA-01

2023 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 AND GIRLS CLUB OF BRIDGEPORT INC

Address: 102 PARK STREET, BRIDGEPORT CT 06608

Federal Employer Identification Number: 06-0669105

Program title: ENERGY CONSERVATION AND GREEN PROJECTS

Name of contact person: ROBERT KEELEY

Telephone number: (203) 913-2373

Email address: INFO@JEROMEORCUTT.COM

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The Boys Club and Girls Club of Bridgeport is a 501C3 non-profit agency that has been in existence since 1893. Our mission is to provide a safe, educational, and recreational environment for the children and youth of the East Side of Bridgeport. The club is in need of new windows and an air conditioning system.

Need for program: _____

The club needs to reduce the cost of heating by installing energy efficient windows. The club also needs to install an energy efficient air conditioning system to support the children in our daycare program. We currently use inefficient fans that do not cool the rooms adequately. A proper system will allow us to keep the appropriate climatic temperature for the children in the building

Neighborhood area to be served: _____

East Side of Bridgeport

Plan to implement the program: _____

K5 – 12, 200-child After School & Child Care Program. We are renovating the facility to meet building requirements. We have begun the permitting process and have submitted room layouts and specifications to the building department in Bridgeport, CT for their review and approval - Q223. We will replace doors, windows, implement a security and fire alarm system, outside fencing, new elevator and build out rooms to accommodate classes. We are currently going through the Child Care Center licensing process with the Department of Early Childhood Education. GO LIVE Q423

Timetable:

Program start date: 09/01/2023
MM - DD - YYYY

Program completion date: 08/31/2024
MM - DD - YYYY

Post-project audit due date: 11/30/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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) _____	_____
	\$150,000.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>WINDOWS</u>	\$100,000.00
b) <u>COMMERCIAL THROUGH THE WALL UNITS</u>	\$50,000.00
c) <u>ROOFTOP AIR CONDITIONERSHVAC</u>	\$100,000.00
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	\$250,000.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
CITY OF BRIDGEPORT DEPT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Mailing address: _____
999 BROAD STREET BRIDGEPORT CT 06608

Name of municipal liaison: MAX PEREZ

Telephone number: 203-576-3976

Fax number: 203-576-3979

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

2021

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 2021 calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 2022

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) 102 PARK STREET Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06608

D Employer identification number 06-0669105

E Telephone number 203-275-8925

F Name and address of principal officer ROBERT KEELEY

G Gross receipts \$ 98202

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

K Form of organization: Corporation Trust Association Other ▶ _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CULTURAL ENRICHMENT, PERSONAL EDUCATION AND SOCIAL RECREATION PROGRAMS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	10
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	4
6	Total number of volunteers (estimate if necessary)	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	

	Prior Year	Current Year
8	120809	96101
9	1515	2101
10		
11	122324	98202
12		
13		
14	114932	42576
15		
16a		
b	100238	101720
17	215170	144296
18	-92846	-46094
19		
	Beginning of Current Year	End of Year
20	573408	480177
21	70900	70900
22	502508	409277

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 11/10/2022 Check if self-employed PTIN P01896941
 Firm's name ▶ KML ACCOUNTING AND TAX SERVICE LLC Firm's EIN ▶ 81-0981258
 Firm's address ▶ 18 PLASKON DR 06484- Phone no. 203-914-0832 Yes No

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

Form **990** (2021)

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



Municipality: Bridgeport

Form NAA-01

2023 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: 271 Park Avenue
Bridgeport, CT 06604

Federal Employer Identification Number: 06-1379383

Program title: Mentoring for Academic Achievement and College/Career Success (MAACS)

Name of contact person: Faith Villegas

Telephone number: (203) 331-0551

Email address: fvillegas@bpef.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 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 Mentoring for Academic Achievement and College/Career Success (MAACS) is a high school mentoring and tutoring program. MAACS is dedicated to positive youth development by supporting Bridgeport Public high school students with academic/social/emotional success and post-secondary planning. MAACS mentors and tutors, who are college students themselves, meet one-on-one with referred high school students on a weekly basis. Matches meet for approximately 24 weeks of the school calendar year. The mentor-mentee and/or tutor/student matches must establish short, intermediate, and long-term goals as the relationship progresses.

Need for program: _____

The BPEF is dedicated to assisting students in the Bridgeport Public high schools to successfully graduate from high school, pursue a post-secondary education, and complete post-secondary education. The Bridgeport Public Schools district continues to experience fluctuating graduation rates, low standardized test scores and low college-attendance rates for its' graduates. Our mission and intent remains that same. We know that a student must first succeed in high school before transitioning to a post-secondary institution or any branch of the armed services. Additionally, the BPS has seen the needs of students increase to include english language learners, truancy/absenteeism, and mental health. The BPEF is aligning resources to better assist students.

Neighborhood area to be served: _____

Students attending high schools under the Bridgeport Public Schools district are served by the MAACS program. These schools include Bassick, Bpt. Military Academy, Central, and Fairchild Wheeler STEM academies (3). The locale of all schools encompasses a broad swath of the Bridgeport community.

Plan to implement the program: _____

Mentor, tutor and high school student recruitment begins on the college campuses and high schools in late August and throughout September. The students who are accepted as mentors and tutors will attend a mandatory four hour virtual orientation session. The high school students must submit a signed application and class schedule once they are approved for the MAACS program. Once the mentors and tutors have completed their required training and background checks, the formal process of mentoring and tutoring begins. Due to the fluid school structure, we anticipate mentoring and tutoring for a minimum of 12 weeks in both the fall and spring semesters.

Timetable:

Program start date: 08/01/2023
MM - DD - YYYY

Program completion date: 07/30/2024
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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>Foundations</u>	<u>\$24,000.00</u>
b) <u>Individuals</u>	<u>\$20,000.00</u>
c) <u>Scholarships donors</u>	<u>\$35,000.00</u>
d) _____	<u>_____</u>
	<u>\$129,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>MAACS staff</u>	<u>\$40,000.00</u>
b) <u>Student Stipends/Scholarships</u>	<u>\$45,000.00</u>
c) <u>Mentor and Tutor</u>	<u>\$16,000.00</u>
d) _____	<u>_____</u>
Administrative expenses - itemized description:	
a) <u>Accounting/Payroll</u>	<u>\$11,500.00</u>
b) <u>BPEF staff</u>	<u>\$18,000.00</u>
c) <u>Internet/Telephone</u>	<u>\$1,500.00</u>
d) <u>Postage/subscriptions/trainings/fees</u>	<u>\$5,000.00</u>
	<u>\$137,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see *Additional Information* below.

Part I —General Information

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

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

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

Part II —Program Information

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

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

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

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

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

Part III —Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV —Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

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)

2021

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 2021 calendar year, or tax year beginning and ending

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

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

D Employer identification number: **06-1379383**

E Telephone number: **(203) 331-0551**

G Gross receipts \$: **387,230.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶

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

J Website: ▶ **WWW.BPEF.ORG**

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO INCREASE INVOLVEMENT OF THE GREATER BRIDGEPORT COMMUNITY IN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM;**

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	296,004.	386,972.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	355.	258.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	296,359.	387,230.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,949.	30,550.
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)	151,091.	148,754.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,088.	81,082.	77,572.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	261,122.	256,876.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,237.	130,354.
19 Revenue less expenses. Subtract line 18 from line 12		

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	502,815.	619,643.
21 Total liabilities (Part X, line 26)	45,737.	19,557.
22 Net assets or fund balances. Subtract line 21 from line 20	457,078.	600,086.

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: **FAITH VILLEGAS, EXECUTIVE DIRECTOR** Date

Paid Print/Type preparer's name: **SANDRA D. CALLANAN** Preparer's signature: **CIRONEFRIEDBERG, LLP** Date: **11/02/22** Check if self-employed PTIN: **P01200948**

Preparer Use Only Firm's name: **6 RESEARCH DRIVE, #450** Firm's EIN: **06-1533315**
 Firm's address: **SHELTON, CT 06484** Phone no.: **203-366-5876**

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

MAACS Impact



6% of our students earn an associate's degree

79% of our students completed their

bachelor's and

20% obtained a **master's or doctorate!**

Congratulations to the youth who trusted the Bridgeport Public Education Fund, Inc. to support them throughout high school and their post-secondary journey. These students received mentoring services for two (2) or more years in the Mentoring for Academic Achievement & College/Career Success (MAACS) Program and attended mandatory college and career-readiness and success workshops. Listed below are the number of high school seniors who fulfilled the eligibility requirements to become CAP scholars.

The College Assistance Program (CAP) was created in 2003 to aid former MAACS students with their post-secondary needs. Students from Bassick, Central, Fairchild Wheeler Inter-district Magnet, and Warren Harding High Schools enrolled in CAP to receive emotional, social, and financial support as they transition from high school into post-secondary education. Students receive semester stipends, emergency tuition aid, textbook help, and scholarships. Your support made all the difference.

High School Class of:	Number of MAACS Seniors who enrolled in CAP	Percentage Completed &/or Persisting	Graduated from post-secondary	Continuing Post-secondary	Stop-Out	Certification	Armed Forces
2003	15	100%	15				
2004	16	100%	16				
2005	24	100%	24				
2006	23	96%	22		1		
2007	31	94%	29		2		
2008	21	95%	20		1		
2009	33	94%	28		2	3	
2010	34	79%	26		7		1
2011	41	98%	38		1	1	1
2012	39	85%	28		6	3	2
2013	74	74%	46		19	6	3
2014	30	90%	18	9	3		
2015	44	64%	20	6	16	1	1
2016	35	100%	21	13			1
2017	33	100%	16	17			
2018	42	98%	8	33	1		
2019	57	100%	2	54			
2020	16	100%	0	16			
2021	9	100%	0	9			
2022	14	100%	0	14			
	631	93%	377	171	59	14	10



Municipality: Bridgeport

Form NAA-01
2023 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 (DBA Wakeman Boys & Girls Club)

Address: Smilow-Burroughs Clubhouse, 2414 Fairfield Avenue, Bridgeport, CT 06605

Federal Employer Identification Number: 06-0662198

Program title: Smilow-Burroughs Clubhouse Energy Efficient Lighting Project

Name of contact person: Margaret Reynolds, Director of Foundation and Government Relations

Telephone number: (203) 908-3381

Email address: margaret@wakemanclub.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 51,282.60

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 energy efficiency project includes replacing 272 existing fluorescent and metal halide fixtures with new, LED fixtures that include controls to control dimming, trimming, occupancy sensing, and daylight harvesting. The fixtures can also be grouped for different scenarios based on the area use and hours of operation. The LED fixtures are high quality and will perform for many years with little maintenance. These controls will help the facility save significant energy, while increasing comfort levels and controllability.

Need for program: _____

Wakeman Boys & Girls Club, a nonprofit tax-exempt under section 501(c)(3) of the Internal Revenue Code, is in need of replacing lighting fixtures throughout the Smilow-Burroughs Clubhouse and enrolled in the Energize CT project through Earthlight to reduce energy consumption, lower the energy bill and decrease maintenance costs.

Neighborhood area to be served: _____

Smilow-Burroughs Clubhouse (SBC) is located in the West End of Bridgeport. After school and during the summer, SBC provides over 500 1st through 12th grade youth in the community with the opportunity to participate in impactful educational and enrichment programs that support long-term academic success, including successful high school graduation with a plan for college and career. The Club's programs are open to all, and no one is turned away regardless of their ability to pay.

Plan to implement the program: _____

The lighting project will be implemented as soon as possible and the funds received through the Neighborhood Assistance Act program will be applied directly to the net cost to Wakeman Boys & Girls Club through the local utility supplier.

Timetable:

Program start date: 01/01/2024
MM - DD - YYYY

Program completion date: 01/31/2024
MM - DD - YYYY

Post-project audit due date: 03/31/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$51,282.51</u>
Other funding sources - itemized sources:	
a) <u>Utility approved Incentive</u>	<u>\$35,197.08</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Energy Efficient Lighting Project</u>	<u>\$86,479.59</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$86,479.59

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAKEMAN MEMORIAL ASSOCIATION, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 268 POST ROAD 2ND FLOOR City or town, state or province, country, and ZIP or foreign postal code FAIRFIELD, CT 06824 F Name and address of principal officer: SABRINA E. SMELTZ 268 POST ROAD, 2ND FLOOR, FAIRFIELD, CT 068	D Employer identification number 06-0662198 E Telephone number (203)908 3381 G Gross receipts \$ 7,742,501. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.WAKEMANCLUB.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1920 M State of legal domicile: CT

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

Part II Signature Block

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

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



Municipality: _____

Form NAA-01

2023 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 Ave, Bridgeport, CT 06604-4611

Federal Employer Identification Number: 22-2859879

Program title: Literacy and Life Skills Program

Name of contact person: Megan Zboray

Telephone number: 203 — 334 — 6699

Email address: megan.zboray@mercylearningcenter.org

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: Mercy Learning Center of Bridgeport, Inc. (MLC) provides basic literacy and life skills training to women with low income. MLC provides holistic instruction within a compassionate, supportive environment that allows women to learn English advance their education, earn a high school diploma, and attain life skills such as financial and health literacy. Other supports include social services, childcare, legal counsel, nursing, transportation, citizenship preparation, and a food and diaper pantry offered for all students.
The program is open to women of all different backgrounds and all services are free.

Need for program: Ninety-three and a half percent of Mercy Learning Center's students report an annual household income below \$40,000 and all are primary caregivers. According to the U.S. Census Bureau, nearly 25% of Bridgeport women 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. Studies have found that educating mothers is the best way to boost children's academic success. Without financial support for MLC's programs, low income women will continue to struggle to pursue their education, work in minimum wage jobs, and provide for their families, perpetuating the cycle of poverty in the Greater Bridgeport community.

Neighborhood area to be served: Mercy Learning Center of Bridgeport, Inc. serves low income women living in Bridgeport and the surrounding community.

Plan to implement the program: See attached.

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 06/30/2024
MM - DD - YYYY

Post-project audit due date: 06/30/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
 Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Private Foundations</u>	<u>\$838,000.00</u>
b) <u>Corporate, Local Organizations</u>	<u>\$299,000.00</u>
c) <u>Government Grant</u>	<u>\$160,000.00</u>
d) <u>Individual Donations, Special Events, Investment Income</u>	<u>\$1,673,650.00</u>
	<u>\$2,970,650.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Personnel</u>	<u>\$2,260,150.00</u>
b) <u>Management and Occupancy</u>	<u>\$338,900.00</u>
c) <u>Instructional Programming</u>	<u>\$164,200.00</u>
d) <u>Outreach</u>	<u>\$259,800.00</u>
Administrative expenses - itemized description:	
a) <u>Board/Staff Professional Development</u>	<u>\$6,500.00</u>
b) <u>Insurances</u>	<u>\$40,800.00</u>
c) <u>Fundraising/Development/Marketing</u>	<u>\$32,300.00</u>
d) <u>Professional Services</u>	<u>\$37,000.00</u>
	<u>\$3,139,650.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



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

Mercy Learning Center serves women with low income from the Greater Bridgeport area who have yet to earn a high school diploma. Over 25% of women in Bridgeport do not have high school diplomas and nearly half of households in the city speak a language other than English. The Literacy and Life Skills Program runs year-round.

During the 2021-2022 program year, MLC enrolled 504 women.

- The majority of women possessed very low income, such that 93.5% of students reported an annual household income below \$40,000 per year.
- 100% of women were the mothers or primary caregivers of children under the age of 18.
- The women represented 36 different countries of origin and identified themselves as 82% Hispanic/Latina, 11% Black/African American, 5% Asian, and 2% White.
- All of the women functioned below the intermediate level (roughly 4th grade) in reading upon enrollment.

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

The Literacy and Life Skills Program

Approach

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

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

Part-Time Program Track

Mercy Learning Center's original Literacy and Life Skills Part-Time Program is entering its 36th year of operation. Each student is matched with a volunteer tutor and taught basic skills throughout the course of an academic year.

During 2021-2022, the Part-Time Program was offered 4 times a week at 2-hour interval sessions. A smaller number of volunteer tutors taught groups of between one and five students, while certified teachers taught groups of approximately fifteen students in a modified classroom setting. This model continued for the 2022-2023 academic year.

Each part-time student receives computer instruction for a minimum of four hours weekly, focused on digital literacy and employment preparation. Periodically, mandatory life skills workshops about a variety of topics including nutrition, emergency preparedness, and basic financial literacy are facilitated by different staff members. Mercy Learning Center staff work cohesively to recruit, test, enroll, place and support students, as well as to attract and retain volunteer tutors. Students with jobs gravitate toward the Part-Time Program due to its flexibility and opportunity to learn from qualified tutors.

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

Full-Time Program Track

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

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

Support Services

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

- **Social Services:** MLC's Case Management Team provides students with any resources or referrals they need, including legal assistance, health appointments, financial advice, medical supplies, food, clothing, and diapers.
- **Career and College Counseling:** MLC's Career and College Counselor works with students to improve their interviewing skills, locate employment opportunities, and sustain employment. The Counselor also works closely with students transitioning to

post-secondary education or job training programs, including securing scholarships and navigating the application process.

- **Early Childhood Education Program:** Mercy Learning Center provides childcare for children aged three months to four years in a licensed Early Childhood Education Program (ECEP). The ECEP promotes a multi-generational approach to learning, and ensures that children are prepared for English-dominant kindergarten programs.
- **Life Skills Workshops and Enrichment Opportunities:** MLC offers both required and optional life skills workshops regarding topics including financial literacy, nutrition, parenting and family concerns, safety, legal interactions, and housing issues. Enrichment opportunities include field trips to museums and local attractions, yoga, knitting, and other activities.

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

Outcomes

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

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

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

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

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

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

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

Evaluation

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

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

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

Accomplishments

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

During the 2021-2022 program year, 59 MLC alumnae were enrolled in certification programs and 22 received Women of Achievement scholarships, given to women who wish to pursue post-secondary education but don't have the resources to do so. Three graduates earned bachelor's degrees, eight earned associate's degrees, and two earned college certificates. Additionally, 54 students reported finding new jobs and 29 students passed the U.S. Citizenship exam. In 2021-2022, twenty-three women earned high school diplomas in the GED® and NEDP® programs. Cumulatively, MLC has graduated 413 women.

As a cohesive community, Mercy Learning Center students have a high rate of success. Mercy Learning Center's Adult Basic Education, GED®, and NEDP® students advance at rates that are higher than federal and state guidelines, while MLC's English Language Learning students

score nearly 25% percent higher than federal and state benchmarks. MLC's programs rank in the top 1% of adult education programs across the state of Connecticut.

Each of these achievements strengthens the Bridgeport community by increasing the number of educated and skilled workers as well as engaged parents, while creating economic stability and independence among families.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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

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

D Employer identification number: **22-2859879**

E Telephone number: **203-334-6699**

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

G Gross receipts \$: **5,257,559.**

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.MERCYLEARNINGCENTER.ORG**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **THE CENTER EDUCATES LOW INCOME, UNDEREDUCATED WOMEN FROM PRE-LITERACY THROUGH HIGH SCHOOL**

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

3	15
4	14
5	53
6	93
7a	0.
7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,837,929.	5,094,440.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	178,702.	139,086.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,016,631.	5,233,526.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	635,630.	437,363.
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)	1,820,366.	1,831,911.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 145,160.	506,233.	524,459.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,962,229.	2,793,733.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,054,402.	2,439,793.
19 Revenue less expenses. Subtract line 18 from line 12		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,114,620.	11,401,730.
21 Total liabilities (Part X, line 26)	44,388.	11,124.
22 Net assets or fund balances. Subtract line 21 from line 20	10,070,232.	11,390,606.

Part II Signature Block

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

Signature of officer: **JANE E. FERREIRA, PRESIDENT & CEO**
 Date: _____

Print/Type preparer's name: **JENNIFER BULL**
 Preparer's signature: **JENNIFER BULL**
 Date: **10/13/22**
 Check if self-employed: PTIN: **P00448361**

Firm's name: **PKF O'CONNOR DAVIES, LLP**
 Firm's address: **FOUR CORPORATE DRIVE, SUITE 488
 SHELTON, CT 06484-6241**
 Firm's EIN: **27-1728945**
 Phone no.: **203-929-3535**

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



Municipality: Bridgeport

Form NAA-01

2023 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: _____
Housatonic Community College

Address: 900 Lafayette Boulevard,
Bridgeport, CT 06604

Federal Employer Identification Number: 13-4310869

Program title: Housatonic Museum of Art LED Upgrades

Name of contact person: Mario Pierce

Telephone number: (203) 332-5015

Email address: mpierce@hcc.commnet.eu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,000.00

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: _____

Retrofit existing fluorescent light fixtures with the Art Gallery Spaces across campus with LED fixtures that provide enhanced lighting and energy efficiency.

Need for program: _____

Community College finances have been greatly affected like other sectors during the pandemic. This funding would greatly assist HCC with upgrading the lighting in our art gallery and provide the energy efficiency benefits and better lighting.

Neighborhood area to be served: _____

Housatonic Community College is located in Bridgeport, Connecticut's largest city, and serves an eleven-town area in Southwestern Connecticut. A member of Connecticut State Colleges & Universities, the college opened its doors in 1966 as a branch of Norwalk Community College and became independent in 1967. In 1997 HCC moved to its present site in downtown Bridgeport. The student body reflects the diversity of the service region. Changes in student and educational goals, economic diversity, and industry needs are responded to with flexibility and responsible adjustment in programs and services. A majority of Housatonics population are marginalized and comprised of low-income, first generation college students, majority from the greater

Plan to implement the program: _____

We plan to partner with one of our state contract vendors to assess how we might best optimize the retrofit of the gallery spaces both to address energy efficiency and poor lighting. Depending on the timing of funding disbursement, the goal will be to complete this project over the summer or another college break period.

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 12/31/2023
MM - DD - YYYY

Post-project audit due date: 02/01/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$24,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	\$24,000.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	\$24,000.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Internal Revenue Service

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Date: March 10, 2006

Person to Contact:

Mr. Mason 31-07424

Customer Service Specialist

Toll Free Telephone Number:

877-829-5500

Federal Identification Number:

06-6000798

STATE OF CONNECTICUT OFFICE OF THE STATE
COMPTROLLER
% ANDREW LEINER PAYROLL EXAMINER II
55 ELM ST
HARTFORD CT 06106-1746 991

Dear Sir/Madam:

This is in response to your request of March 10, 2006, regarding your organization's exemption from Federal income tax.

As a governmental unit or a political subdivision thereof, your organization is not subject to Federal income tax under the provisions of Section 115(1) of the Internal Revenue Code, which states in part:

"Gross income does not include income derived from ... the exercise of any essential governmental function and accruing to a State or any political subdivision thereof ..."

Because your organization is a governmental unit or a political subdivision thereof, its income is not taxable as explained above. Contributions used exclusively for public purposes are deductible under Section 170(c)(1) of the Code.

Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Your organization may obtain a letter ruling on its status under section 115 by following the procedures specified in Rev. Proc. 2004-1 or its successor.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,


for Janna K. Skufca, Director, TE/GE
Customer Account Services

CINCINNATI OH 45999-0038

In reply refer to: 0248222025
Sep. 18, 2018 LTR 4076C 0
13-4310869 000000 00

00013793
BODC: TE

HOUSATONIC COMMUNITY COLLEGE
% RALPH T TYLER
900 LAFAYETTE BLVD
BRIDGEPORT CT 06604-4704

Federal Identification Number: 13-4310869
Person to Contact: Customer Service
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This responds to your request for information about your federal tax status. Our records do not specify your federal tax status. However, the following general information about the tax treatment of state and local governments and affiliated organizations may be of interest to you.

GOVERNMENTAL UNITS

Governmental units, such as States and their political subdivisions, are not generally subject to federal income tax. Political subdivisions of a State are entities with one or more of the sovereign powers of the State such as the power to tax. Typically they include counties or municipalities and their agencies or departments. Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose.

ENTITIES MEETING THE REQUIREMENTS OF SECTION 115(1)

An entity that is not a governmental unit but that performs an essential government function may not be subject to federal income tax, pursuant to Code section 115(1). The income of such entities is excluded from the definition of gross income as long as the income (1) is derived from a public utility or the exercise of an essential government function, and (2) accrues to a State, a political subdivision of a State, or the District of Columbia. Contributions made to entities whose income is excluded income under section 115 may not be tax deductible to contributors.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a State, county, or municipal government may qualify for exemption from federal income tax under section 501(c)(3) of the Code, if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that entities may meet the requirements of both sections 501(c)(3) and 115 under certain circumstances. See Revenue Procedure 2003-12, 2003-1 C.B. 316.

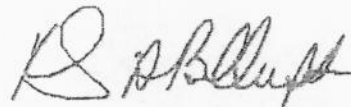
HOUSATONIC COMMUNITY COLLEGE
% RALPH T TYLER
900 LAFAYETTE BLVD
BRIDGEPORT CT 06604-4704

Most entities must file a Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, to request a determination that the organization is exempt from federal income tax under 501(c)(3) of the Code and that charitable contributions are tax deductible to contributors under section 170(c)(2). In addition, private foundations and other persons sometimes want assurance that their grants or contributions are made to a governmental unit or a public charity. Generally, grantors and contributors may rely on the status of governmental units based on State or local law. Form 1023 and Publication 4220, Applying for 501(c)(3) Tax-Exempt Status, are available online at www.irs.gov/eo.

We hope this general information will be of assistance to you. This letter, however, does not determine that you have any particular tax status. If you are unsure of your status as a governmental unit or state institution whose income is excluded under section 115(1) you may seek a private letter ruling by following the procedures specified in Revenue Procedure 2007-1, 2007-1 I.R.B. 1 (updated annually).

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1

Purchaser is:

United States

Name of agency

State of Connecticut

Housatonic Community College #76-0729241
Name of agency (List exemption number, if any.)

Federal credit union

Name of credit union

Connecticut municipality

Town or district and agency

Other entity exempted by Connecticut law

Name of entity

Exempting Connecticut statute

Other entity exempted by federal law

Name of entity

Exempting federal statute

or check box if acknowledgment letter from DRS is attached.

Connecticut Development Authority

Agent of a qualifying governmental agency listed above (Attach documentation of appointment as agent.)

Name of agent:

Agent's CT Tax Registration Number:

Agent's Federal Employer ID Number:

Name of qualifying governmental agency:

Appointed agent for making the following types of purchases:

Address of purchaser: 900 Lafayette Blvd, Bridgeport CT 06604-4704

Name of seller

City of Bridgeport

Address

PO Box 621
Bridgeport, CT 06601

CT Tax Registration Number
(If none, explain.)

Federal Employer ID Number
06-6001865

Check one box:

Blanket certificate (CERT-134 may not be used as a blanket certificate for purchases of tangible personal property for resale at any one of five fundraising or social events per calendar year exempt under Conn. Gen. Stat. §12-412(94). See below.)

Certificate for one purchase only

Purchases that qualify for exemption under Conn. Gen. Stat. §12-412(94). Indicate the number of prior fundraising or social events during this calendar year for which you claimed exemption under Conn. Gen. Stat. §12-412(94):

Check the appropriate box(es) and provide a written description of each item purchased:

Tangible personal property Taxable services

Description:

Building Services

Declaration by Purchaser

The item(s) described above are tangible personal property or services being purchased under the exemption provided in Conn. Gen. Stat. §12-412(1)(A) or other applicable statute. The purchase of these items is exempt from sales and use taxes.

I declare under penalty of law that I have examined this certificate (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000 or imprisonment for not more than five years, or both.

Housatonic Community College

Name of purchaser

By:

Angela B. [Signature]
Signature of authorized person

Accountant

Title

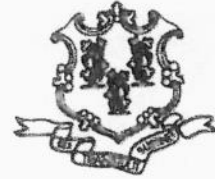
4/14/23

Date

If the purchaser is an entity exempted under Connecticut law other than Conn. Gen. Stat. §12-412(1)(A), I have entered the citation of the exempting law above. If the purchaser is an entity exempted under federal law, I have entered the citation of the exempting law above, or, if there is no specific statutory authority, I have attached a copy of the letter from DRS acknowledging the exempt status.

If the purchaser is an agent of a qualifying governmental agency, I have attached a copy of the document from the qualifying governmental agency expressly designating the purchaser as agent.

Connecticut Department of Revenue Services



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Bridgeport Caribe Youth League, Inc.

Address: 1067 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 20-0421577

Program title: Energy Efficient Repairs and Upgrades

Name of contact person: John Torres, Executive Director

Telephone number: (203) 913-0073

Email address: jtorres@bcyl.org

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

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

Need for program: _____

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

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

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

John Torres, BCYL-Executive Director-Coordination of Caribe Programs
Bryant Harrell, UB-Senior Vice President Facilities, Security and IT-Oversight of work according to job specifications

Timetable:

Program start date: 12/31/2023
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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) _____	_____
	<u>\$150,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Contracts for Energy Efficient Upgrades</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$150,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
City of Bridgeport

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

Name of municipal liaison: Max Perez

Telephone number: 2037272707

Fax number: _____

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

03/31/2026

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047
2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service
For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
BRIDGEPORT CARIBE YOUTH LEADERS INC

D Employer identification number
20-0421577

Doing business as

E Telephone number
(203) 913-0073

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1067 PARK AVENUE

G Gross receipts \$ 665,822

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

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

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number

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

Website: WWW.BCYL.ORG

Form of organization: Corporation Trust Association Other

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

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	16
6 Total number of volunteers (estimate if necessary)	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	514,943	585,508
9 Program service revenue (Part VIII, line 2g)	62,524	61,748
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501	2,844
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,962	-13,360
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,006	636,740
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,029	70,221
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,642	218,046
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 25,314		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	309,266	305,811
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	525,937	594,078
19 Revenue less expenses. Subtract line 18 from line 12	48,069	42,662
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	547,619	599,529
21 Total liabilities (Part X, line 26)	14,719	22,144
22 Net assets or fund balances. Subtract line 21 from line 20	532,900	577,385

Signature Block

For 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.

2020-11-16
Date

Signature of officer



Municipality: Bridgeport

Form NAA-01

2023 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 (DBA Wakeman Boys & Girls Club)

Address: Madison Avenue Clubhouse, 595 Madison Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0662198

Program title: Madison Avenue Clubhouse Green Playground Project

Name of contact person: Margaret Reynolds, Director of Foundation and Government Relations

Telephone number: (203) 908-3381

Email address: margaret@wakemanclub.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 45,925.00

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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: _____

Wakeman Boys & Girls Club is building an environmentally friendly playground for the new Clubhouse on Madison Avenue that will serve children ages 3-18 in the Early Learning Center and After School Program. Rubberized surfaces are popular as they are durable, low-maintenance, long-lasting, and safe for young, active children to play. We are expecting to serve 1,000 children each year during the day, after school and in the summer and want to ensure that the playground is safe and sustainable. Additionally, there will be landscaping to provide positive aesthetics, shade and some additional green space and mulch area.

Need for program: _____

Wakeman Boys & Girls Club, a nonprofit tax-exempt under section 501(c)(3) of the Internal Revenue Code, is aware of the need to preserve and protect the environment for future generations. Chemicals, manufacturing practices, and the depletion of natural resources all have the ability to negatively impact Earth in their own way. We have created an outdoor space that has eco-friendly playground equipment to benefit families and their children.

Neighborhood area to be served: _____

Wakeman Boys & Girls Club Madison Avenue Clubhouse is located in the North End/Hollow District of Bridgeport. This new 2-story 44,230 SF Boys & Girls Clubhouse will include a performing arts studio, STEM lab, fieldhouse and gymnasium, a licensed preschool, and a Southwest Community Health Center clinic open to the community and Club families. 89% of the families in the neighborhood are extremely low to low income without yards for children to play and get fresh air.

Plan to implement the program: _____

The drawings for the playground are complete and the project will be implemented as soon as funds from NAA business contributions are received.

Timetable:

Program start date: 01/01/2024
MM - DD - YYYY

Program completion date: 01/31/2024
MM - DD - YYYY

Post-project audit due date: 03/31/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$45,925.00
Other funding sources - itemized sources:	
a) <u>N/A</u>	
b) _____	
c) _____	
d) _____	

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Landscape Improvements</u>	\$13,725.00
b) <u>Rubber Playground Safety Surface</u>	\$32,200.00
c) <u>Fencing</u>	\$13,900.00
d) <u>Addl. site improvements - games, benches, canopy, tables</u>	\$268,255.00
Administrative expenses - itemized description:	
a) _____	
b) _____	
c) _____	
d) _____	
Total Proposed Expenditures:	<u>\$328,080.00</u>

Part IV — Municipal Information

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

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

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization: **WAKEMAN MEMORIAL ASSOCIATION, INC**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **268 POST ROAD 2ND FLOOR**
 City or town, state or province, country, and ZIP or foreign postal code: **FAIRFIELD, CT 06824**

D Employer identification number: **06-0662198**

E Telephone number: **(203)908 3381**

F Name and address of principal officer: **SABRINA E. SMELTZ**
268 POST ROAD, 2ND FLOOR, FAIRFIELD, CT 068

G Gross receipts \$: **7,742,501.**

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.WAKEMANCLUB.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1920** **M** State of legal domicile: **CT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **COMMUNITY YOUTH SERVICES**

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

3	31
4	31
5	180
6	0
7a	0.
7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,774,147.	4,758,254.
9 Program service revenue (Part VIII, line 2g)	456,915.	588,055.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,864.	318,395.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,048.	63,444.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,364,878.	5,728,148.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,587,336.	1,903,133.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 408,408.	926,826.	934,729.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,514,162.	2,837,862.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,850,716.	2,890,286.
19 Revenue less expenses. Subtract line 18 from line 12	2,514,162.	2,837,862.
	12,387,888.	16,157,524.
20 Total assets (Part X, line 16)	404,501.	471,080.
21 Total liabilities (Part X, line 26)	11,983,387.	15,686,444.
22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

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

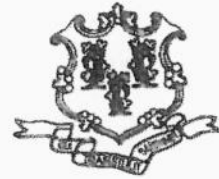
Signature of officer: **SABRINA E. SMELTZ, CEO** Date: _____

Print/Type preparer's name: **JOSEPH V. BARRANCA, CPA** Preparer's signature: **JOSEPH V. BARRANCA,** Date: **03/10/22** 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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____

University of Bridgeport

Address: 126 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0646936

Program title: Adding Energy Effectiveness

Name of contact person: Elena Cahill

Telephone number: (203) 576-2389

Email address: ecahill@bridgeport.edu

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

Need for program: _____

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

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

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

Timetable:

Program start date: 12/31/2023
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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) _____	_____
	<u>\$150,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>New energy efficient systems</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$150,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
City of Bridgeport

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

Name of municipal liaison: Max Perez

Telephone number: 2037272707

Fax number: _____

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

03/31/2026
Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

Expenditures must equal or exceed total funding.

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
 Open to Public Inspection

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

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

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

D Employer identification number: 06-0646936

E Telephone number: (203) 576-4690

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

G Gross receipts \$ 161,780,435

H (b) Is this a group return for subordinates? Yes No
 (b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
 (c) Group exemption number ▶

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

J Website: HTTP://WWW.BRIDGEPORT.EDU

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary		Activities & Governance	
1 Briefly describe the organization's mission or most significant activities: THE UNIVERSITY OF BRIDGEPORT (THE UNIVERSITY) OFFERS CAREER ORIENTED UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES AND PROGRAMS FOR PEOPLE SEEKING PERSONAL AND PROFESSIONAL GROWTH. THE UNIVERSITY PROMOTES ACADEMIC EXCELLENCE, PERSONAL RESPONSIBILITY, AND COMMITMENT TO SERVICE. DISTINCTIVE CURRICULA IN AN INTERNATIONAL, CULTURALLY DIVERSE, SUPPORTIVE LEARNING ENVIRONMENT PREPARE GRADUATES FOR LIFE AND LEADERSHIP IN AN INCREASINGLY INTERCONNECTED WORLD. THE UNIVERSITY IS INDEPENDENT AND NON-SECTARIAN.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
		3	33
		4	33
		5	1,999
		6	29
		7a	156,059
		7b	122,385
		b Net unrelated business taxable income from Form 990-T, line 39	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		4,494,260	5,887,761
9 Program service revenue (Part VIII, line 2g)		132,114,953	127,489,067
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		697,695	695,118
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,372,113	16,327,182
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		138,679,021	150,399,148
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		47,380,039	44,130,797
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		55,574,935	52,582,531
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,178,843			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,111,104	46,929,658
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		147,066,078	143,642,986
19 Revenue less expenses. Subtract line 18 from line 12		-8,387,057	6,756,162
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		137,344,288	128,448,654
21 Total liabilities (Part X, line 25)		88,736,977	74,650,418
22 Net assets or fund balances. Subtract line 21 from line 20		48,607,311	53,798,236

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

Signature of officer: _____ Date: 2021-05-17

Signature of preparer: STEPHEN HEALEY INTERIM PRESIDENT
 Type or print name and title

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

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



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____

University of Bridgeport

Address: 126 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 06-0646936

Program title: Jobs for Bridgeport

Name of contact person: Elena Cahill

Telephone number: (203) 576-2389

Email address: ecahill@bridgeport.edu

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 University of Bridgeport seeks to enhance its work as a community centered, workforce focused institution of higher learning. It seeks to provide education and training leading to employment as a foundation for lifelong learning. Most of the UB college students for this program are referred by local community based organizations and are low income students requiring tuition assistance.

Need for program: _____
The Bridgeport labor market area continues to experience chronic unemployment. At the same time, job training funds in the area have decreased, creating great needs for retraining our unemployed and under-employed workforce.

Neighborhood area to be served: _____
Bridgeport Area

Plan to implement the program: _____
University of Bridgeport-Training invocational areas and ESL.

Timetable:

Program start date: 12/31/2023
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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) _____	_____
	<u>\$150,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$150,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
City of Bridgeport

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

Name of municipal liaison: Max Perez

Telephone number: 2037272707

Fax number: _____

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

03/31/2026

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2020

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

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

D Employer identification number: 09-0646936
E Telephone number: (203) 576-4690
G Gross receipts \$ 161,786,435

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ HTTP://WWW.BRIDGEPORT.EDU

K Form of organization: Corporation Trust Association Other ▶

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

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

Activities & Governance

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

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

	Prior Year	Current Year
8	4,494,260	5,887,781
9	132,114,953	127,489,067
10	697,695	695,118
11	1,372,113	16,327,182
12	138,679,021	150,399,148
13	47,380,039	44,130,797
14	0	0
15	55,574,935	52,582,531
16a	0	0
b	44,111,104	46,929,658
17	147,066,078	143,642,986
18	-8,387,057	6,756,162
19		
	Beginning of Current Year	End of Year
20	137,344,288	128,448,654
21	88,736,977	74,650,418
22	48,607,311	53,798,236

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

Signature of officer: _____ Date: 2021-05-17

STEPHEN HEALEY INTERIM PRESIDENT
 Type or print name and title

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

Firm's name: ▶ MARCUM LLP Firm's EIN: ▶ 11-1986323
 Firm's address: ▶ 555 LONG WHARF DRIVE Phone no. (203) 781-9600
 NEW HAVEN, CT 06511

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Mutual Housing Association of Southwestern Connecticut, Inc.

Address: 1235 Huntington Turnpike, Trumbull CT 06611

Federal Employer Identification Number: 22-3035152

Program title: Clinton Commons (91 Clinton Street) Fire, Safety and Security Upgrades - Necessary Flooring

Name of contact person: Steve Gulick (Ext 1730)

Telephone number: (203) 359-4960

Email address: sgulick@cthousingpartners.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 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): Fire, Safety and Security Upgrades and Necessary Flooring

Description of program: _____
See attachment.

Need for program: _____
See attachment.

Neighborhood area to be served: _____
See attachment.

Plan to implement the program: _____
See attachment.

Timetable:

Program start date: 06/01/2023
MM - DD - YYYY

Program completion date: 04/01/2025
MM - DD - YYYY

Post-project audit due date: 07/01/2025
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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) _____	_____
	\$150,000.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>New Fire Monitoring Service and Upgrade</u>	\$52,000.00
b) <u>Camera System Upgrade and Additional Security Cameras</u>	\$11,000.00
c) <u>New Entry System</u>	\$4,900.00
d) <u>Necessary Flooring Common Area and Some Units</u>	\$73,100.00
Administrative expenses - itemized description:	
a) <u>Project Supervision, Audit, Administration</u>	\$9,000.00
b) _____	_____
c) _____	_____
d) _____	_____
	\$150,000.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
City of Bridgeport

Mailing address: _____
999 Broad Street, Bridgeport CT 06604

Name of municipal liaison: Max Perez

Telephone number: (203) 576-3976

Fax number: (203) 576-3979

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

| | Yes | | No

If Yes, date post-project audit due:

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

ATTACHMENTS

Description of Program:

Mutual Housing Association of Southwestern Connecticut (MHASWCT) has been preserving communities and enhancing the quality of life for low-income families in Connecticut since 1990. MHASWCT's mission is to create and sustain innovative housing, revitalize neighborhoods, and enhance the quality of life for low and moderate-income residents. MHASWCT is a community builder and a nonprofit developer that strives to improve the quality of life through affordable housing opportunities to low-to-moderate income families in Connecticut. To meet this challenge, MHASWCT focuses on two main areas: Affordable Housing Development and Property Management.

Building affordable housing is MHASWCT's core mission. Our developments and programs have produced more than \$110 million in community investments and provided safe, secure, affordable housing to more than 1000 residents. Each year, our property management division handles annual revenue exceeding \$6.3 million, and we provide more than \$2.5 million in professional maintenance services.

The proposed project for NAA funding will focus on necessary fire, safety and security upgrades and necessary flooring replacement in one of MHASWCT's Bridgeport properties, Clinton Commons. Clinton Commons is a 4 story, 33-unit affordable housing development built in 2014 at 91 Clinton Avenue in Bridgeport offering a mix of one, two and three-bedroom rental units. These smoke free units boast air conditioning, cable ready, gas range, a laundry facility, hardwood flooring, oversized closets, stainless steel appliances, an elevator and disability access. Clinton Commons is minutes from public transportation, Metro-North Train Station and I-95. Clinton Commons is also a Green Community.

In this funding round this property will receive the following fire, safety and security upgrades and necessary flooring replacement:

Scope of Work:

Building Fire Alarm Upgrade and Services

- Replace the existing cellular communicator currently connected to the fire alarm control panel.
- Program the communicator to transmit alarm signals to the ADT monitoring center.
- Transmit test signals from each of the alarm system devices to verify that all alarm device signals are received by the monitoring center.
- Recurring Monthly charges to include
 - Monitoring
 - ADT Service Plan (maintenance)

- Signaling (cellular service charge)
- Test/Inspection (annual, per fire code)

Safety and Security Upgrades – Video System Expansion

- Upgrade existing video surveillance system.
- Upgrade video recorder.
- Replace/upgrade cameras.
- Install new cameras at a number of locations.

Necessary Flooring Replacement

- Replace flooring in 1, 2, 3-bedroom units and townhouse units where necessary.
- Replace common area flooring with LVT flooring.

Need for Program:

Built in 2014, Clinton Commons is located in the West end of Bridgeport. It is a 33-unit family affordable development which serves clients who earn less than 60% of the area's median family income. The existing fire, safety and security systems need upgrading, monitoring and monthly and annual servicing. The floor in some units and the common area desperately needs replacement. The upgrades described for this property will have a positive impact on the residents and their environment and will help MHASWCT to continue to provide a safe and secure environment and a quality of living for 33 families living in the units by:

1. Providing a safe environment with upgrades and additions to the fire, safety and security systems, as well as maintenance and monitoring of the systems.
2. Addressing the ongoing needs to maintain the residents' units and the interior common areas of the building/property by replacing necessary areas within the building/property.

MHASWCT is seeking \$150,000.00 in investment funds from the Connecticut Neighborhood Assistance Tax Credit Program to support the fire, safety and security upgrades as well as related monitoring; and necessary interior flooring replacement described above for Clinton Commons.

Bridgeport's West End Community

Bridgeport is the largest city in the state with a total population of 148,333 (2021). The average Bridgeport household size is 2.72 and earns \$46,445 (Census 2021).

Located on the West end of Bridgeport adjacent to the Town of Fairfield, the West End neighborhood borders the Long Island Sound and is bisected by I-95 and the Amtrak/Metro-North rail line. The West End is characterized by a tight weave of industry and service sector jobs with housing typical of the pre-World War I industrial era with walk-to-work neighborhoods. The median family income for the West End is approximately \$40,555.

The consequence of the harsh reality of housing in Bridgeport is that low-income families are either living in substandard housing or they are on the brink of homelessness. Residents are not prepared for unexpected expenses, a job loss, or any financial burdens. Thus, the result is more families have nowhere to turn and many will become homeless without the services and housing development that MHASWCT provides.

The proposed upgrades in fire, safety and security upgrades for Clinton Commons will keep the residents in a safe and secure environment. The necessary flooring replacement is to continue to improve the quality of life for the residents of Clinton Commons. By using proceeds from NAA tax credits, MHASWCT can make these improvements as part of its overall housing redevelopment strategy.

Plan to Implement the Program

MHASWCT's Chief Executive Officer, Renée Dobos, who oversees a staff of 22 and leads all of MHASWCT's real estate development activities from concept through to construction, including property acquisition, financial feasibility, obtaining funding, construction management, and property management; will be the over-arching over-seer of the program on MHASWCT's behalf, in which 10% of her time will be dedicated to ensuring MHASWCT remains in compliance throughout the entire NAA Tax Credit program period.

Steve Gulick, MHASWCT's Vice President of Real Estate, is specifically responsible for the packaging of the NAA Tax Credit application. He is also primarily responsible for replacement, implementation, and commissioning of energy-efficient improvements at each of the projects.

Robin Jerrild, MHASWCT's Director of Development, who oversees all marketing, fund raising, grant application and administration is specifically responsible for securing a corporate partner or partners for the financing and investment of NAA Tax Credit funds.

