

**ADDENDUM
TO
AGENDA**

CITY COUNCIL MEETING

MONDAY, MAY 6, 2024

7:00 p.m.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE

BRIDGEPORT, CONNECTICUT 06604

ADDED:

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

84-23

Communication from City Attorney re: Proposed Resolution for the Acceptance of Town Road Releases from the Connecticut Department of Transportation regarding Seltsam Road, Capital Avenue, Island Brook Avenue Extension, Indian Place and Sylvan Avenue, referred to Contracts Committee.

AGENDA

CITY COUNCIL MEETING

MONDAY, MAY 6, 2024

7:00 p.m.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE

BRIDGEPORT, CONNECTICUT 06604

Prayer

Pledge of Allegiance

Roll Call

Appointment of:

- City Council Standing Committees
- City Council Officers (e.g., President Pro Tempore, Majority Leader, Deputy Majority Leaders and Sergeant at Arms)
- City Council Liaisons to various City agencies, boards, and commissions
City Council Representatives on the School Building Committee

MINUTES FOR APPROVAL:

Approval of City Council Minutes: April 1, 2024

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

- 70-23** Request from OPED to Order a Public Hearing for May 20, 2024 at 7:00 p.m. re: Proposed Resolution Approving Programs for the Connecticut Neighborhood Assistance Act Tax Credit Program.
- 77-23** Request from OPED to Order a Public Hearing for May 20, 2024 at 7:00 p.m. re: Proposed Resolution Authorizing the Disposition of 16 City-Owned Properties.

COMMUNICATIONS TO BE REFERRED TO COMMITTEES:

- 70-23** 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.
- 71-23** Communication from City Attorney re: Proposed Amendment to the Municipal Code of Ordinances, Chapter 12.08 – Street, Sidewalk and Driveway Construction and Maintenance, amend Section 12.08.090 – Sidewalk Permit Fee, referred to Ordinance Committee
- 72-23** Communication from City Attorney re: Proposed Amendment to the Municipal Code of Ordinances, amend Chapter 12.12 – Excavations, referred to Ordinance Committee

COMMUNICATIONS TO BE REFERRED TO COMMITTEES CONTINUED:

- 73-23** Communication from City Attorney re: Proposed Amendment to the Municipal Code of Ordinances, amend Chapter 12.16 – Street and Sidewalk Use Regulations, referred to Ordinance Committee
- 74-23** Communication from City Attorney re: Proposed Settlement of Pending Litigation in the Matter of Kaitlyn Edwards v. City of Bridgeport – Docket No. 3:23-CV-00089 (VAB), referred to Miscellaneous Matters Committee.
- 75-23** Communication from City Attorney re: Proposed Settlement of Pending Litigation in the Matter of Maria Pires v. City of Bridgeport – Docket No. 3:23-CV-00138 (VDO), referred to Miscellaneous Matters Committee.
- 76-23** Communication from OPED re: Proposed Resolution Authorizing an Affordable Housing Tax Incentive Development Agreement for the Walkersville Commons Development located at 167 Steuben Street and 626 & 614 Pembroke Street, referred to Joint Committee on Economic and Community Development and Environment and Contracts.
- 77-23** Communication from OPED re: Proposed Resolution Authorizing the Disposition of 16 City-Owned Properties, referred to Economic and Community Development and Environment Committee.
- 78-23** Communication from Central Grants re: Grant Submission: State of Connecticut Department of Transportation (DOT) Master Municipal Agreement for Construction Projects, referred to Economic and Community Development and Environment Committee.
- 79-23** Communication from Central Grants re: Grant Submission: State of Connecticut Department of Public Health – CT DPH Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning (#25649), referred to Economic and Community Development and Environment Committee.
- 80-23** Communication from Central Grants re: Grant Submission: Connecticut Department of Economic and Community Development (DECD) Office of Brownfield Remediation and Development – Municipal Grant Program (#25409), referred to Economic and Community Development and Environment Committee.
- 81-23** Communication from Central Grants re: Grant Submission: National Audubon Society – Audubon Wildlife Guards (#25617), referred to Economic and Community Development and Environment Committee.
- 82-23** Communication from WPCA re: Proposed Resolution regarding Approval of a Sewer Extension for 520 Success Avenue in accordance with the Municipal Code of Ordinances, Section 13.04.620, referred to Public Safety and Transportation Committee.
- 83-23** Communication from Central Grants re: Grant Submission: United States Department of Transportation – Advanced Transportation Technology and Innovation (ATTAIN) Program (#24298), referred to Public Safety and Transportation Committee.

MATTERS TO BE ACTED UPON (CONSENT CALENDAR):

- *67-23** Miscellaneous Matters Committee Report re: Settlement of Pending Litigation in the Matter of Reina Ramos v. City of Bridgeport - Docket No. FBT-CV-22-6113320-S.
- *68-23** Miscellaneous Matters Committee Report re: Settlement of Pending Litigation in the Matter of Jermaine Rogers v. City of Bridgeport - Docket No. 3:23-cv-00348 (JAM).
- *69-23 (A-E)** Miscellaneous Matters Committee Report re: Workers' Compensation Stipulations as listed: (A) Peter Olivia - \$48,838.40; (B) Esther Hailey - \$35,500; (C) Samuel Fischer - \$37,500; (D) Robert Pogorzelski - \$65,000; (E) Steve Jordan - \$75,552.90 approx. (\$85,000 less §31-308a benefits paid to date).

ROLL CALL VOTE ITEMS:

- *37-23** Miscellaneous Matters Committee Report re: Appointment of John Stevens (U) to the Harbor Commission, **WITHDRAWAL**.

MATTERS TO BE ACTED UPON:

- 25-23** Miscellaneous Matters Committee Report re: Appointment of Paul Miller (R) to the Zoning Board of Appeals.

UNFINISHED BUSINESS:

- *63-23** Budget and Appropriations Committee Report re: (Ref. #58-23) Request to Appropriate Funds for the Senior Paralegal Position in the City Attorney's Office.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, MAY 6, 2024 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	City Goverannce and Finance.
2.) Lisa Becker Jewish Federation of Greater Fairfield County 4200 Park Avenue Bridgeport, CT 06604	Ceasefire.
3.) Khaled Elleithy BICC 793 State Street Bridgeport, CT 06604	BICC Role in Bridgeport.
4.) Budi Lubis BICC 703 State Street Bridgeport, CT 06604	BICC Food Pantry Program.
5.) Nancy Rice 66 Harbor Avenue Bridgeport, CT 06605	April 1, 2024 Meeting Minutes and other.
6.) Clyde Nicholson 396 Madison Avenue Bridgeport, CT 06604	Car Tax and Rent Control Regulation.



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

WILLIAM J. COLEMAN
Deputy Director

COMM. #70-23 Ref'd to ECD&E Committee on 5/6/2024

April 18, 2024

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 16, 2024*

Required Public Hearing - Neighborhood Assistance Act Program Applications – Full Council Meeting

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 2024 *Connecticut Neighborhood Assistance Act Tax Credit Program*. This item is for referral to the May 16, 2024 meeting of the Economic and Community Development and Environment Committee.

OPED also requests that the Council order a public hearing before the full Council on these 2024 Neighborhood Assistance Act Program Applications.

Truly Yours,

Max Perez
Director of Business Development and NAA Coordinator

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

ATTEST
CITY CLERK

RECEIVED
CITY CLERKS OFFICE
24 APR 19 AM 8:59

**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 2024 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 6, 2024;

Whereas, the Bridgeport City Council reviewed the list and the OPED submittal at the May 16, 2024 meeting of its Economic and Community Development and Environment Committee;

Whereas, the Bridgeport City Council held a duly noticed public hearing on all program proposals;

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
2024 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** – Residential Recovery for Men and Women
\$150,000.00
3. **Junior Achievement of Western CT, Inc.** - Junior Achievement Programs
\$55,000.00
4. **Bridgeport Neighborhood Trust** – Capacity Expansion and Sustainability
\$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. **YMCA dba Bridgeport YMCA** – Ralphola Taylor Community Center
\$50,000.00
8. **Cardinal Shehan Center** - Computer, Photography, Stem & Cooking Program
\$24,000.00
9. **Bridgeport Economic Development Corporation** - Bridgeport Brownfields Reclamation
\$50,000.00
10. **Connecticut Zoological Society** – Smart Flower-Solar Power at the Zoo
\$150,000.00

11. **Burroughs Community Center** – Window Replacement Weatherrization
\$85,000.00
12. **Groundword Bridgeport, Inc** – Urban Fellows
\$150,000.00
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
\$150,000.00
16. **Bridgeport Public Education Fund, Inc** – Support for Low Income Student at U.B.
\$150,000.00
17. **Wakeman Memorial Association** – Energy Efficient updates
\$29,632.00
18. **Bridgeport Public Education Fund, Inc** -Energy Efficient Repair and Upgrades
\$150,000.00
19. **Housatonic Community College**- Classroom/Laboratory LED Upgrades
\$10,000.00
20. **Bridgeport Caribe Youth League, Inc**- Workforce Technology Program
\$150,000.00
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 Partners-** Yale Street Commons Efficiency Upgrades

\$58,500.00

25. **The Center for Family Justice, Inc.** Expansion and Renovation Project.

\$150,000.00

26. **The Child and Family Guidance Center** - Patient Access and Intake

\$150,000.00

27. **Klein Memorial Auditorium Foundation, Inc** – Elevator and office project

\$150,000.00

28. **YMCA dba Bridgeport YMCA-**South END Community Center

\$150,000.00

29. **YMCA dba Bridgeport YMCA-** Herman's

\$150,000.00

30. **McGivney,s Community Center**

\$40,000.00

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01

2024 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

Address:

Main: 30 Laurel St., Suite 3, Hartford, CT 06106
Satellite: 2470 Fairfield Ave. Bridgeport, CT 06605

Federal Employer Identification Number: 06-0850379

Program title: One-to-One Mentoring

Name of contact person: Dana Zarrello

Telephone number: 860-525-5437

Email address: grantsadmin@ctbigs.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 125,000

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

Yes

No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program:

BBBSCT provides 1:1 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 opportunities to thrive.

Need for program:

Children in Bridgeport face significant challenges. Over 86% of all children are eligible for Free or Reduced-Price Lunch, compared to 44% statewide (CT Dept of Ed, 2023). Research shows that low-income children need more support to achieve at the same level as their more affluent peers. In 2022-23, just 19.6% of Bridgeport students met proficiency on the Smart Balanced English-Language Arts assessment compared to the state average of 48.5%. Only 10.8% of students met proficiency on the Math Assessment, versus the 42.5% rate statewide (Ibid). Big Brothers Big Sisters' mentoring can turn these challenges into opportunities.

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: 07-01-24
MM - DD - YYYY

Program completion date: 06-30-25
MM - DD - YYYY

Post-project audit due date: 09-30-25
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>\$125,000</u>
Other funding sources - itemized sources:	
a) <u>Individual Contributions</u>	<u>\$388,000.00</u>
b) <u>Grants (United Way, Corporations, Foundations, Govt)</u>	<u>\$2,399,516.00</u>
c) <u>Special Events</u>	<u>\$488,000.00</u>
d) <u>Other (Other sales, revenue, in-kind contributions)</u>	<u>\$67,500.00</u>
Total Funding:	<u>\$3,343,016.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries</u>	<u>\$1,891,414.00</u>
b) <u>Benefits</u>	<u>\$359,379.00</u>
c) <u>Rent</u>	<u>\$59,999.00</u>
d) <u>Insurance</u>	<u>\$42,336.00</u>
Administrative expenses - itemized description:	
a) <u>Assistance to Individuals</u>	<u>\$300,575.00</u>
b) <u>Professional Fees</u>	<u>\$130,356.00</u>
c) <u>Membership Dues</u>	<u>\$37,594.00</u>
d) <u>Misc.</u>	<u>\$414,958.00</u>
Total Proposed Expenditures:	<u>\$3,236,611.00</u>

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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
2021
 Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BIG BROTHERS BIG SISTERS OF CONNECTICUT, INC.		D Employer identification number 06-0850379
	Doing business as		E Telephone number 860-525-5437
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 LAUREL STREET		
	City or town, state or province, country, and ZIP or foreign postal code HARTFORD CT 06103		G Gross receipts \$ 2,323,252
F Name and address of principal officer: ANDREW FLEISCHMANN 30 LAUREL STREET HARTFORD CT 06106			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CTBIGS.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: 1966 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,990,495	2,073,857
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,775	10,738
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,168	175,091
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,203,438	2,259,686
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,058,300	1,414,231
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 218,379		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	711,525	628,604
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,769,825	2,042,835	
19 Revenue less expenses. Subtract line 18 from line 12	433,613	216,851	
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)	1,432,488	1,641,280
	22 Net assets or fund balances. Subtract line 21 from line 20	464,675	220,487
		967,813	1,420,793

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 ANDREW FLEISCHMANN	Date PRESIDENT & CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMBER D. TUCKER	Preparer's signature AMBER D. TUCKER	Date 05/12/23	Check <input type="checkbox"/> if self-employed	PTIN P01593305
	Firm's name FIONDELLA, MILONE & LASARACINA, LLP	Firm's EIN ▶ 06-1648707	Firm's address 300 WINDING BROOK DR STE 1 GLASTONBURY, CT 06033	Phone no. 860-657-3651	

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)
 DAA



Municipality: Bridgeport CT

Form NAA-01

2024 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: Residential Recovery for Men and Women

Name of contact person: Lisa Chester, Director of Marketing or Chris Carollo, Development Director

Telephone number: (203) 333-4087

Email address: Lchester@brmct.org or Ccarollo@brmct.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 that meet individuals' and families' physical, emotional, and spiritual needs when experiencing short- or long-term crises. BRMs programs address poverty, homelessness, and substance abuse. These programs equip families to build a solid foundation toward a thriving existence. Once stable, job skills training and help with job placement become the priority goal.

Need for program: _____

In Bridgeport, CT, a significant portion of the population grapples with substance abuse issues, cascading into cycles of homelessness and despair. Census Data from 2020 revealed that as many as 60% of residents in Bridgeport below the poverty line set by the Federal government, underscoring the urgent need for robust support systems to uplift those battling addiction. Skills, sobriety and increase in income over time create a better community.

Neighborhood area to be served: _____

Bridgeport CT.

Plan to implement the program: _____

Already in progress.

Timetable:

Program start date: 01/01/2024
MM - DD - YYYY

Program completion date: 12/31/2024
MM - DD - YYYY

Post-project audit due date: 03/01/2025
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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Individual donors</u>	<u>\$4,301,354.00</u>
b) <u>Organizations - churches, civic, etc</u>	<u>\$1,228,958.00</u>
c) <u>Foundations and Grants</u>	<u>\$464,480.00</u>
d) _____	_____
Total Funding:	<u>\$6,144,792.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Residential and outreach programs</u>	<u>\$3,900,023.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Administrative and Fundraising expenses</u>	<u>\$2,244,769.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$6,144,792.00</u>

Part IV — Municipal Information

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

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

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

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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

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990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047
2021



Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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

D Employer identification number: 06-1362705
E Telephone number: (203) 333-4087
G Gross receipts \$ 7,513,179

F Name and address of principal officer: Lawrence Fullerton, PO Box 9057, Bridgeport, CT 06601

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

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

J Website: www.bridgeportrescuemission.org

K Form of organization: Corporation Trust Association Other

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To embrace the urban poor with the compassion of Christ, giving hope & healing for a changed life.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 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) 13
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 53
6 Total number of volunteers (estimate if necessary) 800
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

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-19 showing financial data for Prior Year and Current Year.

Table with columns: Net Assets or Fund Balances. Rows 20-22 showing Beginning of Current Year and End of Year data.

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: Jean Correa, Director of Finance, dated 2023-02-28.

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, and Phone no.



Municipality: Bridgeport

Form NAA-01

2024 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 for Bridgeport Youth

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): \$ 55,000.00

<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): Supplemental financial literacy and work readiness programs

Description of program: _____

Junior Achievement (JA) is dedicated to inspiring and preparing young people with the knowledge and skills they need to succeed in a global economy. JA's programs for young people focus on three pathways: financial literacy, work and career readiness, and entrepreneurship. Through relevant and innovative programs taught by volunteer role models, Junior Achievement is the bridge from education to workforce, which ultimately promotes financial stability and economic mobility. Program content is customized to meet local needs while being aligned with state and national academic standards. JA's programs are provided for free to participants.

Need for program: _____

JA programs are vital for our youth, especially those in under-resourced schools and communities. Bridgeport publishes its student population data as 80.6% low income, 38.2% higher than the state average (as measured by eligibility for free or reduced-price meals); minority school population of 91.1%; and high school graduation rate of 74.2%, 14.7% below state average. Our goal is to help students learn essential skills that will enable their professional and financial success. By developing these skills, JA helps young people believe in themselves and to do the work to build their own successful futures.

Neighborhood area to be served: _____

The Bridgeport school population in grades K through 12, as well as young adults ages 18-25.

Plan to implement the program: _____

JA engages volunteers from the business community and community at-large to deliver our curricula while sharing their own career and life experiences with students. Our programs are grade-level appropriate and follow the common core curriculum. Our Program team will conduct community outreach and recruit volunteers; provide training to volunteers and orientations to educators prior to program delivery; coordinate program materials; finalize volunteer schedules; and oversee tracking and evaluation.

Timetable:

Program start date: 07/01/2024
MM - DD - YYYY

Program completion date: 06/30/2025
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>\$55,000.00</u>
Other funding sources - itemized sources:	
a) <u>Corporate, foundations, individual gifts, organizations</u>	<u>\$93,176.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$148,176.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries, benefits, payroll taxes</u>	<u>\$100,583.49</u>
b) <u>Program materials and supplies</u>	<u>\$3,844.74</u>
c) <u>Travel, mileage, training</u>	<u>\$882.72</u>
d) <u>Scholarships, awards, recognition</u>	<u>\$490.40</u>
Administrative expenses - itemized description:	
a) <u>Insurance, License fees</u>	<u>\$15,207.21</u>
b) <u>Overhead - rent, utilities, equipment</u>	<u>\$3,062.06</u>
c) <u>Operating costs - IT, telephone, office supplies, postage/frgt</u>	<u>\$22,678.35</u>
d) <u>Marketing & development, staff & board development</u>	<u>\$3,972.24</u>

Total Proposed Expenditures: \$150,721.21

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2024 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization name, address, principal officer, and identification numbers.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer and preparer information, including names, titles, and dates.

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

2024 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 Trsut, Inc.

Address: 570 State Street, Bridgeport, CT 06604

Federal Employer Identification Number: 22-2809353

Program title: BNT Capacity Expansion and Sustainability Initiative

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): _____

Description of program: _____

BNT seeks operating funds to sustain and expand its activities over the next fiscal year, focusing on rebuilding its affordable housing real estate development business and enhancing the capacity of its certified housing counseling business, Empowerment Resource Academy (ERA). The grant will cover essential expenses such as new hire salaries, fund development salaries, marketing, finance and accounting, totaling \$430,750. This funding is critical as BNT's annual philanthropic fundraising of \$650,000 and Annual Benefit \$50,000 net fundraising is insufficient to meet operational needs for the upcoming period.

Need for program: _____

The grant is vital to bridge a substantial funding gap, as most of BNT fundraising restricts operating cost support to 15-20%. This constraint creates challenges for essential program operations. BNT's restructuring efforts, including hiring a Real Estate Development Manager and additional housing counseling staff, require increased investments to manage its strategic growth effectively. Moreover, new initiatives like the youth financial literacy program with the Bridgeport Public School System and partnerships with major employers and area nonprofits demand additional staffing, technology, marketing, and outreach resources. These investments are crucial for meeting the growing demand for BNT's services in the Bridgeport community.

Neighborhood area to be served: _____

Based on BNT's reach and initiatives, this funding would benefit all residents of Bridgeport. In 2023, ERA provided regular education and counseling services to 2,700 households, with 52% being Bridgeport heads of households. With this funding, we aim to serve at least 1,750 households in Bridgeport by 12/31/2025 year-end, benefiting approximately 5,000 residents. Additionally, new partnerships with Bridgeport organizations could further expand our impact beyond these projections, potentially reaching even more individuals and families in need of our services.

Plan to implement the program: _____

The program's staffing will start immediately. With ongoing interviews for the Real Estate Development Manager role and the recent addition of an additional housing counselor, we are well prepared to begin expanding our staff. If fully funded (\$150k), we expect a 25% increase in program capacity in Bridgeport within 2 yrs. These funds will primarily cover new staff salaries, with other funding in progress expected to cover 2024 expenses. Any remaining NAA funds would cover other administrative and marketing needs. This strategic allocation ensures efficient resource management, facilitating sustained program growth and impact.

Timetable:

Program start date: 01/01/2025
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) <u>2025 Grant Funds Available for Adminsitration</u>	<u>\$230,750.00</u>
b) <u>2025 Annual Benefit Budget</u>	<u>\$50,000.00</u>
c) _____	_____
d) _____	_____

Total Funding:

\$430,750.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Real Estate Development Manager Salary & Benefits</u>	<u>\$115,000.00</u>
b) <u>Certified Housing Counselor Salary & Benefits</u>	<u>\$63,250.00</u>
c) <u>Fund Development Manager Salary & Benefits</u>	<u>\$100,000.00</u>
d) <u>Intake Administrator Salary & Benefits</u>	<u>\$57,500.00</u>

Administrative expenses - itemized description:	
a) <u>Finance & Accounting</u>	<u>\$45,000.00</u>
b) <u>Marketing & Advertising</u>	<u>\$50,000.00</u>
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$430,750.00

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

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

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.

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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.

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Additional Information

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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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRIDGEPORT NEIGHBORHOOD TRUST		D Employer identification number 22-2809353
	Doing business as		E Telephone number 203-290-4255
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,711,366.
	570 STATE STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: DORIS LATORRE SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number
J Website: WWW.BNTWEB.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1986	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOUNDED IN 1986, BUILDING NEIGHBORHOODS TOGETHER'S (BNT) MISSION IS TO END HOUSING INSECURITY,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	10
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,122,494.	2,050,514.
	9 Program service revenue (Part VIII, line 2g)	2,408,303.	2,079,078.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	226,403.	-495,645.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,860.	1,151,836.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,985,060.	4,785,783.
	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)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,401,172.	1,344,211.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,796,868.	4,458,854.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,198,040.	5,803,065.
19 Revenue less expenses. Subtract line 18 from line 12	787,020.	-1,017,282.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	32,575,822.	30,686,996.
	21 Total liabilities (Part X, line 26)	12,112,495.	11,359,227.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,463,327.	19,327,769.

Part II Signature Block

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

Sign Here	Signature of officer DORIS LATORRE, CHIEF EXECUTIVE OFFICER	Date			
	Type or print name and title				
Paid Preparer	Print/Type preparer's name MICHAEL PRUELL, CPA	Preparer's signature MICHAEL PRUELL, CPA	Date 11/15/23	Check if self-employed <input type="checkbox"/>	PTIN P01585061
	Firm's name AAFPCAS, INC.	Firm's EIN 04-2571780	Phone no. 508-366-9100		
Use Only	Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581				

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



Municipality: Bridgeport 2024

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): \$ 150,000.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Habitat CFC seeks to build community and to improve lives by partnering with low-income families, community volunteers and donors to build decent and affordable homes. Since 1985, we have dedicated 283 homes helping over 1,143 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 2024. 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: 01/01/2024
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>Mortgage Receipts</u>	<u>\$1,024,000.00</u>
b) <u>Donor Contributions</u>	<u>\$1,100,000.00</u>
c) <u>ReStore Net</u>	<u>\$540,000.00</u>
d) <u>Grants & Other</u>	<u>\$1,575,000.00</u>

Total Funding: \$4,389,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Direct Construction</u>	<u>\$2,880,000.00</u>
b) <u>Program Compensation</u>	<u>\$1,750,000.00</u>
c) <u>Other Compensation</u>	<u>\$545,000.00</u>
d) _____	_____

Administrative expenses - itemized description:	
a) <u>Interest</u>	<u>\$60,000.00</u>
b) <u>Insurance, Legal and Accounting</u>	<u>\$300,000.00</u>
c) <u>Rent</u>	<u>\$220,000.00</u>
d) <u>Other</u>	<u>\$400,000.00</u>

Total Proposed Expenditures: \$6,155,000.00

Part IV — Municipal Information

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

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

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

OMB No. 1545-0047

2022

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 2022 calendar year, or tax year beginning _____ and ending _____		D Employer identification number ** - *** 7077
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.	E Telephone number (203) 333-2642
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1542 BARNUM AVENUE	G Gross receipts \$ 12,311,754.
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06610	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
F Name and address of principal officer: CAROLYN VERMONT SAME AS C ABOVE		H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J Website: WWW.HABITATCFC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1985 M State of legal domicile: CT

Part I Summary			
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.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	2781
	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
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,640,368.	7,621,911.
	9 Program service revenue (Part VIII, line 2g)	2,752,375.	3,527,206.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325.	79,117.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,385,735.	941,090.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,778,803.	12,169,324.
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)	1,747,338.	1,791,529.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 349,834.	3,259,115.	4,538,582.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,006,453.	6,330,111.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	772,350.	5,839,213.
19 Revenue less expenses. Subtract line 18 from line 12		6,330,111.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,938,183.	19,556,234.
	21 Total liabilities (Part X, line 26)	3,509,695.	6,288,533.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,428,488.	13,267,701.

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
	CAROLYN VERMONT, CEO				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00579546
	EDWARD G. SULLIVAN				Firm's EIN ** - *** 3326
Firm's name WHITTLESEY PC		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
2024 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 3pm. Hall Senior Center serves approximately 50 people daily, offering free continental breakfast and hot lunch daily, daily exercise, recreational and therapeutic activities like yoga and 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: _____

97% of Hall Senior Centers 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 to 3:00pm. Seniors are offered daily breakfast & lunch. Health and wellness checks such as blood pressure and blood sugar screenings are performed by clinical nurses and nursing students from SHU weekly. 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: 01/01/2025
MM - DD - YYYY
Program completion date: 12/31/2025
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 Caregivers</u>	<u>\$53,300.00</u>
b) <u>Other</u>	<u>\$1,500.00</u>
c) <u>New Grants</u>	<u>\$25,000.00</u>
d) <u>Fund Raisers/Private Donors</u>	<u>\$31,500.00</u>
Total Funding:	<u>\$135,300.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Salaries, employer FICA, unemployment, Workers Comp</u>	<u>\$95,820.00</u>
b) <u>Training, conferences, public transportation, field trips</u>	<u>\$1,000.00</u>
c) <u>Food, office supplies, kitchen/program, maintenance supplies</u>	<u>\$2,750.00</u>
d) <u>other program enrichment</u>	<u>\$16,530.00</u>
Administrative expenses - itemized description:	
a) <u>copier/printer, general maintenance, utilities, rent, taxes</u>	<u>\$14,450.00</u>
b) <u>Property liability insurance, fingerprinting/background checks</u>	<u>\$3,750.00</u>
c) <u>Audit</u>	<u>\$1,000.00</u>
d) _____	_____
Total Proposed Expenditures:	<u>\$135,300.00</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: _____ Margaret E. Morton Government Center
Mailing address: _____ 999 Broad Street Bridgeport, CT 06604
Name of municipal liaison: <u>Vincent Mobilio</u>
Telephone number: <u>203-576-3976</u>
Fax number: <u>203-579-3979</u>
Email address: <u>vincent.mobilio@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 checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2024 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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning **10/01**, 2022, and ending **9/30**, 2023

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C HALL NEIGHBORHOOD HOUSE, INC. 52 GEORGE E. PIPKIN'S WAY BRIDGEPORT, CT 06608	D Employer identification number 06-0676851 E Telephone number G Gross receipts \$ 7,984,701.
F Name and address of principal officer: CAROL DONNELLY SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: HNHONLINE.ORG		L Year of formation: 1901 M State of legal domicile: CT
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <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 13
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 2022 (Part V, line 2a).....	5 127
6	Total number of volunteers (estimate if necessary).....	6 630
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.
8	Contributions and grants (Part VIII, line 1h).....	Prior Year: 6,380,599. Current Year: 7,173,964.
9	Program service revenue (Part VIII, line 2g).....	Prior Year: 334,240. Current Year: 435,589.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	Prior Year: 5,906. Current Year: 18,666.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	Prior Year: 333,717. Current Year: 330,641.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	Prior Year: 7,054,462. Current Year: 7,958,860.
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).....	Prior Year: 3,670,585. Current Year: 4,884,119.
16a	Professional fundraising fees (Part IX, column (A), line 11e).....	
b	Total fundraising expenses (Part IX, column (D), line 25).....	144,877.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	Prior Year: 2,303,400. Current Year: 2,781,694.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	Prior Year: 5,973,985. Current Year: 7,665,813.
19	Revenue less expenses. Subtract line 18 from line 12.....	Prior Year: 1,080,477. Current Year: 293,047.
20	Total assets (Part X, line 16).....	Beginning of Current Year: 10,873,646. End of Year: 11,187,492.
21	Total liabilities (Part X, line 26).....	Beginning of Current Year: 2,518,860. End of Year: 2,515,032.
22	Net assets or fund balances. Subtract line 21 from line 20.....	Beginning of Current Year: 8,354,786. End of Year: 8,672,460.