Minerva Martinez, Director of Operations, oversees the day-to-day operations of the property and asset management teams. She will be specifically responsible for any required subsequent reporting to the City of Bridgeport and/or Department of Revenue Services post tax credit distribution.

Having such well-rounded dedicated staff on MHASWCT's team will ensure that the NAA Tax Credit program will be implemented in a responsible and timely manner as we provide critical fire, safety, and security upgrades as well as necessary flooring replacements for the property/buildings occupied by low-income residents of the City of Bridgeport.

Return of Organization Exempt From Income Tax

2021

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

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 2021 calendar year, or tax year beginning **2021**, and ending **2021**

B Check if applicable:	C	D Employer identification number	
<input type="checkbox"/> Address change	MUTUAL HOUSING ASSOCIATION OF SOUTHWESTERN CT, INC. 1235 HUNTINGTON TURNPIKE TRUMBULL, CT 06611	22-3035152	
<input type="checkbox"/> Name change		E Telephone number	(203) 359-6940
<input type="checkbox"/> Initial return		G Gross receipts \$	2,661,661.
<input type="checkbox"/> Final return/terminated		H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? If "No," attach a list. See instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer:	SAME AS C ABOVE	
I Tax-exempt status:		<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ CTHOUSINGPARTNERS.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996	M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 21
	6 Total number of volunteers (estimate if necessary) 6 50
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 976,488. Current Year 684,196.
	9 Program service revenue (Part VIII, line 2g) 1,348,194. 1,948,428.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -802,460. 551.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 48,528. 28,486.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,570,750. 2,661,661.
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) 942,112. 919,840.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 375.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,013,874. 1,572,523.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,955,986. 2,492,363.	
19 Revenue less expenses. Subtract line 18 from line 12 -1,385,236. 169,298.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 16,448,869. End of Year 16,772,020.
	21 Total liabilities (Part X, line 26) 3,063,103. 3,216,956.
	22 Net assets or fund balances. Subtract line 21 from line 20 13,385,766. 13,555,064.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	RENEE DOBOS Type or print name and title	EXECUTIVE DIR.			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JASON D. GEEL CPA	JASON D. GEEL CPA	7/29/22	<input type="checkbox"/>	P01664437
	Firm's name ▶ MALETTA & COMPANY	Firm's EIN ▶ 061209905			
	Firm's address ▶ 43 ENTERPRISE DRIVE BRISTOL, CT 06010	Phone no. 8605826715			

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



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____

The Center for Family Justice, Inc.

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

Federal Employer Identification Number: 06-0646991

Program title: CFJ's Expansion & Renovation Project

Name of contact person: Catherine Burns

Telephone number: (203) 993-8133

Email address: cburns@centerforfamilyjustice.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____
 The Center for Family Justice is planning to expand and renovate space to accommodate the 32% increase in domestic violence and sexual assault victims that we have witnessed in the wake of the Covid-19 pandemic. We plan to accommodate this increase in services with additional staff. Many of our partner agencies' offices (who were working remotely during the lockdown) are being used now by new staff. We would like our partners to return on-site once we are able to accommodate the additional 4,500 square feet of office space for new staff.

Need for program: _____
 The Center for Family Justice has witnessed a 32% overall increase in the demand for our services. In the wake of the pandemic, more victims of DV and sexual assault were trapped in their homes with their abusers, suffering even more severe violence. The numbers speak for themselves:
 Domestic Violence Advocacy Services: 1,581 clients served (+11%)
 Sexual Assault Advocacy Services: 610 clients served (+39%)
 Child Advocacy Center Services 210 clients served (+1%)
 Civil Court Services 241 clients served (+18%)

Neighborhood area to be served: _____
 The Greater Bridgeport area - which also includes Trumbull, Stratford, Monroe, Fairfield and Easton.

Plan to implement the program: _____
 Our intention is to begin the renovation as soon as November 1, 2023 and conclude September 30, 2024.

Part IV — Municipal Information

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

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

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Form **990**

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

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

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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

C Name of organization
THE CENTER FOR FAMILY JUSTICE INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
753 FAIRFIELD AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06604

D Employer identification number
06-0646991

E Telephone number
203-334-6154

F Name and address of principal officer: **DEBRA GREENWOOD**
753 FAIRFIELD AVE, BRIDGEPORT, CT 06604

G Gross receipts \$ **5,490,510.**

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.CENTERFORFAMILYJUSTICE.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1895** **M** State of legal domicile: **CT**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO STRENGTHEN WOMEN AND FAMILIES AND ELIMINATE VIOLENCE AND ABUSE THROUGH EDUCATION, INTERVENTION,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	23
	3 Number of voting members of the governing body (Part VI, line 1a)	4	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	69
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	6	100
	6 Total number of volunteers (estimate if necessary)	7a	-1,287.
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,284,191.	4,999,217.
	9 Program service revenue (Part VIII, line 2g)	38,387.	60,644.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,751.	15,459.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	221,860.	223,290.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,570,189.	5,298,610.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	168,878.	118,271.
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)	2,646,390.	3,049,980.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 533,923.	820,338.	839,107.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,635,606.	4,007,358.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	934,583.	1,291,252.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		
	20 Total assets (Part X, line 16)	Beginning of Current Year 4,356,643.	End of Year 5,768,506.
	21 Total liabilities (Part X, line 26)	937,887.	1,125,199.
22 Net assets or fund balances. Subtract line 21 from line 20	3,418,756.	4,643,307.	

Part II Signature Block

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

Sign Here
 Signature of officer: **DEBRA GREENWOOD, EXECUTIVE DIRECTOR**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **KIMBERLY NAPP**
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P01390521**
 Firm's name: **WHITTLESEY PC** Firm's EIN: **06-0903326**
 Firm's address: **280 TRUMBULL ST 24TH FL HARTFORD, CT 06103** Phone no. **860.522.3111**

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



Municipality: Bridgeport

Form NAA-01

2023 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 - RALPHOLA TAYLOR COMMUNITY CENTER

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

Telephone number: (203) 334-5551

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): Youth Development

Description of program: _____

The Bridgeport YMCA-Ralphola Taylor Community Center YMCA (Bridgeport Y-RTCC), a branch of the Central Connecticut Coast YMCA (CCCY), provides a variety of recreational, academic, and youth development programs targeted primarily toward young people living in the East End, East Side, and South End of Bridgeport. In addition to formal programming, the RTCCY serves as a safe haven for youth to enjoy open gym, access to computers, get homework help, or participate with their families in recreation nights and continues to build on existing youth and teens programs emphasizing on STEM, teen internship, teen mentoring, teen leaders club and safety around water

Need for program: _____

The Bridgeport Y- RTCCY have begun the process to obtain an Office of Early Childhood camp license. With additional funding, RTCCY can hire additional staff that will meet all the state requirements which includes a qualified nurse/first aid approved staff by these state standards. This will allow us to offer additional services for school age children and to support them in positive youth development activities as well as supporting families in providing care on off days during the school year. We would like to offer field trips to our days off program as a new component as well as having funding to provide outside specialists and programming that brings new exposure and experiences to our youth.

Neighborhood area to be served: _____

The Bridgeport Y-Ralphola Taylor Community Center serves Bridgeport's East End, East Side, and South End of Bridgeport however we accept all children in the Bridgeport area.

Plan to implement the program: _____

If we do not receive the requested funding or receive less than the amount requested, the Bridgeport YMCA Ralphola Taylor Community Center will continue to provide services but will monitor the hours in programming. Along with this funding, the Bridgeport Y's child care and early education programs are funded with a combination of government and private funding. Our staff works to develop excellent relationships with public funders by maintaining the quality of programming. In addition, staff members seek funding and collaboration opportunities in the private sector both to enrich programming and leverage resources.

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 06/30/2024
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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>State of CT Judicial</u>	<u>\$124,585.00</u>
b) <u>State of CT Judicial</u>	<u>\$35,000.00</u>
c) <u>City of Bridgeport - ARPA Youth & Education</u>	<u>\$200,000.00</u>
d) _____	<u>\$359,585.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Personnel (includes fringe, benefits, retirement)</u>	<u>\$251,204.00</u>
b) <u>Supplies (food, office, program supplies and custodial)</u>	<u>\$45,000.00</u>
c) <u>Field Trips, Program Transportation</u>	<u>\$40,000.00</u>
d) <u>Maintenance/Repair Contracted Services</u>	<u>\$63,381.00</u>
Administrative expenses - itemized description:	
a) <u>Association Support- HR, Payroll, IT, Accounting, Admin..</u>	<u>\$10,000.00</u>
b) _____	_____
c) _____	_____
d) _____	<u>\$409,585.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program:	_____
City of Bridgeport	_____
Mailing address:	_____
Office of Planning & Economic Development, 999 Broad Street, Bridgeport, CT 06604	_____
Name of municipal liaison:	Max Perez _____
Telephone number:	203-576-3976 _____
Fax number:	203-576-3979 _____
Email address:	max.perez@bridgeportct.gov _____

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

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

2021

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 2021 calendar year, or tax year beginning , 2021, and ending , 20

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

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

D Employer identification number: 06-0662195

E Telephone number: (203) 777-9622

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

G Gross receipts \$: 31,162,165

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

K Form of organization: Corporation Trust Association Other ▶ _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 30
	4 Number of independent voting members of the governing body (Part VI, line 1b) 28
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 1,212
	6 Total number of volunteers (estimate if necessary) 2,301
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0
	8 Contributions and grants (Part VIII, line 1h) 7,273,070
9 Program service revenue (Part VIII, line 2g) 9,563,617	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 338,970	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 216,290	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,391,947	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 13,757,668	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 300,959	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,287,850	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 21,045,518	
19 Revenue less expenses. Subtract line 18 from line 12 (3,653,571)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 42,295,471
	21 Total liabilities (Part X, line 26) 11,922,318
	22 Net assets or fund balances. Subtract line 21 from line 20 30,373,153

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: MELISSA KESSELL, CFO
 Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: NICHOLAS YANOZAS
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P01423868
 Firm's name: WHITTLESEY PC Firm's EIN: 06-0903326
 Firm's address: 280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103 Phone no.: (860) 522-3111

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021)



Municipality: Bridgeport

Form NAA-01

2023 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, Inc.

Address: 1001 Main Street, Suite 20, Bridgeport, CT 06604

Federal Employer Identification Number: 06-1556949

Program title: Tree Stewards

Name of contact person: Christina Smith

Telephone number: (203) 335-6126

Email address: csmith@groundworkbridgeport.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The purpose of this project is to support capacity within Groundwork Bridgeport to care for trees in the city. These funds will help us establish relationships with the community around tree stewardship by creating paid tree stewardship opportunities. By bringing on this tree corps, we will be able to do more work around tree care.

Need for program: _____

Overall, by taking on this project, we are trying to solve two problems: a need for more exposure to opportunities and career paths for young people in our city, and a need to better steward trees and our natural landscape. Bridgeport has the second-highest unemployment rate in the state, and many young people face a lack of opportunities and access to stable careers. At the same time, a lack of city resources means that trees in our city are not properly taken care of, especially newly planted trees that require watering and care to reach their full environmental potential.

Neighborhood area to be served: _____

All of Bridgeport - We will address these two problems listed above by establishing a tree stewardship program that will provide stipends to up to twenty local residents (up to 2 for each of the city's 10 council districts) to care for streets within their district boundaries. The aim is to hire residents specifically from each district to steward their own district which would then preclude the need for transportation as the person would care for trees in walking distance from where they live.

Plan to implement the program: _____

As part of this program, we will provide training that will teach the stewards the basics of urban tree care, namely around watering, basic pruning (e.g. trimming suckers), and identification and reporting of problems. The work would be done on a part time basis. Our Stewardship Manager will be in charge of overseeing this initiative and leading the training.

Timetable:

Program start date: 09/01/2023
MM - DD - YYYY

Program completion date: 10/31/2024
MM - DD - YYYY

Post-project audit due date: 01/30/2025
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Tree Steward Stipends</u>	<u>\$60,000.00</u>
b) <u>tracking and application software</u>	<u>\$6,580.00</u>
c) <u>Wages/Salaries</u>	<u>\$45,000.00</u>
d) <u>Contractors</u>	<u>\$3,000.00</u>
Administrative expenses - itemized description:	
a) <u>Accounting/bookeeping/payroll fees</u>	<u>\$12,420.00</u>
b) <u>Insurance</u>	<u>\$3,000.00</u>
c) <u>Outreach (Postcard mailing/social media ads)</u>	<u>\$20,000.00</u>
d) _____	_____

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
City of Bridgeport - Office of Planning and Economic Development

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

Name of municipal liaison: Max Perez

Telephone number: 203-727-2707

Fax number: _____

Email address: max.perez@bridgeportct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

1/30/2025
Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form **990**

Return of Organization Exempt From Income Tax

2021

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2021 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**

D Employer identification number: **06-1556949**

Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **STE 20**
1001 MAIN ST

E Telephone number: **203-335-6126**

City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06604-4200

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

G Gross receipts \$: **428,417.**

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: **GROUNDWORKBRIDGEPORT.ORG**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **GROUNDWORK BRIDGEPORT'S MISSION IS TO BRING ABOUT THE SUSTAINED REGENERATION IMPROVEMENTS AND**

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

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	3
	6	Total number of volunteers (estimate if necessary)	56
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	0. 7,300.
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)	0. 0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,422. 428,417.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 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)	0. 0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 21,817.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	48,598. 141,092.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	173,649. 341,831.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-38,227. 86,586.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year: 154,478. End of Year: 289,578.
	20	Total assets (Part X, line 16)	2,706. 51,220.
	21	Total liabilities (Part X, line 26)	151,772. 238,358.
22	Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

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

Signature of officer: **CHRISTINA SMITH, PRESIDENT & C.E.O.** Date: _____

Type or print name and title: _____

Print/Type preparer's name: **WILLIAM SKODY** Preparer's signature: **WILLIAM SKODY** Date: **11/15/22** Check if self-employed: PTIN: **P00631754**

Firm's name: **SKODY SCOT & CO, CPAS, PC** Firm's EIN: **13-3597814**

Firm's address: **520 EIGHTH AVE, SUITE 2200** Phone no.: **212 967-1100**

NEW YORK, NY 10018

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



Municipality: Bridgeport

Form NAA-01

2023 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: _____
Recovery Network of Programs, Inc. (RNP)

Address: 2 Trap Falls Rd Ste 405, Shelton, CT 06484

Federal Employer Identification Number: 06-0910080

Program title: Renovation of Tina Klem Serenity House and McGrath House

Name of contact person: Linda Mosel, Chief Operating Officer

Telephone number: (203) 929-1954

Email address: Linda.Mosel@rnpinc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 149,750.00

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: _____

RNP seeks to upgrade and modernize both the Tina Klem Serenity House (TKSH) and McGrath House (MH). Both of these sites provide critical clinical and other services, including housing, to RNP clients. TKSH provides 90-day housing for up to 12 women at a time who have co-occurring substance use and psychiatric disorders, and may have a history of trauma. MH is part of RNP's Supervised Apartments program for people who have psychiatric disabilities and are involved in the mental health service system. It offers permanent housing, case management and community support services that assist individuals to live independently.

Need for program: _____

The state faces a housing crisis. Homelessness increased in by 13% in 2022. In 2021 Bridgeport had 239 individuals who were homeless, a number that assuredly rose in 2022. Many of these individuals deal with mental health and substance use disorders. That's why maintaining the housing capability at both TKSH and MH is so critically important to the City. Without these resources the residents might slip into chronic homelessness negatively impacting their lives and the community. The buildings in question are old and in need of repair and upgrade.

Neighborhood area to be served: _____

Greater Bridgeport

Plan to implement the program: _____

Upon Notice of Award, Contractors will be assigned to the projects and work will get underway. Completion within 3 months.

Timetable:

Program start date: 05/15/2023
MM - DD - YYYY

Program completion date: 08/15/2023
MM - DD - YYYY

Post-project audit due date: 11/15/2023
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$149,750.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	\$149,750.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Tina Klem House Renovation</u>	\$87,900.00
b) <u>McGrath House Renovation</u>	\$61,850.00
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	\$149,750.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

_____ 11-15-2023 _____
Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Neighborhood Assistance Act Itemized Budget

Tina Klem Serenity House Renovation
74 HUNTINGTON RD. BRIDGEPORT

LAMINATE FLOORING

- 1- Remove approximately 250sqft of carpet located in upstairs hallway and dispose in dumpsters provided by contractors. 1,750
- 2- Install waterproof laminate flooring with corner round molding throughout

REFURBISH STAIRCASE

- 1- Remove existing carpet located on staircase treads and dispose material.
- 2- Sand and stain all staircase and railings 2,800
- 3- Install laminate treads on all stairs

BATHROOM REMODEL #1 & #2

- 1-Demo entire bathroom to studs and dispose material off site
- 2- Install new electrical and plumbing to code
- 3- Furnish and install new walk-in shower kit, toilet, sink, mirror, and laminate flooring. 27,600
- 4- Install new sheet rock with compound and paint throughout

BATHROOM REMODEL #3 DOWNSTAIRS

- 1- Replace all broken tiles and reglaze/seal entire shower and bathroom
- 2- Replace/repair plumbing and electrical to code
- 3. Replace ceiling fan and add new LED lights 7,800
- 4. Patch and paint entire bathroom with waterproof caulking throughout

BATHROOM REMODEL #4 KITCHEN BATHROOM

- 1- Remove toilet, sink and flooring
- 2- Compound and paint all walls and ceiling
- 3- Install new LED fixtures and plumbing to code 5,800
- 4- Install new vinyl flooring 40sqft, sink, mirror, and toilet

1st FLOOR KITCHEN RENOVATION

DEMO

- 1- Disconnect all appliances and set aside to be re-installed after
- 2- Remove all cabinets and flooring and countertops

FLOORING

- 3- Install new 350sqft of laminate flooring with trim CABINETS
- 4- Install new Hampton Bay cabinets for base and upper with new hardware COUNTERTOP
- 5- Install new solid surface countertop with bull nose round edging for safety CARPENTRY
- 6- Re-install all appliances, paint all walls and ceiling ELECTRICAL 11,050
- 7- Furnish and install new LED recess lighting in ceiling

Tina Klem Serenity House Renovation (Page 2)
74 HUNTINGTON RD. BRIDGEPORT

NEW LED LIGHT FIXTURES

1- Furnish and install 8 new LED light fixtures throughout the house with new switches. Dispose of old fixtures when complete 3,900

EXTERIOR SOFFIT REPAIR

1- Remove all rotted wood and replace with new pressure treated wood
2- Install new aluminum siding and wrap all edges.
3- Install new aluminum soffits under the over hangs 4,900

EXTERIOR BILCO DOOR

1- Furnish and install new exterior bilco door in replace of the damaged existing one. New cement will be added to make all the repairs on building prior to installing new one 3,500

EXTERIOR STONEWALL REPAIR WITH NEW STUCCO

1- Repair front stone wall with Type S mortar mix and cement blocks
2- Furnish and install new top cement caps on entire stone wall
3- Furnish and install stucco on entire stone wall to reface existing blocks that are exposed, sand texture finished will be added 3,950

EXTERIOR CONCRETE RAMP AND RAILINGS PERMITS

1-Obtain proper permits prior to excavating site.
2. Jackhammer and excavate existing concrete ramp and stairs, dispose material off-site

FRAME AND INSTALL BASE

1. Install 3/4" gravel base compacted in 2" lifts in base of new ramp
2. Frame out new sidewalk and ramp with 6" wood and install rebar, mesh wire for strength.

CONCRETE

1. Furnish and install 6" of 4500psi concrete on new ramp design with a broom finish for traction
Approx size of ramp 16'x 6' & 8'x 10'

METAL RAILINGS

1- Furnish and install custom metal railings on side of new concrete sidewalk to code 2- Railings will have 3 coats of paint to prevent rusting 14,850
Approx length of railings 26'

Total Request

87,900

McGrath House - COMPLETE RENOVATION INTERIOR AND EXTERIOR
465 SUMMIT ST. BRIDGEPORT

2nd FLOOR BATHROOM RENOVATION

DEMO

1- Remove all flooring, tub, toilet, and sink. Remove walls surrounding tub. Dispose materials in dumpster provided by contractor.

CARPENTRY

- 1- Build new frame to accommodate a new 32" stand-up walk-in shower kit.
- 2- Install new subfloor and laminate flooring
- 3- New Sheetrock and paint

PLUMBING

- 1. Install new PEX plumbing with new drains throughout.
- 2. Install new toilet, sink with vanity, mirror, and new shower kit system

ELECTRICAL

- 1- Install new exhaust fan, GFI outlet and LED lights on top of mirror and ceiling 8,000

3rd FLOOR BATHROOM RENOVATIONS

DEMO

1- Remove all flooring, tub, toilet, and sink. Remove walls surrounding tub.

CARPENTRY

- 1- Build new frame to accommodate a new 32" stand up wall in shower kit
- 2- Install new subfloor and laminate flooring
- 3- New sheetrock and paint

PLUMBING

- 1. Install new PEX plumbing with new drains throughout
- 2. Install new toilets, sink, with vanity, mirror, and new shower kit system
- 3. Install new exhaust fan, GFI outlet and LED lights on top of mirror and ceiling 7,000

1st FLOOR KITCHEN RENOVATION

DEMO

- 1- Disconnect all appliances and set aside to be re-installed after
- 2- Remove all cabinets, flooring, and countertops

FLOORING

- 1- Install new laminate flooring with trim

CABINETS

- 1- Install new Hampton Bay cabinets for base and upper with new hardware

COUNTERTOP

- 1- Install new solid surface countertop with bull nose round edging for safety

CARPENTRY

- 1- Re-install all appliance, paint all walls and ceiling

ELECTRICAL

- 1- Furnish and install new LED recess lighting in ceiling 10,500

McGrath House - COMPLETE RENOVATION INTERIOR AND EXTERIOR (Page 2)

465 SUMMIT ST. BRIDGEPORT

2nd FLOOR KITCHEN RENOVATION

DEMO

1- Disconnect all appliances and set aside to be re-installed after 2-Remove all cabinets, flooring, and countertops

FLOORING

1- Install new laminate flooring with trim

CABINETS

1- Install new Hampton Bay cabinets for base and upper with new hardware

COUNTERTOP

1- Install new solid surface countertop with bull nose round edging for safety

CARPENTRY

1- Re-install all appliances, paint all walls and ceiling

Electrical

1- Furnish and install new LED recess lighting in ceiling 10,500

3rd FLOOR KITCHEN RENOVATION

DEMO

1- Disconnect all appliances, set aside to be re-installed after

2- Remove all cabinets, flooring, and countertop

FLOORING

1- Install new laminate flooring throughout kitchen, living room and dining area.

2- Install new corner round molding on all edges of flooring

CABINETS

1- Install new Hampton Bay cabinets for base and upper with new hardware

COUNTERTOP

1- Install new solid surface countertop with bull nose round edging for safety

CARPENTRY

1- Re-install all appliances, paint all walls and ceiling

ELECTRICAL

1- Furnish and install new LED recess lighting in ceiling 11,800

REFURBISH STAIRCASE

1- Remove existing carpet located on staircase treads and dispose material off-site

2- Sand and paint all staircase and railings

3- Install laminate treads on all 32 treads leading to 2nd floor

4- Install laminate on 4 separate landings to complete the staircase 7,500

NEW LED LIGHT FIXTURES

1- Furnish and install 19 new LED light fixtures throughout the house with new switches. Dispose of old fixtures when complete 4,750

EXTERIOR SIDING REPAIR

1- Remove damaged siding on side of house and dispose material

2- Furnish and install new siding on side with aluminum edging on corners to make the repair 1,800

Recovery Network of Programs, Inc.
NAA Application 2023

Total Request
\$61,850

Form **990**

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization: **RECOVERY NETWORK OF PROGRAMS, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2 TRAP FALLS ROAD 405**
 City or town, state or province, country, and ZIP or foreign postal code: **SHELTON, CT 06484**

D Employer identification number: **06-0910080**

E Telephone number: **203-929-1954**

G Gross receipts \$: **23,174,379.**

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.RECOVERY-PROGRAMS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1972** **M** State of legal domicile: **CT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: RECOVERY NETWORK OF PROGRAMS, INC. WAS EST. TO RESTORE HOPE, HEALTH & WELL BEING TO INDIVIDUALS		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	421
	6 Total number of volunteers (estimate if necessary)	26
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7 b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)		14,360,662.
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)		-7,238.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,223,273.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,910,584.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		12,500.
Expenses	b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,462,117.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,385,201.
	19 Revenue less expenses. Subtract line 18 from line 12	-161,928.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,140,465.
	21 Total liabilities (Part X, line 26)	5,769,494.
	22 Net assets or fund balances. Subtract line 21 from line 20	370,971.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **JENNIFER KOLAKOWSKI, CEO** Date: _____
 Type or print name and title

Paid Print/Type preparer's name: **GARRETT M. HIGGINS** Preparer's signature: **GARRETT M. HIGGINS** Date: **08/31/22** Check if self-employed: PTIN: **P00543209**

Preparer Use Only Firm's name: **PKF O'CONNOR DAVIES, LLP** Firm's EIN: **27-1728945**
 Firm's address: **FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484-6241** Phone no. **203-929-3535**

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



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Burroughs Community Center

Address: 2470 Fairfield Ave, Bridgeport, CT 06605

Federal Employer Identification Number: 06-1418097

Program title: Increase energy conservation through the addition of solar and internal LED lighting

Name of contact person: Michael Quan

Telephone number: (203) 334-0293

Email address: michael@burroughscenter.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 85,000.00

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

Yes

No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

The Burroughs Center has been a resource for the Bridgeport Community for over 26 years and is the home for 5 community nonprofit organizations. Annually 30,000 neighbors receive support and vital resources needed to overcome barriers and achieve success. This year's program will allow us to build upon the successful completion of phase 1 of our capitol project to improve energy efficiency, reduce operating costs, and gain significant energy savings. In phase 1, the HVAC controls and monitoring systems for the facility were upgraded. We are now ready to engage in phase 2 of these efforts by adding solar and LED lighting.

Need for program: _____

Burroughs remains committed to reinvesting in our energy infrastructure so that we will be positioned to thrive meeting the needs of so many in our community for another 26 years. In phase 2 we prepare for increased energy conservation through the addition of solar and LED lighting throughout the building. In order to allow for solar installation, it is necessary that the existing 26 year old roof be replaced to improve insulation value. In addition to the additional insulation, we are preparing to move forward to install solar as well as upgrading all internal lighting from florescent to efficient LED.

Neighborhood area to be served: _____

Burroughs provides services to individuals and families in the Greater Bridgeport area. Through partnerships and collaborations with over 85 community organizations, as well as direct programming and services, we serve thousands in our community who are too frequently faced with significant barriers; including income, language, technology, and systemic inequalities.

Plan to implement the program: _____

The Burroughs Center continues to follow a comprehensive multi step plan as part of a defined strategy designed to address the overall financial and operational efficiency. The successful completion of the new HVAC and monitoring systems combined with the addition of solar and LED from this years program, creates immediate and future savings and overall energy conservation for the organization for the next 20 year and beyond.

Timetable:

Program start date: 06/01/2023
MM - DD - YYYY

Program completion date: 07/31/2024
MM - DD - YYYY

Post-project audit due date: 10/30/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$85,000.00
Other funding sources - itemized sources:	
a) <u>Matching funds from private donors/grants</u>	\$30,000.00
b) <u>COVID/DMHAS grant</u>	\$20,000.00
c) _____	_____
d) _____	_____
	\$135,000.00

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>LED lighting throughout building</u>	\$40,000.00
b) <u>Solar Energy with roof upgrade</u>	\$95,000.00
c) _____	_____
d) _____	_____
	\$135,000.00
Administrative expenses - itemized description:	
a) <u>None</u>	_____
b) _____	_____
c) _____	_____
d) _____	_____
	\$135,000.00

Total Proposed Expenditures:

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

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

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

Expenditures must equal or exceed total funding.

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/1, 2021, and ending 6/30, 2022

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

XX-XXX8097

Name of filer

BURROUGHS COMMUNITY CENTER INC.

Name and title of officer or person subject to tax

MICHAEL QUAN

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	616,459
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 V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) BURROUGHS COMMUNITY CENTER INC., (EIN) XX-XXX8097 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SOLAKIAN & COMPANY, LLC to enter my PIN XXXXXX as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

XXXXXXXXXXXX

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date

12/13/2022

ERO's signature MICHAEL SOLAKIAN

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

Form 8879-TE (2021)

For Privacy Act and Paperwork Reduction Act Notice, see back of form.



Municipality: BRIDGEPORT

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Marrakech, Inc.

Address: 6 Lunar Drive, Woodbridge, CT 06525

Federal Employer Identification Number: 23-7148533

Program title: Window Replacement at 2 Anton Circle, Bridgeport

Name of contact person: Lauri MacLean

Telephone number: 203.389.2970 Ext 1043

Email address: lmaclean@marrakechinc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 30,000.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Replacement of 18 windows and 1 sliding glass patio window with new energy efficient windows.

Need for program: _____

2 Anton Circle is as group home that Marrakech owns that provides safe and affordable housing for the individuals we support. The windows at this property are in poor shape and need to be replaced with energy efficient units to improve the comfort of the tenants at the property, reduce heating and cooling costs and reduce maintenance.

Neighborhood area to be served: _____

2 Anton Circle, Bridgeport

Plan to implement the program: _____

A scope of work for the new windows will be developed by the Vice President of Plant Operations, Edgar Graham. Local contractors will be invited to bid on the project. Marrakech, Inc. procurement policy requires at least three bids for capital improvement projects. Once a contractor has been chose, the Vice President of Plant Operations will oversee the project to ensure that the work performed meets the appropriate workmanship standards as detailed in the scope of work. Lauri MacLean, Development Coordinator, will oversee adherence to the project timeline to ensure that project is completed on time.

Timetable:

Program start date: 02/01/2024
MM - DD - YYYY

Program completion date: 05/30/2024
MM - DD - YYYY

Post-project audit due date: 08/30/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$ 30,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>18 Windows/1 Sliding Glass Patio Window</u>	<u>\$ 30,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>N/A</u>	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$ 30,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____
CITY OF BRIDGEPORT

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

Name of municipal liaison: Max Perez, Director of Business Development

Telephone number: 203.576.2976

Fax number: 203.576.3979

Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

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

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **MARRAKECH, INC.**

Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
6 LUNAR DRIVE
 City or town, state or province, country, and ZIP or foreign postal code:
WOODBRIDGE CT 06525

D Employer identification number: **23-7148533**

E Telephone number: **203-389-2970**

G Gross receipts \$: **8,613,189**

F Name and address of principal officer:
HEATHER I. LATORRA
6 LUNAR DRIVE
WOODBRIDGE CT 06525

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 if "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MARRAKECHINC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1972**

M State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: VOCATIONAL TRAINING FOR THE DEVELOPMENTALLY DISABLED PERSONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	10
	3 Number of voting members of the governing body (Part VI, line 1a)	4	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	945
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	6	0
	6 Total number of volunteers (estimate if necessary)	7a	4,174
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	1,633
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	331,836	394,449
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,243,921	8,058,952
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,750	13,991
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,232	65,837
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,568,239	8,533,229
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 150,483	3,607,889	3,536,166
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,590,149	8,383,868
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-21,910	149,361
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	15,857,738	17,188,402
	21 Total liabilities (Part X, line 26)	8,564,338	9,745,641
22 Net assets or fund balances. Subtract line 21 from line 20	7,293,400	7,442,761	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **HEATHER I. LATORRA** CEO Date: _____

Type or print name and title: _____

Print/Type preparer's name: **CHRISTOPHER B. CONLEY** Preparer's signature: _____ Date: **05/16/22** Check if self-employed PTIN: **P00936552**

Paid Preparer Use Only

Firm's name: **GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC** Firm's EIN: **06-0971998**

Firm's address: **505 MAIN ST MIDDLETOWN, CT 06457-2809** Phone no.: **860-347-5689**

Yes No



Municipality: City of Bridgeport

Form NAA-01

2023 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

Address: 56 Fairview Ave, Bridgeport, CT 06606

Federal Employer Identification Number: 26-2798869

Program title: Sports for Peace

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): \$ 90,000.00

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: _____

BYL uses sports as a vehicle for conflict resolution. "Sports for Peace" is a plan to eradicate youth violence. BYL host spring and summer middle school sports summer league in addition to our year round programming. Our leagues consist of Co-Ed Flag Football, Co-Ed Kickball, Co-Ed Lacrosse, Co-Ed Soccer, Co-Ed Track & Field, Co-Ed Volleyball and E-Sports. Bridgeport Youth Lacrosse offers students the chance to experience a unique sport not offered in all inner city environments. BYL gives participants a constructive, supervised activity to learn new skills, develop sportsmanship, supervised activity to learn new skills, develop sportsmanship, etc.

Need for program: _____

Violence is a major concern for youth in Bridgeport, CT. Poverty is also a major concern for individuals in Bridgeport. 100% of students in Bridgeport qualify for free or reduced lunch. Bridgeport's poverty is twice the national rate and three times the Fairfield County rate. One of BYL's biggest goals is to diminish the disparity between the quality of holistic sports programs available to Bridgeport's urban youth and those offered to their suburban counterparts. Youth violence is a complex social problem that requires a multifaceted approach.

Neighborhood area to be served: _____

All Bridgeport residents

Plan to implement the program: _____

BYL currently operates year round and plans to continue to increase capacity. In 2022, BYL hosted our middle school sports spring league where we hosted 450+ kids. We will offer this program in 2023 where will host 750 kids. We continue to plan to grow and our expand our program. We will plan to host 1,000+ kids in spring of 2024. We also plan to host additional summer programming and leagues outside of our normal summer camp. We want to continue to offer exceptional programs to our current members.

Timetable:

Program start date: 07/01/2023
MM - DD - YYYY

Program completion date: 03/30/2024
MM - DD - YYYY

Post-project audit due date: 07/15/2014
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$90,000.00</u>
Other funding sources - itemized sources:	
a) <u>American Rescue Plan Act</u>	<u>\$200,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$290,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries (Coaches, Site Coordinators, Program Director)</u>	<u>\$136,000.00</u>
b) <u>Supplies (Unifrom, Cones, Field Markers, Etc.)</u>	<u>\$75,000.00</u>
c) <u>Equipment (Track Time Machine, Flag Football, etc)</u>	<u>\$50,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Payroll System</u>	<u>\$1,000.00</u>
b) <u>General Supplies (Laptop, Software, etc)</u>	<u>\$20,000.00</u>
c) <u>Admin Fee (2.75 percent)</u>	<u>\$8,000.00</u>
d) _____	_____
	<u>\$290,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If **Yes**, date post-project audit due:

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures.

Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning **2022**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **BRIDGEPORT YOUTH LACROSSE INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
56 FAIRVIEW AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT CT 06606

D Employer identification number
26-2798868

E Telephone number
203-273-6084

G Gross receipts \$ **721104**

F Name and address of principal officer: **Donald Wilson**
56 Fairview Avenue
BRIDGEPORT, CT 06606

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 **0**

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.bridgeportyouthlacrosse.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **M** State of legal domicile: **CT**

Part I Summary

Briefly describe the organization's mission or most significant activities: SPORT RECREATIONAL ACTIVITIES FOR YOUTH WITHIN THE BRIDGEPORT AREA. THEY EMPOWER YOUTH THROUGH ENGAGEMENT AND MENTORSHIP.

Activities & Governance		3	0
1	Briefly describe the organization's mission or most significant activities: <u>SPORT RECREATIONAL ACTIVITIES FOR YOUTH WITHIN THE BRIDGEPORT AREA. THEY EMPOWER YOUTH THROUGH ENGAGEMENT AND MENTORSHIP.</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	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	721104
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)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	721104

Expenses		Prior Year	Current Year
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)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25)	0	720859
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	720859
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	245
19	Revenue less expenses. Subtract line 18 from line 12		

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0	0
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances. Subtract line 21 from line 20	0	0

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.

Date: **03/14/2023**

Sign Here
 Signature of officer: **Donald Wilson, president**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **Deborah Martinez**
 Preparer's signature: **Deborah Martinez**
 Date: **03/23/2023**
 Check if self-employed
 PTIN: **P0-2155548**
 Firm's name: **Martinez Associates LLC**
 Firm's EIN: **87-2977701**
 Firm's address: **341 E CENTER STREET 252 MANCHESTER CT 06040**
 Phone no.: **860 3648547**



Municipality: _____

Form NAA-01

2023 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: Bringing Technology to Life

Name of contact person: Danielle Marchione

Telephone number: (203) 384-4755

Email address: danielle.marchione@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): Bringing Technology to Life Campaign for Advanced Technology

Description of program: _____

Bridgeport Hospital shares the same network of highly trained physicians and staff with Yale New Haven Hospital, joining forces with world-class specialists. The hospital is investing in technology to:

- Provide significantly expanded access to patients seeking lifesaving interventional heart procedures within the next three years, including nearly double the current number of electrophysiology patients;
- Reduce the effects of 400-500 severe strokes over five years, giving patients the best opportunity for recovery.

Need for program: _____

While these advances in technology and care will support all of Greater Bridgeport, it will be of particular importance to reduce healthcare disparities by enabling early diagnosis for more patients. Bridgeport, the largest city in CT, has a population of close to 150,000 residents, of which 34% are Black and African American. While heart disease is the leading cause of death in America, African Americans are 30% more likely to die from heart disease than Non-Hispanic Whites, according to the US Department of Health and Human Services.

Neighborhood area to be served: _____

Bridgeport and Greater Bridgeport Area

Bridgeport Hospital receives the largest volume of stroke patients in Fairfield County. It has been designated a Primary Stroke Center by the State of Connecticut, and was the first hospital in Fairfield County to remove a blood clot from a stroke patient's brain.

Plan to implement the program: _____

With exciting recent advances in neurology and interventional cardiology, Bridgeport Hospital is ready to chart the future of healthcare by expanding access to lifesaving technology and procedures and dramatically improving patient outcomes.

The hospital's Board of Trustees has endorsed a \$25 million plan to completely modernize more than 15,000 square feet of clinical and patient care space. The plan consists of two components – a Neurovascular Center of Excellence and new Interventional Cardiology Labs in the Joel E. Smilow Heart Institute – to be completed

Timetable:

Program start date: 04/06/2023
MM - DD - YYYY

Program completion date: 04/07/2025
MM - DD - YYYY

Post-project audit due date: 04/07/2025
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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>The Elizabeth M. Pfreim Foundation</u>	<u>\$2,000,000.00</u>
b) <u>The John and Ethel Kashulon Foundation</u>	<u>\$250,000.00</u>
c) <u>The Trefz Foundation</u>	<u>\$500,000.00</u>
d) <u>Miscellaneous</u>	<u>\$1,550,000.00</u>
	<u>\$4,350,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Techonlogy Equipment for Stroke and Cardiac Care</u>	<u>\$4,500,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	<u>0</u>
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$4,500,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____

Mailing address: _____

Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If **Yes**, date post-project audit due:

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

"Public Disclosure Copy"

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable:	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	D Employer identification number 22-2908698
<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	F Name and address of principal officer: STEPHEN JAKAB 267 GRANT ST, BRIDGEPORT, CT 06610	E Telephone number 203-688-0580
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 \$ 81,994,633.
J Website: HTTP://FOUNDATION.BRIDGEPORTHOSPITAL.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 H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988 M State of legal domicile: CT

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: FUNDRAISING FOR BRIDGEPORT HOSPITAL.</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 11</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9</p> <p>5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0</p> <p>6 Total number of volunteers (estimate if necessary) 6 9</p> <p>7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -1,314.</p> <p>b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.</p>		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	4,667,097.	5,630,774.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,061,196.	5,333,255.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	299,099.	208,653.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,027,392.	11,172,682.
Expenses		Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,825,122.	4,690,187.
	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)	1,355,313.	1,340,445.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 545,838.	1,725,885.	1,635,559.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,906,320.	7,666,191.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,121,072.	3,506,491.
	19 Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	101,482,043.	126,171,501.
	21 Total liabilities (Part X, line 26)	3,282,723.	1,538,841.
	22 Net assets or fund balances. Subtract line 21 from line 20	98,199,320.	124,632,660.

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><input checked="" type="checkbox"/> Signature of officer <i>Stephen Jakab</i> STEPHEN JAKAB, PRESIDENT Type or print name and title</p>	Date 7/19/22	
Paid Preparer Use Only	<p>Print/Type preparer's name EVAN W. SEEKAMP</p> <p>Firm's name ▶ KPMG LLP</p> <p>Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154</p>	<p>Preparer's signature <i>Evan W. Seekamp</i></p> <p>Date 7/11/2022</p> <p>Check if self-employed <input type="checkbox"/></p> <p>PTIN P01907071</p> <p>Firm's EIN ▶ 13-5565207</p> <p>Phone no. 212-758-9700</p>	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)



Municipality: Bridgeport

Form NAA-01

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Bridgeport Caribe Youth League, Inc.

Address: 1067 Park Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: 20-0421577

Program title: Workforce Technology Program

Name of contact person: John Torres, Executive Director

Telephone number: (203) 913-0073

Email address: jtorres@bcyl.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00

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: _____
BCYL functions as a unique social and economic development organization. The purpose of this program is to provide pre-vocational and vocational education for 100 local residents, so that they may be more prepared for employment in this region.

Need for program: _____
There is a growing disconnect between a diverse local population and the workforce opportunities in the region. There is a significant need for basic and pre-vocational education to connect the large population of unemployed and unskilled residents to existing jobs and future opportunities in higher education. Our collaborating social service agencies are seeing hundreds of new clients monthly who need the types of training to be funded by this proposal.

Neighborhood area to be served: _____
Bridgeport Labor Market Area (as described by the CT DOL)

Plan to implement the program: _____
John Torres, BCYL-Executive Director-Overall management of agency and coordination of the program.
University of Bridgeport-Training in vocational areas and ESL.

Timetable:

Program start date: 12/31/2023
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 03/31/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

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) _____	_____
	<u>\$150,000.00</u>

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Tuition</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
	<u>\$150,000.00</u>

Total Proposed Expenditures:

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program:	_____
	City of Bridgeport
Mailing address:	_____
	999 Broad Street, Suite 2, Bridgeport, CT 06604
Name of municipal liaison:	Max Perez
Telephone number:	2037272707
Fax number:	_____
Email address:	max.perez@bridgeportct.gov

Post-Project Audit	
Is a post-project audit required for this proposal?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, date post-project audit due:	
03/31/2026	
Date	

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2023 *Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will not be accepted. For where to direct inquiries, see *Additional Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

990
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
 Open to Public Inspection

For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 BRIDGEPORT CARIBE YOUTH LEADERS INC

D Employer identification number
 20-0421577

Doing business as

E Telephone number
 (203) 913-0073

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 1067 PARK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
 BRIDGEPORT, CT 06604

G Gross receipts \$ 665,822

F Name and address of principal officer:
 JOHN TORRES
 1067 PARK AVENUE
 BRIDGEPORT, CT 06604

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

Website: ▶ WWW.BCYL.ORG

Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2003 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO FOSTER, IN THE CHILDREN OF THE COMMUNITY, THE IDEALS OF GOOD SPORTSMANSHIP, TEAMWORK, PRIDE, INTEGRITY, COMMITMENT AND RESPECT FOR AUTHORITY, SO THAT THEY MAY BE STRONGER AND HAPPIER CHILDREN AND WILL GROW TO BE GOOD, DECENT, HEALTHY AND TRUSTWORTHY LEADERS IN OUR COMMUNITY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	18
6 Total number of volunteers (estimate if necessary)	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	514,943	585,508
9 Program service revenue (Part VIII, line 2g)	62,524	61,748
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501	2,844
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,962	-13,360
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,006	636,740
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,029	70,221
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,642	218,046
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,314		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	309,266	305,811
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	525,937	594,078
19 Revenue less expenses. Subtract line 18 from line 12	48,069	42,662
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	547,619	599,529
21 Total liabilities (Part X, line 26)	14,719	22,144
22 Net assets or fund balances. Subtract line 21 from line 20	532,900	577,385

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date 2020-11-16

CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

Telephone (203) 576-7647
Facsimile (203)576-8252

CITY ATTORNEY
Mark T. Anastasi

999 Broad Street

DEPUTY CITY ATTORNEY
John P. Bohannon, Jr.

Bridgeport, CT 06604-4328

ASSOCIATE CITY ATTORNEYS

Deborah M. Garskof
Michael C. Jankovsky
Richard G. Kascak, Jr.
Bruce L. Levin
James T. Maye
John R. Mitola
Lawrence A. Ouellette, Jr.
Dina A. Scalo
Eroll V. Skyers



James Maye (x8137)
James.Maye@bridgeportCT.gov

RECEIVED
CITY CLERKS OFFICE
EST
CITY CLERK
23 APR 27 PM 4:00

To: The Bridgeport City Council

From: James Maye, Associate City Attorney and Kenneth Flatto, Director of Finance

Date: April 27, 2023

Re: **Resolution for Lease Agreement Approval – referral to Contracts Committee
Approval of a Lease with Sikorsky Financial Credit Union (proposed Resolution incl)**

Please accept this request for referral of this Lease Agreement to the Contracts Committee.

We respectfully request the Committee's consideration to review and approve the attached Lease Agreement with Sikorsky Financial Credit Union. The lease is for a three (3) year period and Sikorsky will operate out of the spaces currently occupied by Bridgeport Federal Credit Union at 45 Lyon Terrace. Sikorsky Financial Credit Union merged with Bridgeport Federal Credit Union. This lease will provide the City with rental income and proper insurance protection.

The City employee members of the Bridgeport Credit Union voted to approve the acquisition of the Bridgeport Credit Union and subsequent merger into the Sikorsky Financial Credit Union through a member vote process that concluded on April 19, 2023. The Sikorsky Financial Credit Union has agreed to the terms of this lease. The Sikorsky Financial Credit Union's acquisition of Bridgeport Credit Union has been approved by federal authorities and this acquisition of the Bridgeport Credit Union is effective May 2023. The Sikorsky Financial Credit Union has agreed to use the lease office space at Lyon Terrace in the same manner as utilized previously.