Part II Signature Block

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

Sign Here	Signature of officer ROBERT L. DZURENDA	Date	
	Type or print name and title EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name ROBERT J BAILEY CPA	Preparer's signature ROBERT J BAILEY CPA	Date
	Firm's name HOPE & HERNANDEZ, P.C.	Check <input type="checkbox"/> if self-employed	PTIN P00080579
	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.		



Municipality: Bridgeport

Form NAA-01

2024 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: Maria Valentin, Interim Executive Director

Telephone number: (203) 334-5551

Email address: mvalentin@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), 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, and career exploration.

Need for program: _____

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. 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: 07/01/2024
MM - DD - YYYY

Program completion date: 06/30/2025
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>\$20,880.00</u>
c) <u>City of Bridgeport - ARPA Youth & Education</u>	<u> </u>
d) _____	<u>\$200,000.00</u>
Total Funding:	<u>\$345,465.00</u>

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 and custodial supplies)</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) _____	<u> </u>
c) _____	<u> </u>
d) _____	<u> </u>
Total Proposed Expenditures:	<u>\$409,585.00</u>

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport
Mailing address: _____ 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>
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2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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)

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

D Employer identification number
06-0662195

E Telephone number
(203) 777-9622

G Gross receipts \$ **29,571,160**

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**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO 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.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,351		
	6	Total number of volunteers (estimate if necessary)	6	2,366		
	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	16,454,312	Current Year	12,740,408
	9	Program service revenue (Part VIII, line 2g)		13,459,246		15,933,331
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		632,018		313,060
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		192,539		172,930
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,738,115		29,159,729
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				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)		15,002,010		17,013,810
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b	Total fundraising expenses (Part IX, column (D), line 25)		174,290		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,699,173		10,737,720
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		23,701,183		27,751,530
19	Revenue less expenses. Subtract line 18 from line 12		7,036,932		1,408,199	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	48,852,527	End of Year	46,326,750
	21	Total liabilities (Part X, line 26)		10,843,930		7,152,209
	22	Net assets or fund balances. Subtract line 21 from line 20		38,008,597		39,174,541

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, SVP/CFO** Date: _____

Type or print name and title: _____

Paid Preparer Use Only

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

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**

Check if self-employed PTIN: **P01423868**

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

For Paperwork Reduction Act Notice, see the separate instructions.



Municipality: Bridgeport

Form NAA-01

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Cardinal Shehan Center

Address: 1494 Main Street
Bridgeport, CT 06604

Federal Employer Identification Number: 06-1101081

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

Name of contact person: Lorraine Gibbons

Telephone number: (203) 336-4468

Email address: lgibbons@shehancenter.org

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

As part of the Cardinal Shehan Center's After School & Saturday Program, we will enrich the lives of underserved children in Bridgeport, CT with the following: 1) Computer Program: children will learn how to use Microsoft Office, safe internet navigation, and problem solving skills. 2) Arts Program: children will engage in arts & crafts, drawing, painting, and learn how to express themselves creatively. 3) STEM Program: hands-on projects relating to science, technology, engineering, and math. 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. Studies show that after school programs can increase academic performance, reduce risky behavior, and provide a safe environment. 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 May 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: 09/09/2024
MM - DD - YYYY

Program completion date: 05/30/2025
MM - DD - YYYY

Post-project audit due date: 08/01/2025
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	\$24,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Total Funding:	\$24,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Art Supplies (paper, arts/crafts materials)</u>	\$5,000.00
b) <u>STEM supplies (experiment supplies)</u>	\$4,000.00
c) <u>Computer Maintenance</u>	\$2,000.00
d) <u>Cooking Ingredients</u>	\$5,000.00
Administrative expenses - itemized description:	
a) <u>Staff: Computer Instructor</u>	\$2,000.00
b) <u>Staff: Art Instructor</u>	\$2,000.00
c) <u>Staff: STEM Instructor</u>	\$2,000.00
d) <u>Staff: Cooking Instructor</u>	\$2,000.00
Total Proposed Expenditures:	\$24,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport
Mailing address: _____ Margaret E. Morton Government Center 999 Broad Street, Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez</u>
Telephone number: <u>203-727-2707</u>
Fax number: _____
Email address: <u>max.perez@bridgeportct.gov</u>

<p style="text-align: center;">Post-Project 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 checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization: CARDINAL SHEHAN CENTER, INC. D Employer identification number: 06-1101081 E Telephone number: 203-336-4468 G Gross receipts \$: 3,108,994. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.SHEHANCENTER.ORG K Form of organization: L Year of formation: 1964 M State of legal domicile: CT

Part I Summary

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

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here: LORRAINE GIBBONS, EXECUTIVE DIRECTOR. Paid Preparer: JAMES G. WOODS, VENMAN & CO. LLC, CPA'S.

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



Municipality: BRIDGEPORT

Form NAA-01
2024 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 Bridgeport Brass Rdevelopment 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 nearly three decades on brownfield redevelopment successes, Bridgeport still has numerous properties where current and potential use is affected by real or perceived hazardous waste contamination. 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 project management.

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 City and region.

Plan to implement the program: _____

Ongoing communication with City officials to identify properties where assessment and/or remediation funding has been obtained, but have not been addressed due to lack of local capacity. Manage existing/funded projects while seeking additional resources when needed. Meet with NRZs 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: 07/01/2024
MM - DD - YYYY

Program completion date: 06/30/2025
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) <u>Neighborhood engagement and meetings</u>	\$5,000.00
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>	\$5,000.00
c) _____	_____
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: _____ Margaret Morton Center 999 Broad Street Bridgeport, CT 06604 _____
Name of municipal liaison: <u>Max Perez</u> _____
Telephone number: <u>(203) 576-3976</u> _____
Fax number: <u>(203) 576-3979</u> _____
Email address: <u>max.perez@bridgeportct.gov</u> _____

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

Date

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 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

G Gross receipts \$ **347,886.**

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.BRBC.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IS A COMMUNITY BASED ORGANIZATION THAT DEVELOPS AND MANAGES PROGRAMS AND PROJECTS THAT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,088,555.	Current Year 345,984.
	9	Program service revenue (Part VIII, line 2g)	4,150.	1,900.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2.	2.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,092,707.	347,886.
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)	84,196.	84,147.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	104,849.	399,818.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	189,045.	483,965.	
19	Revenue less expenses. Subtract line 18 from line 12	1,903,662.	-136,079.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,035,701.	End of Year 1,928,557.
	21	Total liabilities (Part X, line 26)	16,076.	45,011.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,019,625.	1,883,546.

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 Type or print name and title	Date	
Preparer	Print/Type preparer's name SANDRA D. CALLANAN, CPA	Preparer's signature	Date 10/26/23
Use Only	Firm's name CIRONEFRIEDBERG, LLP	Firm's EIN 06-1533315	Check <input type="checkbox"/> if self-employed PTIN P01200948
	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

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Connecticut's Zoological Society- Connecticut's Beardsley Zoo

Address: _____
1875 Noble Ave, Bridgeport, CT 06610

Federal Employer Identification Number: 23-7068821

Program title: Smart Flower - Solar Power at the Zoo!

Name of contact person: Ashley Volkens

Telephone number: _____
(203) 394-5522

Email address: avolkens@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 two Smartflowers on Zoo grounds. The 16-by-16-foot Smartflowers model actual sunflowers both in form and function. Using advanced robotics and automation, the unit's 12 "petals" freely track and follow the sun so they're always at an optimal angle. Each day at sunset, the Smartflower automatically folds up and cleans itself using brushes on the back of each panel to remove contaminants like dust or snow. Guests will see renewable energy in motion as two Smartflower solar panel systems harness the sun's energy to generate sustainable energy for the Zoo.

Need for program: _____

The two Smartflowers are expected to generate 10,000 kilowatts of electricity annually (approximately 5,000 kilowatts each), enough to generate the majority of the energy needed annually to power the Zoo's carousel and two new electric golf carts. The design and location of the Smartflower, also makes this an educational opportunity for programs and guests walking by with custom branding opportunities for the wrap of the fixture. These smart designs increase the unit's efficiency and enable the system to generate 40 percent more energy than a traditional system.

Neighborhood area to be served: _____

City-wide

Plan to implement the program: _____

Once funding is complete, the Zoo will begin installation of Smartflower at a seasonally appropriate time. Installation is expected to be complete by December 2025.

Timetable:

Program start date: 12/31/2024
MM - DD - YYYY

Program completion date: 12/31/2025
MM - DD - YYYY

Post-project audit due date: 06/30/2026
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) <u>Grant Support</u>	<u>\$150,000.00</u>
b) <u>Foundation and Individual Support</u>	<u>\$25,000.00</u>
c) <u>Corporate Support</u>	<u>\$25,000.00</u>
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Smartflower Equipment / Materials</u>	<u>\$150,000.00</u>
b) <u>Site Prep</u>	<u>\$25,000.00</u>
c) <u>Construction & Labor</u>	<u>\$15,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Staff</u>	<u>\$10,000.00</u>
b) _____	_____
c) _____	_____
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: _____ _____
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>
--

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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, 2023
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONNECTICUT ZOOLOGICAL SOCIETY, INC.		D Employer identification number 23-7068821
	Doing business as		E Telephone number 203-332-6565
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1875 NOBLE AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06610		G Gross receipts \$ 7,828,786.
	F Name and address of principal officer: GREGG DANCHO 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		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	
J Website: WWW.BEARDSLEYZOO.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1961 M State of legal domicile: CT	

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <u>TO ACQUAINT A DIVERSE PUBLIC TO THE DELICATE BALANCE THAT EXISTS BETWEEN LIVING THINGS AND THEIR</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	95
	6 Total number of volunteers (estimate if necessary)	6	120
	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)	5,463,163.	3,581,267.
	9 Program service revenue (Part VIII, line 2g)	1,664,553.	2,180,740.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	257,009.	39,887.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,166.	1,567.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,458,891.	5,803,461.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,676,883.	1,744,209.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 468,591.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,224,854.	1,816,732.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,901,737.	3,560,941.	
19 Revenue less expenses. Subtract line 18 from line 12	4,557,154.	2,242,520.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,127,613.	19,825,889.
	21 Total liabilities (Part X, line 26)	530,122.	540,224.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,597,491.	19,285,665.

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	
	GREGG DANCHO, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	EVA MRUK	EVA MRUK	11/15/23
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	PKF O'CONNOR DAVIES ADVISORY, LLC	87-3231666	P00543254
	Firm's address	Phone no. 203-929-3535	
	ONE CORPORATE DRIVE, SUITE 725 SHELTON, CT 06484-6241		

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Municipality: Bridgeport

Form NAA-01
2024 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 Avenue, Bridgeport, CT 06605

Federal Employer Identification Number: 06-1418097

Program title: Window Replacement and Weatherization Project

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

<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: _____

The Neighborhood Assistance Act Grant Proposal aims to implement a comprehensive Window Replacement and Weatherization Project. With a total of 141 windows, after almost 30 years, they have exceeded their expected lifespan, the urgency of this project cannot be overstated. These windows, installed decades ago, struggle to insulate our facility against the harsh elements, resulting in energy inefficiency and discomfort for our patrons and staff alike.

By replacing these aging windows with modern, energy-efficient alternatives, we seek to achieve several critical objectives: Energy Efficiency, Cost Savings, Environmental Impact, Comfort and Safety, Preservation of

Need for program: _____

The Window Replacement and Weatherization Project holds paramount importance for our community. With our center's building dating back to 1903, its 141 windows, nearly 30 years old, are in dire need of replacement. This endeavor addresses critical issues of energy inefficiency, comfort, and safety, vital for both patrons and staff. By installing modern, energy-efficient windows, we aim to significantly reduce energy consumption, resulting in substantial cost savings and environmental benefits. Moreover, the project preserves our heritage by maintaining the architectural integrity of our historic building while enhancing its functionality for future generations.

Neighborhood area to be served: _____

Burroughs is dedicated to supporting individuals and families in the Bridgeport area. Leveraging partnerships with over 80 organizations and offering direct programming, we annually reach over 30,000 active participants. Our focus is on those encountering substantial barriers to success, including economic, language, technological, and systemic inequalities.

Plan to implement the program: _____

This effort is part of the Burroughs strategic plan to address needed upgrades, replace end of life equipment and improve energy conservation. Following a number of completed efforts preparing Burroughs to be successful in the next 30 years, this proposal is a critical step of the plan to improve the buildings energy efficiency by eliminating drafts, lowering HVAC costs and reduce our carbon footprint. Burroughs is prepared to begin the contractor bidding process this summer and begin the work immediately. This effort is expected to be completed before the end of calendar year 2025.

Timetable:

Program start date: 05/01/2024
MM - DD - YYYY

Program completion date: 10/01/2025
MM - DD - YYYY

Post-project audit due date: 01/12/2026
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>\$85,000.00</u>
Other funding sources - itemized sources:	
a) <u>Matching grant from private donors</u>	<u>\$50,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Total Funding:	<u>\$135,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>141 window replacement, insulation and installation</u>	<u>\$135,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>None</u>	_____
b) _____	_____
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$135,000.00</u>

Part IV — Municipal Information

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

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

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

Return of Organization Exempt From Income Tax

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 <u>7/1/2022</u> , and ending <u>6/30/2023</u>	
B Check if applicable:	C Name of organization <u>BURROUGHS COMMUNITY CENTER INC.</u>
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	<u>2470 FAIRFIELD AVENUE</u>
<input type="checkbox"/> Final return/terminated	City or town State ZIP code
<input type="checkbox"/> Amended return	<u>BRIDGEPORT CT 06605</u>
<input type="checkbox"/> Application pending	Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number <u>06-1418097</u>
	E Telephone number <u>(203) 334-0293</u>
	G Gross receipts \$ <u>609,608</u>
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
J Website: <u>www.burroughscc.org</u>	
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: <u>1994</u> M State of legal domicile: <u>CT</u>

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE RESIDENTS OF BRIDGEPORT, CT WITH PROGRAM OPPORTUNITIES AND FACILITY RESOURCES TO PROMOTE INDIVIDUAL GROWTH AND COMMUNITY COHESIVENESS.</u>	
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 8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 8
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 11
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 454,128 Current Year 428,582
	9	Program service revenue (Part VIII, line 2g)	133,150 153,750
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183 277
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,998 26,999
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	616,459 609,608
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	314,596 352,048
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0 0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>18,060</u>	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	267,734 310,506
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	582,330 662,554
19	Revenue less expenses. Subtract line 18 from line 12	34,129 -52,946	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,313,632 End of Year 1,218,220
	21	Total liabilities (Part X, line 26)	42,466 0
	22	Net assets or fund balances. Subtract line 21 from line 20	1,271,166 1,218,220

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		
	<u>JOHN CANNON</u>	<u>TREASURER</u>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<u>MICHAEL SOLAKIAN</u>	<u>MICHAEL SOLAKIAN</u>	<u>12/7/2023</u>	<input type="checkbox"/> XXXXXXXXX
	Firm's name	Firm's EIN		
	<u>SOLAKIAN & COMPANY, LLC</u>	<u>XX-XXX6695</u>		
Firm's address	Phone no.			
<u>580 JOHNS PASS AVENUE, MADEIRA BEACH, FL 33708</u>	<u>(203) 215-6541</u>			
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				



Municipality: Bridgeport

Form NAA-01
2024 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: Urban Fellows

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): After-School Youth Program for Bridgeport Students

Description of program: _____

The Urban Fellows program trains highschool students from Bridgeport on ways to improve Bridgeport's physical environment and create vibrant public spaces. The year round program teaches them about landscape design, horticulture, and creative placemaking with the aim of preparing the students to be the future stewards of the environment in which they live.

Need for program: _____

This program fills an opportunity gap for Bridgeport high-school students to participate in educational after-school and summer activities. Additionally, this program seeks to address the issues of blight that plague parts of the city as a result of a lack of funding to provide the stewardship needed for sites across the city. The city still suffers from a negative perception which results in a hesitant for outsiders to invest and the goal of this program is to help with addressing this negative perception by improving the physical environment.

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

We run the program year-round meeting with students after-school during the school year from 3:30 to 6. The goal of the program will be to work with residents, businesses, community organizations and the city to identify sites that the students will design during the studio and then implement after review by the various stakeholders.

Timetable:

Program start date: 09/02/2024
MM - DD - YYYY

Program completion date: 10/31/2025
MM - DD - YYYY

Post-project audit due date: 01/30/2026
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	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Student Stipends (80 * 500)</u>	\$50,000.00
b) <u>Project Materials (plants, paint, etc.)</u>	\$16,000.00
c) <u>Wages/Salaries</u>	\$72,000.00
d) _____	_____

Administrative expenses - itemized description:

a) <u>Rent</u>	\$6,000.00
b) <u>Sexual Abuse and Molestation Insurance</u>	\$3,500.00
c) <u>Program Software (Sign in App, Slideroom)</u>	\$2,500.00
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: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2024 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, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GROUNDWORK BRIDGEPORT INC Doing business as		D Employer identification number 06-1556949
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	1001 MAIN ST		203-335-6126
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604-4200		G Gross receipts \$ 495,347.
F Name and address of principal officer: CHRISTINA SMITH SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: GROUNDWORKBRIDGEPORT.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: 1998 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: GROUNDWORK BRIDGEPORT'S MISSION IS TO BRING ABOUT THE SUSTAINED REGENERATION IMPROVEMENTS AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	106
	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)	421,117.	492,643.
	9 Program service revenue (Part VIII, line 2g)	7,300.	2,704.
	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)	428,417.	495,347.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,739.	227,623.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		26,099.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		141,092.	158,641.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		341,831.	413,917.
19 Revenue less expenses. Subtract line 18 from line 12	86,586.	81,430.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 289,578.	End of Year 339,952.
	21 Total liabilities (Part X, line 26)	51,220.	20,164.
	22 Net assets or fund balances. Subtract line 21 from line 20	238,358.	319,788.

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 CHRISTINA SMITH, PRESIDENT & C.E.O.	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name WILLIAM SKODY	Preparer's signature WILLIAM SKODY	Date 11/13/23	Check <input type="checkbox"/> 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 NEW YORK, NY 10018		
Phone no. 212 967-1100					



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) _____	_____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>WINDOWS</u>	<u>\$100,000.00</u>
b) <u>COMMERCIAL THROUGH THE WALL UNITS</u>	<u>\$50,000.00</u>
c) <u>ROOFTOP AIR CONDITIONERSHVAC</u>	<u>\$100,000.00</u>
d) _____	_____

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

Total Proposed Expenditures: \$250,000.00

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 DEPT OF ECONOMIC AND COMMUNITY DEVELOPMENT
Mailing address: _____ 999 BROAD STREET BRIDGEPORT CT 06608
Name of municipal liaison: <u>MAX PEREZ</u>
Telephone number: <u>203-576-3976</u>
Fax number: <u>203-576-3979</u>
Email address: <u>max.perez@bridgeportct.gov</u>

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

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) Room/suite
102 PARK STREET
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06608

D Employer identification number
06-0669105

E Telephone number
203-275-8925

G Gross receipts \$ 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: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: _____ <u>TO PROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CULTURAL ENRICHMENT, PERSONAL EDUCATION AND SOCIAL RECREATION PROGRAMS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>10</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>10</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>4</u>
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
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)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>122324</u>	<u>98202</u>
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>114932</u>	<u>42576</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1442</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>100238</u>	<u>101720</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>215170</u>	<u>144296</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-92846</u>	<u>-46094</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>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 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

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 grater 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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>CARE FOR KIDS PROGRAM FUNDS</u>	<u>\$800,000.00</u>
b) <u>SPECIAL EVENTS</u>	<u>\$50,000.00</u>
c) <u>PRIVATE DONATIONS</u>	<u>\$30,000.00</u>
d) _____	_____
Total Funding:	<u>\$1,030,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>DIRECTOR, TEACHERS, SUPPORT, CONSULTANTS</u>	<u>\$721,733.00</u>
b) <u>SUPPLIES</u>	<u>\$116,000.00</u>
c) <u>REPAIR, MAINTENANCE, TRASH DISPOSAL</u>	<u>\$50,400.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>UTILITIES</u>	<u>\$30,000.00</u>
b) <u>ACCOUNTING, HR, LEGAL, IT, COMPLIANCE</u>	<u>\$126,000.00</u>
c) <u>INSURANCE</u>	<u>\$43,800.00</u>
d) _____	_____
Total Proposed Expenditures:	<u>\$1,087,933.00</u>

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ CITY OF BRIDGEPORT DEPT OF ECONOMIC AND COMMUNITY DEVELOPMENT _____
Mailing address: _____ 999 BROAD STREET BRIDGEPORT CT 06608 _____
Name of municipal liaison: <u>MAX PEREZ</u> _____
Telephone number: <u>203-576-3976</u> _____
Fax number: <u>203-576-3979</u> _____
Email address: <u>max.perez@bridgeportct.gov</u> _____

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

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 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) Room/suite
102 PARK STREET
 City or town, state or province, country, and ZIP or foreign postal code
BRIDGEPORT, CT 06608

D Employer identification number 06-0669105

E Telephone number 203-275-8925

F Name and address of principal officer ROBERT KEELEY

G Gross receipts \$ 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: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1930 **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: <u>TO PROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CULTURAL ENRICHMENT, PERSONAL EDUCATION AND SOCIAL RECREATION PROGRAMS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>10</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>10</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>4</u>
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>120809</u>	<u>96101</u>
	9 Program service revenue (Part VIII, line 2g)		
	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)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>122324</u>	<u>98202</u>
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>114932</u>	<u>42576</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1442</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>100238</u>	<u>101720</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>215170</u>	<u>144296</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-92846</u>	<u>-46094</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>573408</u>	<u>480177</u>
	21 Total liabilities (Part X, line 26)	<u>70900</u>	<u>70900</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<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 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

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



Municipality: Bridgeport

Form NAA-01

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Bridgeport Public Education Fund

Address: 271 Park Ave, Bridgeport, CT 06604

Federal Employer Identification Number: 06-1379383

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

Name of contact person: Faith Villegas

Telephone number: (203) 331-0551

Email address: fvillegas@bpef.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

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

Need for program: _____

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

Neighborhood area to be served: _____

Bridgeport

Plan to implement the program: _____

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

Timetable:

Program start date: 12/31/2024
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	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Tuition	\$150,000.00
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

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

Total Proposed Expenditures: \$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, Office of Planning & Economic Development _____
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604 _____
Name of municipal liaison: <u>Max Perez, Director of Business Development</u> _____
Telephone number: (203) 576-3976 _____
Fax number: (203) 576-3979 _____
Email address: <u>max.perez@bridgeportct.gov</u> _____

Post-Project Audit
Is a post-project audit required for this proposal?
<input checked="" type="checkbox"/> Yes No
If Yes , date post-project audit due:
<u>03/31/2026</u> Date

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

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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		D Employer identification number 06-1379383	
	Doing business as		E Telephone number (203) 331-0551	
	Number and street (or P.O. box if mail is not delivered to street address) 446 UNIVERSITY AVENUE	Room/suite	G Gross receipts \$ 387,230	
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		F Name and address of principal officer: FAITH VILLEGAS 446 UNIVERSITY AVENUE 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 ▶		L Year of formation: 1993 M State of legal domicile: CT		
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		Website: ▶ WWW.BPEF.ORG		
Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	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		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,082	77,572
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	261,122	256,876
19 Revenue less expenses. Subtract line 18 from line 12	35,237	130,354
	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

I, the preparer, 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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 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
THE UNIVERSITY OF BRIDGEPORT INC

D Employer identification number
86-1274088

Doing business as

E Telephone number
(860) 548-2648

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
126 PARK AVE

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

G Gross receipts \$ 113,459,983

F Name and address of principal officer:
WILLIAM GUERRERO
126 PARK AVE
BRIDGEPORT, CT 06604

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

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

J Website: ▶ WWW.GOODWIN.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2021 **M** State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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.					
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11			
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,040			
	6 Total number of volunteers (estimate if necessary)	6	0			
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0			
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0			
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	5,203,087	Current Year	9,522,579
		9 Program service revenue (Part VIII, line 2g)		3,868,800		100,787,609
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			125		9,150	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			16,412,618		3,140,645	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			25,484,630		113,459,983	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		32,890,311
	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)		5,359,836		35,570,393	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0					
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,418,104		40,992,276	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,777,940		109,452,980		
19 Revenue less expenses. Subtract line 18 from line 12		18,706,690		4,007,003		
Net Assets or Fund Balances		Beginning of Current Year	End of Year			
	20 Total assets (Part X, line 16)		35,999,321	41,862,162		
	21 Total liabilities (Part X, line 26)		17,292,631	19,148,469		
22 Net assets or fund balances. Subtract line 21 from line 20		18,706,690	22,713,693			

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: 2023-05-11

WILLIAM GUERRERO VICE PRESIDENT FOR FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2023-05-11

Check if self-employed PTIN: P00740769

Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099

Firm's address: ▶ 350 CHURCH STREET 12TH FLOOR Phone no. (959) 200-7000

HARTFORD, CT 06103



Municipality: Bridgeport

Form NAA-01
2024 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@bpgef.org

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

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: _____

trict 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: 08/01/2024
MM - DD - YYYY

Program completion date: 07/31/2025
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>\$90,000.00</u>
Other funding sources - itemized sources:	
a) <u>Foundations</u>	<u>\$40,000.00</u>
b) <u>Individuals</u>	<u>\$20,000.00</u>
c) <u>Scholarships</u>	<u>\$35,000.00</u>
d) <u>Grants</u>	<u>\$40,000.00</u>
Total Funding:	<u>\$225,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>MAACS Staff salaries</u>	<u>\$120,000.00</u>
b) <u>Mentor and tutor pay</u>	<u>\$18,000.00</u>
c) <u>Student scholarships</u>	<u>\$45,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Accounting/payroll</u>	<u>\$11,500.00</u>
b) <u>Telephone/Internet</u>	<u>\$1,500.00</u>
c) <u>Postage/print/subscriptions/fees</u>	<u>\$6,000.00</u>
d) <u>BPEF staff</u>	<u>\$24,000.00</u>
Total Proposed Expenditures:	<u>\$226,000.00</u>

Part IV — Municipal Information

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

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

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

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: BRIDGEPORT PUBLIC EDUCATION FUND INC. D Employer identification number: 06-1379383. E Telephone number: (203) 331-0551. G Gross receipts \$: 355,390. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. I Tax-exempt status: 501(c)(3). J Website: WWW.BPEF.ORG. K Form of organization: Corporation. L Year of formation: 1993. M State of legal domicile: CT.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. TO INCREASE INVOLVEMENT OF THE GREATER BRIDGEPORT COMMUNITY...; 3. Number of voting members: 17; 4. Number of independent voting members: 17; 5. Total number of individuals employed: 18; 6. Total number of volunteers: 0; 7a. Total unrelated business revenue: 0; 7b. Net unrelated business taxable income: 0; 8. Contributions and grants: 386,972; 9. Program service revenue: 0; 10. Investment income: 258; 11. Other revenue: 0; 12. Total revenue: 387,230; 13. Grants and similar amounts paid: 30,550; 14. Benefits paid: 0; 15. Salaries, other compensation: 148,754; 16a. Professional fundraising fees: 0; 16b. Total fundraising expenses: 28,977; 17. Other expenses: 77,572; 18. Total expenses: 256,876; 19. Revenue less expenses: 130,354; 20. Total assets: 619,643; 21. Total liabilities: 19,557; 22. Net assets or fund balances: 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.

Signature of officer: FAITH VILLEGAS, EXECUTIVE DIRECTOR. Date: 07/07/23. Preparer: SANDRA D. CALLANAN, CPA. Preparer's signature: SANDRA D. CALLANAN, CPA. Date: 07/07/23. Firm: 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

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01
2024 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: Enhancing Energy Efficiency and Environmental Sustainability at the Smilow-Burroughs Clubhouse

Name of contact person: Margaret Reynolds, Director of Foundation and Government Relations

Telephone number: 203-908-3381 x206

Email address: margaret@wakemanclub.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 29,632

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 Smilow-Burroughs Clubhouse is dedicated to fostering a sustainable environment while prioritizing long-term cost efficiency. With a bustling 23,000 square foot facility hosting year-round activities, including sports leagues, After School Program, Summer Camp, and various community-focused initiatives, our commitment to energy efficiency remains steadfast.

Need for program: The Smilow-Burroughs Clubhouse gymnasium has 20 large single-pane windows dating back to the Clubhouse's construction in 2011. These windows require immediate attention to enhance insulation and mitigate heating and air conditioning expenses. To address this, we propose the installation of energy-efficient, motorized window coverings to provide insulation and regulate indoor temperatures effectively. The windows measure 14 feet from the bottom of the window to the gym floor therefore, motorized coverings are required for safety and efficiency of moving the shades open and closed as needed.

In addition, we aim to replace the Clubhouse's three original water coolers with modern water bottle filling machines. This initiative not only reduces waste by encouraging the use of reusable water bottles but also aligns with our environmental stewardship goals. By promoting sustainable practices among Club participants, we aim to foster a culture of conservation and responsibility towards our planet.

Neighborhood area to be served: Smilow-Burroughs Clubhouse is located in the West End of Bridgeport. After school and during the summer, The Club provides over 500 K-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. No one is turned away regardless of their ability to pay.

Plan to implement the program: The project will begin as soon as Wakeman Boys & Girls Club receives notification of funding support through the Neighborhood Assistance Act program

Timetable:

Program start date: 01/02/25
Program completion date: 1/31/25
Post-project audit due date: 3/3/25

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>\$29,632</u>
Other funding sources - itemized sources:	
a) <u>N/A</u>	<u> </u>
b) _____	<u> </u>
c) _____	<u> </u>
d) _____	<u> </u>

Total Funding: \$29,632.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Elkay LZSTL8WSSP Enhanced EZH2O Bottle Filling Station, & Versatile Bi-Level ADA Cooler, Filtered 8 GPH Stainless (3)</u>	<u>\$6,882.00</u>
b) <u>Water Cooler Installation(EMCORNew England Mechanical)</u>	<u>\$5,250.00</u>
c) <u>Motorized shades for gymnasium (20) windows and installation (Draperies, Inc)</u>	<u>\$17,500.00</u>
d) _____	<u> </u>

Administrative expenses - itemized description:

a) _____	<u> </u>
b) _____	<u> </u>
c) _____	<u> </u>
d) _____	<u> </u>

Total Proposed Expenditures: \$29,632.00

Part IV — Municipal Information

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

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

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

Date

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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 JUNE 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **AUG 1, 2021** and ending **JUL 31, 2022**

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 **WAKEMAN BOYS & GIRLS CLUB**
 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 \$ **17,327,320.**

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY YOUTH SERVICES		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	169
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,758,254.	Current Year 9,667,644.
	9 Program service revenue (Part VIII, line 2g)	588,055.	772,605.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	318,395.	347,696.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,444.	125,096.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,728,148.	10,913,041.
	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)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,903,133.	2,180,068.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 368,252.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	934,729.	1,375,901.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,837,862.	3,555,969.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	2,890,286.	7,357,072.
	20 Total assets (Part X, line 16)	Beginning of Current Year 16,157,524.	End of Year 24,372,927.
	21 Total liabilities (Part X, line 26)	471,080.	2,208,435.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,686,444.	22,164,492.

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** Date: _____

Preparer Print/Type preparer's name: **JOSEPH V. BARRANCA, CPA** Preparer's signature: **JOSEPH V. BARRANCA,** Date: **05/25/23** Check if self-employed PTIN: **P00591111**

Use Only 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
2024 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: _____
Bridgeport Public Education Fund

Address: 271 Park Ave, Bridgeport, CT 06604

Federal Employer Identification Number: 06-1379383

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

Name of contact person: Faith Villegas

Telephone number: (203) 331-0551

Email address: fvillegas@bpef.org

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

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 offices of the BPEF. This, in turn, will assist in saving funds to be redirected to other programmatic needs.

Need for program: _____

The University of Bridgeport is a 98-year-old institution which is 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 correct job specifications and estimates.

Faith Villegas-Executive Director-Coordination of the programs.

Bryant Harrell, University of Bridgeport-Oversight of work according to job specifications.

Timetable:

Program start date: 12/31/2024
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) _____	_____

Total Funding: \$150,000.00

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) _____	_____

Total Proposed Expenditures: \$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, Office of Planning & Economic Development
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez, Director of Business Development</u>
Telephone number: (203) 576-3976
Fax number: (203) 576-3979
Email address: <u>max.perez@bridgeportct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/2026</u> Date</p>

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

Form 990 header section containing organization name (BRIDGEPORT PUBLIC EDUCATION FUND INC), address (446 UNIVERSITY AVENUE, BRIDGEPORT, CT 06604), principal officer (FAITH VILLEGAS), and various identification numbers.

Part I Summary

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

Summary table with 7 rows and 2 columns. Row 3: Number of voting members of the governing body (18). Row 4: Number of independent voting members of the governing body (17). Row 5: Total number of individuals employed in calendar year 2021 (28). Row 6: Total number of volunteers (estimate if necessary) (0). Row 7a: Total unrelated business revenue from Part VIII, column (C), line 12 (0). Row 7b: Net unrelated business taxable income from Form 990-T, Part I, line 11 (0).

Summary table with 15 rows and 3 columns. Columns: Line number, Description, Prior Year, Current Year. Row 8: Contributions and grants (296,004 / 386,972). Row 9: Program service revenue (0 / 0). Row 10: Investment income (355 / 258). Row 11: Other revenue (0 / 0). Row 12: Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) (296,359 / 387,230). Row 13: Grants and similar amounts paid (28,949 / 30,550). Row 14: Benefits paid to or for members (0 / 0). Row 15: Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) (151,091 / 148,754). Row 16a: Professional fundraising fees (0 / 0). Row 16b: Total fundraising expenses (Part IX, column (D), line 25) (10,088 / 10,088). Row 17: Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) (81,082 / 77,572). Row 18: Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) (261,122 / 256,876). Row 19: Revenue less expenses. Subtract line 18 from line 12 (35,237 / 130,354). Row 20: Total assets (Part X, line 16) (502,815 / 619,643). Row 21: Total liabilities (Part X, line 26) (45,737 / 19,557). Row 22: Net assets or fund balances. Subtract line 21 from line 20 (457,078 / 600,086).

Part II Signature Block

I, the preparer, certify that I am the preparer of this return, and I am not a partner, officer, or director of the organization. I am not a partner, officer, or director of the organization. I am not a partner, officer, or director of the organization.



Municipality: Bridgeport

Form NAA-01

2024 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: Ct State Community College Housatonic

Address: 900 Lafayette Boulevard
Bridgeport, CT 06604

Federal Employer Identification Number: 76-0729241

Program title: Housatonic Museum of Art LED Upgrades

Name of contact person: Mario Pierce

Telephone number: 203-332-5015

Email address: mario.pierce@ctstate.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 10,000

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Retrofit existing flourent 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. The HMA is used by the entrie community and at no cost.

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. The Museum of Art is open to the public during all hours of operation and is provided at no cost.

Plan to implement the program: _____

We plan to implement this project as soon as funds are received. We will be utilizing a state vendor who has partnered with us to do much of our LED work thus far.

Timetable:

Program start date: 07/01/2024
Program completion date: 12/31/24
Post-project audit due date: _____

MM - DD - YYYY
MM - DD - YYYY
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>\$10,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

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

Total Proposed Expenditures:

\$10,000

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ _____
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>
--

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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.

Purchaser is:

- United States _____ State of Connecticut Housatonic Community College #76-0729241
 Name of agency Name of agency (List exemption number, if any.)
- Federal credit union _____ Connecticut municipality _____
 Name of credit union 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
- 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.

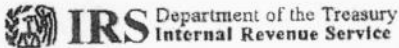
Housatonic Community College

Name of purchaser

By: *Argyle Blunt* Accountant 4/14/23
 Signature of authorized person Title 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.



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



002268

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.

Internal Revenue Service**Date:** March 10, 2006

STATE OF CONNECTICUT OFFICE OF THE STATE
COMPTROLLER
% ANDREW LEINER PAYROLL EXAMINER II
55 ELM ST
HARTFORD CT 06106-1746 991

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Mr. Mason 31-07424
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
06-6000798

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 ..."

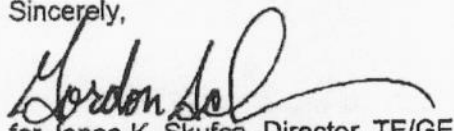
Because your organization is a governmental unit or a political subdivision thereof, its income is not taxable as explained above. Contributions used exclusively for public purposes are deductible under Section 170(c)(1) of the Code.

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



Municipality: Bridgeport

Form NAA-01
2024 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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

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: 12/31/2024
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	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) Tuition	\$150,000.00
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, Office of Planning & Economic Development _____
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604 _____
Name of municipal liaison: Max Perez, Director of Business Development _____
Telephone number: (203) 576-3976 _____
Fax number: (203) 576-3979 _____
Email address: max.perez@bridgeportct.gov _____

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">03/31/2026 _____ Date</p>

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

Form 990 header section containing organization name (BRIDGEPORT CARIBE YOUTH LEADERS INC), EIN (20-0421577), address (1067 PARK AVENUE, BRIDGEPORT, CT 06604), principal officer (JOHN TORRES), and tax-exempt status (501(c)(3)).

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE YOUTH WITH ENRICHMENT PROGRAMS AND ACTIVITIES VIA THE SPORTS, EDUCATION AND COMMUNITY PLATFORMS; AND EXPOSING THEM TO ROLE MODELS, MENTORS AND SUPPORT NECESSARY FOR THEM TO REMAIN IN SCHOOL AND HAVE A CLEAR PATHWAY TO ATTEND COLLEGE, VOCATIONAL PROGRAM OR WORKFORCE UPON GRADUATING FROM HIGH SCHOOL SO THEY CAN BECOME SUCCESSFUL CONTRIBUTING MEMBERS IN THEIR COMMUNITY.

Table with 2 columns: Description and Amount. Rows include: 3 Number of voting members (14), 4 Number of independent voting members (14), 5 Total number of individuals employed (23), 6 Total number of volunteers (170), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, and Current Year. Rows include: 8 Contributions and grants (679,497 / 966,332), 9 Program service revenue (32,704 / 45,653), 10 Investment income (2,021 / 647), 11 Other revenue (-14,055 / -5,802), 12 Total revenue (700,167 / 1,006,830), 13 Grants and similar amounts paid (85,145 / 97,299), 14 Benefits paid (0 / 0), 15 Salaries (294,373 / 323,306), 16a Professional fundraising fees (0 / 0), 17 Other expenses (233,575 / 285,562), 18 Total expenses (613,093 / 706,167), 19 Revenue less expenses (87,074 / 300,663), 20 Total assets (762,578 / 1,034,799), 21 Total liabilities (96,296 / 66,067), 22 Net assets (666,282 / 968,732).

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 knowledge.

Signature of officer: ANNETTE ESCOBAR NEGRON, Date: 2022-10-25



Municipality: Bridgeport

Form NAA-01

2024 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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

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: 12/31/2024
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	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Contracts for Energy Efficiencies</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, Office of Planning & Economic Development _____
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604 _____
Name of municipal liaison: Max Perez, Director of Business Development _____
Telephone number: (203) 576-3976 _____
Fax number: (203) 576-3979 _____
Email address: max.perez@bridgeportct.gov _____

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

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.

2021

Open to Public Inspection

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

Form 990 header section containing organization name (BRIDGEPORT CARIBE YOUTH LEADERS INC), EIN (20-0421577), address (1067 PARK AVENUE, BRIDGEPORT, CT 06604), and principal officer (JOHN TORRES).

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE YOUTH WITH ENRICHMENT PROGRAMS AND ACTIVITIES VIA THE SPORTS, EDUCATION AND COMMUNITY PLATFORMS; AND EXPOSING THEM TO ROLE MODELS, MENTORS AND SUPPORT NECESSARY FOR THEM TO REMAIN IN SCHOOL AND HAVE A CLEAR PATHWAY TO ATTEND COLLEGE, VOCATIONAL PROGRAM OR WORKFORCE UPON GRADUATING FROM HIGH SCHOOL SO THEY CAN BECOME SUCCESSFUL CONTRIBUTING MEMBERS IN THEIR COMMUNITY.

Table with 3 columns: Line number, Description, and Amount. Includes rows for voting members (14), independent voting members (14), total employees (23), total volunteers (170), and total revenue (1,006,830).

Table with 3 columns: Line number, Description, and Amount. Compares Prior Year and Current Year for revenue and expenses. Total revenue: 1,006,830 (Current) vs 700,167 (Prior). Total expenses: 706,167 (Current) vs 613,093 (Prior). Net assets: 968,732 (Current) vs 666,282 (Prior).

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 knowledge.

Signature of officer: ANNETTE SECARDA NEGROM TREASURER, Date: 2022-10-25



Municipality: Bridgeport

Form NAA-01
2024 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: 12/31/2024
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	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>New energy efficient systems</u>	<u>\$150,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, Office of Planning & Economic Development
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez, Director of Business Development</u>
Telephone number: (203) 576-3976
Fax number: (203) 576-3979
Email address: <u>max.perez@bridgeportct.gov</u>

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/2026</u> Date</p>

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 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: THE UNIVERSITY OF BRIDGEPORT INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 126 PARK AVE
 City or town, state or province, country, and ZIP or foreign postal code: BRIDGEPORT, CT 06604

D Employer identification number: 86-1274088

E Telephone number: (860) 548-2648

G Gross receipts \$ 113,459,983

F Name and address of principal officer: WILLIAM GUERRERO, 126 PARK AVE, BRIDGEPORT, CT 06604

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

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

J Website: ▶ WWW.GOODWIN.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2021 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 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.

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,040
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)	5,203,087	9,522,579
9 Program service revenue (Part VIII, line 2g)	3,868,800	100,787,609
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125	9,150
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,412,618	3,140,645
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,484,630	113,459,983
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	32,890,311
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)	5,359,836	35,570,393
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,418,104	40,992,276
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,777,940	109,452,980
19 Revenue less expenses. Subtract line 18 from line 12	18,706,690	4,007,003
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	35,999,321	41,862,162
21 Total liabilities (Part X, line 26)	17,292,631	19,148,469
22 Net assets or fund balances. Subtract line 21 from line 20	18,706,690	22,713,693

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: 2023-05-11
 WILLIAM GUERRERO VICE PRESIDENT FOR FINANCE/CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2023-05-11
 Check if self-employed PTIN: P00740769
 Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099
 Firm's address: ▶ 350 CHURCH STREET 12TH FLOOR Phone no. (959) 200-7000
 HARTFORD, CT 06103



Municipality: Bridgeport

Form NAA-01
2024 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

<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: _____

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 vocational areas and ESL.

Timetable:

Program start date: 12/31/2024
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	\$150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$150,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Tuition	\$150,000.00
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

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

Total Proposed Expenditures: \$150,000.00

Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, Office of Planning & Economic Development
Mailing address: _____ 999 Broad Street, Bridgeport, CT 06604
Name of municipal liaison: <u>Max Perez, Director of Business Development</u>
Telephone number: (203) 576-3976
Fax number: (203) 576-3979
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 checked="" type="checkbox"/> Yes No</p> <p align="center">If Yes, date post-project audit due:</p> <p align="center"><u>3/31/2026</u></p> <p align="center">Date</p>
--

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
 Open to Public Inspection

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

D Employer identification number: 86-1274088

E Telephone number: (860) 548-2648

F Name and address of principal officer: WILLIAM GUERRERO, 126 PARK AVE, BRIDGEPORT, CT 06604

G Gross receipts \$ 113,459,983

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.GOODWIN.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2021 **M** State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 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.

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,040
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)	5,203,087	9,522,579
9 Program service revenue (Part VIII, line 2g)	3,868,800	100,787,609
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125	9,150
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12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,484,630	113,459,983
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	32,890,311
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)	5,359,836	35,570,393
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,418,104	40,992,276
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,777,940	109,452,980
19 Revenue less expenses. Subtract line 18 from line 12	18,706,690	4,007,003

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	35,999,321	41,862,162
21 Total liabilities (Part X, line 26)	17,292,631	19,148,469
22 Net assets or fund balances. Subtract line 21 from line 20	18,706,690	22,713,693

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

Sign Here
 Signature of officer: [Signature]
 Date: 2023-05-11
 WILLIAM GUERRERO VICE PRESIDENT FOR FINANCE/CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ COHNREZNICK LLP		2023-05-11		P00740769
Firm's address ▶ 350 CHURCH STREET 12TH FLOOR HARTFORD, CT 06103			Firm's EIN ▶ 22-1478099	
			Phone no. (959) 200-7000	



Municipality: Bridgeport

Form NAA-01

2024 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 d.b.a. Connecticut Housing Partners

Address: 1235 Huntington Turnpike, Trumbull CT 06611

Federal Employer Identification Number: 22-3035152

Program title: Merton House Energy Efficiency Upgrades

Name of contact person: Kathleen Williams (Ext 1757)

Telephone number: (203) 359-6940

Email address: kwilliams@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): _____

Description of program: _____
See attached.

Need for program: _____
See attached.

Neighborhood area to be served: _____
See attached.

Plan to implement the program: _____
See attached.

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>
--

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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.

Part II — Program Information

Description of Program:

Mutual Housing Association of Southwestern Connecticut d.b.a. as Connecticut Housing Partners (“MHASWC/CHP”) is the largest non-profit affordable housing developer in Connecticut. We have over 33 years of experience developing and managing affordable housing. Our communities include the elderly, families, and the workforce. Our mission is to continue to build and preserve affordable housing communities and to enhance the quality of life for those in need of safe, energy efficient and affordable housing opportunities in Connecticut. We focus on two principal areas:

1. Affordable Housing Development and Property Management.
2. Preservation and Energy Efficiency Upgrades of Existing Affordable Housing.

The proposed project for 2024 NAA funding will be Energy Conservation and Sustainable Energy Performance Improvements that include: replacement of 16 existing HVAC units with Energy Rated units. These improvements will be implemented at one of MHASWC/CHP’s Bridgeport properties known as the Merton House located at 65 Madison Avenue and 152-172 Catherine Street in Bridgeport, CT. The Merton House provides permanent supportive housing for homeless women with children. The two building, 22-unit complex is owned by Connecticut Housing Partners with case management services provided by Catholic Charities of Bridgeport.

Need for Program:

Built in 2010, the Merton House is in Bridgeport’s Hollow Neighborhood. It is a 22-unit family, permanent supportive housing mostly comprised of homeless women with children.

2022 Housing Data Profiles for Bridgeport state that households that use electricity spend 4.7% of their income on energy. The above listed energy improvements will have a positive impact on the 33 families living in the units by:

- Reducing living expenses for the families.
- Reducing the need for excessive, unnecessary energy costs.
- Helping create greater household income stability among vulnerable families.
- Helping the environment by reducing carbon footprint and energy consumed.
- Replacing unhealthy, environmentally degraded equipment.

MHASWC/CHP is seeking \$150,000 in investment funds from the Connecticut Neighborhood Assistance Tax Credit Program to support energy efficiency upgrades.

Neighborhood Area to Be Served:

Bridgeport's West End Community

Bridgeport is the largest city in the state with a total population of 148,529. The average median household income is \$54,440 (Census 2022). The poverty rate is 23.2%. The largest Bridgeport racial/ethnic groups are Hispanic (36.2%) followed by White (32.4%) and Black (19.6%). The West End neighborhood borders the Long Island Sound and is bisected by I-95 and the Amtrak/Metro-North rail line.

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. More families have nowhere to turn, and many will become homeless without the services and housing developments that MHASWC/CHP provides.

The proposed upgrades for the Merton House will help to address the need to improve residential energy efficiency. By using proceeds from NAA tax credits, MHASWC/CHP can make these improvements as part of its overall affordable housing conservation and energy efficiency strategy.

Plan to Implement the Program:

MHASWC/CHP's Chief Executive Officer, Renée Dobos, and Vice President of Real Estate, Steve Gulick, who oversee all real estate development activities from concept through to construction, including property acquisition, financial feasibility, obtaining funding, construction management, and property management will oversee the program and ensure the project remains in compliance throughout the entire NAA Tax Credit program period. Steve Gulick will be responsible for replacement, implementation, and commissioning of energy-efficient improvements at each of the 22 units in the project.

Robin Jerrild, MHASWC/CHP's Director of Development, and Kathleen Williams, Director of Public Relations, who together oversee all marketing, public relations, social media, fundraising, grant applications and administration will be responsible for securing a corporate partner or partners for the financing and investment of NAA Tax Credit funds.

Rob Weiss, Chief Financial Officer, will be responsible for any required subsequent reporting to the City of Bridgeport and/or Department of Revenue Services post tax credit distribution and audit.

Having such well-rounded dedicated staff on MHASWC/CHP's team will ensure that the NAA Tax Credit Program will be implemented in a responsible and timely manner as we provide critical energy-efficient upgrades to our affordable housing family community.

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 2022, and ending 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 MUTUAL HOUSING ASSOCIATION OF SOUTHWESTERN CT, INC. 1235 HUNTINGTON TURNPIKE TRUMBULL, CT 06611	D Employer identification number 22-3035152
		E Telephone number (203) 359-6940
F Name and address of principal officer: SAME AS C ABOVE		G Gross receipts \$ 1,274,963.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(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.
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</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	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 2022 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	684,196.	458,025.
	9 Program service revenue (Part VIII, line 2g)	1,948,428.	746,139.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	551.	5,238.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,486.	65,561.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,661,661.	1,274,963.
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)	919,840.	1,150,352.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,572,523.	1,672,986.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,492,363.	2,823,338.	
19 Revenue less expenses. Subtract line 18 from line 12	169,298.	-1,548,375.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	16,772,020.	16,231,098.
	21 Total liabilities (Part X, line 26)	3,216,956.	4,224,409.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,555,064.	12,006,689.

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

Sign Here	Signature of officer <u>RENEE DOBOS</u>	Date <u>EXECUTIVE DIR.</u>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>JASON D. GEEL CPA</u>	Preparer's signature <u>JASON D. GEEL CPA</u>	Date <u>8/23/23</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01664437</u>
	Firm's name <u>MALETTA & COMPANY</u>	Firm's EIN <u>061209905</u>			
	Firm's address <u>43 ENTERPRISE DRIVE</u> <u>BRISTOL, CT 06010</u>	Phone no. <u>8605826715</u>			
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				



Municipality: Bridgeport

Form NAA-01

2024 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 Child and Family Guidance Center

Address: 180 Fairfield Avenue, Bridgeport, CT 06604

Federal Employer Identification Number: _____

Program title: Patient Access and Intake

Name of contact person: Danielle Marchione

Telephone number: (203) 394-6529

Email address: dmarchione@cfguidance.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): Patient Access and Intake

Description of program: _____

The vision of The Child and Family Guidance Center (CFGC) is that all children and families have the emotional well-being and resources needed to succeed in life. We provide children and families with culturally-informed mental health care and complementary supports, regardless of ability to pay. In our nearly 100 year history, 2 things have remained constant - the need for accessible mental health services and champions to advocate for them. Our 125 staff members meet this need for the community. The Child and Family Guidance Center is beginning a major renovation project on the first floor to better serve our clients.

Need for program: _____

This renovation project addresses four major areas of concern: security, social distancing, privacy, and accessibility. The security of our staff, clients and building is our top priority. We will be building a secure accessible entryway, installing a door security buzzer system, updating a security desk that is better positioned to be a first point of entry. To ensure we are up to date with ADA compliance, all doorways will be enlarged, main areas and offices will provide sufficient space to allow for wheelchair access and the check-in counter will have an area at the height of a seated individual. To address privacy, our clinic, check out and waiting rooms will be soundproofed. Additionally, a sit and play area for child clients will be created to better manage anxiety.

Neighborhood area to be served: _____

Bridgeport, CT

Plan to implement the program: _____

In 2023, CFGC secured funding from 6 new corporations/business and foundation, not including new individual donors and grant requests. As part of these new funding sources, CFGC obtained 2 new funding sources for this renovation project. The first was the State of Connecticut Office of Early Childhood's OEC Home Visiting ARPA One Time Private Provider Grant and the other was from The Connecticut Health and Educational Facilities Authority (CHEFA). We are currently working with Visionary Interiors Architects to plan the redesign for our reception and intake areas so that they are more welcoming to families and provide additional security. We will continue to share with local business who are interested in supporting this effort.

Timetable:

Program start date: 04/12/2023
MM - DD - YYYY

Program completion date: 04/12/2026
MM - DD - YYYY

Post-project audit due date: 04/12/2026
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	_____
Other funding sources - itemized sources:	
a) <u>The Connecticut Health and Educational Facilities Authority</u>	<u>\$75,000.00</u>
b) <u>CT Office of Early Childhood's OEC Home Visiting ARPA C</u>	<u>\$17,000.00</u>
c) <u>ARPA DCF</u>	<u>\$206,000.00</u>
d) _____	_____
Total Funding:	<u>\$298,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Patient Access and Intake Construction</u>	<u>\$422,500.00</u>
b) <u>Furniture</u>	<u>\$37,000.00</u>
c) <u>Security</u>	<u>\$13,000.00</u>
d) <u>IT / Communications/ Signage</u>	<u>\$10,000.00</u>
Administrative expenses - itemized description:	
a) _____	<u>\$0.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$482,500.00</u>

Part IV — Municipal Information

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

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

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

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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

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

Form **990**

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 THE CHILD AND FAMILY GUIDANCE CENTER INC		D Employer identification number 06-0669106
	Doing business as		E Telephone number 203-367-5361
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 11,127,569.
	180 FAIRFIELD AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MICHAEL PATOTA SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ CFGUIDANCE.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: 1936 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 CHILD AND FAMILY GUIDANCE CENTER (CFGC) IS A COMMUNITY-BASED CENTER THAT PROVIDES THERAPEUTIC,		
	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	141
	6 Total number of volunteers (estimate if necessary)	6	16
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,450,959.	8,883,779.
	9 Program service revenue (Part VIII, line 2g)	2,203,245.	2,180,557.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24.	302.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	39,236.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,654,228.	11,103,874.
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)	7,416,371.	7,693,407.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,887.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,039,742.	2,440,239.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,456,113.	10,133,646.	
19 Revenue less expenses. Subtract line 18 from line 12	198,115.	970,228.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,207,889.	End of Year 5,739,590.
	21 Total liabilities (Part X, line 26)	2,356,176.	1,913,553.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,851,713.	3,826,037.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MICHAEL PATOTA, PRESIDENT AND CEO Type or print name and title				
Paid Preparer	Print/Type preparer's name MARY ANTONETTI	Preparer's signature MARY ANTONETTI	Date	Check <input type="checkbox"/> if self-employed	PTIN P00431862
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323			
Use Only	Firm's address ▶ 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	Phone no. (203) 781-9600			



Municipality: Bridgeport

Form NAA-01

2024 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: _____
Klein Memorial Auditorium Foundation, Inc.