We appreciate the Council's review and consideration of this proposed Lease.

Thank you for your consideration of this matter.

cc: Mayor Joseph P. Ganim

Item No. :

BE IT RESOLVED by the City Council of the City of Bridgeport that the attached Lease Agreement between the City of Bridgeport and Sikorsky Financial Credit Union for three years through April 2026.

BE IT FURTHER RESOLVED, that the Mayor, or his designee the Director of Finance, are hereby authorized to enter into this Lease Agreement in substantially the form attached hereto and, upon consultation with City Attorney's Office, are further authorized to take all other actions and do all other things necessary including executing such other insurance documents as may be necessary in furtherance of the purpose of, and consistent with, this resolution and in the best interests of the City of Bridgeport and its citizens.

CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

Telephone (203) 576-7647
Facsimile (203)576-8252

CITY ATTORNEY
Mark T. Anastasi

DEPUTY CITY ATTORNEY
John P. Bohannon, Jr.

999 Broad Street

Bridgeport, CT 06604-4328

ASSOCIATE CITY ATTORNEYS

Deborah M. Garskof
Michael C. Jankovsky
Richard G. Kascak, Jr.
Bruce L. Levin
James T. Maye
John R. Mitola
Lawrence A. Ouellette, Jr.
Dina A. Scalò
Eroll V. Skyers



James Maye (x8137)
James.Maye@bridgeportCT.gov

April 27, 2023

The Honorable City Council
of the City of Bridgeport
City Hall
45 Lyon Terrace
Bridgeport, CT 06604

**Re: Communication from City Attorney re: Proposed Lease Agreement with
Sikorsky Federal Credit Union**

Dear Honorable City Council Members:

**Pursuant to City Council Rule XIII, Section 15, below please find the required
information:**

a. Submission Title

Lease Agreement between Sikorsky Federal Credit Union and the City of Bridgeport through the period ending April 30, 2026.

b. Submitting Entity

Office of the Chief Administrative Officer.

c. Contact Person

Kenneth Flatto, Finance Director
Phone: (203)576-7251
Email: kenneth.flatto@BridgeportCT.gov

James Maye, Associate City Attorney
Phone: (203)576-8137
Email: James.Maye@BridgeportCT.gov

d. Approval Deadline

The next occurring City Council meeting, following Contract Committee approval, if possible.

e. Matter Summary

This submission is a three (3) year lease with Sikorsky Federal Credit Union. Sikorsky Federal Credit Union will occupy the space at 45 Lyons Terrace currently occupied by Bridgeport Federal Credit Union. The annual fee payable by the City for this proposed Lease Agreement is \$0.00 per annum. The City will received \$30,000.00 annually in income.

f. City Council Action Requested

Vote to approve the proposed Lease Agreement between Sikorsky Federal Credit Union, and the City and to authorize and empower the Mayor or his designee to execute such agreement on behalf of the City.

g. Financial Impact Analysis

The cost to the City for this proposed agreement is \$0 per annum; no funds are appropriated for such purpose in the FY 2022-2023 annual operating budget.

There will be a material positive financial impact to the City from this agreement resultant from the annual revenues of \$30,000 generated from the lease payments.

h. Funding Budget-Line

\$0 for FY 2022-2023 will be paid from the annual operating budget of any department.

i. Proposed Motion

“NOW THEREFORE BE IT RESOLVED that:

1. The Mayor or his designee is authorized and empowered to execute on behalf of the City the proposed Lease with Sikorsky Federal Credit Union for the period ending April 30, 2026.

Thank you for your assistance in this matter.

Very truly yours,

James T. Maye
Associate City Attorney

Cc: Joseph P. Ganim, Mayor
Lydia Martinez, City Clerk
Frances Ortiz, Asst. City Clerk
Craig Nadrizny, Public Facilities Dir.
Daniel Shamas, Chief of Staff
Kenneth Flatto, Finance Dir.
Thomas Gaudett, Mayor's Office
Mark T. Anastasi, City Attorney

LEASE

This Lease Agreement ("Lease" or "Lease Agreement") made this 1ST day of May, 2023, by and between City of Bridgeport, acting through its Director of Public Facilities (hereinafter referred to as Lessor and Sikorsky Financial Credit Union, Inc., a Connecticut corporation with offices at 1000 Oronoque Lane, Stratford, CT (hereinafter referred to as "Lessee").

WITNESSETH

1. **Premises:** Lessor, which includes Lessor's agents, servants and employees, in consideration of the covenants and agreements hereinafter set forth and the rent hereinafter reserved, has and does hereby lease, unto said Lessee and Lessee hereby leases from Lessor, the space described as follows: Unit 225, 45 Lyon Terrace, Bridgeport, CT, consisting of approximately 1533 square feet more or less (hereinafter the Premises). Included as part of the lease are the inventory items listed in Schedule B.
2. **Term:** The term of this lease, subject to the provisions hereof, shall be for a term of three (3) years (the term commencing on May 1, 2023 (hereinafter referred to as the Commencement Date) running through to the end of the third (3rd) Lease Year, as that term is defined below.
 - 2.1. The term, with respect to the first Lease Year, shall mean the period of twelve (12) consecutive calendar months beginning on May 1, 2023, and running through April 30, 2026. Subsequent "Lease Years" shall be the subsequent full twelve (12) calendar month periods. Rental payment (base Rent and Additional Rent) shall commence at the start of the first Lease Year (the Rent Commencement Date and shall be payable on the first day of each month thereafter. Lessee shall have access to the Premises on the Commencement Date or upon execution of the lease and the delivery of a certificate of insurance as described in section 35 of this Lease Agreement, whichever occurs later.
 - 2.2. This section supercedes Section 2.1 above. Both the Lessor and Lessee, after the first Lease Year, reserve the right to terminate this lease agreement early if either party deems it impractical or inappropriate to continue operating a credit union branch at this current facility. Either party who wishes to exercise this right will notify the other, in writing, no later than 30 days before the end of the first Lease Year or March 31, 2024, whichever comes first. If either party exercises this right, it must allow for up to 90 additional days, after notification, to discuss the decision with both parties and to formally close the credit union branch. If neither party notifies the other of their intent to terminate this lease agreement by March 31, 2024, then this section is no longer applicable and the original terms of this lease, as outlined in Section 2.1, will continue.
3. **Payment of Rent:** Lessee covenants and agrees to pay, and shall pay to Lessor for the rental of the Premises, in lawful money of the United States of America at the address specified in Paragraph 29 hereof on the first day of each calendar month for the term hereof, in installments as follows:
 - 3.1. **First Lease Year.** Two thousand five hundred dollars (\$2,500.00) per month.

- 3.2. **Second Lease Year through Third Lease Year.** For the Second through Third Lease Years, on each Lease Year anniversary for the remainder of the Term, the monthly rental for the next twelve-month period shall be increased over the immediately preceding twelve-month period by three percent (3%) and payable monthly.
- 3.3. **No setoff.** Said payments shall be known as Rent and shall be payable without setoff, deduction, or demand in consecutive monthly installments, in advance, being due and payable on the first day of each and every month thereafter during the term hereof. In no event shall any provisions of this paragraph serve to reduce the rent below the rent payable during the immediately preceding Lease Year.

4. **Additional Rent:**

- 4.1. In addition to Rent payable under Article 3, Lessee shall pay to Lessor additional rent consisting of Lessee's proportional share of all sums of money as shall become due and payable by Lessee under this Lease including, but not limited to, the payments due under this Article 4 (collectively, "Additional Rent").
- 4.2. The parties anticipate that the number of members accessing the premises on a monthly basis that are non-City of Bridgeport employees will be 300. Data shall be collected by the Lessee estimating the number of non-City of Bridgeport employees that are accessing the premises each month. This number shall be provided to Lessor on a quarterly basis and on an annual basis. In the event that the monthly average on non-City of Bridgeport employees accessing the premises exceeds 300+100 then Lessee shall pay \$100.00 per month per additional 100 monthly visitors to the building as additional rent
- 4.3. **Rent Start.** Subject to paragraph 4.2, the Additional Rent Start Date shall be defined as the start of the Second Lease Year.
- 4.4. Each installment of estimated Additional Rent shall be due and payable on the first of the month after the delivery of a statement by Lessor. If Lessee fails to pay when due any installment of Rent or any Additional Rent, Lessee shall pay a late charge as described in Article 21 of this agreement. There shall be no abatement of, deduction from, counterclaim or set off against Rent or Additional Rent, except as otherwise specifically provided in this Lease.
5. **Security:** Lessee shall pay a security deposit of five thousand dollars (\$5,000.00) to secure the faithful performance of all the terms and conditions of this lease and any renewal term. If Lessee complies with all the terms, conditions and obligations of this Lease, such deposit shall be returned to Lessee at the termination of this Lease, such deposit will be returned to Lessee at the termination of this Lease or any renewal thereof, without interest. In the event Lessee defaults hereunder, such deposit may be applied by Lessor toward reduction of his damages without barring Lessor in any manner whatever from other or additional legal or equitable course. Such a deposit shall not be construed as constituting liquidated damages.

It is understood and agreed that Lessor shall always have the right to apply said deposit, or from time to time such one or more part or portions thereof or part of portions thereof not previously applied, to the curing of any default that may then exist, without prejudice to any other remedy or remedies which Lessor may have on account thereof upon prior written to Lessee. Should Lessor convey his interest under this Lease, the deposit, or the part of portion thereof not previously so applied, shall be turned over by Lessor to Lessee grantee or assignee; and, if the same be turned over as aforesaid, Lessee hereby releases Lessor from any and all liability with respect to the deposit or its application or return, provided Lessor delivers to Lessee said grantee or assignee written and executed assumption of the obligations with respect to said security. At the end of the term, Lessor, or successor, as the case may be, shall promptly return said security deposit to Lessee within thirty (30) days after the end of the term and otherwise in accordance with Connecticut State Laws.

6. **Lease Option to Extend:** At the expiration of the initial term, if this lease shall then be in full force and effect and Lessee shall have performed all of its terms, covenants, agreements, and/or conditions to said time as and when required pursuant to this Lease, Lessee shall have one (1) option to extend the Term of this Lease for an additional term of three (3) years, such term to commence on expiration of the prior term. Said option shall be exercised by Lessee by giving written Notice thereof to Lessor not less than 180 days prior to the expiration of the then current term, TIME BEING OF THE ESSENCE. Rent and Additional Rent shall be payable without setoff, deduction, or demand in consecutive monthly installments, in advance, being due and payable on the first day of each and every month thereafter during the term hereof. Rent for the option term, if any, shall be increased at the rate of three (3%) percent per year, starting with the Base Rent from the Lease Year immediately preceding the first Lease Year of the option term. Rent for any option term shall be payable without setoff, deduction, or demand in consecutive monthly installments, in advance, being due and payable on the first day of each and every month thereafter during the term hereof. In no event shall any provisions of this paragraph serve to reduce the rent below the rent payable during the immediately preceding lease year.

7. Purpose:

7.1. Lessee shall have the right to use the Premises as a credit union, and such other ancillary uses as consented to in writing by Lessor.

7.2. Lessee's hours of operation will be Monday to Friday, 8:30 am – 4:00 pm. Lessee's employees may access the Building at 8:00 am and must vacate the building by 5:15 pm. Its members shall not have access to the Building when City operations are not available. Further, Lessee agrees that it shall follow the holiday schedule of the City of Bridgeport which is currently as follows but are subject to change: New Year's Day (observed), Martin Luther King Jr. Day, President's Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day. Further, when the Building is closed due to weather related matters or any other matter, the premises shall be closed to members.

7.3. Lessee shall not use, occupy, or permit the Premises or any part thereof to be used in

any manner, or anything to be done therein or suffer or permit anything to be brought into or kept therein, which would in any way tend to or: (a) cause substantial or objectionable noise, (b) violate any laws or requirements of a Governmental Authority, (c) make void or voidable any insurance policy then in force with respect to the Premises or the Building, (d) make unobtainable from reputable insurance companies authorized to do business in the State of Connecticut at standard rates any fire insurance with extended coverage, or liability, elevator, boiler or other insurance required to be furnished by Lessor, (e) cause, or be likely to cause, physical damage to the Premises, the Building, or any part thereof, (f) constitute a public or private nuisance, (g) impair the appearance, character or reputation of the Premises or the Building, (h) discharge objectionable fumes, vapors or odors into the Building's air conditioning system or into the Building's flues or vents or otherwise in such manner as may unreasonably offend other occupants, or (i) impair or interfere with any of the Building services, including the furnishing of electricity, or the proper and economic cleaning, air conditioning or other servicing of the Building or the Premises, or impair or interfere with the use of any of the other areas of the Building. The provision of this Section, and the application thereof, shall not be deemed to be limited in any way to or by the provisions of any other Section of this Article or any of the Rules and Regulations set forth in Schedule B hereto and Lessee further represents that such use will not, so long as reasonably exercised, constitute an objectionable use, or void or violate any insurance, or make any insurance unobtainable at standard rates.

7.4. Lessee shall, at Lessee's sole cost and expense, and to the extent required by law, comply with the Americans with Disabilities Act, 42 U.S.C. 12101 et seq. to the extent said Act affects the Premises, as opposed to the Building in general.

7.5. Lessee shall not place a load upon any floor of the Premises that exceeds the floor load per square foot that such floor was designed to carry, and which is allowed by certificate, rule, regulation, permit or law. If Lessee wishes to place any safe, heavy machinery, heavy equipment, bulky matters, or fixtures in the Premises, it may do so at its own expense, but Lessor reserves the right to prescribe their weight and position. Business machines and mechanical equipment in the Premises shall be placed and maintained by Lessee, at Lessee's expense, in such manner as shall be sufficient in Lessor's judgment, reasonably exercised, to absorb vibration and noise and prevent annoyance or inconvenience to any other Lessee or occupant of the Building.

7.6. Lessee, at Lessee's expense, shall be required to obtain all governmental licenses and permits, including, without limitation, building certificates of occupancy except in the case of existing improvements (unless the existing improvements have been modified or altered by Lessee or on behalf of Lessee) and/or improvements to the Premises or Building undertaken by Lessor (unless these improvements have been performed on behalf of Lessee) that shall be required for the proper and lawful conduct of Lessee's business in the Premises or any part thereof, and shall duly and timely procure and thereafter maintain such licenses, permits and certificates and submit the same for inspection by Lessor. Lessee shall at all times comply with the terms and conditions of each such license, permits, and certificates, but in no event shall failure to procure and maintain same by Lessee affect Lessee's obligations hereunder.

8. Conduct of Business by Lessee: Lessee will not do or permit to be done in Premises, or the Building of which they form a part, or bring or keep anything therein outside of what is normal and customary in the operation of a credit union as provided for Section 7.1 herein, which shall in any way increase the rate of fire or other insurance on said building, or on the property kept therein, or obstruct, or interfere with rights of other Lessees, or in any way, injure them, or those having business with them, conflict with the fire laws or regulations or with any insurance policy upon said Building or any part thereof, or with any statutes, rules or regulations established by the Federal government or by the State, City or County in which the subject property is located. Lessee agrees to pay any increase in insurance premiums resulting from Lessee's use or occupancy of the Premises, or from any act or omission of Lessee.

9. Hazardous or Flammable Materials: Lessee will not use or permit Premises or any parts thereof to be used for a hazardous purpose or for any other purpose other than that herein before specified, without the prior written consent of Lessor.

10. Condition of Premises/Maintenance:

10.1. Lessee has examined the Premises and accepts them in their present condition (without any representations on the part of Lessor or its agents as to the present or future condition of said Premises, except as otherwise expressly provided herein). Lessee agrees to do no waste to the Premises, and Lessee shall maintain and take good care of the Premises, the fixtures and appurtenances therein. Lessor shall maintain and operate the heating, ventilating, air conditioning, plumbing, glass, lighting and other systems. Lessee, at its sole cost and expense, shall make all necessary repairs to the Premises as and when needed. All damage or injury to the Premises and/or to its fixtures, glass, appurtenances, and equipment caused by Lessee shall be replaced, restored, or repaired promptly by Lessee. All aforesaid repairs, restorations and replacements shall be in quality and class equal to the original work or installments and shall be done in a good and workmanlike manner. Lessee shall quit and surrender the Premises at the end of the Term in the same condition as it received the Premises, reasonable wear and tear, and casualty loss as more fully discussed in Paragraph 22 hereof, excepted, and shall turn over all keys to the Premises at such time. Lessee further agrees to keep said Premises and all parts thereof in a clean and sanitary condition and free from trash and other objectionable matters. Lessor shall clean and empty trash daily. Neither Lessor nor any agent or employee of Lessor had made any representations or promises with respect to the Premises or the Building except as herein expressly set forth and no rights, privileges, easements, or licenses are acquired by Lessee except as herein expressly set forth. Lessee, by taking possession of the Premises, acknowledges that the Premises and its systems are in good and satisfactory condition at the time of such taking of possession.

10.2. Lessor, at its expense, will make, or cause to be made structural repairs to exterior walls, roof, structural columns, and structural floor which collectively enclose the Premises (excluding, however, all doors, door frames, storefronts, windows, and glass);

provided Lessee shall give Lessor notice of the necessity for such repairs. Notwithstanding the foregoing, if the necessity for such repairs shall have arisen from or shall have been caused by the negligence or willful acts of Lessee, its agents, concessionaires, officers, employees, licensees, invitees or contractors, Lessor may make or cause the same to be made, but shall not be obligated to do so, and Lessee agrees to pay to Lessor promptly upon Lessor's demand, as Additional Rental, the reasonable cost of such repairs, if made, without delay but with interest thereon at the Default Rate until paid. In the event Lessor elects not to make such repairs caused by Lessee's negligence, Lessor may require Lessee to make such repairs at Lessee's sole cost and expense.

11. Sublet & Assignment: Lessee shall not assign this Lease Agreement or sublease the Premises, or any part thereof, or mortgage, pledge or hypothecate its leasehold interest or any part thereof, whether by operation or law or otherwise.

12. Alterations & Improvements: Lessee will not make any alterations, installation, changes, replacements, additions, or improvements, structural or otherwise, in or to the demised premises or any part thereof, without the prior written consent of Lessor. It is distinctly understood that all alteration, installations, changes, replacement, additions to or improvements upon the demised premises (whether with or without Lessor's consent) shall at the election of Lessor remain upon the demised premises and be surrendered with the demised premises at the expiration of this Lease, without disturbance, molestation, or injury. Should Lessor elect that alterations, installations, changes, replacements, additions to or improvements upon demised premises be removed, upon termination of this Lease or upon termination of any renewal period hereof, Lessee hereby agrees to cause same to be removed at Lessee's expense and Lessee hereby agrees to reimburse Lessor for the cost of such removal together with any and all damages which Lessor may suffer and sustain by reason of failure of Lessee to remove the same. In the event that any mechanic's lien is filed against the premises as a result of alterations, additions or improvements made by Lessee, Lessor, at its option, after (30) days' notice to Lessee, may terminate this Lease and may pay the said lien, without inquiring into the validity thereof, and Lessee shall forthwith reimburse Lessor the total expense incurred by Lessor in discharging the said lien, as additional rent hereunder.

All damage done to the building by taking in or removing Lessee's office equipment, or due to its being in the premises, shall be repaired at the expense of Lessee. No freight, furniture or other bulky matter of any description will be received in the building or carried in the elevators, except as approved by Lessor or except during the course of moving into and out of demised premises. Moving in date(s) and moving out date(s) are subject to Lessor written consent, which consent shall not be unreasonably withheld. Lessee agrees promptly to remove from the public area adjacent to said building any of Lessee's merchandise there delivered or deposited.

13. Signs: Lessee agrees that no signs, awnings, advertisement, or notice shall be inscribed, painted, or affixed on any part of the outside of the Premises or building.

14. Right To Inspect & Exhibit: Lessee further agrees that it will allow Lessor, its agent or employees, upon reasonable prior notice to Lessee, except in the case of an emergency or the need for utility companies to access meters, when no prior notice shall be required, to enter the Premises at reasonable times to examine, inspect, or to protect the same or prevent damage or injury to the same, or to make such alterations and repairs as Lessor may deem necessary; or to exhibit the same to prospective Lessees during the last six months of the term of this Lease, or during any holdover prior or following any default of Lessee as provided herein. Notwithstanding, Lessor reserves the right, upon reasonable notice and at a reasonable time, to inspect the premises upon the completion of the alterations and improvements in paragraph 12 above. Lessor shall be commercially reasonable in efforts to minimize any interference with Lessee's business operations.

15. Rules & Regulations: Lessee covenants that the following rules and regulations, such rules and regulations as set out in Schedule B hereto, and such other and further reasonable rules and regulations as Lessor may make and which in Lessor's judgment are needful for the general well-being, safety, care and cleanliness of Premises and the building of which they are a part together with their appurtenances, shall be faithfully kept, observed and performed by Lessee, and by his/her agents, servants, employees and guests unless waived in writing by Lessor.

15.1. Sidewalks, entries, passages, and staircases and other parts of the building, which are not occupied by Lessee, shall not be obstructed or used for any other purpose than ingress or egress, except as otherwise permitted under this Lease.

15.2. No additional locks shall be placed upon any exterior doors of Premises without prior written consent by Lessor, and further subject to Lessee delivering to Lessor a key for each approved lock installed; and doors leading to the corridors or main halls shall be kept closed during business hours except as they may be used for ingress or egress. Lessee shall advise Lessor if any alarm system is being installed in Premises and provide Lessor with any access key or code to be used as referenced in paragraph 14.

15.3. Lessor shall provide fire extinguishers of the type and size as Lessor shall reasonably designate which fire extinguishers shall remain in the Premises throughout the term thereof.

15.4. Lessee covenants and agrees that no accumulating of boxes, barrels, packages, wastepaper, or other articles shall be permitted in or upon the Premises, except as normal and customary in the day-to-day and ordinary operation of a credit union.

15.5. In the event that Lessee fails to maintain the Premises free of pests, Lessor may, at its option, engage a pest control contractor to remediate or seek to prevent the presence of insects and/or other pests on or about the Premises or Building and Lessee shall reimburse Lessor's costs for same not later than twenty (20) days from receipt of Lessor's invoice, upon penalty of default. If Lessor determines that the entire Building

must be treated, then Lessee shall reimburse Lessor for Pest Control Proportional Share of costs for the same.

16. Injury to Premises, glass insurance, etc.: All injury to Premises or the building of which they are a part, caused by Lessee and all breakage done by Lessee, shall be repaired by Lessee, at the expense of Lessee. In the event Lessee fails to do so, then Lessor shall have the right to make such necessary repairs, alterations and replacements, structural, non-structural or otherwise and the actual charge or cost so incurred by Lessor shall be paid by Lessee.

17. Services & Utilities: Subject to Section 10 hereof, Lessee represents that it has inspected the utilities and services furnished to the Premises and accepts that they are adequate for Lessee's intended use of the Premises. Such utilities and services furnished to the Premises for the benefit of Lessee shall be provided and paid for by Lessor. Lessor shall not be liable for any interruption or delay in any of the above services for any reason, unless caused by an intentional act or omission of Lessor.