Address: 910 Fairfield Avenue/Bridgeport, CT 06605

Federal Employer Identification Number: 06-147-4233

Program title: Klei elevator and office project

Name of contact person: Laurence Caso

Telephone number: 203-337-6195

Email address: laurence@theklein.org

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for persons with physical disabilities;
 Program serving low-income persons;
 Child care services;
 Establishment of a child day care facility;
 Open space acquisition fund; **or**
 Other (specify): Capital improvements to performing arts center built in 1940

Description of program: _____

Installation of an elevator and ADA compliant restroom for use by patrons who attend events at The Klein. The project also includes the construction of a conference room and 3 small offices to house staff.

Need for program: _____

Built in 1940, the Klein has never had an elevator, and now 70,000 patrons attend events at the Klein each year.

Many patrons prefer seating in the mezzanine, because of its acoustics and sightlines. There is also an art gallery on the mezzanine floor that features exhibits by local artists all year-round. Patrons in wheelchairs are currently unable to enjoy those exhibits. There is now a restroom reserved for wheelchairs in the Klein lobby, but it was not designed specifically for wheelchairs, and the new one would provide more space for those patrons. Also included in the building project is the addition of a conference room and three new offices for staff.

Neighborhood area to be served: _____

The Klein is located on the west side of Bridgeport, less than 1 mile from the downtown area. Our impact is realized through the diversity of the events we present, as well as through our tuition-free arts education program for Bridgeport middle and high school students. 85% of the students in Klein Theatre Arts come from families who identify as being moderate to extremely low income levels. The Klein is in use over 350 days a year. Sixty per cent of our events feature performers younger than age 25. We draw audiences from all of Fairfield County, New Haven, Hartford and Springfield, as well as Westchester County, Long Island and New York City. The Klein has one of only 7 remaining Broadway sized stages in Connecticut and we are one of the

Plan to implement the program: _____

Initial funding for the project was obtained through applications to the state bonding commission. A total of \$3.29 million was awarded, of which nearly \$1.4 million has already been spent on technical upgrades, new carpeting, and an exterior digital sign for promotion. In addition to the \$1.9 million remaining for construction, we have a commitment of contingency funding from the City of Bridgeport in the amount of \$150,000 and a grant from a private foundation in the amount of \$53,000. In February 2020 we issued an RFP for a general contractor. The bids arrived in May, just as the pandemic set in. Since then costs of materials and labor have steadily risen leaving us with a current shortfall of \$338,000. That figure contains a ten per cent contingency

Timetable:

Program start date: 10-15-2024
MM - DD - YYYY

Program completion date: 06-15-2025
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	<u>150,000</u>
Other funding sources - itemized sources:	
a) <u>DECD: state bonding commission</u>	<u>\$1,952,917</u>
b) <u>City of Bridgeport</u>	<u>150,000</u>
c) <u>Timken Foundation</u>	<u>53,185</u>
d) _____	_____

Total Funding: 2,306,102

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Construction of ADA restroom</u>	<u>440,991</u>
b) <u>Elevator and offices</u>	<u>1,790,185</u>
c) <u>Architect fees</u>	<u>30,759</u>
d) <u>Contingency on construction</u>	<u>223,117</u>

Administrative expenses - itemized description:

a) <u>Legal for contracts</u>	<u>5,000</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$2,490,052

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>
--

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2024 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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 KLEIN MEMORIAL AUDITORIUM FOUNDATION, INC		D Employer identification number 06-1474233
	Doing business as		E Telephone number 800-424-0160
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,309,332.
	910 FAIRFIELD AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06605		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: THOMAS ERRICHETTI 910 FAIRFIELD AVENUE, BRIDGEPORT, CT 06605			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.THEKLEIN.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: 1997 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 OPERATE THE KLEIN MEMORIAL AUDITORIUM FOR THE PURPOSE OF ENRICHING THE CULTURAL, EDUCATIONAL,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)		15
	4 Number of independent voting members of the governing body (Part VI, line 1b)		14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)		42
	6 Total number of volunteers (estimate if necessary)		46
	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)	641,536.	416,521.
	9 Program service revenue (Part VIII, line 2g)	588,395.	611,551.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,383.	12,012.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	166,806.	171,615.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,405,120.	1,211,699.
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)	476,504.	463,634.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	67,812.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	589,462.	681,417.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,065,966.	1,145,051.	
19 Revenue less expenses. Subtract line 18 from line 12	339,154.	66,648.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,422,433.	2,577,731.
	21 Total liabilities (Part X, line 26)	133,700.	186,507.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,288,733.	2,391,224.

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			
	THOMAS ERRICHETTI, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JAMES G. WOODS				P01429665
Firm's name VENMAN & CO. LLC, CPA'S		Firm's EIN 06-0674034			
Firm's address 375 BRIDGEPORT AVENUE		Phone no. 203-929-9945			
SHELTON, CT 06484					

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

Print Form

Reset Form



Municipality: Bridgeport

Form NAA-01

2024 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
(203) 333-2789

Telephone number: _____

Email address: lgibbons@mcgivney.org

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Since 1992, the McGivney Community Center has been fulfilling its mission to provide stimulating and enriching programs that foster academic success and self-esteem to the youth of Bridgeport. 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: 7/1/2024

Program completion date: 6/30/2025

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>

Total Proposed Expenditures:

\$96,200.00

Part IV — Municipal Information

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

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

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><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>
--

2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2024 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.

MCGIVNEY COMMUNITY CENTER, INC.
STATEMENT OF ACTIVITIES
FOR YEARS ENDED JUNE 30, 2023 AND 2022

	Without Donor Restrictions	With Donor Restrictions	2023 Total	Without Donor Restrictions	With Donor Restrictions	2022 Total
REVENUE:						
Contributions	\$ 37,432	\$ -	\$ 37,432	\$ 24,761	\$ -	\$ 24,761
Government Grants	223,505		223,505	245,118		245,118
Grants	125,350	28,000	153,350	212,544	23,000	235,544
Membership and Program Fees	80,289		80,289	84,136		84,136
Fundraising Revenue	115,402	2,225	117,627	119,353	4,100	123,453
Annual Appeal	18,994		18,994	38,075		38,075
Rental Income	10,560		10,560	11,775		11,775
Investment Income	16,088		16,088	12,211		12,211
Unrealized Gain/(Loss) on Investments	35,527		35,527	(96,387)		(96,387)
Realized Gain/(Loss) on Investments	-		-	(1,242)		(1,242)
Other Income	-		-	260		260
PPP Grant	-		-	-		-
Total Revenue and Support Before Net Assets Released From Restrictions	663,147	30,225	693,372	650,604	27,100	677,704
Net Assets Released From Restrictions	27,100	(27,100)	-	7,345	(7,345)	-
Total Revenue and Support	690,247	3,125	693,372	657,949	19,755	677,704
OPERATING EXPENSES:						
Program Services						
Programs & Facilities	488,360		488,360	413,793		413,793
Total Program Services	488,360	-	488,360	413,793	-	413,793
Supporting Services						
Fundraising & Development	92,679		92,679	99,868		99,868
General & Administrative	64,955		64,955	60,330		60,330
Total Supporting Services	157,634	-	157,634	160,198	-	160,198
Total Operating Expenses	645,994	-	645,994	573,991	-	573,991
CHANGE IN NET ASSETS:	44,253	3,125	47,378	83,958	19,755	103,713
Net Assets, Beginning	1,312,099	27,100	1,339,199	1,228,141	7,345	1,235,486
Net Assets, Ending - Restated	<u>\$1,356,352</u>	<u>\$ 30,225</u>	<u>\$1,386,577</u>	<u>\$1,312,099</u>	<u>\$ 27,100</u>	<u>\$1,339,199</u>

*The accompanying notes are an integral
part of these financial statements.*

MCGIVNEY COMMUNITY CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR YEAR ENDED JUNE 30, 2023

	2023			Total
	Program Services Programs & Facilities	Supporting Services Fundraising & Development		
Salaries and Related Expenses:				
Salaries	\$ 265,319	\$ 39,825	\$ 9,450	314,594
Fringe Benefits	31,614	4,745	1,126	37,485
Payroll Taxes	20,013	3,004	713	23,730
Total Salaries & Related Expenses	316,946	47,574	11,289	375,809
Other Expenses:				
Advertising & Public Relations		510		510
Audit Fee			10,000	10,000
Bank Fees			1,102	1,102
Bad Debt	-			-
Consulting Fees			21,594	21,594
Depreciation	35,129			35,129
Fundraising Expense		44,595		44,595
Insurance	7,301			7,301
Interest Expense	-			-
Miscellaneous Expenses	6,568			6,568
Office Expenses			13,443	13,443
Other Fees	3,353			3,353
Program Costs	49,194			49,194
Rent	15,000			15,000
Refuse Removal	3,863			3,863
Repairs & Maintenance	24,764			24,764
Telephone	4,924			4,924
Technology Support			6,482	6,482
Training			1,045	1,045
Travel & Transportation	1,850			1,850
Utilities	19,468			19,468
Total Other Expenses	171,414	45,105	53,666	270,185
Total Expenses	\$ 488,360	\$ 92,679	\$ 64,955	\$ 645,994

The accompanying notes are an integral part of these financial statements.

Comm.# 71-23 Referred to Ordinance Committee on 05/06/2024.

CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

999 Broad Street

Bridgeport, CT 06604-4328

CITY ATTORNEY

Tyisha M. Toms

DEPUTY CITY ATTORNEY

John P. Bohannon, Jr.

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

Telephone (203) 576-7647

Facsimile (203)576-8252



James Maye (x8137)

James.Maye@bridgeportCT.gov

April 26, 2024

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

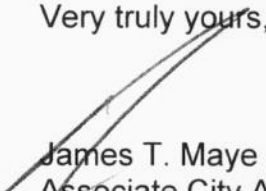
Re: Proposed Amendment to the Municipal Code of Ordinances:
Chapter 12.08 Street, Sidewalk And Driveway Construction And Maintenance

Dear Honorable City Council Members,

The Director of Public Facilities, Craig Nadrizny, proposes to amend the above captioned chapter of the Bridgeport Municipal Code. The proposed amendment increase the permit fee for a sidewalk permit from \$75.00 to \$150.00.

Kindly be advised that the ordinance amendment, as proposed, is of proper and sufficient legal form for adoption as required by Chapter 5, Section 9 of the City Charter.

Very truly yours,


James T. Maye
Associate City Attorney

RECEIVED
CITY CLERKS OFFICE
24 APR 26 PM 1:24
ATTEST
CITY CLERK

CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

999 Broad Street

Bridgeport, CT 06604-4328

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

CITY ATTORNEY

Tyisha M. Toms

DEPUTY CITY ATTORNEY

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Bruce L. Levin

James T. Maye

John R. Mitola

Lawrence A. Ouellette, Jr.

Dina A. Scalò



James Maye (x8137)

James.Maye@bridgeportCT.gov

Executive Summary

Re: AMENDMENT TO THE MUNICIPAL CODE OF ORDINANCES: CHAPTER 12.08

To: Honorable City Council Members

From: James T Maye, Esq.

Dated: April 26, 2024

Pursuant to City Council Rule XIII, Section 15, below please find the required information:

a. Submission Title

Proposed Amendment to the Municipal Code of Ordinances, amend Chapter 12.08 Street, Sidewalk And Driveway Construction And Maintenance

b. Submitting Entity

Director of Public Facilities, Luis Burgos

c. Contact Person

City Engineer, Jon Urquidi

(203) 576-7211 - jon.urquidi@bridgeportct.gov

d. Approval Deadline

The next occurring City Council meeting, following Ordinance Committee approval, if possible.

e. Matter Summary

This submission is a proposed amendment to City Ordinance Chapter 12.08. The proposed amendment increase the permit fee for a sidewalk permit from \$75.00 to \$150.00.

f. City Council Action Requested

Referral to Ordinance Committee and approval of the proposed amendments.

g. Financial Impact Analysis

No cost to the City. In fact, the amendment will have a positive impact on the budget as the permit fee is increased.

h. Funding Budget-Line

\$0 for FY 2024-2025 will be paid from the annual operating budget of any department.

i. Proposed Motion

BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances, **Chapter 12.08 STREET, SIDEWALK AND DRIVEWAY CONSTRUCTION AND MAINTENANCE** is hereby amended as follows ...

RESOLUTION

AMENDMENT TO CHAPTER 12.08 STREET, SIDEWALK AND DRIVEWAY CONSTRUCTION AND MAINTENANCE

WHEREAS, Bridgeport Code of Ordinances Chapter 12.08 purpose is to promote the proper construction, maintenance, and repair of streets, sidewalks, curbs, and driveways to enhance public safety, accessibility, and the overall quality of public infrastructure within the City; and

Whereas, the City recognizes the critical importance of maintaining safe and efficient streets, sidewalks, curbs, and driveways to support the mobility and accessibility needs of residents and visitors; and

Whereas, setting minimum width requirements for streets and establishing building lines on new streets is essential to ensure orderly development and construction within the City; and

Whereas, regulating the width and placement of driveway approaches based on property types is vital to maintaining traffic flow, pedestrian safety, and overall urban aesthetics; and

Whereas, an important component of this is ensuring that adequate fees are assessed for sidewalk permits.

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances **Chapter 12.08 STREET, SIDEWALK AND DRIVEWAY CONSTRUCTION AND MAINTENANCE** is hereby amended and restated as provided in Schedule A attached hereto and made a part hereof.

Chapter 12.08 STREET, SIDEWALK AND DRIVEWAY CONSTRUCTION AND MAINTENANCE¹

Article I. In General

12.08.010 Width of streets.

No street shall hereafter be laid out, and no permission given to lay out any such street, and no street shall hereafter be accepted by the city council unless such street shall be at least fifty (50) feet in width.

(Ord. dated 9/5/2023)

12.08.020 Establishment of building lines on new streets.

When the committee on highways shall recommend to the city council that a public hearing be held relative to the layout of any street or the acceptance of any street as a public street, it may submit to the city council a recommendation that a building line be established on said street. If the committee on highways shall so recommend, a public hearing shall be had upon its recommendation relative thereto contemporaneously with the hearing to be had on the layout of such street or the acceptance of the same as a public street.

(Ord. dated 9/5/2023)

12.08.030 Restrictions as to driveways.

Except as otherwise provided in this code, driveway approaches shall be limited to a width as follows:

- A. For residential properties involving one-, two-, and three-family structures, a driveway approaches at the property line of a maximum of twenty (20) feet with two-foot flairs at the curb line shall be allowed;
- B. For larger multi-family residential properties such as apartment complexes and condominiums in excess of four units, a driveway approaches at the property line of a maximum of twenty-four (24) feet with three-foot flairs at the curb line shall be allowed; and
- C. For commercial, industrial, and institutional properties such as mixed-use retail centers, office complexes, factories and warehouses, restaurants, and stand-alone commercial properties such as banks, fast-food restaurants and gas stations, a driveway approach at the property line of a maximum of thirty (30) feet with three-foot flairs at the curb line shall be allowed.

¹Editor's note(s)—An ordinance adopted Sept. 5, 2023, repealed the former Ch. 12.08, §§ 12.08.010—12.08.250, and enacted a new Ch. 12.08 as set out herein. The former Ch. 12.08 pertained to similar subject matter and derived from Prior code §§ 27-27, 27-28, 27-51—27-54, 27-76—27-92.1, 27-97; Ord. dated Feb. 19, 1991(part); Ord. dated Dec. 21, 1992 § 75(f); Ord. dated Oct. 1, 2012; Ord. dated Nov. 3, 2008; Ord. dated Feb. 2, 2009; Ord. dated May 16, 2016.

-
- D. No driveway approaches for the same property shall be closer together than twenty-five (25) feet except those uses listed in A. above that would utilize a common driveway.
 - E. No driveway approaches at street corners or crosswalks shall be permitted closer than thirty (30) feet from the "stop bar," "crosswalk," "bus stop" and/or intersecting street line.

(Ord. dated 9/5/2023)

12.08.040 Restrictions as to curb corners.

All curb corners shall be maintained as safety zones for pedestrians. A curb corner shall constitute the area lying within lines drawn from the point of intersection of any two street lines forty-five (45) degrees to a line, produced, bisecting the included angle of such intersecting street lines, except where such included angle is less than ninety (90) degrees, in which case the curb corner shall constitute the area lying within lines drawn from such point of intersection ninety (90) degrees, to the respective street lines. There shall be no lowering of the curb within the bounds of any curb corner.

(Ord. dated 9/5/2023)

12.08.050 Powers of city council as to street paving.

The duties formerly performed by the paving and sewer commission with reference to street paving are vested in the city council, and it shall have sole power to designate the streets on which pavement shall be laid, and the kind and quality of pavement.

(Ord. dated 9/5/2023)

12.08.060 Powers of the director of public facilities as to street paving and sidewalk repair.

The director is committed to a long-term pavement management plan in consultation with city council. Additionally, the director will have authority to negotiate paving and contribution from utility companies and contractors who are obligated to perform paving resulting from utility and sidewalk disturbance. This authority will be discussed further under excavations in Chapter 12.12.

(Ord. dated 9/5/2023)

12.08.070 Duties and powers of committee on highways.

All matters pertaining to the layout of any street shall be referred by the city council to the committee on highways for investigation and report. Such committee shall be empowered to order the city engineer to prepare all plans, specifications, maps, profiles and data required for the proper construction and execution of such work; and such engineer shall perform promptly all work so required. Such committee shall further be empowered to demand and receive such information as may be desired by it relative to the progress and costs of construction, the payments made on account thereof or on account of any contracts under which the same may be laid and such other data as it may deem necessary relative to the laying of such pavements or to the contracts therefor.

(Ord. dated 9/5/2023)

12.08.080 Permit to extend width of driveway approaches.

Any person desiring a permit for a driveway approach having a greater width than twenty (20) feet at the sidewalk, or any person desiring to establish two driveway approaches for the same property which shall be closer together than twenty-five (25) feet, shall submit to the director of public facilities a written application containing a definite plan showing the location and owner of the property, the length and location of said driveway approach or approaches, proposed grades, type of construction, etc., and the purpose for which said property is to be used. The director of public facilities shall submit such plan with his recommendations and those of the city engineer to the city council, which shall consider the same and shall order the issuance or refusal of such permit.

(Ord. dated 9/5/2023)

12.08.090 Sidewalk permit fee.

There is established a fee of [seventy-five dollars (\$75.00)] One hundred fifty dollars (\$150.00) for the issuance of a sidewalk permit from the public facilities office (Ord. dated 9/5/2023)

Article II. Sidewalk, Curb, Gutter and Driveway Construction and Repair

12.08.100 Contractor's license required.

No person shall as contractor engage in the work of constructing, relaying or repairing sidewalks, curbs, combined curbs and gutters, or driveways or driveway approaches, upon the public streets, highways, alleys or sidewalks of the city, unless licensed therefor by the director of public facilities. The provisions of this section, however, shall not prevent the making, without license, of minor repairs to an existing sidewalk, curb, combined curb and gutter, or driveway or driveway approach, by the owner of the property on or in front of which such sidewalk, curb, gutter, driveway or driveway approach is located or by such owner's agent.

(Ord. dated 9/5/2023)

12.08.110 Applicant for contractor's license required to file bond.

Every applicant for the license required by Section 12.08.100 shall file with the director of public facilities a good and sufficient surety bond, acceptable to the director, in the sum of twenty thousand dollars (\$20,000.00), conditioned substantially as follows: that the applicant shall indemnify and save harmless the director of public facilities and the city, its officers, agents and employees, from all claims, suits, liability and actions for or on account of any injury or damage received or sustained by any person by reason of or in consequence of or resulting from any such work performed by the applicant, his servants or agents, or of or from any negligence or omission in safeguarding such work, or of or from any act or omission of said applicant, his servants or agents; that the applicant shall faithfully and in good workmanlike manner perform such work in all respects and comply with the charter and ordinances of the city, with the statutes of the state and with the rules and regulations established by the director of public facilities relative to such work, and with the terms of the permits which may be issued to such licensee. The city shall hold this bond for a duration of no less than three (3) years from issuance of permit or the start of construction, whichever is later. In some cases, and at the reasonable discretion of the director of public or his designee, a larger bond amount may be required to cover a contractor's work. This bond amount would be established prior to the issuance of permit.

(Ord. dated 9/5/2023)

12.08.120 Qualifications of applicants for contractor's license.

The director of public facilities may license as a walk and curb contractor any person believed by him to be suitable, competent and responsible in and for the performance of such work and who shall comply with the charter and ordinances of the city, the conditions governing such licenses and any rules or regulations established by the director of public facilities for the safe, adequate and workmanlike performance of such work.

(Ord. dated 9/5/2023)

12.08.130 Contractor's license fee.

The annual license fee for the license required by Section 12.08.100 shall be two hundred fifty dollars (\$250.00).

(Ord. dated 9/5/2023)

12.08.140 Revocation of contractor's license.

The director of public facilities shall revoke the license required by Section 12.08.100 for incompetency, for performing negligent or unsafe work, or for any failure, refusal or neglect on the part of the licensee, his agents or servants, to strictly comply with the provisions of any section of the ordinances and charter of the city, or of the statutes of the state or any rules, regulations or specifications established by the director of public facilities relating to the construction, relaying or repairing of sidewalks, curbs, combined curbs and gutters, or driveways or driveway approaches.

(Ord. dated 9/5/2023)

12.08.150 Term of contractor's license—Transferability.

All licenses required by Section 12.08.100 shall expire on March 31 of each year next following their date of issuance, unless sooner revoked, and shall not be transferable.

(Ord. dated 9/5/2023)

12.08.160 Contractor's permit required.

No licensee under Sections 12.08.100 through 12.08.150 shall commence the construction, relaying or resetting of any sidewalk, curb, combined curb and gutter or driveway or driveway approach, upon any street, highway, public alley or sidewalk of the city unless and until he shall have applied for and received from the director of public facilities on forms provided by the director, a permit for doing such work.

(Ord. dated 9/5/2023)

12.08.170 Application for contractor's permit.

The application for the permit required by Section 12.08.160 shall specify the ownership and exact location of the property where the work is to be done, the nature, dimensions and time of such work, and shall stipulate that such work will be done in accordance with the charter and ordinances of the city, the statutes of the state and the rules and regulations established by the director of public facilities relating to such work, and to the

satisfaction of the director, and that the licensee will indemnify and save harmless the director of public facilities, the city and its officers, employees and agents, from all damages, loss, liability, actions or costs caused or created by his acts, omissions or negligence while acting under the permit applied for, and relating to or connected with such work.

(Ord. dated 9/5/2023)

12.08.180 Contractor's permit to be on premises—Display required.

All permits required by Section 12.08.160 must be on the job during the continuance of the work and must be displayed to all authorized persons, when required.

(Ord. dated 9/5/2023)

12.08.190 Term of contractor's permit.

All permits required by Section 12.08.160 shall expire thirty (30) days after the date of issuance, unless sooner revoked.

(Ord. dated 9/5/2023)

Article III. Curb, Gutter and Walk Construction Permit

12.08.200 Required.

No person shall construct in any street any new curb or walk, combined curb and gutter, or driveway approach without first obtaining from the director of public facilities a permit in writing to do so. The provisions of this section shall not prevent the making, without such permit, of minor repairs to any existing curb or walk, driveway, or combined curb and gutter, by the owner of the property in front of which the same is located or by the agent of such owner.

(Ord. dated 9/5/2023)

12.08.210 Contents—Form.

Permits required by Section 12.08.200 shall be upon blank forms furnished by the director of public facilities and shall specify the ownership and location of the property where the work is to be done and the nature and dimensions of such work.

(Ord. dated 9/5/2023)

12.08.220 To be on premises during work—Display.

All permits required by Section 12.08.200 must be on the job during the continuance of the work and must be shown to all authorized persons, when required.

(Ord. dated 9/5/2023)

12.08.230 Supervisory power of director of public facilities over work performed under permit.

All work performed under the permit required by Section 12.08.200 shall be subject to the supervision and inspection of the director of public facilities or his authorized agent, who shall have full power to halt all work being done in violation thereof and to require all work to be completed in conformance therewith. In the event of the neglect or refusal of the permittee or his agent to conform to such requirements, the director of public facilities shall have the power to revoke such permit and to complete such work at the expense of the permittee. Such supervision and inspection shall not relieve the contractor from any obligation to perform the work strictly in accordance with the provisions of this chapter, and with such rules, regulations and specifications as may be adopted hereunder, or from full responsibility for the proper performance and quality of such construction.

(Ord. dated 9/5/2023)

12.08.240 Supplementary rules for work performed under permit.

The director of public facilities and the city engineer shall jointly adopt from time to time such rules, regulations and specifications for the conduct of the work to be performed under the permit required by Section 12.08.200 as they may deem necessary. Such specifications shall incorporate approved standards and practices regarding dimensions and quality of curbs, walks, driveway approaches, and combined curbs and gutters, and shall state the proportions and quality of materials to be used in various types of construction. Except where otherwise ordered by the city council, the rear line of all walks shall correspond and be coextensive with the outer line of the highway along which such walks are constructed. The director of public facilities and city engineer shall adhere to appropriate industry standards for material testing and proof of adequate application of those standards as necessary. Testing may be required from the contractor and if requested would be furnished to the office of the city engineer as requested. Failure to supply necessary testing information will constitute a failure to conform to city standards and is subject to revocation of permit and calling of a permittee.

(Ord. dated 9/5/2023)

12.08.250 Term.

All permits required by Section 12.08.200 shall expire ninety (90) days after the date of issuance, unless sooner revoked. The contractor will be required to adhere to the full duration of the bond terms stipulated in section 12.08.120.

(Ord. dated 9/5/2023)

CITY OF BRIDGEPORT

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James Maye (x8137)

James.Maye@bridgeportCT.gov

April 26, 2024

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

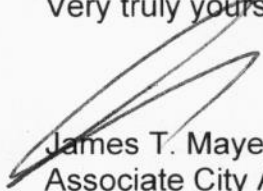
Re: Proposed Amendment to the Municipal Code of Ordinances:
Chapter 12.12 – Excavations

Dear Honorable City Council Members,

The Director of Public Facilities, Luis Burgos, proposes to amend the above captioned chapter of the Bridgeport Municipal Code. The proposed amendment clarifies a public utility commence may commence work without a permit in the event of an emergency but must obtain a permit soon thereafter and creates a fine for anyone doing any excavation with a permit.

Kindly be advised that the ordinance amendment, as proposed, is of proper and sufficient legal form for adoption as required by Chapter 5, Section 9 of the City Charter.

Very truly yours,


James T. Maye
Associate City Attorney

ATTEST
CITY CLERK

24 APR 26 PM 1:24

RECEIVED
CITY CLERKS OFFICE

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James Maye (x8137)
James.Maye@bridgeportCT.gov

Executive Summary

Re: AMENDMENT TO THE MUNICIPAL CODE OF ORDINANCES: CHAPTER 12.12

To: Honorable City Council Members

From: James T Maye, Esq.

Dated: April 26, 2024

Pursuant to City Council Rule XIII, Section 15, below please find the required information:

a. Submission Title

Proposed Amendment to the Municipal Code of Ordinances, amend Chapter 12.12 – Excavations.

b. Submitting Entity

Director of Public Facilities, Luis Burgos

c. Contact Person

City Engineer, Jon Urquidi

(203) 576-7211 - jon.urquidi@bridgeportct.gov

d. Approval Deadline

The next occurring City Council meeting, following Ordinance Committee approval, if possible.

e. Matter Summary

This submission is a proposed amendment to City Ordinance Chapter 12.12. The proposed amendment clarifies that a public utility commence may commence work without a permit in the event of an emergency but must obtain a permit soon thereafter and creates a fine for anyone doing any excavation with a permit.

f. City Council Action Requested

Referral to Ordinance Committee and approval of the proposed amendments.

g. Financial Impact Analysis

No cost to the City. In fact, the amendment created a penalty for failure to obtain an permit prior to excavation which will have a positive impact on the budget.

h. Funding Budget-Line

\$0 for FY 2024-2025 will be paid from the annual operating budget of any department.

i. Proposed Motion

BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances, **Chapter 12.12 – Excavations** is hereby amended as follows ...