17.1. Electricity.

17.1.1. The expense for the electricity provided and consumed on the Premises shall be paid by Lessor.

17.1.2. Lessor, except in the case of Lessor or Lessor's agent's, negligent act or omission, shall not be liable in any way to Lessee for any failure or defect in the supply or character of electricity furnished to the Premises by reason of any requirement, act or omission of the public utility serving the Building or for any other reason not attributable to Lessor; provided, however, Lessor will use commercially reasonable efforts to affect any necessary remedy.

17.1.3. Lessee's use of electricity in the Premises shall not, at any time, exceed the capacity of any of the electrical conductors and equipment in or serving the Premises. Lessee shall not, without Lessor's prior consent, which consent shall not be unreasonably withheld, delayed, or conditioned, make any alteration or addition to the electrical systems in the Premises.

17.2. Cable, internet and other online connection services.

17.2.1. The expense for cable, internet and other online connection services provided and consumed on the Premises shall be paid by Lessee.

17.2.2. Lessor, except in the case of Lessor or Lessor's agent's, negligent act or omission, shall not be liable in any way to Lessee for any failure or defect in the supply or character of cable, internet and other online connection services furnished to the Premises by reason of any requirement, act or omission of the company serving the Building or for any other reason.

Lessor shall not be liable for any interruption or delay in any of the above services for any reason, unless caused by an intentional act or omission of Lessor.

18. Covenant to Defend, Indemnify, and Hold Harmless.

18.1. Lessee shall defend and indemnify Lessor (including Lessor's agents, servants, and employees, hereinafter "Lessor") and save it harmless from and against any and all claims, actions, damages, liability and expense in connection with loss of life, personal injury and/or damage to property arising from or out of any occurrence in, upon, at or about the Premises, or arising from or out of the occupancy or use by Lessee (including Lessee's agents, servants, employees, invitees, or concessionaires, hereinafter "Lessee") of the Premises or any part thereof, or occasioned wholly or in part by any act or omission of Lessee, its agents, contractors, employees, lessees, invitees or concessionaires. If Lessor shall be made a party to any litigation or claim commenced by or against Lessee for such cause, or if Lessor alone is sued for such cause, then Lessee agrees to defend and indemnify and hold Lessor harmless. Lessee agrees also to pay all reasonable costs, expenses and attorney's fees that may be incurred or paid by

Lessor in enforcing the covenants and agreements in this Lease Agreement.

18.2. Lessor shall not be liable for any accident or damage resulting through the use of heating, cooking, electrical, and plumbing or other apparatus, unless caused by the negligent acts of Lessor, its agents, servants, or employees. All personal property of Lessee in the Premises or in the building shall be at the risk of Lessee. Absent Lessor's own negligent act or omission to act, or that of any agent of Lessor, Lessor shall not be responsible for the loss of or damages to property or injury to persons, occurring in or about the Premises, by reason of any existing or future condition, defect, matter or thing in said Premises or the property of which the Premises are a part, or for the acts, omissions or negligence of other persons or Lessees in and about the said property. Lessee agrees to defend and indemnify and save Lessor harmless from all claims and liability for losses of or damage to property, or injuries to persons occurring in or about the Premises, unless caused by the negligent acts of Lessor, its agents, servants and/or employees.

19. Default by Lessee: This Lease Agreement is subject to the limitation that if, at any time, any one or more of the following events (herein called an "Event of Default") shall occur, then Lessor, in addition to the other rights and remedies it may have, shall have the right immediately to declare this Lease Agreement terminated and all of the right, title and interest of Lessee hereunder shall wholly cease and expire upon receipt by Lessee of a Notice of Termination from Lessor. Lessee shall then quit and surrender the Premises to Lessor but shall remain subject to all the rights and remedies of Lessor as provided in this Lease Agreement or otherwise. The Events of Default are:

19.1. If Lessee shall make an unapproved assignment of this Lease Agreement; or

19.2. If any petition shall be filed against Lessee in any court, whether or not pursuant to any statute of the United States or of any State, in any bankruptcy, reorganization, composition, extension, arrangement or insolvency proceedings, and Lessee shall thereafter be adjudicated bankrupt, or such petition shall be approved by the Court, or the Court shall assume jurisdiction of the subject matter and if such proceedings shall not be dismissed within ninety (90) days after the institution of the same, or if any such petition shall be so filed by Lessee; or

19.3. If, in any proceedings, a receiver or trustee be appointed for Lessee's property and such receivership or trusteeship shall not be vacated or set aside within ninety (90) days after the appointment of such receiver or trustee; or

19.4. If Lessee shall fail to pay any installment of the Rent or Additional Rent or any part thereof when the same shall become due and payable, or if Lessee shall fail to pay any late fee, within ten (10) business days from the date due; or

19.5. If Lessee shall fail to pay when same shall become due and payable any other charge required to be paid by Lessee hereunder; or

19.6. If Lessee shall fail to perform or observe any other material requirement, condition, covenant or agreement of this Lease Agreement on the part of Lessee to be performed or observed and such failure shall continue for twenty one (21) days, after written Notice thereof from Lessor to Lessee, provided, however, if Lessee shall have commenced to cure such default, but such default is incapable of being cured within such 21 day period, such period shall be extended as necessary, provided Lessee shall continue to diligently cure such default.

20. Lessor's Remedies:

20.1. If this Lease Agreement shall be terminated as provided herein, Lessor or Lessor's agents or employees may immediately, either by summary dispossession proceedings or by any suitable action or proceeding at law, repossess and enjoy the Premises, together with all alterations, additions, and improvements thereto, without being liable for indictment or prosecution for damages therefore, and repossess and enjoy the Premises. In the event of such re-entry and repossession, Lessor may store Lessee's property in a public warehouse or elsewhere at the cost and for the account of Lessee.

20.2. In case of any such termination, and lawful re-entry or dispossession by summary proceedings or otherwise, all rents and other reasonable charges required to be paid up to the time of such termination, and lawful re-entry or dispossession, shall be paid by Lessee and Lessee shall also pay to Lessor all reasonable expenses which Lessor may then or thereafter incur for legal expenses, management fees and brokerage commissions and all other reasonable costs paid or incurred by Lessor in repossessing the Premises, including reasonable cleaning and cosmetic maintenance costs to prepare the Premises to the order and condition necessary to relet same, for reletting thereof, and for any other reasonable item or cost which Lessor incurs as a result of Lessee's Event of Default (collectively, "Lessor's Expenses").

20.3. If this Lease Agreement be terminated as prescribed above, Lessee nevertheless covenants and agrees, notwithstanding any lawful entry or re-entry by Lessor whether by summary proceedings, termination or otherwise, to pay and be liable for on the days originally fixed herein for the payment thereof, amounts equal to the monthly installments of Rent, Additional Rent and other charges due under the terms of this Lease Agreement, as if this Lease Agreement had not been terminated; but in the event the Premises be relet by Lessor, Lessee shall be entitled to a credit (but not in excess of the Rent or Additional Rent or other charge reserved under the terms of this Lease Agreement) of the amount of Rent received by Lessor upon reletting the Premises, less Lessor's Expenses. As an alternative, at the election of Lessor, Lessee shall pay to Lessor as damages such a sum as at the time of such termination represents the amount of the excess, if any, of the then present value of the total Rent, Additional Rent and other benefits which would have accrued to Lessor under this Lease Agreement for the remainder of the Lease Term and any extension thereof (if such right of extension has been exercised), if the provisions of this Lease Agreement had been fully complied with by Lessee over and above the then present market rent value of the Premises for the balance of the Lease Term or any extension thereof. Suit or suits for the recovery of the deficiency of damages referred to in this Paragraph or for any installment or installments

of annual Rent or Additional Rent hereunder, or for a sum equal to any such installment or installments, may be brought by Lessor at once or from time to time at Lessor's election, and nothing in this Lease Agreement contained shall be deemed to require Lessor to await the date whereon this Lease Agreement or the Lease Term and any extension thereof (if such right of extension has been exercised), would have expired by limitation had there been no such default by Lessee or no such cancellation or termination.

20.4. No failure by Lessor to insist upon the strict performance of any covenant, agreement, term, or condition of this Lease Agreement or to exercise any right or remedy consequent upon breach thereof, and no acceptance or payment, as the case may be, of full or partial rent during the continuance of any such breach, shall constitute a waiver of any such breach or of such covenant, agreement, term or condition. No waiver of any breach shall affect or alter this Lease Agreement, but each and every covenant, agreement, term and condition of this Lease Agreement shall continue in full force and effect with respect to any other existing or subsequent breach thereof.

20.5. Each right and remedy of Lessor or Lessee provided for in this Lease Agreement shall be cumulative and shall be in addition to every other right and remedy provided for in this Lease Agreement now or hereafter existing at law or in equity, by statute or otherwise.

21. Late Payment of Rent: Notwithstanding anything in the Lease to the contrary and without prejudice to any and all other rights and remedies of Lessor hereunder or at law or in equity, any payment of Rent and/or Additional Rent not received by Lessor within ten (10) days of the date the same is due shall bear interest at a rate of twenty one (21) percent per annum, and said interest shall be deemed Additional Rent. In the event said interest rate shall be ever deemed usurious under any existing or future laws, then said interest rate shall be the highest rate permitted by law.

22. Damage by Fire, Explosion or Otherwise: In the event of the destruction of the Premises or the building containing the said premises by fire, explosion, the elements, or otherwise during the term hereby created, or previous thereto, or such partial destruction thereof as to render the premises wholly untenable or unfit for occupancy, or should the Premises be so badly injured that the same cannot be repaired within ninety days from the happening of such injury, then, and in such case, the term hereby created shall, at the option of Lessor or Lessee, cease and become null and void from the date of such damage and destruction, and Lessee shall immediately surrender said premises and all Lessee's interest therein to Lessor and shall pay rent only to the time of such destruction, in which event Lessor may reenter and repossess the Premises thus discharged from this Lease and may remove all parties therefrom. Should the Premises be rendered untenable and unfit for occupancy, but yet be repairable within ninety days from the happening of said injury, Lessor shall repair the same with reasonable speed and the rent shall not accrue after said injury or while repairs are being made but shall recommence immediately after said repairs shall be completed and a Certificate of Occupancy has been issued therefore and Lessee shall be legally able to occupy the same. But if the Premises shall be so slightly injured, as not to be rendered untenable and unfit for occupancy, Lessor agrees to repair the same with reasonable

promptness and in that case the rent accrued and accruing shall not cease or determine, but shall be abated for any portion of the Premises which shall be unfit for occupancy on a pro rata basis until same is able to be legally occupied by Lessee pursuant. Lessee shall immediately notify the Lessor in case of fire or other damage to the Premises. No compensation, or claim, or diminution of rent will be allowed or paid by Lessor by reason of inconvenience, annoyance or injury to business arising from the necessity of repairing the Premises or the building of which they are a part; provided, however, Lessor shall not unreasonably interfere with Lessee's use and occupancy of the Premises and shall proceed with reasonable diligence to perform such repairs.

23. Subordination to Mortgages & Deeds of Trust: INTENTIONALLY OMITTED

24. Eminent Domain, Condemnation: INTENTIONALLY OMITTED.

25. Lease Binding on Heirs, Successors, Etc.: It is agreed that all rights, remedies, and liabilities herein given to or imposed upon either party hereto shall extend to their respective heirs, successors, executors, administrators, and assigns, provided, however, that this lease shall not be assigned by Lessee, except as set forth above in Section 11 of this Lease.

26. Holding Over by Lessee: It is further understood and agreed by and between the parties hereto that in the event Lessee shall not immediately surrender said Premises on the day after the end of Term or any renewal term hereby created, then Lessor may at its option elect to treat Lessee as a Lessee by the month at three times the rental per month of the monthly installment of rent agreed by Lessee to be paid as aforesaid, commencing said monthly tenancy with the first day next after the end of the term above demised; and said Lessee as a monthly Lessee shall be subject to all conditions and covenants of this Lease as though the same had originally been a monthly tenancy; and said Lessee shall give Lessor at least thirty (30) days written notice of any intention to quit said Premises, except in the event of non-payment of rent in advance or of breach of any other covenant by said Lessee, in which event said Lessee shall not be entitled to any notice to quit, the thirty (30) days' notice to quit being hereby expressly waived; provided, however, that in the event Lessee shall hold over after the expiration of the term hereby created, and if Lessor shall desire to regain possession of said Premises promptly at expiration of the term aforesaid, then at any time prior to Lessor's acceptance of rent from Lessee as a monthly Lessee hereunder, Lessor, at its option may forthwith lawfully reenter and take possession of said Premises by any legal process in force in the State of Connecticut.

27. Abandonment of Personal Property: Lessor shall not be responsible or liable for loss in any event from any of the property of Lessee brought into the Premises or left therein by Lessee upon the termination of this lease. All personal property (including trade fixtures) left in the Premises, upon removal of Lessee during or at the end of the term shall be considered abandoned by Lessee and may be disposed of by Lessor as it sees fit.

28. Construction of Lease: Feminine or neuter pronouns shall be substituted for those of the masculine form, and the plural shall be substituted for the singular number, in any place or places herein in which the context may require such substitution. The captions, section

numbers, article numbers, and index appearing in this lease are inserted as a matter of convenience and in no way define, limit, construe or describe the scope or intent of such sections or articles of this lease or in any way affect this lease.

29. Notices: Payments shall be made to City of Bridgeport, Department of Finance. All notices explicitly required to be given hereunder by either party to the other shall be given by certified or registered mail return receipt requested. Notifications from Lessor may be sent via electronic mail which may include but not be limited to Billing Statements, Invoices, Late Fee Notification, Delinquency Notification, Lease Amendments and Renewals, etc. Notices to the respective parties shall be addressed as follows:

If to Lessor: Department of Finance
 City of Bridgeport
 999 Broad Street, 2nd Floor
 Bridgeport, CT 06606

with copies to City Attorney
 999 Broad Street, 2nd Floor
 Bridgeport, CT 06604

If to Lessee: At the Demised Premises or to Lessee's provided electronic mail address.

Either party may, by like written notice, designate a new address and /or addressee to which such notices shall be directed. All notices shall be deemed given upon receipt.

30. Peaceful Possession: Lessor covenants and agrees with Lessee that upon Lessee paying the Rent and Additional Rent and observing and performing all the terms, covenants and conditions on Lessee's part to be observed and performed, Lessee may peaceably and quietly enjoy the Premises hereby demised, free from any interference, molestation or acts of Lessor, or of anyone claiming by, through or under Lessor, subject nevertheless, to the terms and conditions of this Lease and to any ground lease, underlying leases and mortgages as herein before provided.

31. Broker's Commissions: Lessee warrants and represents it has not had or dealt with any realtor, broker, or agent in connection with this lease, and agrees to pay and to hold Lessor harmless from any cost, expense or liability (including costs of suit and reasonable attorney s fees) for any compensation, commission or charges claimed by any realtor, broker or agency claiming to have acted by or on behalf of Lessee with respect to this Lease and the negotiation thereof.

32. Obligations: The provisions of this Section 32 shall be applicable if there shall occur, on or after the Commencement Date, any strikes, lockouts or labor disputes, inability to obtain labor or materials or reasonable substitutes therefore, or acts of God, pandemic governmental restrictions, regulations or controls, enemy or hostile government action, civil

commotion, riot or insurrection, fire or other casualty or other events similar or dissimilar to those enumerated in this Section 32, beyond the reasonable control of the Party obligated to perform. If Lessor or Lessee, as a result of any of the above-mentioned events, shall fail punctually to perform any term, covenant or condition on its part to be performed under this Lease, then such failure shall be excused and not be a breach of this Lease by the Party in question, but only to the extent and for the time occasioned by such event. Simple lack of funds and/or inability to procure financing shall not be deemed to be an event of any unavoidable delay as in this Article provided.

33. Estoppel: Upon request of Lessor, Lessee will execute and deliver to Lessor an instrument prepared by Lessor stating, if the same be true, that this Lease is a true and exact copy of the lease between the parties hereto, that there are no amendments hereof (or stating what amendments there may be), that the same is then in full force and effect and that, to the best of Lessee's knowledge, there are then no offsets, defenses or counterclaims with respect to the payment of rent reserved hereunder or in the performance of the other terms, covenants and conditions hereof on the part of Lessee to be performed, and that as of such date no default has been declared hereunder by either party hereto and that Lessee at the time has no knowledge of any facts or circumstances which it might reasonably believe would give rise to a default by either party.

34. Partial Invalidity: If any provision of this Lease or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable, the remainder of this Lease shall not be affected thereby and each provision of the Lease shall be valid and enforceable to the fullest extent permitted by law, and the remaining provisions of this lease shall be interpreted so as to nearly as possible conform to the intent of the parties as indicated in this lease.

35. Insurance:

35.1. At all times during the Term of this Lease and at any other time Lessee shall have access to the Premises to ready the same for its occupancy, Lessee shall, at its own cost and expense, carry and maintain the following insurance with insurance carriers and in forms reasonably acceptable to Lessor:

35.1.1. Comprehensive General Liability insurance coverage, for bodily injury, personal injury, property damage and contractual liability, with limits of not less than \$1,000,000.00 combined single limit liability, per occurrence.

35.1.2. Excess Liability insurance in umbrella form with limits of not less than \$3,000,000.00 combined single limit bodily injury and property damage liability, per occurrence.

35.1.3. "All Risk" coverage, including, but not limited to, fire, vandalism, theft, with extended coverage, on Lessee's property and all improvements in the Premises.

- 35.1.4. Worker's Compensation insurance in such amounts as may be required by law or regulation and employer's liability coverage in an amount not less than \$500,000.00 per occurrence.
- 35.1.5. Cyber security insurance for all in and outgoing transmission lines (utilized for phones, texts, emails and any other credit union/banking services including but not limited to the deposit and transmission of funds in and out of the credit union) from leased premises to provider of services connection, at such coverage amounts as may be required by applicable law or regulations, and for which said coverage amount is to be no less than that provided for at other Sikorsky financial credit Union, Inc. branch locations.
- 35.2. All insurance required to be maintained by Lessee shall be issued by insurance companies authorized to do business in the State of Connecticut and rated not less than A-VII in Best's Insurance Guide. A certificate of insurance evidencing the insurance required under this Article 35, shall be delivered to Lessor not less than ten (10) days prior to the Commencement Date, or Lessees' access to the Premises, whichever is earlier. Every policy of insurance referred to in this Lease and each certificate therefore issued by the insurer shall (a) contain an express agreement by the insurer that no cancellation or nonrenewal in the coverage afforded under said policies will be effective until at least (to the extent same may be obtained by the insurance company) thirty (30) days' (fifteen (15) days' in the event of non-payment of premiums) prior written notice of such cancellation, non-renewal, or reduction has been given by the insurer to Lessor; (b) contain a standard mortgagee and loss payable clause in favor of any mortgagee designated by Lessor, and (c) provide for a waiver of all rights of recovery by way of subrogation against Lessor. Lessee shall promptly advise Lessor of any policy cancellation, reduction, non-renewal, or amendment. All commercial general liability policies of insurance carried pursuant to this Article shall name as an additional named insured Lessor (and its agents, servants, and employees), Lessor property management company and, if required, each mortgagee of the Premises, and each lessee of either or both the Building and the land thereunder, as their respective interests may appear.
- 35.3. If Lessee shall fail to maintain such insurance as is required by this Article, Lessor may obtain such insurance, the amount of the premium or premiums paid by Lessor for such insurance shall be collectible as Additional Rent on the date on which the next installment of Rent is due hereunder following delivery by Lessor of an invoice therefor,
- 35.4. Lessee hereby waives any rights of action against Lessor for loss or damage covered by the insurance required hereunder and Lessee covenants and agrees to obtain a waiver from the carriers of such insurance policies releasing such carrier's subrogation rights as against Lessor. Lessee shall provide Lessor with Certificates of insurance which shall evidence that the insurance required hereunder is in full force and effect, that such insurance will not be terminated or canceled without (to the extent same may be obtained by the insurance company) thirty (30) days' prior written notice to Lessor by the carrier of such insurance and that the carrier of such insurance waives all right of recovery by way of subrogation against Lessor. Lessee shall deliver new Certificates

showing the renewal of the coverage at least ten (10) days prior to the expiration of the existing coverage.

- 35.5. Lessee shall not do anything, or suffer or permit anything to be done in or about the Premises or the Building which shall (a) subject Lessor to any liability or responsibility for injury to any person or property by reason of any activity being conducted on the Premises, (b) cause any increase in the fire insurance rates applicable to the Premises, the Building or equipment or other property located therein, or (c) be prohibited by any license or other permit required or issued by Governmental Authority. Lessee, at Lessee's expense, shall comply with all rules, orders, regulations or requirements of the City of Bridgeport Fire Marshall and the Connecticut Fire Insurance Rating Organization or any similar body. In the event that any alteration of the Premises by Lessee, any act or omission of Lessee, or Lessee's occupancy of the Premises shall cause the rate of fire or other insurance on the Building or the Premises to be increased, Lessee shall pay the amount of any such increase as Additional Rent on the date on which the next installment of Rent is due hereunder following delivery by Lessor of an invoice therefore.
- 35.6. Deductible/Self Insured Retention (Sir) Amount. The aforementioned insurance coverage shall contain a minimal deductible and/or self-insured retention (SIR) amount that is acceptable to the Lessor and shall be no more than \$5,000 per occurrence, and the Lessee shall be responsible to defend, indemnify, and hold the Lessor harmless for any deductible or SIR amount so as to ensure no gap in defense or coverage for the Lessor as to any occurrence, i.e., the payment of any deductible or SIR shall be the responsibility of the Lessee, and not the Lessor, as to any occurrence covered by insurance.
- 35.7. If Lessee fails to provide the aforementioned insurance in which the City (and its agents, servants, and employees) are named as additional named insureds under said policies, the Lessee will be responsible to, and agrees to, defend, indemnify, and hold the City (and its agents, servants, and employees) harmless for any claims or lawsuits for which the City (and its agents, servants, and/or employees) would have otherwise received defense and coverage under the aforesaid insurance policies.
- 35.8. Cyber Security and Protection. The Lessee shall be responsible to provide its own security and protection for all cyber services as to all in and outgoing lines (utilized for phone, texts, emails, and any other credit union/banking services including, but not limited to, the deposit and transmission of funds in and out of the Lessee/Sikorsky Financial Credit Union accounts. Lessor shall have no responsibility to Lessee or any other party for any security breaches related to the aforementioned cyber services.
- 36. Sale of Premises:** The term Lessor as used in this Lease shall mean the owner or Lessor for the time being of the Premises or the building of which the Premises are a part and the land on which it stands; and if such land and building or lease be sold or transferred, the seller or assignor shall be entirely relieved of all covenants and obligations under this Lease, and it shall be deemed without further agreement between the parties hereto and their

successors that the purchaser on such sale has assumed and agreed to carry out all covenants and obligations of Lessor hereunder.