RESOLUTION

AMENDMENT TO CHAPTER 12.12 – EXCAVATIONS

WHEREAS, Bridgeport Code of Ordinances Chapter 12.12 provides standard for the restoration of streets, highways, public alley and sidewalks once any of these have been disturbed due to excavation; and

WHEREAS, the City recognizes the importance of maintaining the infrastructure of the municipality, including its streets and roadways; and

WHEREAS, the excavation of streets by contractors can lead to temporary disruptions and damages to the road surface; and

WHEREAS, it is crucial to establish consistent standards for the restoration and repaving of streets after excavation to ensure the safety and convenience of the municipality's residents and visitors; and

WHEREAS, the City standards for the milling and repaving of streets are out of date; and

WHEREAS, the City desires to update these standards to regulate the activities of contractors performing excavations on municipal streets;

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances Chapter 12.12 – EXCAVATIONS is hereby amended and restated as provided in Schedule A attached hereto and made a part hereof.

Chapter 12.12 EXCAVATIONS¹

Article I. In General

12.12.010 Excavations restricted generally.

No person shall make any opening or excavation in any street, highway, public alley or sidewalk, except a state highway, for any purpose whatsoever, except under the control and direction of the director of public facilities and except in conformity with the provisions of this chapter.

(Ord. dated 9/5/2023)

12.12.020 Notice of intention to lay pavement.

Whenever it is contemplated to lay any wood, stone, macadam, asphalt or other pavement upon any street, the city clerk shall cause reasonable notice thereof to be given to the proprietors of the lands fronting upon the street to be paved, and shall request such proprietors to cause connections to be made with the utilities, including, but not limited to, sewers, electrical and communication lines, and gas and water mains ("utilities") in such street and their lands before such pavement shall be constructed.

(Ord. dated 9/5/2023)

12.12.030 Notice by utility companies prior to making excavations.

Every company engaged in the business of supplying or distributing utilities shall, before making or causing to be made an opening or excavation in any street or pavement in the city, give written notice of its intention to do so to the director of public facilities, which notice shall specify the time and place where such opening or excavation is to be made and, as near as can be determined, the area to be opened or excavated. The companies are additionally required to perform Call Before You Dig (CBYD) requests for any work to be performed in the city Right of Way and furnish the CBYD number prior to approval of permit.

(Ord. dated 9/5/2023)

12.12.040 Restoration after excavation.

Whenever any opening or excavation shall be made in any street, highway, public alley or sidewalk, the contractor making such opening or excavation shall, as soon thereafter as practicable, thoroughly and competently fill in such opening or excavation and tamp and puddle the earth therein to a point four inches from the surface of

¹Editor's note(s)—An ordinance adopted Sept. 5, 2023, repealed the former Ch. 12.20, §§ 12.20.010—12.20.240, and enacted a new Ch. 12.20 as set out herein. The former Ch. 12.20 pertained to similar subject matter and derived from Prior code §§ 27-42—27-48, 27-61—27-75, 27-98; Ord. dated Dec. 21, 1992 § 75(a), (f); Ord. dated Feb. 24, 1998; Ord. dated Feb. 12, 1999; Ord. dated Nov. 3, 2008; Ord. dated Feb. 2, 2009; Ord. dated May 16, 2016 .

the highway, so that the same shall not settle. The contractor shall fill the remaining four inches with adequate temporary paving materials, in the manner and with material prescribed by the director of public facilities. The contractor shall make all repairs as may be necessary to maintain such temporary paved surface in a safe condition and at the level of the surrounding areas for a period of six months.

Within six months of the temporary patch, the contractor shall permanently resurface or repave the excavation area. If any such permanent paving shall not be timely and adequately performed, the director of public facilities shall make such repairs as are necessary to maintain safety and the contractor shall be liable for the costs of any such repairs. In lieu of a contractor completing a permanent resurface or repave, the director of public facilities may agree to accept payment from the contractor equal to the cost of installing said permanent paving. If funds are accepted from the contractor in lieu of paving, said funds will be deposited into the city's paving account to be expended on paving.

With regard to all paving contemplated herein, testing may be required from the contractor by the city engineer. Failing test results, failure to conduct requested testing, or failure to supply testing results shall constitute a failure to conform to city standards and be subject to revocation of the permit and liability of the contractor for costs necessary to complete the paving.

(Ord. dated 9/5/2023)

12.12.050 Opening or excavation safeguards.

Any person making an opening or excavation in any street, highway, public alley or sidewalk shall erect and maintain a strong and adequate railing, fence or barrier around any such opening or excavation and shall keep at and over such opening or excavation a sufficient number of required signs, cone drums and flashers to warn pedestrians and vehicles of its existence, which red lights shall be kept burning from sunset to sunrise until such work is completed.

(Ord. dated 9/5/2023)

12.12.060 Exemptions from certain sections of title.

None of the provisions or terms of Sections 12.08.090 through 12.08.180, 12.12.040, 12.12.050 and 12.12.090 through 12.12.230 shall apply to the city, or to any of its officers, boards, agencies or commissions.

(Ord. dated 9/5/2023)

12.12.070 Notice and protection of obstructions and excavations.

Whenever any person shall have authority, under any contract with the city or under any permit authorizing the same, to remove the pavement or flagging from, excavate, occupy or use any part of the public streets so as to obstruct the travel in any street and to prevent the same from being used for the time being for the purpose of travel, such person shall erect in conspicuous positions, at the several points of intersection of such street so obstructed with the cross streets nearest to such obstruction, a suitable notice of such obstruction, which notice shall be in such manner and form as the director of public facilities may direct.

It shall be the duty of every person engaged in digging into any street or highway, paving any street or section of a street, building any sewer or drain, digging any trench for gas pipes or water pipes, or digging and building any cistern or well in any of the public streets, under contract with the city or by virtue of any permission which may have been granted to him by the common council or the director, where such work, if left exposed, would be dangerous to users of such streets, to erect a fence or railing at such excavation or work in such a manner as to prevent danger to the users of such street, and to continue and uphold the railing or fence until the

work shall be completed or the obstruction or danger removed. It shall also be the duty of such person to place upon such railing or fence, at twilight in the evening, suitable and sufficient cones, signs, barriers and lights and to keep such lights illuminated through the night. It shall be the duty of the director of public facilities and the police department to see that the provisions and requirements of this section, in regard to the erection of proper fencing or railings and the placing of proper lights thereon, are complied with and to report all violations thereof to the prosecuting attorney for prosecution.

Every permit will require a Maintenance and Protection of Traffic (MPT) plan approved by the office of the city engineer. These plans will strictly follow the Manual of Uniform Traffic Control Devices (MUTCD). Failure to comply with these approved traffic plans will result in revocation of permit and immediate shut down of work within the Right of Way. The director of public facilities at his/her sole discretion will have the authority to enforce this shutdown and may designate the city engineer and License and Permit staff with the same authority. Contractors failing to adhere to this standard will be subject to revocation of license. Police officers administering traffic plans do not have authority to close a road without authorization of the director of public facilities or his/her designee.

(Ord. dated 9/5/2023)

12.12.080 Preservation of public safety.

- A. No person, firm or corporation shall make any opening, excavation on any public street, highway, alley or sidewalk, for any purpose whatsoever, except under the control and direction of the director of public facilities and after receipt of a permit issued by him in compliance with the terms of this chapter.
- B. Prior to the issuance of such permit by the director of public facilities, the applicant shall first obtain from the chief of police, or his designated agent, a certificate of preservation of public safety showing that said applicant has made arrangements with the chief of police, or his designated agent, for one or more policemen to be on duty at such location so as to protect the works, pedestrians and motor vehicles and direct traffic at said location until said work is completed. The cost for such protection is to be paid by the applicant at such rates as shall be established from time to time by the city. The number of policemen required to be on duty shall be solely within the discretion of the chief of police or his designated agent. Notwithstanding the foregoing, the chief of police, or his designated agent, may certify that in his opinion such police protection is not needed at such location at such time for which application is made, which certification shall be accepted by the director of public facilities in lieu of the aforesaid certificate of preservation of public safety. The fee for either certificate issued by the chief of police or his designated agent, shall be two dollars (\$2.00).
- C. The chief of police or his designated agent shall maintain a list of policemen who indicate to him a willingness to accept assignments for said duty during hours that are not on regular police assignment and such officers shall be assigned to such jobs on a rotation basis.
- D. No person, firm or corporation shall open any manhole without first receiving permission from the traffic division of the city, and if such division determines that a safety hazard will be caused by the opening of a manhole by any person, firm or corporation, it may then require that a police officer, as provided in this chapter, be assigned to the site.

(Ord. dated 9/5/2023)

Article II. Permits

12.12.090 Excavation permits generally.

No person shall make any opening or excavation in any street, highway, public alley or sidewalk, except a state highway, for any purpose whatsoever except after receipt of a permit issued by the director of public facilities in compliance with the terms of this chapter.

(Ord. dated 9/5/2023)

12.12.100 Excavation permit for street openings where pavement is laid—Required.

No person shall make any opening, aperture or excavation for any purpose whatever in any street upon which stone, macadam, asphalt or other pavement is laid, or take up any portion of any such pavement without a permit therefor issued by the director of public facilities upon written application therefor as provided by ordinance.

(Ord. dated 9/5/2023)

12.12.110 Excavation permit for street openings where pavement is laid—Fee.

A fee of two hundred fifty dollars (\$250.00) for each excavation permit for combined sewers and a fee of two hundred fifty dollars (\$250.00) for each excavation permit for storm and sanitary sewers shall be paid to the director of public facilities for permits granted by him under Section 12.12.100.

(Ord. dated 9/5/2023)

12.12.120 Public utility excavations—License required.

No person or company engaged in the business of supplying or distributing either water, gas or electricity, or any telephone or telegraph company, shall make any opening or excavation in any street, highway, public alley or sidewalk, except a state highway, for any purpose whatsoever unless licensed therefor by the director of public facilities.

(Ord. dated 9/5/2023)

12.12.130 Public utility excavations—Qualifications of license applicant.

The director of public facilities may issue the license required by Section 12.12.120 to any person or public utility company found by him to be suitable, competent and responsible in and for the performance of such work and who shall comply with the law and with the conditions governing such license and the terms of this chapter.

(Ord. dated 9/5/2023)

12.12.140 Public utility excavations—License applicant to file bond or indemnity agreement.

Every applicant for the license required by Section 12.12.120 shall file with the director of public facilities a good and sufficient bond, acceptable to the director, in the sum of twenty thousand dollars (\$20,000.00), conditioned substantially as follows, except that no company engaged in the business of supplying or distributing either water, gas or electricity, or any telephone or communication company need furnish such bond provided they enter into an agreement with the city conditioned substantially as follows: that the applicant shall indemnify

and save harmless the director of public facilities and the city, its officers, servants, agents and employees, from all claims, suits, liability and actions for or on account of any injury or damage received or sustained by any person or corporation, in consequence of or resulting from any act done or work performed by the applicant, his servants or agents, in connection with any opening or excavation on any street, highway, public alley or sidewalk, or from any negligence or omission in guarding such work or maintaining such work and its immediate area in a safe condition, or of or from any act or omission of the applicant, his servants or agents; that such applicant shall restore and replace that portion of any such street, highway, public alley or sidewalk, in which such applicant, his servants or agents shall make any excavation or opening, to as good condition as that in which the same was before such work was performed, but to the satisfaction and approval of the director of public facilities; that such applicant shall faithfully and in good workmanlike manner perform such work in all respects and shall comply in all respects with the charter and ordinances of the city and the rules and regulations established by the director of public facilities, relative to such work, and with the terms of the permits which may be issued to such applicant; that said applicant shall reimburse and indemnify the city for all cost and expense the city may incur in refilling, repaving or resurfacing such openings and excavations made by the applicant and in restoring the area in which they are made to their original condition, where the applicant fails or neglects to do so.

The city shall hold this bond for a duration no less than three (3) years from issuance of permit or the start of construction, whichever is later. In some cases, and at the discretion of the director of public facilities or his designee, a larger bond amount may be necessary to cover a contractor's work. This bond amount would be established prior to the issuance of permit.

(Ord. dated 9/5/2023)

12.12.150 Public utility excavations—License fee.

The annual fee for the license required by Section 12.12.120 shall be two hundred fifty dollars (\$250.00).

(Ord. dated 9/5/2023)

12.12.160 Public utility excavations—Revocation of license.

- A. The director of public facilities may revoke the license required by Section 12.12.120 which has been granted to any person or public utility company who shall violate or fail to conform to any of the terms of the bond required by Section 12.12.140, the terms of any permit issued to him or it, any section of the charter and ordinances of the city or of the statutes of the state, relating or applicable to such work, or who shall be indebted to the city for any expense that the city may have incurred or may incur in refilling such openings and excavations and in restoring, resurfacing or repaving their immediate area, by reason of the failure of the applicant to do so.
- B. The director of public facilities may also revoke any such license for incompetency or negligence in the performance of such work, or for any failure, refusal or neglect on the part of such applicant to strictly comply with any rules, regulations or specifications established by the director of public facilities relating to the performance of such work.

(Ord. dated 9/5/2023)

12.12.170 Public utility excavations—License term—Transferability.

All licenses required by Section 12.12.120 shall expire on the thirty-first day of March next following their issuance, unless sooner revoked, and shall not be transferable.

(Ord. dated 9/5/2023)

12.12.180 Public utility excavations—Permit required.

No licensee under Sections 12.12.120 through 12.12.170 shall make any opening or excavation in any street, highway, public alley or sidewalk for any purpose whatsoever without a permit therefor issued by the director of public facilities; except that in case of an emergency making an immediate opening or excavation essential to the public health and safety, a public utility company may commence such work without a permit but it shall notify the city immediately or, if after hours, the start of the next business day, and apply for the required permit. such work may be commenced without such permit provided such permit is applied for and issued without delay.

(Ord. dated 9/5/2023)

12.12.190 Public utility excavations—Permit application.

Application for the permit required under Section 12.12.180 shall be made to the director of public facilities on the forms provided therefor and shall include the following information, in addition to such other information as may reasonably be required by him: the place and exact location where the proposed opening or excavation is to be made; the purpose of the opening or excavation; the accurately estimated area of the excavation; the date and time when work thereon will commence and the period within which such work will be completed; a signed agreement by the licensee and the person by whom he is hired for the performance of such work to reimburse the city for all expense which the city may incur in refilling such excavation and opening and restoring, resurfacing or repaving the area thereof to its original condition, in case such licensee shall fail to do so, and indemnify and save harmless the director of public facilities, the city and its officers, employees and agents, from all claims, suits, liability and actions for or on account of any injury or damage received or sustained by any person in consequence of or resulting from any act or omission of the licensee, his servants or agents, in or connected with the performance of such work.

(Ord. dated 9/5/2023)

12.12.200 Public utility excavations—Permit fee.

The fee for the permit required by Section 12.12.180 shall be two hundred fifty dollars (\$250.00).

(Ord. dated 9/5/2023)

12.12.210 Public utility excavations—Permit to be on premises—Display required.

All permits required by Section 12.12.180, when issued, shall be on the job during the continuance of the work and must be displayed to all authorized persons when required.

(Ord. dated 9/5/2023)

12.12.220 Public utility excavations—Revocation of permit.

Any permit required by Section 12.12.180 may be revoked by the director of public facilities on any grounds or for any reason for which a permit may be revoked.

(Ord. dated 9/5/2023)

12.12.230 Public utility excavations—Permit term.

All permits required by Section 12.12.180 shall expire thirty (30) days after their issuance unless sooner revoked. The contractor will be required to adhere to the full duration of the bond terms stipulated in section 12.12.140.

(Ord. dated 9/5/2023)

12.12.240. Violation.

Any person, firm, corporation or utility company violating any provision of this section may be fined not less than two thousand dollars or more than five thousand dollars for each offense. Each violation may be a separate and distinct offense and, in the case of a continuing violation, each day's continuance thereof shall be deemed to be a separate and distinct offense. The director of public facilities at his/her sole discretion will have the authority to enforce this provision and may designate the city engineer and License and Permit staff with the same authority.

Article III. Excavations One Hundred Feet or More

[12.12.240] 12.12.250 Street excavations of one hundred feet or more.

Whenever any opening or excavation is made in any street or highway which is one hundred (100) linear feet or more, the following provisions shall be applicable:

- A. An applicant is defined as a contractor and/or public utility or public service company. If the work to be performed will not be conducted by an employee of the public utility, then the public utility shall provide the name of the contractor as part of the application. The permit issued shall indicate the name of the public utility, the name of the licensed contractor and the work number assigned by the call before you dig clearinghouse. All applications shall be submitted to the department of public facilities no less than five business days prior to the date that the excavation would commence. In the event of an emergency repair, i.e. valve repairs, main or cable breaks, the department of public facilities shall receive oral notification of the emergency within twenty-four (24) hours after the excavation has commenced. If the emergency occurs after five p.m. on a business day, or on a weekend or holiday, the applicant shall make oral notification on the next business day following said emergency. Any such emergency notification shall be followed by a written application which includes a detailed explanation of the emergency and the work performed, no more than five calendar days after the excavation work has commenced. These permits are non-transferable without the written permission of the director of public facilities or his/her designee.
- B. The applicant shall submit plans in duplicate, one set to the engineering department and one set to the department of public facilities at its administration office.
- C. Public utilities shall cause their inspectors to reasonably inspect during the excavation, temporary and final restoration of city streets. These inspectors shall be required to maintain, and submit to the department of public facilities, trench logs and inspection forms which record the method of excavation and installation, the quality of materials, soil and compaction tests used in patching and paving, where applicable. The public utility shall meet all requirements set forth in the state statutes and regulations, and the city's ordinances regarding construction, equipment installation and

restoration, and is responsible for ensuring compliance with the requirements of this section. These forms and logs shall be modified to address different industry standards where applicable.

- D. A materials and/or compaction test, paid by the applicant, shall be required where the depth of opening, materials or other conditions warrant.
- E. The opening and/or excavation shall be refilled in manner that ensures that the same shall not settle. The depth for permanent patches shall be four inches, or the thickness prior to excavation, whichever is greater. A patch of any opening and/or excavation of any street or highway shall be hot mix bituminous asphalt except where the director of public facilities approves a substitute. A substitute will only be allowed during winter months when hot mix asphalt is not readily available due to plant closings.
- F. Final restoration shall be required as follows and is based on a combination or age of road and established Pavement Condition index (PCI) as determined by the city. The director of public facilities or his/her designee shall have discretion on adherence to this section and at times may enforce stricter requirements based on the nature of work. For roads that have been paved within the last five years and in good condition, the pavement restoration limits will be curb to curb. At a minimum, the standards for milling and depth of paving set forth in the policy of the State Department of Transportation for restoring utility trench excavations, highway maintenance directive number 93-1, shall be used. The depth of paving may be increased at the discretion of the director of public facilities depending on the amount of travel on an individual road or depending on the existing pavement thickness. For roads paved within ten years but no less than five years the pavement restoration limits will be centerline/esplanade to curb. This limit will consist of complete lane rehabilitation on a parallel plane, and restoration of any and all areas of impact as approved by the director of public facilities. At a minimum, the standards for milling and depth of paving set forth in the policy of the State Department of Transportation for restoring utility trench excavations, highway maintenance directive number 93-1, shall be used. The depth of paving may be increased at the discretion of the director of public facilities depending on the amount of travel on an individual road or depending on the existing pavement thickness. Milling or saw cutting from the road crown or centerline to the curb will be the method used for this operation unless construction operations impact into or disturb more than one lane, at which time complete curb or esplanade to curb rehabilitation will be required. Relief from these requirements may be obtained in writing from the director of public facilities. The director of public facilities shall have authority to negotiate the terms of pavement restoration with a utility company or contractor performing work in the city right-of-way. Final restoration will take place as soon as practical under industry standards, but in no case any later than six months from the date of the patch. The director of public facilities or his/her designee shall grant an exemption from all requirements for final restoration to any public service company, as defined in Section 16-1 of General Statutes of Connecticut, which requests such relief.
- G. Highway line striping on all roads requiring same shall be restored at the expense of the applicant according to city standards, as will any signage or signalization structures. Temporary pavement markings are required when permanent markings cannot be applied due to weather or when duration of time exceeds one week. All permanent marking must be applied as soon as possible. At no time will a paved area be left unmarked for longer than two weeks.
- H. The applicant shall provide a five-year guarantee of compaction and pavement serviceability from the date of completion or corrective repair, whichever is later. When the applicants are a public utility and a contractor, the guarantee shall be provided by the public utility. The five-year guarantee is separate from the three-year bond requirement. The director of public facilities reserves the right to uphold the five-year guarantee at his/her discretion and may take further action including the holding of future permit issuance to a utility or contractor deemed unresponsive.

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- I. If an exemption has not been granted in accordance with subsection F., and the applicant fails to commence and/or complete final restoration in a satisfactory and timely manner, the city may perform such final restoration after thirty (30) days notice to, and at the full cost of, the applicant.
 - J. The applicant shall post a bond in an amount satisfactory to fully comply with this section. The duration of the bond shall be three (3) years. If the applicant is a public service company, as defined in Section 16-1 of the General Statutes of Connecticut and, if applicable, the work will be performed by an outside contractor hired by said company, the requirement of a bond shall be waived in accordance with Section 16-230 of the General Statutes of Connecticut, provided the utility submits the following documents to the director of public facilities: (1) a certificate of proof of solvency in accordance with Section 16-230 of the General Statutes of Connecticut; and (2) verification that the construction and/or restoration work will be performed by an employee of the utility, or a letter which states that the public service company shall be responsible for ensuring compliance with the requirements of this section.
 - K. At the discretion of the director of public facilities, or his/her designee, a contractor who is found in violation of subsections C, D, E, F, G, H or I of this section more than once in a three-month period may be prohibited from performing construction, installation or restoration work on and in city streets for a minimum period of six months and a maximum period of twelve (12) months. This prohibition may be waived by the director for good cause shown and the submission of a written application. The director shall respond to all such requests within fifteen (15) business days of receiving the written application. No later than fifteen (15) days after the issuance of a denial of such a waiver, a contractor may request a public hearing for reconsideration of the denial. The department of public facilities shall hold such a hearing no later than fifteen (15) business days after a written request for reconsideration has been submitted to that department. The decision of the hearing officer appointed to that matter shall be final.

(Ord. dated 9/5/2023)

Comm.# 73-23 Referred to Ordinance Committee on 05/06/2024.

CITY OF BRIDGEPORT

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Dina A. Scalo



James Maye (x8137)
James.Maye@bridgeportCT.gov

April 26, 2024

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

Re: Proposed Amendment to the Municipal Code of Ordinances:
Chapter 12.16 – Street and Sidewalk Use Regulations

Dear Honorable City Council Members,

The Director of Public Facilities, Luis Burgos proposes to amend the above captioned chapter of the Bridgeport Municipal Code. The proposed amendment clarifies that the permit requirements include anyone who occupies a street or restricts the use of the right-of-way for public access. It also increases the permit fee for obtaining an occupancy permit from fifty dollars to one hundred dollars. Finally, if the City is required to remove an unlawful obstruction, whoever is responsible for the obstruction has to pay the City the cost to remove the obstruction as well as any associated storage costs.

Kindly be advised that the ordinance amendment, as proposed, is of proper and sufficient legal form for adoption as required by Chapter 5, Section 9 of the City Charter.

Very truly yours,

James T. Maye
Associate City Attorney

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CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

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Bridgeport, CT 06604-4328

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James Maye (x8137)

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Executive Summary

Re: AMENDMENT TO THE MUNICIPAL CODE OF ORDINANCES: CHAPTER 12.16

To: Honorable City Council Members

From: James T Maye, Esq.

Dated: April 26, 2024

Pursuant to City Council Rule XIII, Section 15, below please find the required information:

a. Submission Title

Proposed Amendment to the Municipal Code of Ordinances, amend Chapter 12.16 – Street and Sidewalk Use Regulations.

b. Submitting Entity

Director of Public Facilities, Luis Burgos

c. Contact Person

City Engineer, Jon Urquidi

(203) 576-7211 - jon.urquidi@bridgeportct.gov

d. Approval Deadline

The next occurring City Council meeting, following Ordinance Committee approval, if possible.

e. Matter Summary

This submission is a proposed amendment to City Ordinance Chapter 12.16. The proposed amendment clarifies that the permit requirements include anyone who occupies a street or restricts the use of the right-of-way for public access. It also increases the permit fee for obtaining an occupancy permit from fifty dollars to one hundred dollars. Finally, if the City is required to remove an unlawful obstruction, whoever is responsible for the obstruction has to pay the City the cost to remove the obstruction as well as any associated storage costs.

f. City Council Action Requested

Referral to Ordinance Committee and approval of the proposed amendments.

g. Financial Impact Analysis

No cost to the City. In fact, the amendment increases the fine to obtain an occupy permit and the monthly costs for each month of the occupancy. It will have a positive impact on the budget.

h. Funding Budget-Line

\$0 for FY 2024-2025 will be paid from the annual operating budget of any department.

i. Proposed Motion

BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances, **Chapter 12.16 – Street and Sidewalk Use Regulations** is hereby amended as follows ...

RESOLUTION

AMENDMENT TO CHAPTER 12.16 – STREET AND SIDEWALK USE REGULATIONS

WHEREAS, Bridgeport Code of Ordinances Chapter 12.16 provides standard to ensure the safe and efficient use of public infrastructure, promote public health and safety, and maintain the aesthetic and functional quality of streets and sidewalks within the City; and

WHEREAS, ensuring the safe and efficient use of public streets and sidewalks is paramount to the well-being and mobility of community members; and

WHEREAS, the proper maintenance and grading of highways and streets contribute significantly to public safety and accessibility; and

WHEREAS, regulating the use of sidewalks and public ways, including restrictions on obstructive activities and commercial enterprises, promotes orderly and hazard-free pedestrian movement; and

WHEREAS, the City desires to update these standards to regulate the activities of contractors occupying municipal streets;

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Bridgeport that, effective upon publication, the Municipal Code of Ordinances Chapter 12.16 – STREET AND SIDEWALK USE REGULATIONS is hereby amended and restated as provided in Schedule A attached hereto and made a part hereof.

Title 12

STREETS, SIDEWALKS AND PUBLIC PLACES

Chapters:

Chapter 12.16 STREET AND SIDEWALK USE REGULATIONS¹

12.16.010 Street and highway grading requirements.

- A. All grades of highways shall be made and mapped in reference to some fixed point or base in the city.
- B. No street shall be laid out by the city unless at the same time a grade of such proposed street shall be duly established by the common council.
- C. No street shall be accepted by the city until the same has been brought to a grade duly approved by the common council, which grading shall be certified to by the city engineer.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.020 Use by animals.

No person shall cause or permit any animal or vehicle to stand upon or across any sidewalk so as to hinder or impede travel thereon nor upon any crosswalk; nor leave unattended any animal used for riding or driving, whether attached to any vehicle or not, unless such animal shall be securely fastened; nor fasten any animal to any tree or leave it so that it injures any street; nor ride or drive any animal on any street at a greater rate of speed than seven miles an hour.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.030 Playing in streets.

Except as provided in 12.16.250 hereof, no person shall ride any vehicle propelled by the feet, or any cart or wheelbarrow upon or along any sidewalk. No person shall coast, slide, fly kites or play ball or any other game in any street.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

¹Editor's note(s)—An ordinance adopted September 16, 2019 , repealed the former Ch. 12.16, §§ 12.16.010—12.16.250, and enacted a new Ch. 12.16 as set out herein. The former Ch. 12.16 pertained to similar subject matter and derived from Prior charter of 1939, § 40(a); SA No. 314 (1941); Prior code §§ 27-11—27-26, 27-29—27-31, 27-50; 27-93—27-96; Ord. dated April 3, 1989; Ord. dated Jan. 22, 1991; Ord. dated Dec. 21, 1992 § 75(a), (f); Ord. dated April 7, 2003; Ord. dated Jan. 20, 2004; Ord. dated June 7, 2004; Ord. dated Nov. 3, 2008; Ord. dated Dec. 15, 2008; Ord. dated May 18, 2009; Ord. dated May 16, 2016 .

12.16.040 Obstructing travel on public ways.

No person shall loiter or idle upon any highway, sidewalk or bridge, or upon any fence or structure adjacent thereto, so as to hinder travel thereon.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.050 Fences.