37. **Parking:** Lessee agrees that Lessee, its employees, visitors, and invitees may use public parking in those areas designated from time to time by Lessor. Lessee anticipates that it will have for (4) employees using the employee parking lot. All Lessee's visitors and invitees must use the visitor's parking lot across from 45 Lyon Terrace.
38. **Alterations by Lessor:** Lessor shall have the right from time to time to construct improvements in areas of the Building not within the Premises, or in the common areas, or to change the location or character of and to make alterations of or additions to other areas of the Building not within the Premises, or in the common areas and entrances and exits (however not the entrances and/or exits of the Premises), and to modify and/or reconstruct the second floor of the Building and to repair and reconstruct the same. Lessor reserves the right to at any time build additional stories on the building of which the Premises is a part or to build additions and enlargements to any part of said building outside the Premises; provided, however, Lessor shall not intentionally or negatively impact the visibility of the Premises. In making all alterations Lessor shall use commercially reasonable efforts to limit interference with Lessee's business.

Lessor agrees that when performing any alterations or improvements to the Building under the provisions of this Article 38 of the Lease, Lessor will use commercially reasonable efforts to complete the work in a prompt and expeditious and workmanlike manner, and in all events, perform the work in such a manner that (i) Lessee will reasonably be able to be open for business during said work, and (ii) will minimize, in general, any interference with Lessee's use, occupancy and enjoyment of the Premises; notwithstanding the foregoing, if because of Lessor's said work, it is commercially unreasonable for Lessee to be open for business during said work and Lessee does not open for business during said work for a period in excess of three (3) consecutive days, then Lessee shall be entitled to an abatement of basic rent and those items of scheduled periodic additional rent from and after the fourth (4th) through to the day when Lessee is again able to be open for business or does open for business. Lessee agrees that, prior to closing for business under this paragraph that Lessee shall give Lessor one (1) day written notice of its inability to open for business and the reasons therefore and shall afford Lessor an opportunity to abate the work which Lessee indicates creates the inability to operate.

39. **Liens:** Lessee shall not encumber this lease with any liens or cause, permit or suffer any of the property of Lessor of which the Premises are a part to become subject to any lien or other encumbrance as a consequence of any work by Lessee on the Premises or otherwise. In the event any such lien is filed, Lessee shall, after a forty-five (45) day right to cure, within thirty (30) days after written demand by Lessor promptly cause the same to be discharged by payment, filing of a bond, or otherwise.
40. **Obnoxious Odors, Noise, Etc.:** Lessee will not permit any unusual, offensive, or obnoxious noise, vibration, odors, light or other undesirable effect to emanate from the Premises, or otherwise unreasonably interfere with the safety, comfort or convenience of Lessor or any other Lessee, occupant or member of the Building. Lessee shall, within ten (10) days after

written Notice from Lessor, install at Lessee's own cost and expense, control devices or procedures to eliminate such unusual, offensive, or obnoxious noise, vibration, odors, light or other undesirable effect if any. In the event such condition is not remedied within said ten (10) days or Lessee has not substantially begun to take necessary steps to remedy such condition, Lessor may at its discretion either (a) cure such condition and thereafter add the cost and expense incurred by Lessor to the next monthly rental to become due and Lessee shall pay said amount as additional rent or (b) treat such failure on the part of Lessee to eliminate such noise, vibration, or unusual or obnoxious odors as a material default thereunder entitling Lessor to any of its remedies pursuant to the terms of this lease.

41. **Governing Law:** This lease shall be governed by, and construed in accordance with, the laws of the State of Connecticut.
42. **Execution and Counterparts:** This Lease Agreement, or any abstract, memorandum or short form of this Lease Agreement, or both, may be executed in two or more counterparts each of which shall be an original, but all of which shall constitute one and the same instrument.
43. **Commercial Transaction: COMMERCIAL TRANSACTION. THE PARTIES HERETO ACKNOWLEDGE THAT THIS IS A COMMERCIAL TRANSACTION AND LESSEE HEREBY EXPRESSLY AND VOLUNTARILY WAIVES ANY AND ALL RIGHTS THAT IT MAY HAVE TO A TRIAL BY JURY IN ANY ACTION DEFENSE, COUNTERCLAIM, CROSSCLAIM AND/OR ANY FORM OF PROCEEDING WITH RESPECT TO THIS LEASE AND AS TO ANY ISSUE ARISING OR RELATING TO THE PREMISES OR THIS TRANSACTION.**

THE PARTIES HERETO ACKNOWLEDGE THAT THIS IS A COMMERCIAL TRANSACTION, AS THE TERM IS DEFINED IN SECTION 52-278(a) OF THE CONNECTICUT GENERAL STATUTES, AND LESSEE HEREBY EXPRESSLY AND VOLUNTARILY WAIVES ANY AND ALL RIGHTS THAT IT MAY HAVE FOR NOTICE AND HEARING WITH RESPECT TO ANY PREJUDGMENT REMEDY OR REMEDIES, AS THAT TERM IS THEREIN DEFINED, AND HEREBY CONSENTS TO THE ISSUANCE OF ANY WRIT FOR SUCH PREJUDGMENT REMEDY OR REMEDIES ON BEHALF OF SAID LESSOR OR ASSIGNS WITH RESPECT TO ANY LAWSUIT OR CAUSE OF ACTION RELATING TO SAID LEASE AND/OR CLAIM INCIDENTAL THERETO WITHOUT SAID LESSOR HAVING TO FIRST OBTAIN A COURT ORDER PERMITTING SAME, AS MIGHT OTHERWISE BE REQUIRED. LESSEE SHALL EXECUTE, AT THE REQUEST OF LESSOR, A SEPARATE WRITTEN FORM OF WAIVER.

44. **Waiver:** Neither the failure of a party to complain of any act or omission on the part of the other party (however long the same may continue), nor the payment or acceptance of rent, nor the performance of any obligation, shall be deemed to be a waiver of any rights hereunder or of the right to recover the amount of any payment or the cost of any performance made or done under protest, whether or not such protest was made in writing. No waiver by either party shall be effective unless in writing and signed by the party asserted to have made such


waiver. No waiver of any breach of any provision of this Lease Agreement shall be deemed a waiver of a subsequent breach of any provision of this Lease Agreement or consent to any subsequent breach of the same or any other provision. If any action by either party shall require the consent or approval of the other party such consent shall not be unreasonably withheld or delayed and, the grant of such consent or approval on any one occasion shall not constitute the consent or approval of (i) any other action on the same occasion, or (ii) the same action on a subsequent occasion. Each right and remedy which either party may have under this Lease Agreement or by operation of law shall be distinct and separate from every other such right and remedy; all such rights and remedies shall be cumulative, and none of them shall be deemed inconsistent with or exclusive of any other, whether or not exercised, and any two or more or all of such rights and remedies may be exercised at the same time or successively.

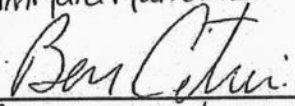
45. Authorization: Lessor represents to Lessee that it is the owner of the land and building of which the Premises are a part in fee simple and has full right and authority to enter into this Lease with Lessee. Both Lessor and Lessee shall execute and deliver to the other its respective Resolution in the form attached hereto simultaneously with the execution and delivery of this Lease.

46. Security Agreement: In the event of a default by Lessee under the terms and provisions of Section 19 herein, beyond all applicable Notice and right to cure periods, Lessor is hereby granted a lien in addition to any statutory lien or right to detain that may exist, on all personal property of Lessee in or upon the Premises, to secure payment of the rent and performance of the covenants and conditions of this Lease. Lessor shall have the right, as agent of Lessee, to take possession of any furniture fixtures or other personal property of Lessee found in or about the premises and sell the same at public or private sale and to apply the proceeds thereof to the payment of any monies becoming due under this Lease, Lessee hereby waiving the benefit of all laws exempting property from execution levy and sale on distress or judgment. In the event it becomes necessary for landlord to enforce its rights and remedies hereunder, Lessee shall be liable for all such costs of enforcement, including attorney s fees and court costs.

47. Lessor's Right to Recapture: Notwithstanding any other provision of this Lease, Lessor, in its sole discretion, may terminate this Lease and recapture the Premises upon Lessee being closed to the public or failing to provide those services typically provided by a credit union for more than ten (10) consecutive days or for more than ten (10) days in any one thirty (30) day period, except if said closure or lack of services are for reasons beyond Lessee's control or if Lessee has obtained prior written consent for said closure. Lack of funds shall not constitute a reason beyond control.

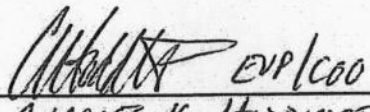
IN WITNESS WHEREOF, the parties have set their hands.



Ammar Mamerros


Benjamin Citrin

TENANT:
Sikorsky Financial Credit Union, Inc.

By:  EVP/COO

CHARLES K. HODDINOTT
4-27-23

Date

LANDLORD:
City of Bridgeport, Connecticut

By: _____

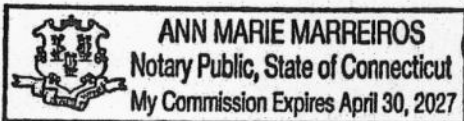
Date

STATE OF)
COUNTY OF)

ss: Yanfield

On this the 27 day of April, 2023 personally appeared Charles Hoddnott of Sikorsky Financial Credit Union, Inc., signer of the foregoing instrument and acknowledged the same to be his/her free act and deed and that of Sikorsky Financial Credit Union, Inc., before me.

IN WITNESS WHEREOF, I hereunto set my hand.



Ann Marie Marreiros
NOTARY PUBLIC
Commissioner of the Superior Court
My Commission Expires 4-30-2027

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD)

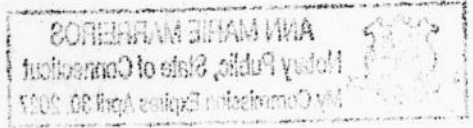
ss: _____

On this the _____ day of _____, 2023 personally appeared _____ of the City of Bridgeport, Connecticut, a municipal corporation, signer of the foregoing instrument and acknowledged the same to be his/her free act and deed and that of the City of Bridgeport before me.

IN WITNESS WHEREOF, I hereunto set my hand.

NOTARY PUBLIC
Commissioner of the Superior Court
My Commission Expires _____

**SCHEDULE A
INVENTORY**



**SCHEDULE B
RULES AND REGULATIONS**

1) Security.

- a) Lessor may from time to time adopt appropriate systems and procedures for the security of the Building and all persons and property in the Building and Lessee will comply with Lessor's requirements relating to security. Lessee and Lessee's employees will be permitted in the Building 24 hours per day, 7 days per week except as provided below. During the continuance of any invasion, mob, riot, public excitement, or other circumstance rendering such action advisable in Lessor's opinion, Lessor reserves the right to prevent access to the Building, by closing the doors or otherwise, for the safety of tenants and protection of the Building and property in the Building. Lessor may from time to time install and change locking mechanisms on entrances to the Building, or any common area, but not the Premises (unless Lessee grants its consent to such installation or change, which consent shall not be unreasonably withheld, conditioned, or delayed). Lessee shall not add to or change existing lock mechanisms on any door in or to the Premises without the prior consent of Lessor, not to be unreasonably withheld, conditioned, or delayed. All keys or other devices serving the same purpose as keys issued to Lessee will remain the property of Lessor, may not be duplicated (without consent of Lessor, not to be unreasonably withheld, conditioned, or delayed) and must be returned to Lessor at the end of the term or upon request. Lessee shall not make or have made additional copies of any keys or access devices provided by Lessor without consent of Lessor, not to be unreasonably withheld, conditioned, or delayed. In the event of the loss of any keys or access devices so furnished by Lessor, Lessee shall pay Lessor therefore.
- b) Lessee shall see that the doors of the Premises are closed and securely locked and must observe strict care and caution that all water faucets or water apparatus are entirely shut off before Lessee or its employees leave such Premises, and that all utilities shall likewise be carefully shut off, so as to prevent waste or damage, and for any default or carelessness Lessee shall make good all injuries sustained by other tenants, other occupants of the Building, or Lessor. Lessee shall observe and abide by all security measures or security systems for the Premises and/or the Building now in force or hereinafter adopted by Lessor, subject to the qualifications set forth in (12) above herein. Lessee shall not use any security systems or security measures that are in addition to or different from those provided by Lessor without Lessor's prior written consent, which consent shall not be unreasonably withheld, delayed, or conditioned. If Lessor consents to such additional or different security systems or security measures (including, without limitation, extra locks, keys, guards, or alarms), Lessee shall pay Lessor, as Additional Rent, all costs, and expenses which Lessor incurs in connection with such increased security.

- 2) Windows. Lessee may not make any alterations to the windows without prior written consent.
- 3) Repairs; Maintenance, Alterations, and Improvements. Lessee shall carry out Lessee's repairs, maintenance, alterations, and Improvements in the Premises during normal business

hours or otherwise during times agreed to in advance by Lessor and, in all events, in a manner that will not interfere with the rights of other tenants in the Building.

- 4) Water Fixtures. Lessee shall not use water fixtures for any purpose for which they are not intended, nor shall water be wasted by tampering with such fixtures.
- 5) Heavy Articles. Lessee shall not place upon any floor of the Premises a load exceeding the designed load per square foot or the load allowed by law. Lessor may designate the location of any heavy articles in the Premises. No furniture, office equipment, packages or merchandise will be received in the Building, except during normal business hours or such other hours as may be approved by Lessor. Lessor shall prescribe the manner in which any merchandise, heavy furniture, equipment or safes shall be brought in or taken out of the Building. Lessee will, when moving items in and at the Premises, not interfere with the rights of other tenants at the Building. All damage done to the Building by taking in or out such merchandise, heavy furniture, or safes, or done to the Building while any of said property shall be therein, shall be made good and paid for by Lessee on demand as Additional Rent.
- 6) Use of the Premises. Lessee shall not suffer or permit the Premises or any part thereof to be used in any manner, or anything to be done therein, or suffer or permit anything to be brought into or kept therein which would in any way:
 - a) Violate any Federal, State, or local ordinance having jurisdiction over the Premises or the Building; and
 - b) Violate any of the provisions of any lease, mortgage, or deed of trust to which this Lease is or may hereafter become subordinate provided same do not materially limit Lessee's rights under the Lease, and provided that Lessee is made aware of such provisions in writing before application of this restriction; and
 - c) Result in members of the general public loitering in, on, or about the Property; and
 - d) Which Lessor, in good faith, believes adversely affects the Premises, Building or surrounding areas and tenants.
- 7) Bicycles, Animals. Lessee shall not bring any animals or birds into the Building (other than "seeing eye dogs") and shall not permit bicycles or other vehicles inside or on the sidewalks outside the Property except in the areas reasonably designated from time to time by Lessor for such purposes.
- 8) Deliveries. Lessee shall ensure that deliveries of materials and supplies to the Premises are made through such entrances and corridors during normal business hours and at such other times as may from time to time be designated by Lessor.

- 9) Furniture and Equipment. Lessee shall ensure that furniture and equipment being moved into or out of the Premises are moved through such entrances and corridors and during normal business hours and such other times as may from time to time be designated by Lessor.
- 10) Solicitations. Lessor reserves the right to restrict or prohibit canvassing, soliciting, or peddling in the Building.
- 11) Refuse. Lessee shall place all refuse in proper receptacles provided by Lessor and shall keep all other Common Areas free of all refuse. No material shall be placed in the trash boxes or receptacles if such material is of such nature that it may not be disposed of in the ordinary and customary manner of removing and disposing of trash and garbage in the City of Bridgeport, without violation of any law or ordinance governing such disposal. All trash, garbage and refuse disposal shall be made only through entryways provided for such purposes and at such times as Lessor shall designate.
- 12) Obstructions. Lessee shall not obstruct or place anything in or on the sidewalks or driveways outside the Building or in the lobbies, corridors, stairwells, or any other common area, or use such locations for any purpose except access to and exit from the Premises, without Lessor's prior written consent. Lessor may remove at Lessee's expense any such obstruction or thing (unauthorized by Lessor) without notice or obligation to Lessee.
- 13) Employees and Agents. In these Rules and Regulations, "Lessee" includes the employees, invitees, agents, and licensees of Lessee and others permitted by Lessee to use or occupy the Premises.
- 14) Access. Except as permitted pursuant to the terms of this Lease, sidewalks, halls, passages, exits, entrances, escalators and stairways shall not be obstructed by Lessee or used by Lessee for any purpose other than for ingress and egress from the Premises. The halls, passages, exits, entrances, and stairways are not for the use of the general public and Lessor shall in all cases retain the right to control and prevent access thereto by all persons whose presence, in the judgment of Lessor, may be prejudicial to the safety, character, reputation and interests of the Building or its tenants, provided that nothing herein contained shall be construed to prevent such access to persons with whom Lessee normally deals in the ordinary course of Lessee's business unless such persons are engaged in illegal activities. Lessee shall not go upon the roof of the Building, except as authorized by Lessor.
- 15) Signs. No sign, placard, picture, name, advertisement or notice visible from the exterior of the Premises shall be inscribed, painted, affixed, installed or otherwise displayed by Lessee either on the Premises or any part of the Property.
- 16) Electricity, Water, Heating and Air-Conditioning. As more specifically provided in the Lease, Lessee shall not waste electricity, water, heat, or air-conditioning and agrees to cooperate fully with Lessor to assure the most effective and efficient operation of the Building's heating and air conditioning and shall refrain from attempting to adjust any controls other than room thermostats installed for Lessee's use.

- 17) Hazardous Substances. Lessee shall not use or keep in the Premises or the Building, any kerosene, propane, gasoline or inflammable or combustible fluid or material.
- 18) Wiring. Lessor will direct electricians as to where and how telecommunications electrical and data transmissions wires, cables and/or conduits are to be introduced or installed. No boring or cutting for wires will be allowed without the prior written consent of Lessor, such consent not to be unreasonably withheld, conditioned, or delayed.
- 19) Radio and Television. Lessee shall not install any radio or television antenna, loudspeaker or any other device on the exterior walls or the roof of the Building. Lessee shall not interfere with radio or television broadcasting or reception from or in the Building or elsewhere.
- 20) Infestation. If the Premises become infested with insects or vermin (or a reasonable threat of such infestation exists), Lessee, at its sole cost and expense, shall cause the Premises to be exterminated, from time to time, to the satisfaction of Lessor, and shall employ such exterminators therefore as shall be approved by Lessor.
- 21) Vehicles. Employees may not allow members or visitors access to use the employee parking lot. With Lessor's consent, Lessee's contractors may access the employee parking lot in order to complete necessary repairs.
- 22) Control of Property. Lessor reserves the right to exclude or expel from the Building and/or the Premises any person who, in Lessor's judgment is intoxicated or under the influence of liquor or drugs or who is in violation of any of the Rules and Regulations of the Building.
- 23) Lessee's Responsibility. Lessee assumes any and all responsibility for protecting the Premises from theft, robbery and pilferage, which includes keeping doors locked and other means of entry to the Premises closed.
- 24) Waiver. Lessor may waive anyone or more of these Rules and Regulations for the benefit of any particular tenant or tenants, but no such waiver by Lessor shall be construed as a waiver of such Rules and Regulations in favor of any other tenant or tenants, nor prevent Lessor from thereafter enforcing any such Rules and Regulations against any or all tenants of the Building.
- 25) Additional Rules and Regulations. Lessor reserves the right to make such other rules and regulations as in its judgment may from time to time be needed or appropriate for safety and security, for care and cleanliness of the Building and for the preservation of safety, efficiency and order therein. Lessee agrees to abide by all such Rules and Regulations hereinafter stated and any additional rules and regulations that are adopted.

26) Observance of Rules and Regulations. Lessee shall be responsible for the observance of all of the foregoing Rules and Regulations by Lessee's employees, agents, clients, members, invitees, and guests.

27) Definition of Terms. Unless otherwise defined, terms used in these Rules and Regulations shall have the same meaning as in the Lease.

Item # *37-22 Consent Calendar

Grant Submission: Regarding the U.S. Department of Health & Human Services- Health Resources and Services Administration Congressional Directed Spending: Facilities and/or Equipment Projects - Wheeler Center IT Needs (#24257).

Report
of
Committee
On

CEA and Environment

City Council Meeting Date: May 1, 2023

Attest: Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by: Joseph P. Ganim
Joseph P. Ganim, Mayor

Date Signed: 5/6/23

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:12
ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. *37-22 Consent Calendar

A Resolution by the Bridgeport City Council

Regarding the

**U.S. Department of Health & Human Services - Health Resources and Services Administration
Congressional Directed Spending: Facilities and/or Equipment Projects
Wheeler Center IT Needs (#24257)**

WHEREAS, the U.S. Department of Health & Human Services - Health Resources and Services Administration is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the Consolidated Appropriations Act, 2023 (Public Law 117-328); and

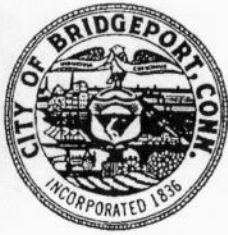
WHEREAS, the purpose of the grant program is to create and support specific community projects as part of the annual appropriations process; and

WHEREAS, funding under this grant will be utilized to purchase technology to modernize the IT infrastructure of the new communicable disease clinic; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the U.S. Department of Health & Human Services - Health Resources and Services Administration - Congressional Directed Spending: Facilities and/or Equipment Projects to acquire much needed technology that will support the department's operations.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with U.S. Department of Health & Human Services - Health Resources and Services Administration for the purpose of its Congressional Directed Spending: Facilities and/or Equipment Projects.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to the U.S. Department of Health & Human Services - Health Resources and Services Administration Congressional Directed Spending: Facilities and/or Equipment Projects and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



City of Bridgeport, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. *37-22 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, *Co-Chair*

Scott Burns
Scott Burns, *Co-Chair*

Rosalina Roman-Christy
Rosalina Roman-Christy

Michelle A Lyons
Michelle A. Lyons

Mary A. McBride-Lee
Mary A. McBride-Lee

Tyler Mack
Tyler Mack

Rolanda Smith
Rolanda Smith

City Council Date: May 1, 2023

Item # *38-22 Consent Calendar

Grant Submission: re the U.S. Department of Health & Human Services- Health Resources and Services Administration Congressional Directed Spending: Facilities and/or Equipment Projects - Health Department Records System (#24403).

**Report
of
Committee
On**

CEA and Environment

City Council Meeting Date: May 1, 2023

Attest: *Lydia N. Martinez*
Lydia N. Martinez, City Clerk

Approved by: 
Joseph P. Ganim, Mayor

Date Signed: *5/16/23*

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:12
ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. *38-22 Consent Calendar

**A Resolution by the Bridgeport City Council
Regarding the**

**U.S. Department of Health & Human Services - Health Resources and Services Administration
Congressional Directed Spending: Facilities and/or Equipment Projects
Health Department Records System (#24403)**

WHEREAS, the U.S. Department of Health & Human Services - Health Resources and Services Administration is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the Consolidated Appropriations Act, 2023 (Public Law 117-328); and

WHEREAS, the purpose of the grant program is to create and support specific community projects as part of the annual appropriations process; and

WHEREAS, funding under this grant will be utilized to purchase software to modernize the Health Department's record management system; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the U.S. Department of Health & Human Services - Health Resources and Services Administration-Congressional Directed Spending: Facilities and/or Equipment Projects to acquire much needed technology that will support the department's operations.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with U.S. Department of Health & Human Services - Health Resources and Services Administration for the purpose of its Congressional Directed Spending: Facilities and/or Equipment Projects.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to the U.S. Department of Health & Human Services - Health Resources and Services Administration Congressional Directed Spending: Facilities and/or Equipment Projects and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



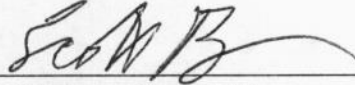
City of Bridgeport, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. *38-22 Consent Calendar

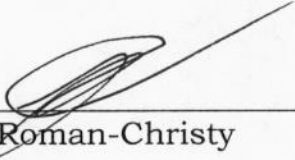
-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

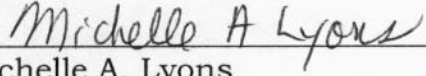
Maria I. Valle, *Co-Chair*



Scott Burns, *Co-Chair*



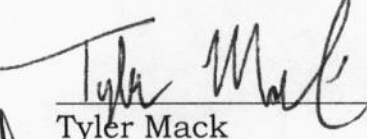
Rosalina Roman-Christy



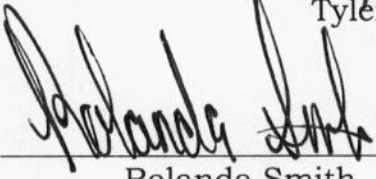
Michelle A. Lyons



Mary A. McBride-Lee



Tyler Mack



Rolanda Smith

City Council Date: May 1, 2023

Item # *46-22 Consent Calendar

Grant Submission: re CT Department of Economic and Community Development – CT Communities Challenge Round Three (#24412).

**Report
of
Committee
on**

Economic and Environment

City Council Meeting Date: May 1, 2023

Attest: Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____
5/16/23

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:13
ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. *46-22 Consent Calendar

**A Resolution by the Bridgeport City Council
Regarding the
CT Department of Economic and Community Development
CT Communities Challenge
Round Three
(#24412)**

WHEREAS, CT Department of Economic and Community Development is authorized to extend financial assistance to municipalities in the form of grants; and

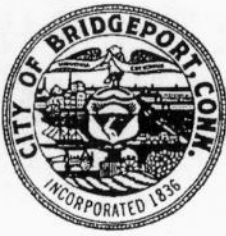
WHEREAS, this funding has been made possible through the CT Communities Challenge Round Three grant program; and

WHEREAS, funds under this grant will be used to fund placemaking efforts at the "Post Office Square" site in Downtown Bridgeport, including hooking the site up to water and power and creating an moveable outdoor "container park" which will serve as a community space and small business incubator; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to CT Communities Challenge Round Three to support this project which will serve to fully activate a disused section of City-owned land in the heart of Bridgeport's Downtown.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with **CT Department of Economic and Community Development** for the purpose of its **CT Communities Challenge Round Three** grant program.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to **CT Department of Economic** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



City of Bridgeport, Connecticut Office of the City Clerk

Committee on ECD and Environment
Item No. *46-22 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, *Co-Chair*

Scott Burns, *Co-Chair*

Rosalina Roman-Christy

Michelle A. Lyons

Mary A. McBride-Lee

Tyler Mack

Rolanda Smith

City Council Date: May 1, 2023

Item# *48-22 Consent Calendar

Refund of Excess Payments - Knowlton LLC, The
regarding 305 Knowlton Street.



**Report
of
Committee
on**

Miscellaneous Matters

City Council Meeting Date: May 1, 2023

Attest: *Lydia N. Martinez*
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor Did Not Sign Report

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:13
ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Miscellaneous Matters begs leave to report; and recommends for adoption the following resolution:

Item No. *48-22 Consent Calendar

BE IT RESOLVED, That the Comptroller be, and hereby is authorized, empowered and directed to draw his warrants on the City Treasurer in favor of the following named person and for the amount set opposite said name, all in accordance with the recommendation of the Tax Collector.

<u>Name & Address</u>	<u>Reason</u>	<u>Refund</u>
Knowlton LLC THE 305 Knowlton Street Bridgeport, CT 06608	12-129	\$12,342.19

Reference: 305 Knowlton Street
2021-01-0000221
1651-01

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

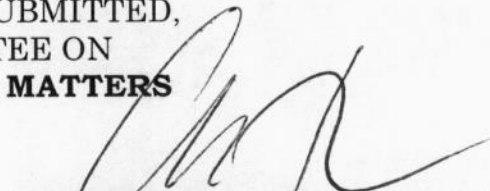


Amy Marie Vizzo-Paniccia, *Co-Chair*

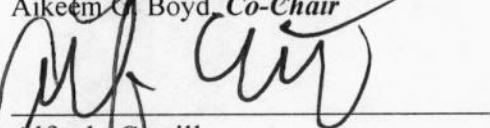


Rolanda Smith

Samia Suliman



Aikeem C. Boyd, *Co-Chair*



Alfredo Castillo



Matthew McCarthy

City Council Date: May 1, 2023

Item# *49-22 Consent Calendar

Refund of Excess Payments - LERETA regarding 858 Noble Avenue.



Report
of
Committee
on

Miscellaneous Matters

City Council Meeting Date: May 1, 2023

Attest:

Lydia N. Martinez

Lydia N. Martinez, City Clerk

Approved by:

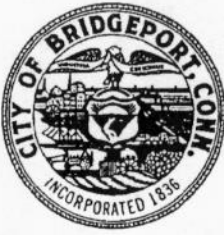
Joseph P. Ganim, Mayor

Date Signed:

Please Note: Mayor Did Not Sign Report

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:13

ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.


The Committee on Miscellaneous Matters begs leave to report; and recommends for adoption the following resolution:

Item No. *49-22 Consent Calendar

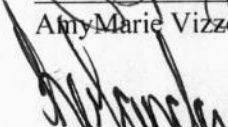
BE IT RESOLVED, That the Comptroller be, and hereby is authorized, empowered and directed to draw his warrants on the City Treasurer in favor of the following named person and for the amount set opposite said name, all in accordance with the recommendation of the Tax Collector.

<u>Name & Address</u>	<u>Reason</u>	<u>Refund</u>
LERETA Attn: R/E Tax Refunds 901 Corporate Center Dr. Pomona, CT 91768	12-129	\$23,898.46
Reference: 858 Noble Avenue 2021-01-0000483 1613-01		

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS



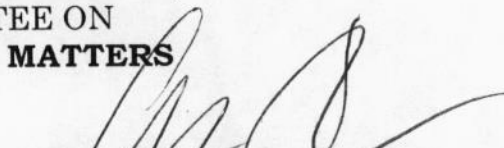
Amy Marie Vizzo-Paniccia, *Co-Chair*



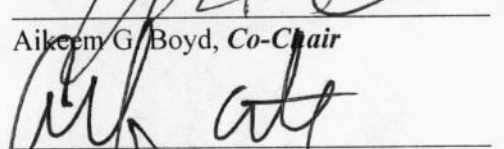
Rolanda Smith



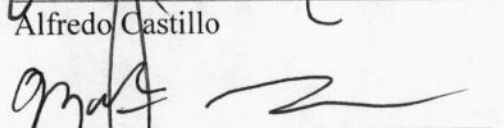
Samia Suliman



Aikeem G. Boyd, *Co-Chair*



Alfredo Castillo



Matthew McCarthy

City Council Date: May 1, 2023

Item# *50-22 Consent Calendar

Refund of Excess Payments - Passenger Transport Services, LLC regarding 44 River Street.



Report
of
Committee
on

Miscellaneous Matters

City Council Meeting Date: May 1, 2023

Attest: *Lydia N. Martinez*
Lydia N. Martinez, City Clerk

Approved by: _____
Joseph P. Ganim, Mayor

Date Signed: _____

Please Note: Mayor Did Not Sign Report

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:13
ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Miscellaneous Matters begs leave to report; and recommends for adoption the following resolution:

Item No. *50-22 Consent Calendar

BE IT RESOLVED, That the Comptroller be, and hereby is authorized, empowered and directed to draw his warrants on the City Treasurer in favor of the following named person and for the amount set opposite said name, all in accordance with the recommendation of the Tax Collector.

<u>Name & Address</u>	<u>Reason</u>	<u>Refund</u>
Passenger Transport Services LLC 583 South Street New Britain, CT 06051	12-129	\$48,649.24
Reference: 44 River Street 2021-01-0022650 1537-18M		

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

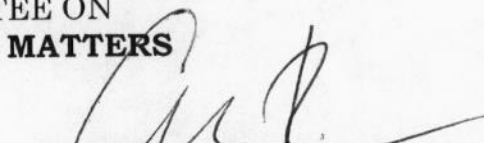


Amy Marie Vizzo Paniccia, *Co-Chair*

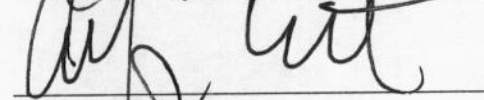


Rolanda Smith

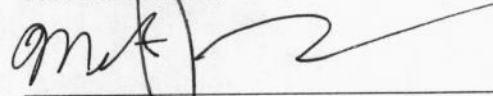
Samia Suliman



Aikeem G. Boyd, *Co-Chair*



Alfredo Castillo



Matthew McCarthy

City Council Date: May 1, 2023

Item # *39-22

Grant Submission: re Regarding the Connecticut Department of Aging and Disability Services American Rescue Plan Act (ARPA) Eisenhower Senior Center Funding (#23451).

**Report
of
Committee
On**

CEA and Environment

City Council Meeting Date: May 1, 2023

Attest: Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by: Joseph P. Ganim
Joseph P. Ganim, Mayor

Date Signed: 5/14/23

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:13

ATTEST

CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. 39-22

**A Resolution by the Bridgeport City Council
Regarding the
Connecticut Department of Aging and Disability Services
American Rescue Plan Act (ARPA)
Eisenhower Senior Center Funding
(#23451)**

WHEREAS, the **Connecticut Department of Aging and Disability Services** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **American Rescue Plan Act (ARPA) Senior Center Funding**; and

WHEREAS, funds under this grant will be used to cover facilities improvements and/or programming at the Eisenhower Senior Center; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to **Connecticut Department of Aging and Disability Services** to support necessary renovations and activities for seniors.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with **Connecticut Department of Aging and Disability Services** for the purpose of its **American Rescue Plan Act (ARPA) Senior Center Funding**.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to **Connecticut Department of Aging and Disability Services- American Rescue Plan Act (ARPA) Senior Center Funding** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



City of Bridgeport, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. 39-22

-2-

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, *Co-Chair*

Scott Burns, *Co-Chair*

Rosalina Roman-Christy

Michelle A. Lyons

Mary A. McBride-Lee

Tyler Mack

Rolanda Smith

City Council Date: May 1, 2023

Item # *40-22

Grant Submission: re the Connecticut Department of Aging and Disability Services American Rescue Plan Act (ARPA Senior Center Funding (#23452)).

**Report
of
Committee
On**

CEA and Environment

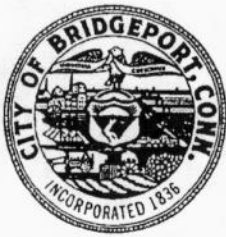
City Council Meeting Date: May 1, 2023

Attest: Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by: Joseph P. Panim
Joseph P. Panim, Mayor

Date Signed: 5/16/23

RECEIVED
CITY CLERKS OFFICE
23 MAY 18 PM 12:13
ATTEST
CITY CLERK



City of Bridgeport, Connecticut

Office of the City Clerk

To the City Council of the City of Bridgeport.

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. 40-22

**A Resolution by the Bridgeport City Council
Regarding the
Connecticut Department of Aging and Disability Services
American Rescue Plan Act (ARPA)
Senior Center Funding
(#23452)**

WHEREAS, the **Connecticut Department of Aging and Disability Services** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **American Rescue Plan Act (ARPA) Senior Center Funding**; and

WHEREAS, funds under this grant will be used to cover facilities improvements and/or programming at the senior centers; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to **Connecticut Department of Aging and Disability Services** to support necessary renovations and activities for seniors.

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:

1. That it is cognizant of the City's grant application to and contract with **Connecticut Department of Aging and Disability Services** for the purpose of its **American Rescue Plan Act (ARPA) Senior Center Funding**.
2. That it hereby authorizes, directs and empowers the Mayor or his designee, the Director of Central Grants, to accept any funds that result from the City's application to the **Connecticut Department of Aging and Disability Services – American Rescue Plan Act (ARPA) Senior Center Funding** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



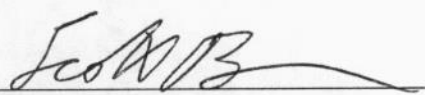
City of Bridgeport, Connecticut
Office of the City Clerk

Committee on ECD and Environment
Item No. 40-22

-2-

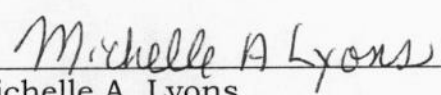
RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT

Maria I. Valle, *Co-Chair*



Scott Burns, *Co-Chair*

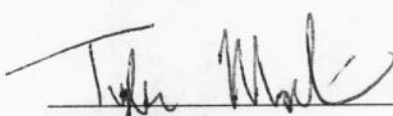
Rosalina Roman-Christy



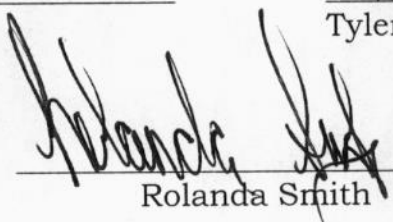
Michelle A. Lyons



Mary A. McBride-Lee



Tyler Mack



Rolanda Smith

City Council Date: May 1, 2023

Item #29-22

Five-Year Capital Plan for Fiscal Years 2024-2028.



**Report
of
Committee
on
Budget and Appropriations**

City Council Meeting Date: May 1, 2023
(Off The Floor)

Attest: Lydia N. Martinez
Lydia N. Martinez, City Clerk

Approved by: Joseph P. Gartin
Joseph P. Gartin, Mayor

Date Signed: 5/1/23

RECEIVED
CITY CLERKS OFFICE
23 MAY 15 PM 1:05
ATTEST
CITY CLERK



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. 29-22

APPROVAL OF THE 2024-2028 CAPITAL PLAN

RESOLVED, That the City's Five-Year Capital Plan for Fiscal Years 2024-2028 as amended by the Budget and Appropriations Committee on (April 29, 2023) be, and the same hereby is, adopted in accordance with the Exhibit attached hereto.

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
BUDGET AND APPROPRIATIONS

Scott Burns, D-130th, Co-chair

Ernest E. Newton II, D-139th, Co-chair

Mary A. McBride-Lee, D-135th

Jeanette Herron, D-133rd

Matthew McCarthy, D-130th

Tyler Mack, D-131st

Amy Marie Vizzo-Paniccia, D-134th

City Council Date: May 1, 2023 (Off The Floor).

CITY OF BRIDGEPORT
OFFICE OF POLICY AND MANAGEMENT
FY24-28 BUDGET AND APPROPRIATIONS COMMITTEE ADOPTED FIVE YEARS CAPITAL PLAN

PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 Council Adopted Capital Plan	FY2024 "BAC" Adopted Capital Plan	FY2025 "BAC" Adopted Capital Plan	FY2026 "BAC" Adopted Capital Plan	FY2027 "BAC" Adopted Capital Plan	FY2028 "BAC" Adopted Capital Plan	Total "BAC" Adopted Capital Plan FY2024- FY2028
BOARD OF EDUCATION:								
BOE - Maintenance Veh. Cargo Vans (2 units)	3,500,000	100,000						0
New Bassick High School(City Share) Amended *	554,000	88,000						0
Nutrition Center-Roof Replacement (21% City Share)		190,000						0
District Wide Sidewalk Concrete Repairs			200,000					200,000
Dunbar School-Elevator Repairs				500,000				500,000
Blackham - Renovate Student/Faculty Bathrooms				250,000				250,000
Blackham - Pavement Repairs/Replacement			750,000					750,000
Maplewood Classical Studies -Roof Replacement (21%) City Share			262,500					262,500
Jettie Tisdale - Turf Baseball Field		800,000						0
Read School- Roof Replacement(21% City Share)			315,000					315,000
Read School- Elevator Repairs/Upgrades			300,000					300,000
Read School- Pavement Replacement			500,000					500,000
Curiale School-Roof Replacement(21%) City Share	378,000	75,000						0
Curiale School-Renovate Entire bathrooms				200,000				200,000
Curiale School-Replace Gym Floor				400,000				400,000
JFK Multicultural - Playground		250,000						0
JFK Campus - Common Area- Elevator Repairs								0
JFK Campus - Common Area- Paving throughout campus		750,000						0
JFK Campus - Common Area- Restroom Upgrades		125,000						0
Bryant School -Asphalt Work/Pavement Replacement			100,000					100,000
Edison School - Roof Replacement (21%) City Share		200,000						0
Beardsley School - Electrical Upgrades		100,000						0
Beardsley School - Exterior Walls Pointing		150,000						0
Marin School - New Playground		175,000						0
Marin School - Paving		250,000						0
Hallen School - Paving- Parking Lot		100,000						0
TOTAL BOARD OF EDUCATION	4,432,000	3,353,000	2,427,500	1,350,000	0	0	0	3,777,500

ATTEST
CITY CLERK

13:34 PM 1 - MAY 23

RECEIVED
CLERKS OFFICE
CITY

CITY OF BRIDGEPORT
OFFICE OF POLICY AND MANAGEMENT

FY24-28 BUDGET AND APPROPRIATIONS COMMITTEE ADOPTED FIVE YEARS CAPITAL PLAN

PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 Council Adopted Capital Plan	FY2024 "BAC" Adopted Capital Plan	FY2025 "BAC" Adopted Capital Plan	FY2026 "BAC" Adopted Capital Plan	FY2027 "BAC" Adopted Capital Plan	FY2028 "BAC" Adopted Capital Plan	Total "BAC" Adopted Capital Plan FY2024-FY2028
ECONOMIC DEVELOPMENT:								
Downtown Capital Improvements								0
City Wide Waterfront Development		700,000				1,000,000	1,000,000	2,000,000
Land Management / Acquisition	0							0
City Owned Properties-Development Ready Program								
Lafayette Blvd/Fairfield Ave./Redesign-(10 %City Match)	650,000	660,000			1,000,000			2,000,000
Remington Arms Site Improvement(FY20 Amendment)*	3,000,000	2,000,000						1,000,000
Gateway To South End/Citywide Strategic Acquisition	1,000,000	0						0
Blight / Demolition / Clean Up/Property Management	0	0						0
Jetland St. Parking Garage Addition/Expansion**	500,000	0						0
Seawall Ave Corridor/Waterfront Proj(20% city match)(Amended)*			500,000					500,000
TOTAL ECONOMIC DEVELOPMENT	5,150,000	3,360,000	500,000	1,219,000	1,000,000	2,000,000	2,000,000	6,719,000
PUBLIC FACILITIES:								
Roadway Paving, Culverts, Intersections(Amendment)*	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
Paving City-City Parking Lots		425,000						200,000
Wonderland of Ice - Roof Replacement	1,000,000	100,000	700,000					700,000
Wonderland of Ice Doors-Replacement								0
Newfield Boat Lunch & Ramp Complete Repair**			1,000,000					1,000,000
Police Hq - Upper & Lower Parking Decks/Rooftop	1,336,000							0
Public Facilities Equipment	1,000,000							4,600,000
City Wide Building & Security Improvements		1,100,000	600,000	1,000,000	1,000,000	1,000,000	1,000,000	3,000,000
Public Facilities Buildings at 990 Housatonic Avenue		2,700,000	1,000,000					0
New East Side Senior Center-Old Engine 10/Putnam St.	2,500,000							0
Klein Memorial Auditorium -Masonry/Roof Replacement	1,126,000							0
Facilities Assessments /Planning Studies								150,000
Various Airport Improvements/Equipment's Projects	213,000	0	378,763					150,000
Parks Maintenance Equip(Include Golf Course)	340,000	350,000	165,000	100,000	100,000	100,000	100,000	565,000
Various Parks Improvements - Citywide		300,000		500,000	500,000	500,000	500,000	1,500,000
Side Walks/Street scape Replacements					1,000,000			1,000,000
Citywide Deco Lights				200,000		200,000		400,000
Traffic Lights Upgrades						100,000		100,000
Perry Memorial Arch.		1,250,000	670,000					100,000
Tennis Courts Improvement - Citywide		150,000	125,000	125,000				150,000
Kennedy Stadium		0						670,000
Park Restrooms - Citywide	0	350,000		100,000	100,000	100,000	150,000	400,000
Golf Course Improvements		200,000	600,000	400,000	500,000	500,000		600,000
Beardsley Zoo - Parking Lot Paving	150,000		225,000	190,000				450,000

CITY OF BRIDGEPORT

OFFICE OF POLICY AND MANAGEMENT

FY24-28 BUDGET AND APPROPRIATIONS COMMITTEE ADOPTED FIVE YEARS CAPITAL PLAN

PROJECT DESCRIPTIONS	FY2022 Council Adopted Capital Plan Amended	FY2023 Council Adopted Capital Plan	FY2024 "BAC" Adopted Capital Plan	FY2025 "BAC" Adopted Capital Plan	FY2026 "BAC" Adopted Capital Plan	FY2027 "BAC" Adopted Capital Plan	FY2028 "BAC" Adopted Capital Plan	Total "BAC" Adopted Capital Plan FY2024- FY2028
Woodrow Avenue Bridge Design - City Match+50% City Share	150,000	150,000						0
Island Brook Ave/ Over Pequonnock Design-City Match	250,000							1,250,000
Citywide Bridges Engineering Assessment				250,000				500,000
Additional Bridge Constructions-City Share				0				4,500,000
Rooster River Conduit - Design/Rehab./Flood Control		200,000		1,000,000	1,500,000	1,500,000	1,500,000	4,000,000
Island Brook Flood Control - Design- City Share		350,000		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Northeast Flood Control - Design City Share		250,000		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Ox Brook Flood Control - Design City Share		100,000		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
TOTAL PUBLIC FACILITIES	11,065,000	11,350,000	8,463,763	11,115,000	9,350,000	8,200,000	8,150,000	45,278,763
OTHER DEPARTMENTS:								
Fire Apparatus Replacement Program / Vehicles	750,000	1,650,000		300,000	1,000,000		1,000,000	2,300,000
Replacement/Construction of New Fire Station 12			2,500,000		5,000,000			7,500,000
WPCA Capital Improvements (Amended)*	0	1,142,000	1,520,000	1,288,000	625,000	850,000	290,000	4,573,000
New Police Station Headquarters			2,500,000	600,000				2,500,000
Bpt. Library Proj.-Computers, floor, furniture, electrical windows	100,000	0			6,500,000			600,000
New North End/Reservoir Avenue Library/Study/Design								6,500,000
TOTAL OTHER DEPARTMENTS	850,000	2,792,000	6,520,000	2,188,000	13,125,000	850,000	1,290,000	23,973,000
TOTAL ALL DEPARTMENTS	21,497,000	20,855,000	17,911,263	15,872,000	23,475,000	11,050,000	11,440,000	79,748,263