- A. No hedge, shrubbery or full board fence shall be permitted at a height of more than four feet on any corner lot within a distance of twenty-five (25) feet from the corner point of the fence line on the street sides of such lot.
- B. Every owner of any lot of land which abuts upon any street shall, when ordered to do so by the common council, cause to be erected and maintained on the line of such lot adjoining the street a suitable and sufficient fence of rails, boards or other materials; and the director of public facilities is authorized to erect such a fence at the expense of the parties interested, when the owner shall neglect to provide the same within the time limited in such order.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.060 Maintenance of stands on streets and sidewalks.

Except as provided in 12.16.250 hereof, no person shall place or maintain and no person shall permit or suffer the placing or maintenance on or along any street or sidewalk of any cart, wagon, vehicle, box, stand, container, sign or any other article or thing for the purpose of selling, offering for sale, displaying or advertising any article of food, or any goods, wares or merchandise, or advertising any business or amusement or place of such business or amusement.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.070 Selling from sidewalks.

No person occupying or using any premises adjoining any sidewalk shall use, and no person occupying or using any such premises shall permit or suffer anyone to use, any part of any sidewalk for the purpose of selling or offering for sale, or inducing the sale of any article of food, or any goods, wares or merchandise displayed or maintained on the premises occupied or used by such person.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.080 Selling to persons on sidewalks.

No person occupying or using any premises adjoining any sidewalk shall sell or offer to sell, from such premises or any part thereof to any person on the sidewalk adjoining such premises, any article of food, or any goods, wares or merchandise or any other thing maintained, displayed or advertised for sale on such premises; nor shall any person occupying or using such premises suffer or permit any other person to do so.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.090 Use of street or sidewalk in making delivery of goods.

No person in making delivery to any place of any article of food, or of any goods, wares or merchandise or of any other thing, shall deposit and permit any such article to remain upon any street or sidewalk; and no person receiving any such delivery shall permit or suffer any such article to remain upon any street or sidewalk.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.100 Sidewalk stands—Exceptions to chapter.

Nothing in this chapter shall apply to or forbid the maintenance of any sidewalk stand for the sale of newspapers under any license therefor now or hereafter issued by the chief of police pursuant to the provisions of Sections 12.08.010, 12.08.020 and 12.16.170; nor to any stand in any city-owned park maintained by or the maintenance of which is licensed by the city; nor to any receptacle for the deposit of refuse or rubbish maintained for the use of the public by or with the permission of the city; nor to refuse or garbage deposited for collection by the director of public facilities, provided such refuse or garbage is deposited in such manner and form, in such receptacles and at such places as are approved by the director of public facilities; nor to lawful picketing in any bona fide labor dispute.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.110 Awnings.

No awning, which is designed to be attached to any permanently erected frame extending over any part of the sidewalk or to any pole or post set in the sidewalk or street, shall be placed over or across any public sidewalk unless a permit for the erection and maintenance of such awning shall be procured from the common council. No part of any awning, when extended over any sidewalk, shall be less than seven feet above the level of the sidewalk.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.120 Parades.

All street parades and processions bearing banners, or other conspicuous devices, or accompanied with music or any disturbing sounds, except the national guard, the police and fire departments and funeral processions engaged in the burial of the dead, are prohibited, unless permission therefor shall be first obtained from the chief of police. The chief of police may furnish a police escort for any such parade or procession if deemed by him necessary or proper.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.130 Restrictions on moving buildings through the streets.

- A. Every application for a license to remove a building under the provisions of Chapter 5, Section 7(g) of the Charter and Related Laws compilation found on file shall state the name of the owner of the building to be moved, the name of the person who is to move the same, the precise location from and to which the building is to be moved, the distance from the proposed front line of such building to the line of the street, the street or streets through which it is to be conveyed, the dimensions of the building and the nature of the materials of which it is constructed. The director of public facilities, in his discretion, may approve or deny the application for a license.

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- B. Every application under this section shall be carefully filed and preserved.
 - C. No person receiving permission to remove a building, as provided for in this section, shall be deemed to have permission to remove the same through or upon any street not designated in his application or permit. No such license shall be granted until the applicant has filed a bond, with good and sufficient surety in the sum of twenty-five thousand dollars (\$25,000.00), payable to the city for its benefit and for the benefit of any person who may be specially injured thereby, which bond shall be approved by the city attorney.
 - D. Every such license shall have limited therein a certain date before which time such moving is to be completed.
 - E. If such building remains upon any street after such date, the director of public facilities in his discretion shall either complete the moving of the same, or, if in his judgment such building as a whole cannot reasonably be moved to its destination, he shall have the power to separate the building into parts, so that he can reasonably remove it from the street. The licensee shall be liable under such bond for any expense, cost, loss and damage sustained by the city. The city shall not be liable to the owner of such building for any damage that may be done by the director of public facilities in removing the building from the street.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.140 Removal of sod, turf, etc.

No person shall cut or dig up any sod or turf in any street or public square with the intent to remove or carry away the same, or remove or carry away any earth, gravel or street dirt from any street without permission of the director of public facilities.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.150 Removal of obstructions, snow and ice from sidewalks.

- A. Except as provided in 12.16.250 hereof, every person owning any land upon or adjacent to which there is a sidewalk, paved, concreted or worked, shall keep such sidewalk at all times in a safe and convenient condition for the use of the public, and shall forthwith repair all defects and remove all obstructions in any way endangering the public travel upon the same.
- B. Except as provided in 12.16.250 hereof, every owner or occupant of any land or building, or the owner or lessee of any unoccupied land or building adjoining any sidewalk, shall, before sunset, remove any wood, coal, box, barrel, can or any other thing by which such sidewalk shall be in whole or in part obstructed or rendered unsafe or inconvenient to public travel.
- C. Every owner or occupant of any land or building, or the owner or lessee of any unoccupied land or building, shall keep and maintain any sidewalk adjoining such land and building free from snow, ice or sleet, by which such sidewalk shall be obstructed or rendered unsafe. Whenever such sidewalk shall be permitted to remain covered with snow, ice or sleet for more than six hours after the same shall have been deposited or formed thereon, the director of public facilities may remove such snow, ice or sleet from sidewalk and report the expenses of such removal to the city attorney, who shall immediately collect the same by any proper action against the owner or occupant of the land or building, or the owner or lessee of any unoccupied land or building, adjoining such sidewalk. This section shall not be so construed as to conflict with Section 19-310 of the General Statutes.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.160 Liability for ice and snow on public sidewalks.

- A. The provisions of Connecticut General Statutes Section 7-163a are adopted, and are set forth in subsections B and C of this section.
- B. Notwithstanding the provisions of Section 13a-149 of the General Statutes or any other general statute or special act, the city shall not be liable to any person injured in person or property caused by the presence of ice or snow on a public sidewalk unless the city is the owner or person in possession and control of land abutting such sidewalk, other than land used as a highway or street, provided the city shall be liable for its affirmative acts with respect to such sidewalk.
- C. The owner or person in possession and control of land abutting a public sidewalk shall have the same duty of care with respect to the presence of ice or snow on such sidewalk toward the portion of the sidewalk abutting his property as the municipality had prior to the effective date of the ordinance codified in this section adopted pursuant to the provisions of Connecticut General Statutes Section 7-163a and shall be liable to persons injured in person or property where a breach of duty is the proximate cause of injury.
 - 1. No action to recover damages for injury to the person or to property caused by the presence of ice or snow on a public sidewalk against a person who owns or is in possession and control of land abutting a public sidewalk shall be brought but within two years from the date when the injury is first sustained.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.170 Duty to clean gutters.

In case the gutter opposite any dwelling house, store or other building, or opposite any lot of ground, shall at any time become obstructed with snow, ice, dirt or anything whatsoever, the owner, occupant or person having charge thereof shall cause such gutter to be cleaned out so that the water may run freely along the same.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.180 Marking of private streets.

Whenever any street shall be laid out over and across private land by the owner thereof, and until the same shall be accepted by the common council, the person making such layout and the owner of such private street shall maintain at either entrance to such street, and at the intersection of such street with any other street, a suitable sign or notice approved by the director of public facilities and containing thereon the words "private street."

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.190 Prohibitions as to advertising matter.

No person who by virtue of a license granted under this chapter shall occupy a portion of any street with building materials, or by virtue of such license shall erect a fence of any description in any portion of a city street, shall place or cause or suffer to be placed thereon any poster, bill, placard or other printed, written or painted material by way of notice, announcement or advertisement of any event, thing, business or other matter except such as may be required by law. The violation of this section, in addition to any other penalty provided by law, shall be a sufficient reason for the revocation of such license by the director of public facilities without notice.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.200 Maintenance and repair of motor vehicles on public streets and highways and/or on city-owned or leased property.

- A. No person shall make any repairs on any motor vehicle on the public streets or highways of the city except for changing of bulbs and lenses, changing of windshield wipers, installation of air filters, minor repair of electrical wires, changing or replacing of a battery, minor repair and/or maintenance of the interior of a vehicle, the changing of a flat tire, or other repairs of a similar minor nature, provided such minor repairs are performed in an expeditious manner and do not, in any manner, interfere or obstruct access of vehicles on such streets or highways.
- B. No person shall make any repairs on any motor vehicle on any city-owned or leased premises within the city unless having first received permission from the police department.
- C. Any emergency repairs performed by a licensed mechanic, service station or auto repair shop shall be permitted and not be considered a violation of this section, if performed expeditiously.
- D. Any person violating the provisions of this section shall be subject to having the motor vehicle he is making repairs on immediately towed from its location by order of the police department at his expense.
- E. Any person violating the provisions of this section shall be fined not more than one hundred dollars (\$100.00) for the first offense. Any persons violating the provisions of this section shall be fined not less than one hundred dollars (\$100.00) nor more than two hundred dollars (\$200.00) for a second offense. Any person violating the provisions of this section for a third and any subsequent times, shall be liable for a fine of not less than two hundred dollars (\$200.00) nor more than five hundred dollars (\$500.00) and/or up to thirty (30) days in jail.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.210 Permit to occupy portion of street—Issuance authorized.

- A. Every person intending to erect or repair any building upon any land abutting on any street, or occupy any street, must receive from the director of public facilities a permit to occupy a portion of such street with building materials or to fence off a portion of the sidewalk in the protection of the public; provided, however, that no such permit shall be granted authorizing or permitting any person to occupy or close more than one-half of the width of the sidewalk upon such land abuts.
- B. Every person intending to use any portion of any right of way, street or sidewalk for [an entertainment event or block party] any purpose that restricts the use of the right of way for public access purposes, must receive from the director of public facilities a permit to occupy such street and/or sidewalk for a limited time. No permit shall be granted denying access to any pedestrian sidewalk but the street may be closed to vehicular travel. If such a permit is granted, the police chief and emergency operations officer must be given written notice of said permit a minimum of seven business days prior to said event.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.220 Permit to occupy portion of street—Fee.

A fee of one hundred dollars (\$100.00) [fifty dollars (\$50.00)] shall be paid to the director of public facilities for the use of the city for each month or part thereof that any street or sidewalk shall be occupied or closed pursuant to the permit authorized by Section 12.16.210.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.230 Permit to occupy portion of street—Duty of permittee to provide safe passage around obstruction.

Any person duly permitted to occupy any part of any street pursuant to a permit issued as authorized by Section 12.16.210, while erecting or repairing any building, opening any sewer or making any excavation in any street for any purpose, shall provide safe and convenient passage around or over the same for public travel, and shall be responsible to the city for any damage occasioned by any neglect to do so.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.240 Permit to occupy portion of street—Display.

Any person occupying any portion of any street under a permit issued under Section 12.16.210 shall, when requested by the director of public facilities or any police officer, exhibit his permit for such occupation.

(Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.245 Permit to use city streets and sidewalks for the shared mobility program.

- A. Permit Required. No person shall operate a Shared Mobility System, as defined by City Ordinance Chapter 10.32.010, for use in the City without first having obtaining approval from the Office of Planning and Economic Development.
- B. Filing of Application—Fee. Each applicant for approval to operate a Shared Mobility System, as defined by City Ordinance Chapter 10.32.010, shall file an application with the Director of the Office of Planning and Economic Development, subject to terms and conditions established by said Director, and pay a non-refundable fee in the amount of one thousand five hundred dollars (\$1,500.00) plus a Mobility Manager software maintenance fee to the City of Bridgeport upon application submission and by the first day of each subsequent calendar year. A separate fee for use of City right-of-way shall be assessed quarterly. Such applicant and usage fee revenue collected by the Office of Planning and Economic Development shall be deposited and accounted for in a City special revenue account used for Mobility Manager software costs and improving the City's bicycle infrastructure. The Office of Planning and Economic Development shall administer the Shared Mobility Program, which shall include the establishment of fees, terms, and conditions, which may be amended from time to time, and such amendments shall be reported to the City Council. Notwithstanding anything herein to the contrary, all fees, terms, and conditions established, or amended, by the Director shall be expressly authorized and approved by the City Council prior to their becoming effective.
- C. Impoundment of Shared Mobility Devices. The Office of Planning and Economic Development shall create one or more shared mobility device pounds to which shared mobility devices may be removed at the direction of any police officer or parking enforcement officer for the city for caused specified below. The pounds to be created under this chapter shall be city-owned storage garages or such other appropriate city-owned places as shall be designated by the Office of Planning and Economic Development.
 - 1. Devices subject to impoundment:
 - (i) Those devices not removed by a Provider within the allotted time of a removal notice, specifically
 - a. In the event of extreme weather, emergencies, special events or for maintenance activities ("Event"), the owner of the device shall remove all devices from the Event area within ten hours of a notice by the Official;

-
- b. When the number of devices deployed within a specific area is deemed excessive, the Provider must reduce its fleet in said area within four hours of receiving notice between 7:00 a.m. and 8:00 p.m., seven days per week. Any notice received outside of these hours will count as being received at 7:00 a.m. the next day;
 - c. Devices deemed inoperable, unsafe, or otherwise failing to meet the standards identified in the application, which the Provider does not remove from the active fleet within two hours of receiving notice between 7:00 a.m. and 8:00 p.m., seven days per week. Any notice outside of these hours will count as being received at 7:00 a.m. the next day;
- (ii) Those devices parked in violation of the application parking requirements or in one location for more than three consecutive days;
 - (iii) Those devices used in violation of any applicable local, state or federal law, rule, or regulation;
2. Impounding fee. Before the owner or representative of the owner of any device taken into custody in accordance with Section 1 hereof shall be allowed to secure the release of such device, the owner or its representative shall pay to the Office of Planning and Economic Development fifty dollars (\$50.00) per device. Such revenue collected by the Office of Planning and Economic Development shall be deposited and accounted for in a City special revenue account used for the sole purpose of improving the City's bicycle infrastructure.

(Ord. dated 8/1/22 ; Ord. dated 4/18/22 , Exh. A; Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.16.250 Removal of unlawful obstruction by the City. Whenever anything unlawfully placed or kept on any street, sidewalk or public place in the City is removed by any department or officer of the City, the expense of such removal shall be paid to the City by the person liable for such obstruction; provided that, where practicable, such person has been given reasonable notice and a reasonable time within which to remove such obstruction. the expense of removal and storage of such obstruction shall be the amount paid by the City for such removal and storage, or the value of the work of removal if such work is done by any department, agency, officer or regular employee of the City.

12.16.260 [12.16.250] Miscellaneous acts prohibited.

No person shall commit or place any impediment, obstruction or interference within the public right of way. This shall include the [The] erecting or placing of any building, gate, fence, post, box, cask, wood, brick, stone, non-motor vehicle unattached to any animal, or any other thing upon any sidewalk or street; the placing, hanging or maintaining of any flag, banner, article of merchandise or other thing except awnings and signs over or across any sidewalk or street; the opening or making of any vault or cellar in, upon or under any street; and the kindling of any fire or bonfire in any public street are prohibited without consent of the common council and the fire department; provided, however, that nothing in this section shall be construed so as to prevent or hinder any person, while in the process of building or repairing any building, from placing in any street materials for such purposes under such conditions and restrictions as may be prescribed in each particular case in a permit issued therefore under this section. Any violation of this section shall constitute an infraction, and, shall result in a fine of up to one hundred dollars (\$100.00), or an amount up to the maximum allowed under Connecticut General Statutes 7-148(c)(10)(A), for each day that the violation continues. Such person shall be required to abate the violation. Upon notification by the director of public facilities of any bill of a contractor or of the City for removing an obstruction within the public right-of-way, the public facilities department is authorized to collect from the property owner or person as designated by the Director, the penalty and the total amount of such bill.

- A. Exemptions.

-
1. Nothing in Section 12.16.260 [12.16.250,] above, shall prohibit the implementation committee of any neighborhood revitalization zone whose implementation plan has been approved by the city council from seeking permission from the director of public facilities to provide trash can receptacles for placement within the public right-of-way, provided the design of the trash can has been pre-approved by the director or his or her designee; the placement of said cans is done by the staff of the public facilities department following the issuance of a written approval for said placement by said director, or his or her designee, in accordance with Section 7-148(b)(H) and City Ordinance 8.68 Littering; and conditioned upon the property owner whose property fronts where the trash can shall be located, being notified in writing ten days prior to the placement of the trash can that the acceptance of the trash can at the location requires that the trash can be emptied by the property owner through private methods. The property owners shall also be given a copy of the Municipal Ordinance 8.60 Unlawful Depositing so that they are aware that if the trash can is not maintained in a manner that does not violate that ordinance, the trash can shall be removed by order of the director of public facilities and civil penalties shall be imposed in accordance with Ordinance 8.60. In addition, nothing in this chapter shall prevent the city health director under the statutory authority granted to all municipal health directors in 19a-206, from issuing orders, requesting the imposition of equitable, civil and/or criminal penalties by requesting such action from the State Housing Court at Bridgeport, if it is found that the failure to maintain the trash can also violated the Public Health Code.
 2. Nothing in Section 12.16.260 [12.16.250,] above, shall prohibit the placement of bus station shelters within the public right-of-way by the transit authority authorized to provide bus service to the citizens of Bridgeport who are entitled to such access pursuant to Section 7-148(6)(C)(ii) and Section 7-148(7)(H)(xii) of the General Statutes of Connecticut, provided that the design and placement of said shelters has been submitted to and reviewed by the public safety and transportation committee of the city council and approved by the full council. The request for such approval shall be submitted to the city clerk for referral to the city council by the director of public facilities, provided the plans for the placement and design of said shelters has been pre-filed with said director a minimum of thirty (30) days before the requested date for submission to the city council; and plans and designs for said shelters have been reviewed by an engineer assigned to the office of the city engineer, with a written recommendation or approval or disapproval provided by said engineer to said director. Following city council approval, the placement of the bus shelters shall not proceed without the issuance of an excavation permit by the public facilities department in accordance with Section 1-148(6)(C)(iii) and (iv) of the General Statutes of Connecticut and City Ordinance Chapter 12.12 Excavations.
 3. Nothing in Section 12.16.260 [12.16.250,] above, shall prohibit the use or placement of a Shared Mobility Device, as defined by City Ordinance Chapter 10.32.010, within and/or on the public right-of-way. Share Mobility Device users may ride Devices on city streets, off-street bicycle lanes, multi-use paths, and sidewalks; users must dismount upon encountering pedestrians. Devices, while they may be parked on the sidewalk, shall be parked in the following manner: (a) in a balanced, upright position; (b) to allow unimpeded pedestrian travel space on a sidewalk to a width of at least five feet; (c) to allow unimpeded access to entrances to public or private property; (d) to allow unimpeded access to all accessibility ramps and fire hydrants; (e) to allow unimpeded access to all bicycles and scooter parking areas, including any stationary fixture designed for the secure attachment of bicycles and scooters or any painted area designated for bicycle and scooter parking; (f) to allow adequate area for unimpeded vehicular travel and parking on public streets; and (g) in an area or location which the City may designate.

(Ord. dated 4/18/22 , Exh. A; Ord. dated 12/7/20 , Exh. A; Ord. dated 9/16/19)

12.17.270 12.16.260 Emergency closure of streets.

The director of public facilities of the city of Bridgeport may close or restrict traffic over any section of any street, highway or bridge within the city for the purpose of construction, reconstruction or repair, or in case of public emergency, by posting notices at each end of such street, highway or bridge, and any person using such street, highway or bridge when such notices are so posted shall do so at his own risk.

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CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

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

CITY ATTORNEY
Tyisha S. Toms

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



April 24, 2024

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

Re: REFERRAL TO MISCELLANEOUS MATTERS COMMITTEE:
Proposed Settlement of Pending Litigation in the Matter of Kaitlyn Edwards v. City of Bridgeport, Docket No. 3:23-cv-00089 (VAB)

Dear Councilpersons:

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

EXECUTIVE SUMMARY

- a. **Submission Title:** Request for Litigation Settlement Approval.
- b. **Submitting Entity:** Office of the City Attorney.
- c. **Contact Person:** Deputy City Attorney John P. Bohannon, contact information above.
- d. **Approval Deadline:** Thirty (30) days from release to avoid statutory interest charges.
- e. **Case Summary:** This is a Title VII claim of unlawful gender discrimination by plaintiff against the Bridgeport Police Department. Plaintiff's employment as a probationary Bridgeport Police Department officer was terminated due to her being present at an illegal afterhours bar during her probationary period.

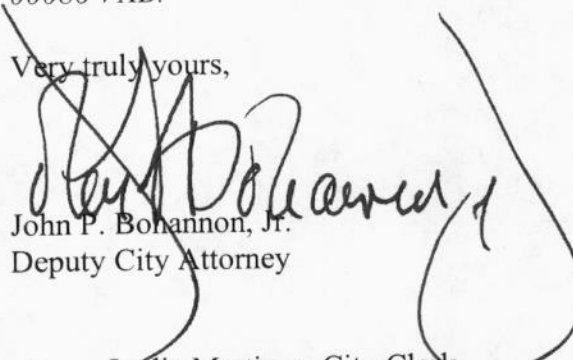
f. Council Action Requested: Approval of proposed settlement in the total amount of \$20,000.00 to Kaitlyn Edwards and \$5000.00 to Willinger, Willinger & Buccì PC representing attorney's fees.

g. Financial Impact Analysis: Total cost to the City will be \$25,000.00.

h. Funding Budget-Line: The settlement payment will be made from the City Attorney Office Operating Budget Line-Item "*Personal Property Claims Atty. #01-01-006-060-000-53010*".

i. Proposed Motion: Motion to authorize and approve payment of \$20,000.00 to Kaitlyn Edwards and \$5000.00 to Willinger, Willinger & Buccì PC representing attorney's fees, in full and final settlement of *Matter of Kaitlyn Edwards v. City of Bridgeport, Docket No. 3:23-cv-00086 VAB*.

Very truly yours,



John P. Bohannon, Jr.
Deputy City Attorney

cc: Lydia Martinez, City Clerk
Tyisha S. Toms, City Attorney
Carolina Lopez, Paralegal

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

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Lawrence A. Ouellette, Jr.
Dina A. Scalzo



April 24, 2024

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

Re: REFERRAL TO MISCELLANEOUS MATTERS COMMITTEE:
Proposed Settlement of Pending Litigation in the Matter of Maria Pires v. City of Bridgeport, Docket No. 3:23-cv-00138 (VDO)

Dear Councilpersons:

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

EXECUTIVE SUMMARY

- a. **Submission Title:** Request for Litigation Settlement Approval.
- b. **Submitting Entity:** Office of the City Attorney.
- c. **Contact Person:** Associate City Attorney John R. Mitola, contact information above.
- d. **Approval Deadline:** Thirty (30) days from release to avoid statutory interest charges.
- e. **Case Summary:** Action pursuant to Title 42 USC Section 1983 and Conn. Gen. Stat. Sec. 31-51q claiming violation of plaintiff's First Amendment right to free speech and right to association.

f. Council Action Requested: Approval of proposed settlement in the total amount of \$35,000.00 to Willinger, Willinger & Bucci P.C., as trustee.

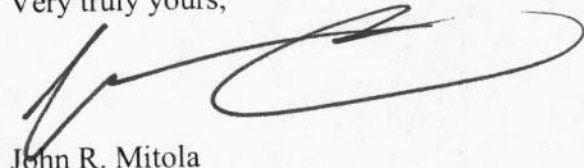
g. Financial Impact Analysis: Total cost to the City will be \$35,000.00.

h. Funding Budget-Line: The settlement payment will be made from the City Attorney Office Operating Budget Line-Item "*Personal Property Claims Atty. #01-01-006-060-000-53010*".

i. Proposed Motion: Motion to authorize and approve payment of \$35,000.00 to Willinger, Willinger & Bucci P.C., as trustee, in full and final settlement of *Matter of Maria Pires v. City of Bridgeport, Docket No. 3:23-cv-00138 VDO*.

p

Very truly yours,



John R. Mitola
Associate City Attorney

cc: Lydia Martinez, City Clerk
Tyisha S. Toms, City Attorney
Carolina Lopez, Paralegal



City of Bridgeport
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT

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

JOSEPH P. GANIM
Mayor

COMM. #76-23 Ref'd to Joint ECD&E and Contracts Committee
on 5/6/2024

THOMAS F. GILL
Director

WILLIAM J. COLEMAN
Deputy Director

April 29, 2024

City Clerk
45 Lyon Terrace
Bridgeport CT 06604

**RE: Waltersville Commons - Affordable Housing Tax Incentive Development Agreement
Request for Referral to Joint ECDE & Contracts Committee**

Dear City Clerk and Honorable Members of the City Council:

With this transmittal, we are requesting the City Council's authorization to enter into an *Affordable Housing Tax Incentive Development Agreement* in support of the *Waltersville Commons Development*. This project provides for the historic restoration of the former Waltersville School and for the development of approximately seventy units of affordable housing on the East Side of the city.

In support of this request, attached you will find:

- a) an executive summary;
- b) the resolution;
- c) tax payment schedule (attachment "A" to the resolution);
- d) comparative valuation of taxes and abatements (attachment "B" to the resolution).

This item is for referral to the Joint ECDE and Contracts Committee, which we would respectfully request be convened by a date that would allow for a final vote at the full Council meeting of June 3rd. The item does not require a public hearing.

Truly yours,

Bill Coleman

Bill Coleman
Deputy Director

- C: Thomas Gill, Director
- Tyisha Toms, Esq., City Attorney
- Thomas Gaudett, Chief Administrative Officer
- Constance Vickers, Deputy Chief of Staff for Mayor Ganim

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Executive Summary for City Council
Waltersville School Affordable Housing Tax Incentive Development Agreement

Executive Summary for City Council	
(a) title of submission:	<i>Waltersville School Affordable Housing Tax Incentive Development Agreement</i> (the "Agreement") by and between the City of Bridgeport and the APEX Building Group (the "Developer").
(b) submitting entity:	Office of Planning & Economic Development ("OPED")
(c) contact person and information:	Bill Coleman OPED Deputy Director, 203-576-7221; william.coleman@bridgeportct.gov.
(d) deadline for approval and basis for same:	Requested in support of project financing model under review by the Connecticut Housing Finance Authority ("CHFA") and by the Connecticut Department of Housing ("DOH").
(e) substantive summary of matter:	The Agreement provides for a reduced tax payment schedule in return for the Developer's provision of approximately 70 deed-restricted, income-restricted, rent-restricted, affordable housing units to be provided via the historic restoration of this former city-owned school building. Agreement runs for 15-years of occupancy and 2 years of construction.
(f) city council action requested:	Approval of the attached resolution (the "Resolution") authorizing the terms of the Agreement as to be structured and finalized by the City Attorney's Office.
(g) financial impact analysis – to include best reasonable estimates as to all expenditure and revenue effects of the reference if approved as requested:	Building Permit Fees: \$500K (FY 26) Cumulative RE Taxes: \$1.3MM (FY 28 – FY 42) Annual RE Taxes: \$70K, esc 3% ann. to \$106K
(h) departmental budget line-item to which direct expenditures (including grant matching funds) are anticipated to be charged:	n/a
(i) draft proposed motion(s) for city council adoption. Copies of all executive summaries shall be distributed to each councilperson electronically and by hardcopy when the matter is referred by the full city council to committee for review:	Resolution attached. Financial Analyses attached. Agreement to be developed by City Attorney's Office and filed on the Land Records.

**A Resolution (the “Resolution”) Authorizing
an
Affordable Housing Tax Incentive Development Agreement
for the
Waltersville Commons Development
located at
167 Steuben Street & 626 Pembroke Street & 614 Pembroke Street**

WHEREAS the **Waltersville Development Group LLC** is a limited liability corporation organized and existing under the laws of the State of New York, with a principal office address of 86 Main Street, Suite 401, Yonkers, NY, 10701, (the “**Developer**”);

WHEREAS, pursuant to the Land Development Agreement (the “**LDA**”) executed June 2, 2021 by and between the Developer and the City of Bridgeport’s Office of Planning and Economic Development (the “**City**” or “**OPED**”), the Developer proposes to invest approximately \$40MM (forty million dollars) toward the hard and soft costs of the adaptive reuse and restoration of the historic Waltersville School so as to provide for approximately 70 (seventy) units of low-income and moderate-income affordable housing, in addition to resident lobby space, resident amenities, off-street parking, and site landscaping (the “**Project**”);

WHEREAS the Project area is comprised of three contiguous addresses (referred to collectively herein as the “**Project Properties**”) which include the City-owned property and former school building located at 167 Steuben Street (the “**City-Owned Property**”) as well as two smaller adjacent privately-owned properties which include a vacant parcel located at 626 Pembroke Street and a parcel with an 8,000 sf warehouse located at 614 Pembroke Street (the “**Adjacent Properties**”);

WHEREAS the Project was approved by the City of Bridgeport Planning and Zoning Commission at its meeting of July 30, 2018;

WHEREAS pursuant to *Connecticut General Statutes Section 8-215 and Section 8-216* (the “**State Statute**”) and pursuant to *Chapter 3.24 – Affordable Housing Tax Incentive Development Program - of the Municipal Code of Ordinances* (the “**Ordinance**”), the Developer has made application to OPED for an Affordable Housing Tax Incentive to support the capital financing and operating requirements of the Project;

WHEREAS after review and analysis of the Project’s financial structure, OPED recommends the establishment of a phased-in, increasing real estate tax payment schedule (the “**Tax Payment Schedule**”) for the Project Properties which would encompass a two (2) year construction period, and a fifteen (15) year operating period as more particularly described in the spreadsheet entitled *Waltersville Commons Real Estate Tax Payment Schedule* attached hereto as **Attachment A**;

WHEREAS, consistent with the requirements of the Ordinance, OPED has summarized the value of the tax incentive payments to be made per the Tax Payment Schedule and has summarized the value of the tax abatement to be provided, and has provided a summary analysis of the revenue impact of the Project as more particularly described in the attached spreadsheet entitled *Valuation of Tax Payments, Tax Abatements and Total Project Revenue*, attached hereto as **Attachment B**;

WHEREAS, the City-Owned Property currently does not produce any real estate tax revenue, and the two Adjacent Properties combined currently produce only \$11,028 in real estate tax revenue:

WHEREAS, over the course of the Tax Payment Schedule, the Project Properties would produce over \$1.3MM in real estate tax revenue, as well as an estimated \$500,000 in building permit fee revenue, for a combined revenue to the City of over \$1.8MM;

WHEREAS, the Tax Payment Schedule shall be incorporated into the Affordable Housing Tax Incentive Development Agreement to be drafted and finalized by the City Attorney's Office in a manner consistent with the objectives of this Resolution (the "**Agreement**");

WHEREAS, in order to become effective the Agreement must be fully executed and filed on the land records of the City;

WHEREAS the Project is subject under the Agreement to the provisions of *City Ordinance Ch. 3.29 – Employment Opportunities with Developers Fostering Economic Development*, which requires that to the greatest extent possible during the development of this Project, the first consideration for any additional employment of tradesmen/tradeswomen and/or any apprentices to be working on this Project will be given to qualified applicants who are residents of the City and/or who are ex-felons, with such consideration to be made toward meeting the requirements of twenty (20%) percent local resident hires and five (5%) percent ex-felon hires;

WHEREAS the Agreement requires that the Developer also comply with the *City's Minority Business Enterprise Program Ordinance, Chapter 3.12.130 of the Code of Ordinances*, which establishes a requirement that six percent (6.0%) of the value of the construction contracts awarded for the Project go to African-American Minority Business Enterprises, and further establishes as an overall attainable goal that fifteen percent (15%) of the value of the Project's construction contracts be awarded to Minority Business Enterprises and fifteen percent (15%) to Women Business Enterprises;

WHEREAS the State Statute provides that municipalities may by ordinance provide for real estate tax abatements for housing developed for low or moderate-income persons, and may enter into Agreements with the State of Connecticut, acting through its Department of Housing (the "State") to provide for the State's reimbursement, at the State's discretion, to the municipality of such taxes abated for this purpose;

WHEREAS the State Statute provides that such tax abatement shall be used for one or more of the following purposes: (1) To reduce rents below the levels which would be achieved in the absence of such abatement and to improve the quality and design of such housing; (2) to effect occupancy of such housing by persons and families of varying income levels within limits determined by the Commissioner of Economic and Community Development by regulation, or (3) to provide necessary related facilities or services in such housing;

WHEREAS the Project's approximately 70 affordable housing units are a mix of sizes ranging from studios to three-bedrooms, all of which it is anticipated will be restricted to occupants earning less than specifically designated levels of family income – anticipated to designated as 30%, 50%, 60%, and 70% of the Area's Median Income ("AMI") -- which corresponds roughly to: household incomes from \$23,000 to \$35,000 (for 30% AMI); from \$39,000 to \$58,000 (for 50% AMI); from \$46,000 to \$69,000 (from 60% AMI); and from \$54,000 to \$81,000 (for 70% AMI);

WHEREAS, it is anticipated that the Project's restricted monthly rents will offer one-bedrooms at prices that will range (according to income level) from approximately \$470 to \$890 to \$1100 to \$1300; and will offer two-bedrooms at monthly rents that will range (according to income level) from approximately \$555 to \$1100 to \$1300 to \$1600; and will offer three-bedrooms at monthly rents that will range (according to income level) from approximately \$625 to \$1200 to \$1500 to \$1800;

WHEREAS, the Project is anticipated to be financed through a combination of sources, including equity from the syndication of federal and state historic tax credits, equity from federal low-income housing tax credits, as well as loans from the State of Connecticut Department of Housing ("CT DOH"), the Connecticut Housing Finance Authority ("CHFA"), and the federal HOME Program;

WHEREAS, OPED has analyzed the financial structure of the Project, the Developer's application to OPED for an Affordable Housing Tax Incentive Development Agreement, and its consolidated application for financing from CHFA and CT DOH;

WHEREAS, in analyzing the financial structure of the Project, OPED has subjected it to an economic pro forma analysis against industry and market standards for this type of Project, considering such factors as Developer equity and return, costs of construction, leveraging of private financing, all as per the requirements of the *City's Affordable Housing Tax Incentive Development Program, Ch 3.24 of the Municipal Code*;

WHEREAS, OPED finds that the Project meets the eligibility criteria of the City's Tax Incentive Development Program, and finds specifically that it:

- (1) represents at least \$3 million in investment;
- (2) is compatible with *Plan Bridgeport*, the City's Master Plan;
- (3) has been subject to OPED's economic pro-forma analysis;
- (4) creates public benefits in neighborhood improvement;
- (5) shall not generate any less in taxes than in the year prior;
- (6) shall begin construction within two years;
- (7) has earned OPED's favorable report on economic impact

WHEREAS, OPED represents to the Council that the proposed Agreement is in keeping with Affordable Housing Tax Incentive Development Policy established by City Ordinance, and is warranted and necessary for the success of the Project such that without the Affordable Housing Tax Incentive Agreement, the Project would not proceed;

NOW THEREFORE BE IT RESOLVED that the Agreement is hereby approved as it shall be finalized by the City Attorney, and that the Mayor or the OPED Director is authorized to execute the Agreement, and, subject to the review and approval of the City Attorney, is authorized to take such other necessary actions in furtherance of the Agreement and consistent with this resolution in the best interests of the City.



City of Bridgeport
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT

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

COMM. #77-23 Ref'd to ECD&E Committee on 5/6/2024

JOSEPH P. GANIM
Mayor

April 29, 2024

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

THOMAS F. GILL
Director

WILLIAM J. COLEMAN
Deputy Director

**Re: Resolution Authorizing the Disposition of 16 City-Owned Properties
Referral to Economic & Community Development and Environment Committee
Request for a Public Hearing before the Full City Council**

Dear Madam City Clerk:

The Office of Planning and Economic Development ("OPED") requests the City Council's consideration of the attached resolution authorizing the disposition of the following 16 City-owned properties:

South End (3 Vacant Parcels)

77 Johnson Street
119 Johnson Street
131 Columbia Street

East Side (1 Vacant Parcel)

1218 Kossuth Street

Reservoir (1 Vacant Parcel)

177 Voight Street

East End (10 Vacant Parcels and 1 Parcel with a Residential Structure*)

621 Newfield Avenue
604 Newfield Avenue
34 Revere Street
40 Revere Street
1148 Stratford Avenue
1136 Stratford Avenue
1116 Stratford Avenue
1095 Stratford Avenue
1060 Stratford Avenue
46 Suggetts Lane
166 Fourth Street*

We would ask that the item be referred to the ECDE Committee for its meeting of May 16th. We would ask that the Council order a public hearing for its meeting of May 20, 2024.

Respectfully,

Max Perez
Director of Business Development & Real Estate Disposition

C: Thomas F. Gill, Director
Tyisha Toms, Esq., City Attorney
Thomas F. Gaudett, Chief Administrative Officer

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A Resolution Authorizing the Disposition of 16 City-Owned Properties

WHEREAS, pursuant to private abandonment, foreclosure and anti-blight enforcement actions (including demolition), the City has become the owner of the following sixteen properties (hereinafter referred to collectively as the "Properties"):

South End (3 Vacant Parcels)

77 Johnson Street
119 Johnson Street
131 Columbia Street

East Side (1 Vacant Parcel)

1218 Kossuth Street

Reservoir (1 Vacant Parcel)

177 Voight Street

East End (10 Vacant Parcels and 1 Parcel with a Residential Structure*)

621 Newfield Avenue
604 Newfield Avenue
34 Revere Street
40 Revere Street
1148 Stratford Avenue
1136 Stratford Avenue
1116 Stratford Avenue
1095 Stratford Avenue
1060 Stratford Avenue
46 Suggetts Lane
166 Fourth Street*

WHEREAS, in connection with the proposed disposition of the Properties, the City's Office of Planning and Economic Development ("OPED") has requested that the Planning and Zoning Commission provide an 8-24 review and report to the City Council;

WHEREAS, OPED has further requested that the City Hall Committee provide its review and report to the City Council;

WHEREAS it is in the best interests of the City to transfer these Properties to private ownership so that they may produce tax revenue;

NOW THEREFORE BE IT RESOLVED, that the Director of OPED is authorized to dispose of the Properties for appraised value via the following methods:

- 1) Public Auction to the Responsible Bidder;
- 2) Direct Sale to an Abutter Making the Responsible Offer;
- 3) RFP or other publicly competitive solicitation;

BE IT FURTHER RESOLVED that the Director of OPED is authorized to take all necessary actions and to do any and all necessary and appropriate things, subject to the review and approval of the City Attorney, in furtherance of the objectives of this resolution.

South End



East End



1095 Stratford Ave

1116 Stratford Ave

1136 Stratford Ave

1148 Stratford Ave

1060 Stratford Ave

621 Newfield Ave

604 Newfield Ave

34 Revere St

40 Revere St

Central Ave

Bunnell St

6th St

Newfield Ave

5th St

East End



East End





Voight Ave

Trumbull Ave

177 Voight Ave

Reservoir Ave



City of Bridgeport, Connecticut
OFFICE OF CENTRAL GRANTS

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

ISOLINA DeJESUS
Manager
Central Grants

JOSEPH P. GANIM
Mayor

COMM. #78-23 Ref'd to ECD&E Committee on 5/6/2024
May 1, 2024

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

Re: Resolution - State of Connecticut Department of Transportation (DOT) Master Municipal Agreement for Construction Projects

Dear Ms. Martinez,

Attached please find a Grant Summary and Resolution for the **State of Connecticut Department of Transportation (DOT) Master Municipal Agreement for Construction Projects** to be referred to the **Committee on Economic and Community Development and Environment** of the City Council.

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

Thank you,

Joseph Katz
Central Grants Office

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ATTEST
CITY CLERK



GRANT SUMMARY

PROJECT TITLE: **State of Connecticut Department of Transportation (DOT) Master Municipal Agreement for Construction Projects**

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: **Central Grants Office**

CONTACT NAME: **Joseph Katz**

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

PROJECT SUMMARY/DESCRIPTION: The revised ten-year term Master Municipal Agreement is intended to replace the previously consummated MMAC, which was executed between CTDOT and the Municipality in June 2014. Over the last ten years, the original MMAC, combined with specific Project Authorization Letters (PALs), has fundamentally streamlined, and improved how the CTDOT does project level business with the municipalities in Connecticut. The revised ten-year term MMAC covers both municipally advertised construction projects, as well as projects advertised by the CTDOT on behalf of municipalities. Since the requirements differ, depending on who advertises and awards the construction contract, this MMAC is designed to address each scenario. The MMAC includes standard terms, conditions, and contracting “boiler plate” language that should generally govern all municipal construction projects involving the CTDOT, which are undertaken throughout the ten-year term.

CONTRACT PERIOD: 6/20/2024 – 6/19/2034

FUNDING SOURCES (Including Match Funds)	
Federal:	\$ N/A
State:	\$
City:	\$
Other:	\$

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Contractual:	N/A

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

A Resolution by the Bridgeport City Council

Regarding the

**State of Connecticut Department of Transportation (DOT)
Master Municipal Agreement for Construction Projects**

WHEREAS, the City of Bridgeport undertakes, and may financially participate in, rights of way activities, in conjunction with improvements to locally-maintained roadways, structures and transportation enhancement facilities that are eligible for government financial assistance from the State of Connecticut Department of Transportation, the federal government, or both; and

WHEREAS, the **State of Connecticut Department of Transportation (DOT)** is the authorized entity responsible for distributing the state and federal government financial assistance with respect to these municipal projects; and

WHEREAS, on a project-by-project basis either the City of Bridgeport or the DOT takes on responsibility for the administration of the rights of way phase of a particular municipal project, and the parties wish for a Master Agreement to address the rights of way phase of the Municipality or State's administered projects; and

WHEREAS, the DOT and the City of Bridgeport wish to set forth their respective duties, rights, and obligations with respect to these projects that are undertaken in a Master Municipal Agreement for Construction Projects for a ten-year period beginning on June 20, 2024 and ending June 19, 2034.

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

1. That it is cognizant of the City's intention to enter into the Master Municipal Agreement for Construction Projects with **the State of Connecticut Department of Transportation (DOT)** and to continue to engage in transportation projects which may be DOT and/or federally funded; and
2. That it hereby authorizes, directs, and empowers the Mayor or his designee to execute and file the Agreement entitled "Master Municipal Agreement for Construction Projects" with the **State of Connecticut Department of Transportation (DOT)** to serve as the master backbone agreement for future transportation projects which may be DOT and/or federally funded.



JOSEPH P. GANIM
Mayor

City of Bridgeport, Connecticut
OFFICE OF CENTRAL GRANTS

999 Broad Street
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Fax (203) 332-5657

ISOLINA DeJESUS
Manager
Central Grants

COMM. #79-23 Ref'd to ECD&E Committee on 5/6/2024

April 30, 2024

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

Re: Resolution - State of Connecticut Department of Public Health – CT DPH Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning (#25649)

Dear Ms. Martinez,

Attached please find a Grant Summary and Resolution for the **State of Connecticut Department of Public Health – Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning** to be referred to the **Committee on Economic and Community Development and Environment** of the City Council.

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

Thank you,

Joseph Katz
Central Grants Office

RECEIVED
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ATTEST
CITY CLERK



GRANT SUMMARY

PROJECT TITLE: **State of Connecticut Department of Public Health – Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning (#25649)**

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: **Central Grants Office**

CONTACT NAME: **Joseph Katz**

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

PROJECT SUMMARY/DESCRIPTION: With this grant program, the Connecticut Department of Public Health (DPH)'s Office of Climate and Health (OCH) and the Yale Center on Climate Change and Health (YCCCCH) sought applications from Local Health Departments/Districts for pilot grants to develop a local heat and air quality response plan with a health equity lens. The City of Bridgeport proposed to bring together of a coalition of partners and other stakeholders to develop a comprehensive Heat and Air Quality Preparedness and Response Plan to address health inequity and overall quality of life for our most vulnerable residents.

CONTRACT PERIOD: 7/1/2024 – 6/30/2025

FUNDING SOURCES (Including Match Funds)	
Federal:	\$ 0
State:	\$ 24,999.00
City:	\$ 0
Other:	\$ 0

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Contractual:	\$ 20,160.00 (Project Coordinator)
Supplies:	\$ 339.00 (Supplies for community meetings)
Other:	\$ 4,500 (Outreach via social media, radio, and print flyers)

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

A Resolution by the Bridgeport City Council

Regarding the

**State of Connecticut Department of Public Health
Pilot Grants for Local Heat and Air Quality
Preparedness & Response Planning
(#25649)**

WHEREAS, the **State of Connecticut Department of Public Health (CT DPH) and the Yale Center on Climate Change and Health (YCCCH)** are authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning** grant program; and

WHEREAS, funds under this grant will be used to develop a comprehensive Heat and Air Quality Preparedness and Response Plan to address health inequity and overall quality of life; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **State of Connecticut Department of Public Health** to fund this important work.

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 DPH** and **YCCCH** for the purpose of its **Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning** program; and
2. That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to **CT DPH** and **YCCCH** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



JOSEPH P. GANIM
Mayor

City of Bridgeport, Connecticut
OFFICE OF CENTRAL GRANTS

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

ISOLINA DeJESUS
Manager
Central Grants

COMM. #80-23 Ref'd to ECD&E Committee on 5/6/2024.
4/30/2024

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

**Re: Resolution – CT DECD Office of Brownfield Remediation and Development –
Municipal Grant Program (#25409)**

Attached, please find a Grant Summary and Resolution for the **CT DECD Office of Brownfield Remediation and Development – Municipal Grant Program** to be referred to the **Economic and Community Development and Environment Committee** of the City Council.

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

Thank you,


Joseph Katz
Central Grants Office

RECEIVED
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24 MAY - 1 PM 3:21
ATTEST
CITY CLERK



GRANT SUMMARY

PROJECT TITLE: CT DECD Office of Brownfield Remediation and Development – Municipal Grant Program (#25409)

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: Central Grants Office

CONTACT NAME: Joseph Katz

PHONE NUMBER: 203-576-7732

PROJECT SUMMARY/DESCRIPTION: The Brownfield Municipal Grant Program is a competitive program for municipalities and municipal entities, designed to assist with brownfield redevelopment projects in their communities that will make a significant economic impact. The City of Bridgeport is applying to support the redevelopment of the vacant site of the former A.G.I. Rubber Company on Stratford Avenue. With funding from this grant, the City will be able to spearhead environmental cleanup at this site, as well as raise the site's elevation and create resilient waterfront infrastructure. This grant was submitted in partnership with the Swanston group in support of its plan to develop a soccer stadium on the adjacent site. The proposed work will result in the creation of a public, open space waterfront access area and boardwalk, with a public, community soccer field and a landscaped/hardscaped entryway plaza for the stadium.

CONTRACT PERIOD: 7/1/2024 – 6/30/2027

FUNDING SOURCES (Including Match Funds)	
Federal:	\$ 0
State:	\$ 4,000,000.00
City:	\$ 1,000,000.00
Other:	\$ 1,000,000.00

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Salaries/Benefits:	\$ 0
Construction:	\$ 5,543,000 (Remediation, excavation, contingencies)
Engineering:	\$ 450,000 (Engineering and monitoring)
Administration:	\$ 7,000

MATCH REQUIRED		
	CASH	IN-KIND
Construction:	\$ 2,000,000 (City cash and developer cash)	\$ 0
Other:	\$ 0	\$ 0

A Resolution by the Bridgeport City Council

Regarding the

**Connecticut Department of Economic and Community Development
Office of Brownfield Remediation and Development
Municipal Grant Program
(#25409)**

WHEREAS, the **Connecticut Department of Economic and Community Development (CT DECD)** is authorized to extend financial assistance to municipalities in the form of grants; and

WHEREAS, this funding has been made possible through the **Office of Brownfield Remediation and Development Municipal Grant Program**; and

WHEREAS, this funding will be used to support the redevelopment of the vacant site of the former A.G.I. Rubber Company on Stratford Avenue; and

WHEREAS, grant-funded activities will include environmental cleanup, the raising of the site's elevation, and the creation of resilient waterfront infrastructure; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **CT DECD Office of Brownfield Remediation and Development Municipal Grant Program** to fund work at this strategically located site.

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

1. That it is cognizant of the City's grant application to and contract with the **CT DECD** for the purpose of its **Office of Brownfield Remediation and Development Municipal Grant Program**; and
2. That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to the **CT DECD** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



JOSEPH P. GANIM
Mayor

City of Bridgeport, Connecticut
OFFICE OF CENTRAL GRANTS

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

ISOLINA DeJESUS
Manager
Central Grants

COMM. #81-23 Ref'd to ECD&E Committee on 5/6/2024.

4/30/2024

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

Re: Resolution – National Audubon Society – Audubon Wildlife Guards (#25617)

Attached, please find a Grant Summary and Resolution for the **National Audubon Society – Audubon Wildlife Guards** to be referred to the **Economic and Community Development and Environment Committee** of the City Council.

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

Thank you,

Joseph Katz
Central Grants Office

ATTEST
CITY CLERK

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GRANT SUMMARY

PROJECT TITLE: **National Audubon Society – Audubon Wildlife Guards (#25617)**

NEW RENEWAL CONTINUING

DEPARTMENT SUBMITTING INFORMATION: **Central Grants Office**

CONTACT NAME: **Joseph Katz**

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

PROJECT SUMMARY/DESCRIPTION: The City of Bridgeport, Department of Youth Services will interview, provide general job training, and employ 8 students to ensure that birds have the opportunity to nest successfully and rest and refuel during migration at parks in the City of Bridgeport. The students will monitor nesting and migrating shorebirds, restore habitat, and engage visitors, families, and friends about the parks and their wildlife. For this project, the City of Bridgeport will be a sub-recipient of grant funds from the United Way of Coastal Fairfield County.

CONTRACT PERIOD: 7/1/2024 – 9/30/2024

FUNDING SOURCES (Including Match Funds)	
Federal:	\$ 0
State:	\$ 0
City:	\$ 0
Other:	\$ 21,714.29

GRANT FUNDED (PROJECT FUNDS REQUESTED)	
Salaries/Benefits:	\$ 1,500 (United Way staff time)
Contractual:	\$ 18,777.79 (8 Wildlife Guards)
Administration:	\$ 1,436.50 (7.65% overhead)

MATCH REQUIRED		
	CASH	IN-KIND
Construction:	\$ 0	\$ 0
Other:	\$ 0	\$ 0

A Resolution by the Bridgeport City Council

Regarding the

**National Audubon Society
Audubon Wildlife Guards
(#25617)**

WHEREAS, the **National Audubon Society** is authorized to extend financial assistance to municipalities and non-profits in the form of grants; and

WHEREAS, this funding has been made possible through the **Audubon Wildlife Guards** grant program; and

WHEREAS, the City of Bridgeport applied for this funding in partnership with United Way of Coastal Fairfield County, who will subgrant a portion of the funding to the City of Bridgeport as a fiduciary of the grant; and

WHEREAS, this funding will be used to hire and train eight high school students as Wildlife Guards, who will ensure that birds have the opportunity to nest successfully and rest and refuel during migration at parks in the City of Bridgeport; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submits an application to the **National Audubon Society Audubon Wildlife Guards** grant program to fund work at this strategically located site.

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

1. That it is cognizant of the City's grant application to and contract with the **National Audubon Society** and the **United Way of Coastal Fairfield County** for the purpose of the **Audubon Wildlife Guards** program; and
2. That it hereby authorizes, directs, and empowers the Mayor or his designee to accept any funds that result from the City's application to the **National Audubon Society** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.

COMM. #82-23 Ref'd to Public Safety & Transportation Committee
on 5/6/2024

WATER POLLUTION CONTROL AUTHORITY
for the City of Bridgeport

695 Seaview Avenue • Bridgeport, Connecticut 06607-1628
Telephone (203) 332-5550 • Fax (203) 576-7005



Lauren McBennett Mappa, P.E.
General Manager

April 30, 2024

Lydia Martinez
City Clerk

Dear Ms. Martinez:

Please be advised that by action of the WPCA Board of Commissioners on March 19, 2024, the WPCA approved the request of the developer COMLINK for a sewer extension on Success Avenue. Please place this matter on the Agenda of the next City Council Meeting for referral to the Public Safety and Transportation Committee as "Communication form WPCA General Manager regarding approval of sewer extension on Success Avenue for the development of 520 Success Avenue. In accordance with Section 13.04.540 of the City Ordinances, the submission of the information from the WPCA General Manager to the Council Committee is all that is required at this time. Please also forward this to the Planning and Zoning Commission for an 8-24 referral.

If there are any questions regarding the procedures set forth herein, please contact Attorney Michael Jankovsky in the City Attorney's office.

Thank you,

A handwritten signature in cursive script that reads "Lauren M. Mappa".

Lauren McBennett Mappa, PE

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24 APR 30 AM 11:25
ATTEST
CITY CLERK

Ortiz, Frances

From: McBennettMappa, Lauren
Sent: Tuesday, April 30, 2024 8:37 AM
To: Toms, Tyisha; Jankovsky, Michael; Anastasi, Mark T; Ortiz, Frances; Burgos, Luis
Cc: Walker, Stephen; Urquidi, Jon
Subject: 520 Success Ave
Attachments: resolution document.pdf; ordinance and minutes with resolution.pdf

Good morning. The WPCA Board voted to approve the extension of the sewer on Success Avenue by the developer for 520 Success Avenue which is predominantly located in Stratford. As such, please refer this item to the Planning and Zoning Commission for an 8-24 Report and the Public Safety and Transportation Committee. I have attached the ordinance, the meeting minutes with the resolution and the resolution document. If you need anything else, please let me know. Thank you.

Lauren McBennett Mappa PE
General Manager
Water Pollution Control Authority
695 Seaview Avenue
Bridgeport, CT 06607
O 203-332-5605
C 203-673-9968

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24 APR 30 AM 9:45
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WATER POLLUTION CONTROL AUTHORITY
for the City of Bridgeport

695 Seaview Avenue • Bridgeport, Connecticut 06607-1628
Telephone (203) 332-5550 • Fax (203) 576-7005

Lauren McBennett Mappa, P.E.
General Manager

Resolution From the WPCA Board of Commissioners

At the WPCA Board of Commissioners meeting held on March 19, 2024, a vote was held regarding the connection of the proposed development at 520 Success Avenue to the City of Bridgeport sanitary sewers. The Board voted unanimously to approve the development connection provided that the developer be solely responsible for the extension of the existing sanitary sewer to the site and then turn the sanitary main over to the WPCA and contribute one hundred (\$100,000) dollars to the WPCA for downstream improvements for capacity issues. The motion for this vote was made by Ken Flatto and seconded by Nina Thomas.

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CITY CLERK

BPT Code of ORDINANCES

13.04.620 - Sewer extensions to properties outside the city limits.

Notwithstanding the requirements of Sections 13.04.030, 13.04.300, and 13.04.540 of this chapter, all requests for sewer extensions for service to properties located outside the city limits shall be submitted by the town and the property owner to the WPCA board for approval. All approved requests shall be forwarded by the WPCA to the city clerk for referral to: the planning and zoning commission for a report pursuant to Section 8-24 of the General Statutes of Connecticut; and the committee having jurisdiction over highways for an investigation and report. All requests from towns and property owners for sewage service to properties located outside the city limits where there is no approved contract between the town where the property is located and the WPCA, shall also require the approval of the city council. All contracts and/or amendments to contracts between the WPCA and towns for sewage service executed after the effective date of the ordinance codified in this section shall also require the approval of the city council.

(Ord. dated 5/5/14)

WPCA BOARD OF DIRECTORS
MEETING Minutes for MARCH 19, 2024

ATTENDANCE **(Chairman)** Clement Young, WPCA Board of Directors: Acting Chairman Kenneth Flatto, City Finance Director, Jon Urquidi, City Engineer, Commissioner Osiba A. Nelson, John Klein, Nina Thomas, WPCA Lauren McBennett Mappa, P.E. General Manager, Stephen Walker, Finance Director,

OTHERS: **Tyisha Toms, City Attorney,** Rick Lavoie, Inframark, Andre's Cell, Jillian Baldwin, Jason Edwards, Stephen Bellis, Randi, Almariet Robert, Ernest Newton & Eneida Martinez, City Council Liaison, Various PT Partners members

ABSENT: Mark Anastasi, City Attorney office, Director -Public Facilities

CALL TO ORDER

Opened the meeting at 4:06 a quorum was present.

PUBLIC COMMENT – None

Old Business: Minutes for January and February were approved. Ken Flatto made the motion and Nina Thomas seconded it. Vote was unanimous.

New Business:

- A. Date of April meeting, the meeting scheduled for April 16, 2024 was cancelled and changed to a special meeting on April 23, 2024. Ken Flatto made the motion and Nina Thomas seconded it. Vote was unanimous.

- B. **520 Success Avenue Project** – This item was added to the agenda. Nina Thomas made the motion and Ken Flatto seconded it. The vote by roll call was unanimous.

- C. The connection to the Bridgeport sewer system for the proposed redevelopment was approved by the Board with the condition that one hundred thousand dollars (\$100,000.00) would be given to the WPCA for improvements in the system downstream of the project. The motion was made by Ken Flatto and seconded by Nina Thomas. The roll call vote was unanimous.

D. The motion to adjourn the meeting was made by John Klein and seconded by Osiba Nelson. Vote was unanimous.

pc: Mayor, AStraut-DEEP, 24 0423 minutes



City of Bridgeport, Connecticut
OFFICE OF CENTRAL GRANTS

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

ISOLINA DeJESUS
Manager
Central Grants

JOSEPH P. GANIM
Mayor

COMM. #83-23 Ref'd to Public Safety & Transportation Committee
on 5/6/2024.
April 30, 2024

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

**RE: Resolution – United States Department of Transportation – Advanced Transportation
Technology and Innovation (ATTAIN) Program (#24298)**

Dear Ms. Martinez,

Attached, please find a Grant Summary and Resolution for the **United States Department of Transportation – Advanced Transportation Technology and Innovation (ATTAIN) Program** to be referred to the **Committee on Public Safety and Transportation** of the City Council.

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

Thank you,

Joseph Katz
Central Grants Office

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24 MAY - 1 PM 3: 22
ATTEST
CITY CLERK



GRANT SUMMARY

PROJECT TITLE: United States Department of Transportation – Advanced Transportation Technology and Innovation (ATTAIN) Program (#24298)

DEPARTMENT SUBMITTING INFORMATION: Central Grants Office

CONTACT NAME: Joseph Katz

PHONE NUMBER: 203-576-7732

PROJECT SUMMARY/DESCRIPTION: US DOT ATTAIN will award grants to eligible entities to deploy, install, and operate advanced transportation technologies to improve safety, mobility, efficiency, system performance, intermodal connectivity, and infrastructure return on investment. If awarded, the City will use these funds to install smart technology traffic signals along the Railroad Ave corridor in the City's South and West End neighborhoods. This project will replace aging signals and will also improve and update pedestrian crossings. Once completed, it will be a model for future traffic signal projects throughout the city.

CONTRACT PERIOD: TBD (36-month project period)

FUNDING SOURCES (include matching funds):	
Federal:	\$ 7,600,000.00
State:	\$ 0
City:	\$ 1,900,000.00
Other:	\$ 0

GRANT FUNDED PROJECT FUNDS REQUESTED	
Contractual:	\$ 500,000.00
Construction:	\$ 9,000,000.00
Materials/Supplies:	\$ 0

MATCH REQUIRED-		
	CASH	IN-KIND
Source: Municipal Funds	\$1,900,000.00 (Construction)	

A Resolution by the Bridgeport City Council

Regarding the

**United States Department of Transportation
Advanced Transportation Technology and Innovation (ATTAIN) Program
(#24298)**

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

WHEREAS, this funding has been made possible through the **Save America's Treasures** grant program; and

WHEREAS, funds under this grant will be used to complete the design and construction of smart technology traffic signals at intersections along Railroad Avenue; and

WHEREAS, it is desirable and in the public interest that the City of Bridgeport submit an application to the **US Department of Transportation** to improve the safety and efficiency of intersections on this important stretch of roadway.

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 **United States Department of Transportation** for the purpose of its **ATTAIN** grant program; and
2. That it hereby authorizes, directs and empowers the Mayor or his designee to accept any funds that result from the City's application to the **United States Department of Transportation** 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

OFFICE OF THE CITY ATTORNEY

CITY ATTORNEY
Tyisha S. Toms

DEPUTY CITY ATTORNEY
John P. Bohannon, Jr.

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

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. Scalo



May 2, 2024

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

Re: Resolution

Attached please find the Resolution for the Acceptance of Town Road Releases for Seltam Road, Capital Avenue, Island Brook Avenue Extension, Indian Place and Sylvan Avenue to be referred to the Contracts Committee of the City Council.

If you have any questions or require any additional information, please contact me at 203-576-7647 or email at Tyisha.toms@bridgeportct.gov.

Thank you,

Tyisha S. Toms
City Attorney

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24 MAY -2 PM 1:21
ATTEST
CITY CLERK

A Resolution by the Bridgeport City Council

Regarding the

**Acceptance Town Roads Releases from the
Connecticut Department of Transportation for**

WHEREAS, the Connecticut Department of Transportation (“DOT”) obtained land rights to several Bridgeport right-of-ways (“ROW”) where the DOT had projects requiring the DOT to enter into agreements with the City of Bridgeport (“City”) which stipulation that the DOT would transfer the property back to the municipality at the conclusion of the project.

WHEREAS, in a letter dated January 31, 2024, the DOT notified the City that the DOT received the appropriate approvals to convey land on **Seltsam Road, Capital Avenue, Island Brook Extension, Indian Road and Sylvan Avenue**; said notice is attached hereto as **Exhibit A**.

WHEREAS, the City desires to accept the released property from the DOT.

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

1. That it hereby authorizes the City to accept the property from the DOT transferring the above-referenced properties back to the municipality, and
2. That it hereby authorizes, directs and empowers the Mayor, with the approval of the Office of the City Attorney, to execute all documents, necessary to effectuate the acceptance of the releases of the right-of-way of the “subject properties” back to the City.

Exhibit A
Notice from DOT
dated January 31, 2024



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION



2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546

Phone: (860) 594-2471

9489 0178 9820 3019 7300 00

January 31, 2024

CERTIFIED MAIL

The Honorable Joseph P. Ganim
Mayor
City of Bridgeport
Margaret E. Morton Government Center
999 Broad Street
Bridgeport, Connecticut 06604

Dear Mayor Ganim:

Subject: State Land – Bridgeport
File No. - 015-045-064B
Town Road Release (TRR) – Indian Place
Follow Up File Nos. – 015-061-001A, 015-053-007A, 015-045-006A & 015-045-056A
Follow Up TRRs – Seltam Rd., Capitol Ave., Island Brook Ave. Extension & Sylvan Ave.

Please be advised that the Department of Transportation (Department) has received final approval to release the subject property, File No. 015-045-064B, the Town Road Release of Indian Place, and is now ready to close. Enclosed is a copy of the executed deed, map and two copies of the closing report for your reference.

In reference to letters dated December 6, 2018, February 5, 2019, February 21, 2019, July 19, 2019, June 13, 20120, December 10, 2020, May 11, 2023 and August 17, 2023 informing the City of Bridgeport (City) that the Department has received final approvals to convey all the Town Roads of Seltam Road, Capital Avenue, Island Brook Avenue Extension and Sylvan Avenue. To date, the Department has not received a response or the signed closing reports from the City.

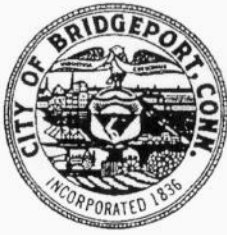
Please sign all copies of the closing reports and forward them to this office. Upon receipt of the above, the Department will send you a copy of the closing report, the original executed deed, the mylar and the tax exempt form for you to file in the Bridgeport City Hall.

Should you have any questions please contact Shandi Wong, the agent assigned to these files at the telephone number listed above, or by email at shandi.wong@ct.gov.

Very truly yours,

Melanie A. Fadoir
Supervising Property Agent
Property Management Section
Division of Rights of Way

Enclosures



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. *67-23 Consent Calendar

WHEREAS, a lawsuit in the following name was filed against the City of Bridgeport and/or its employees and investigation disclosed the likelihood on the part of the City for which, in the event of suit and trial, the City might be held liable, and

WHEREAS, negotiations with the Plaintiff's attorney has made it possible to settle this suit for the figure set forth below, and the City Attorney, therefore, recommends the following settlement be accepted, Now, Therefore be it

RESOLVED, That the City Attorney is hereby authorized to execute any and all documents necessary to effectuate the settlement referenced below, and

BE IT FURTHER RESOLVED, That the Comptroller be, and hereby is, authorized, empowered and directed to draw his order on the City Treasurer payable as follows:

<u>Name</u>	<u>Nature of Claim</u>	<u>Plaintiff's Attorney</u>	<u>Settlement</u>
Reina Ramos	Slip/Fall	N/A	\$36,000.00

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024



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. *68-23 Consent Calendar

WHEREAS, a lawsuit in the following name was filed against the City of Bridgeport and/or its employees and investigation disclosed the likelihood on the part of the City for which, in the event of suit and trial, the City might be held liable, and

WHEREAS, negotiations with the Plaintiff's attorney has made it possible to settle this suit for the figure set forth below, and the City Attorney, therefore, recommends the following settlement be accepted, Now, Therefore be it

RESOLVED, That the City Attorney is hereby authorized to execute any and all documents necessary to effectuate the settlement referenced below, and

BE IT FURTHER RESOLVED, That the Comptroller be, and hereby is, authorized, empowered and directed to draw his order on the City Treasurer payable as follows:

<u>Name</u>	<u>Nature of Claim</u>	<u>Plaintiff's Attorney</u>	<u>Settlement</u>
Jernaine Rogers	Police Liability	N/A	\$50,000.00

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024



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. *69-23 (A) Consent Calendar

BE IT RESOLVED, that the proposed Workers' Compensation Settlement between the City and Claimant Peter Olivia, and a Full and Final Settlement payment of \$48,838.40 is hereby authorized and approved.

<u>Name</u>	<u>Nature of Claim</u>	<u>Attorney</u>	<u>Amount</u>
Peter Olivia	Workers' Compensation Stipulation	Attorney Andrew Morrissey 203 Church Street Naugatuck, CT 06770	\$48,838.40

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

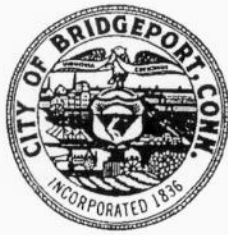
Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024



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. *69-23 (B) Consent Calendar

BE IT RESOLVED, that the proposed Workers' Compensation Settlement between the City and Claimant Esther Hailey, and a Full and Final Settlement payment of \$35,500.00 is hereby authorized and approved.

<u>Name</u>	<u>Nature of Claim</u>	<u>Attorney</u>	<u>Amount</u>
Esther Hailey	Workers' Compensation Stipulation	Attorney Jon August 1087 Broad Street Bridgeport, CT 06604	\$35,500.00

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

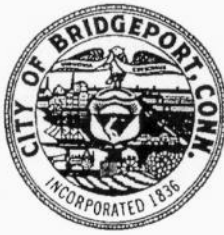
Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024



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. *69-23 (C) Consent Calendar

BE IT RESOLVED, that the proposed Workers' Compensation Settlement between the City and Claimant Samuel Fischer, and a Full and Final Settlement payment of \$37,500.00 is hereby authorized and approved.

<u>Name</u>	<u>Nature of Claim</u>	<u>Attorney</u>	<u>Amount</u>
Samuel Fischer	Workers' Compensation Stipulation	Attorney Jon August 1087 Broad Street Bridgeport, CT 06604	\$37,500.00

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024



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. *69-23 (D) Consent Calendar

BE IT RESOLVED, that the proposed Workers' Compensation Settlement between the City and Claimant Robert Pogorzelski, and a Full and Final Settlement payment of \$65,000.00 is hereby authorized and approved.

<u>Name</u>	<u>Nature of Claim</u>	<u>Attorney</u>	<u>Amount</u>
Robert Pogorzelski	Workers' Compensation Stipulation	Attorney David Morrissey 203 Church Street Naugatuck, CT 06770	\$65,000.00

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024



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. *69-23 (E) Consent Calendar

BE IT RESOLVED, that the proposed Workers' Compensation Settlement between the City and Claimant Steve Jordan, and a Full and Final Settlement payment of approximately \$75,552.90 (\$85,000 less §31-308a benefits paid to date) is hereby authorized and approved.

<u>Name</u>	<u>Nature of Claim</u>	<u>Attorney</u>	<u>Amount</u>
Steve Jordan	Workers' Compensation Stipulation	Attorney Robert Photos 56 Boston Avenue Bridgeport, CT 06610	\$75,552.90

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024

For further details and discussion Attorney Joseph J. Passaretti and Attorney Christine M. Yeomans will be in attendance (Benefits Manager Miles and myself) at the Misc. Matters Committee meeting of April 22, 2024.

EXECUTIVE SUMMARY

PROPOSED STIPULATION for PETER OLIVA

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

a. Submission Title

Proposed Workers' Compensation Settlement with Peter Oliva

b. Submitting Entity

Office of the City Attorney - on behalf of outside legal counsel, Attorney Joseph J. Passaretti, Jr., Monstream Law Group, LLP

c. Contact Person

Mark T. Anastasi, Esq.
Contact via cellphone: (203) 673-7218; text or email:
Mark.Anastasi@bridgeportct.gov

d. Deadline for Approval & Basis for Same

Deadline – As soon as possible – case has been tried, and a decision is pending – settling now will close liability for less than full value, and avoid litigation expense of trial brief preparation, post-trial motions and possible appellate litigation.

e. Matter Summary

This is a November 4th, 2020, contested C.G.S. Sec. 7-433c claim by firefighter Peter Oliva. Case contested on the basis of a statute of limitations defense.

f. City Council Action Requested

At the April 15, 2024, Meeting - Referral of matter to the Committee on Miscellaneous Matters for hearing at its April 22nd meeting.

At the May 6th, 2024, Meeting - City Council resolution authorizing and approving full and final settlement of this legal matter for the dollar amount requested herein (\$48,838.40).

g. Financial Impact Analysis

In the event this matter is approved, the City will become obligated to pay a total of \$48,838.40 to Attorney Andrew Morrissey on behalf of the claimant.

h. Funding Budget-Line

The settlement payment will be made by PMA, the City's third-party workers compensation administrator, with City funds appropriated in the Benefits Administration / Human Resources annual operating budget.

i. Proposed Motion

"NOW THEREFORE BE IT RESOLVED that the proposed Workers' Compensation Settlement between the City and Claimant Peter Oliva, and a Full and Final Settlement payment of \$48,838.40 is hereby authorized and approved."

EXECUTIVE SUMMARY

PROPOSED STIPULATION for ESTHER HAILEY

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

a. Submission Title

Proposed Workers' Compensation Settlement with Esther Hailey

b. Submitting Entity

Office of the City Attorney - on behalf of outside legal counsel, Attorney Joseph J. Passaretti, Jr., Monstream Law Group, LLP

c. Contact Person

Mark T. Anastasi, Esq.
Contact via cellphone: (203) 673-7218; text or email:
Mark.Anastasi@bridgeportct.gov

d. Deadline for Approval & Basis for Same

Deadline – Case is set to be put down for trial *if* no settlement is approved. No trial is currently scheduled.

e. Matter Summary

This is a January 27th, 2022, accepted C.G.S. Sec. 7-433c claim by police officer Esther Hailey. Current issues involve PPD dispute, compensability of atrial fibrillation, and C.G.S. Sec. 7-433b cap calculations.

f. City Council Action Requested

At the April 15, 2024, Meeting -Referral of matter to the Committee on Miscellaneous Matters for hearing at its April 22nd meeting.

At the May 6th, 2024, Meeting -City Council resolution authorizing and approving full and final settlement of this legal matter for the dollar amount requested herein (\$35,500.00).

g. Financial Impact Analysis

In the event this matter is approved, the City will become obligated to pay a total of \$35,500 to Attorney Jon August on behalf of the claimant.

h. Funding Budget-Line

The settlement payment will be made by PMA, the City's third-party workers compensation administrator, with City funds appropriated in the Benefits Administration / Human Resources annual operating budget.

i. Proposed Motion

"NOW THEREFORE BE IT RESOLVED that the proposed Workers' Compensation Settlement between the City and Claimant Esther Hailey, and a Full and Final Settlement payment of \$35,500 is hereby authorized and approved."

EXECUTIVE SUMMARY

PROPOSED STIPULATION for SAMUEL FISCHER

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

a. Submission Title

Proposed Workers' Compensation Settlement with Samuel Fischer

b. Submitting Entity

Office of the City Attorney - on behalf of outside legal counsel, Attorney Joseph J. Passaretti, Jr., Monstream Law Group, LLP

c. Contact Person

Mark T. Anastasi, Esq.

Contact via cellphone: (203) 673-7218; text or email:

Mark.Anastasi@bridgeportct.gov

d. Deadline for Approval & Basis for Same

Deadline – Case is set to be put down for trial *if* no settlement is approved. No trial is currently scheduled, but we have not yet secured a defense expert and are on a timeline by which to do so (and we are trying to avoid that, and other expenses, by moving to this settlement.

e. Matter Summary

This is a January 27th, 2022, accepted C.G.S. Sec. 7-433c hypertension claim but is denied for coronary artery disease based on causation and statute of limitations.

f. City Council Action Requested

At the April 15, 2024, Meeting - Referral of matter to the Committee on Miscellaneous Matters for hearing at its April 22nd meeting.

At the May 6th, 2024, Meeting -City Council resolution authorizing and approving full and final settlement of this legal matter for the dollar amount requested herein (\$37,500.00).

g. Financial Impact Analysis

In the event this matter is approved, the City will become obligated to pay a total of \$37,500 to Attorney Jon August on behalf of the claimant.

h. Funding Budget-Line

The settlement payment will be made by PMA, the City's third-party workers compensation administrator, with City funds appropriated in the Benefits Administration / Human Resources annual operating budget.

i. Proposed Motion

"NOW THEREFORE BE IT RESOLVED that the proposed Workers' Compensation Settlement between the City and Claimant Samuel Fischer, and a Full and Final Settlement payment of \$37,500 is hereby authorized and approved."

EXECUTIVE SUMMARY

PROPOSED STIPULATION for ROBERT POGORZELSKI

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

a. Submission Title

Proposed Workers' Compensation Settlement with Robert Pogorzelski

b. Submitting Entity

Office of the City Attorney - on behalf of outside legal counsel, Attorney Christine Yeomans, Law Office of Christine M. Yeomans, LLC.

c. Contact Person

Mark T. Anastasi, Esq.
Contact via cellphone: (203) 673-7218; text or email:
Mark.Anastasi@bridgeportct.gov

d. Deadline for Approval & Basis for Same

Deadline – 3 months in order to effectuate negotiated compromise.

e. Matter Summary

The claimant is a retired firefighter. The claimant is amenable to a global settlement to close out all physical injury claims as well as heart and hypertension claims, which would include the potential widow's claim.

f. City Council Action Requested

At the April 15, 2024, Meeting - Referral of matter to the Committee on Miscellaneous Matters for hearing at its April 22nd meeting.

At the May 6th, 2024, Meeting - City Council resolution authorizing and approving full and final settlement of this legal matter for the dollar amount requested herein (\$65,000.00).

g. Financial Impact Analysis

In the event this matter is approved, the City will become obligated to pay a total of \$65,000 to Attorney David Morrissey on behalf of the claimant.

h. Funding Budget-Line

The settlement payment will be made by PMA, the City's third-party workers compensation administrator, with City funds appropriated in the Benefits Administration / Human Resources annual operating budget.

i. Proposed Motion

"NOW THEREFORE BE IT RESOLVED that the proposed Workers' Compensation Settlement between the City and Claimant Robert Pogorzelski, and a Full and Final Settlement payment of \$65,000.00 is hereby authorized and approved."

EXECUTIVE SUMMARY

PROPOSED STIPULATION for STEVE JORDAN

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

a. Submission Title

Proposed Workers' Compensation Settlement with Steve Jordan

b. Submitting Entity

Office of the City Attorney - on behalf of outside legal counsel, Attorney Christine Yeomans, Law Office of Christine M. Yeomans, LLC.

c. Contact Person

Mark T. Anastasi, Esq.
Contact via cellphone: (203) 673-7218; text or email:
Mark.Anastasi@bridgeportct.gov

d. Deadline for Approval & Basis for Same

Deadline – 3 months in order to effectuate negotiated compromise.

e. Matter Summary

The claimant is a sixty (60) year old seasonal worker who is amenable to a global settlement to close out all physical injury claims.

f. City Council Action Requested

At the April 15, 2024, Meeting - Referral of matter to the Committee on Miscellaneous Matters for hearing at its April 22nd meeting.

At the May 6th, 2024, Meeting - City Council resolution authorizing and approving full and final settlement of this legal matter for the dollar amount requested herein, approximately \$75,552.90 (\$85,000 less §31-308a benefits paid to date).

g. Financial Impact Analysis

In the event this matter is approved, the City will become obligated to pay a total of approximately \$75,552.90 (\$85,000 less §31-308a benefits paid to date) to Attorney Robert Photos on behalf of the claimant.

h. Funding Budget-Line

The settlement payment will be made by PMA, the City's third-party workers compensation administrator, with City funds appropriated in the Benefits Administration / Human Resources annual operating budget.

i. Proposed Motion

"NOW THEREFORE BE IT RESOLVED that the proposed Workers' Compensation Settlement between the City and Claimant Steve Jordan, and a Full and Final Settlement payment of approximately \$75,552.90 (\$85,000 less §31-308a benefits paid to date) is hereby authorized and approved."

Thank you for your assistance in this matter.

Very truly yours,



Mark T. Anastasi, Esq.

cc: Joseph P. Ganim, Mayor
Lydia Martinez, City Clerk
Frances Ortiz, Asst. City Clerk
Tyisha Toms, City Attorney
Joseph Passaretti, Esq.
Christine M. Yeomans, Esq.
Monquencelo Miles, Benefits Manager

F.



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. *37-23 Consent Calendar

BE IT RESOLVED, that the Miscellaneous Matters Committee at its meeting held on April 22, 2024 hereby requests that the City Council approves the Withdrawal of Item #37-23 in accordance with the written Request from the Mayor's Office and pursuant to Council Rule XXXI

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz

City Council Date: May 6, 2024

March 15, 2024

Office of the City Clerk
City of Bridgeport
45 Lyon Terrace, Rome 294
Bridgeport, CT 06604

Re: Reslution 37-23: Appointment of John Stevens (U) to the Harbor Commission.

Dear Ms. Martinez,

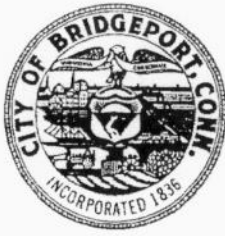
Please remove agenda item 37-23- appointment of John Stevens (U) to the Harbor Commission, from the agenda for the March 25, 2024 Miscellaneous committee of the City Council. This item is a duplicate and no longer requires a vote from the City Council and does not need to be discussed at the committee meeting.

If you have any questions or concerns, please contact me at 203-330-4271 or at andy.toledo@bridgeportct.gov.

Sincerely,

Andy Toledo
Mayor's Office

RECEIVED
CITY CLERK'S OFFICE
24 MAR 15 AM 9:08
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. 25-23

RESOLVED, That the following named individual be, and hereby is, appointed to the Zoning Board of Appeals in the City of Bridgeport and that said appointment, be and hereby is, approved, ratified and confirmed.

NAME

TERM EXPIRES

Paul Miller (R)
149 Grovers Avenue
Bridgeport, CT 06605

December 31, 2026

RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
MISCELLANEOUS MATTERS

AmyMarie Vizzo-Paniccia, **Co-Chair**

Aikeem G. Boyd, **Co-Chair**

Rolanda Smith

Alfredo Castillo

Tyler Mack

Matthew McCarthy

Richard Ortiz



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. *63-23 (Ref. #58-23) Consent Calendar

RESOLVED, That the attached request to appropriate funds for the Senior Paralegal position in the City Attorney's Office, be and it hereby is approved by the Budget and Appropriations Committee held on (April 8, 2024).

**RESPECTFULLY SUBMITTED,
THE COMMITTEE ON
BUDGET AND APPROPRIATIONS**

Scott Burns, D-130th, Co-chair

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

Jeanette Herron, D-133rd

AmyMarie Vizzo-Paniccia, D-134th

Richard Ortiz, D-135th

Mary A. McBride-Lee, D-135th

Frederick Hodges, D-136th

City Council Date: April 15, 2024, Tabled by Full Council
Resubmitted on: May 6, 2024

(Ref. 58-23)

CITY OF BRIDGEPORT

OFFICE OF THE CITY ATTORNEY

999 Broad Street

Bridgeport, CT 06604-4328

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

CITY ATTORNEY
Tyisha S. Toms

DEPUTY CITY ATTORNEY
John P. Bohannon, Jr.

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



March 27, 2024

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

***Re: Referral to the Budget Committee for Discussion and Appropriation of Funds
for the Senior Paralegal Position***

Dear Honorable Councilpersons,

The Department of Civil Service, at the request of the Office of the City Attorney, submitted Item 58-23 for referral to the Miscellaneous Matter Committee, which was approved and is on the consent calendar for the full City Council meeting on April 1, 2024.

The purpose of this communication is to respectfully request that the Budget Committee appropriate funds for the Senior Paralegal position.

Sincerely yours,

Tyisha Toms
City Attorney

RECEIVED
CITY CLERKS OFFICE
24 MAR 27 PM 4: 01
ATTEST
CITY CLERK

04082024-A

Paralegal Salary Adjustment

NOTE: FY24 Adjustment Request

FY24 Salary Balance	\$	92,462
Para to Sr Para Annual Increase	\$	10,031
2 Promotions	\$	20,062
Monthly Increase	\$	1,672
April-June (3 months)	\$	5,015
New Hire (Sr.P Salary/12)*2 (May + Jun)	\$	12,817
Total FY24 Expenditure	\$	17,832
Balance	\$	74,630

FROM	Effective	Full Description	Step 1	Step 2	Step 3	Step 4
	7/1/2022	Paralegal	\$ 55,021	\$ 57,057	\$ 61,131	\$ 63,165
	7/1/2023	Paralegal	\$ 56,671	\$ 58,769	\$ 62,964	\$ 65,060
	7/1/2024	Paralegal	\$ 58,371	\$ 60,532	\$ 64,853	\$ 67,011
	7/1/2025	Paralegal	\$ 59,101	\$ 61,288	\$ 65,664	\$ 67,849

TO	Effective	Full Description	Step 1	Step 2	Step 3	Step 4
	7/1/2022	Paralegal	\$ 66,025	\$ 68,061	\$ 70,097	\$ 72,131
	7/1/2023	Paralegal	\$ 66,872	\$ 68,970	\$ 71,068	\$ 73,164
	7/1/2024	Paralegal	\$ 68,878	\$ 71,039	\$ 73,200	\$ 75,358
	7/1/2025	Paralegal	\$ 69,739	\$ 71,926	\$ 74,113	\$ 76,298

NEW	Effective	Full Description	Step 1	Step 2	Step 3	Step 4
	7/1/2022	Senior Paralegal	\$ 75,929	\$ 77,965	\$ 80,001	\$ 82,035
	7/1/2023	Senior Paralegal	\$ 76,903	\$ 79,001	\$ 81,099	\$ 83,195
	7/1/2024	Senior Paralegal	\$ 79,209	\$ 81,370	\$ 83,531	\$ 85,689
	7/1/2025	Senior Paralegal	\$ 80,200	\$ 82,387	\$ 84,574	\$ 86,759