

**AGENDA**

**CITY COUNCIL MEETING**

**MONDAY, JUNE 3, 2024**

**7:00 p.m.**

**CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE**

**BRIDGEPORT, CONNECTICUT 06604**

Prayer

Pledge of Allegiance

Roll Call

Mayoral Proclamation: In Recognition of CT Against Gun Violence observation of June 2, 2024 as Gun Violence Awareness Day – Wear Orange.

City Council Citation: In Recognition of CT Against Gun Violence observation of June 2, 2024 as Gun Violence Awareness Day – Wear Orange.

Filling of Vacancy in the 131<sup>st</sup> District

- 89-23** Public Hearing re: Lease Agreement with Mozaic Senior Life (formerly known as the Jewish Home for the Elderly) for a portion of the Skane School Property located at 2977 Madison Avenue in order to provide additional parking for the Senior Care Facility.

**MINUTES FOR APPROVAL:**

Approval of City Council Minutes: May 6, 2024

**COMMUNICATIONS TO BE REFERRED TO COMMITTEES:**

- 91-23** Communication from Tax Collector re: Refund of Excess Payments – Webster School Realty LLC, referred to Miscellaneous Matters Committee.
- 92-23** 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.
- 93-23** Communication from Central Grants re: Grant Submission: Connecticut Department of Economic and Community Development – Community Investment Fund 2030 Grant Program Round 5, referred to Economic and Community Development and Environment Committee.
- 94-23** Communication from Central Grants re: Grant Submission: United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant (#25648), referred to Economic and Community Development and Environment Committee.

**COMMUNICATIONS TO BE REFERRED TO COMMITTEES (CONTINUED):**

- 95-23** Communication from Mayor re: Appointment of John Weldon (R) to the Police Commission, referred to Public Safety and Transportation Committee.
- 96-23** Communication from Mayor re: Appointment of James Meszoros (D) to the Fire Commission, referred to Public Safety and Transportation Committee.

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

- 97-23** Resolution presented by Council Member Burns re: Proposed Resolution to Certify Bridgeport as “BEE CITY USA”, referred to Economic and Community Development and Environment Committee.

**MATTERS TO BE ACTED UPON (CONSENT CALENDAR):**

- \*78-23** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Transportation (DOT) Master Municipal Agreement for Construction Projects.
- \*79-23** Economic and Community Development and Environment Committee Report re: Grant Submission: State of Connecticut Department of Public Health – CT DPH Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning (#25649).
- \*80-23** Economic and Community Development and Environment Committee Report re: Grant Submission: Connecticut Department of Economic and Community Development (DECD) Office of Brownfield Remediation and Development – Municipal Grant Program (#25409).
- \*81-23** Economic and Community Development and Environment Committee Report re: Grant Submission: National Audubon Society – Audubon Wildlife Guards (#25617).

**MATTERS TO BE ACTED UPON:**

- 70-23** Economic and Community Development and Environment Committee Report re: Resolution Approving Programs for the Connecticut Neighborhood Assistance Act Tax Credit Program.
- 77-23** Economic and Community Development and Environment Committee Report re: Resolution Authorizing the Disposition of 16 City-Owned Properties.
- 76-23** Joint Committee on Economic and Community Development and Environment and Contracts Report re: Resolution Authorizing an Affordable Housing Tax Incentive Development Agreement for the Walkersville Commons Development located at 167 Steuben Street and 626 & 614 Pembroke Street.

NO SPEAKERS HAVE REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, JUNE 3, 2024 AT 6:30 P.M. IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT 06604.

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

A Public Hearing will be held before the City Council of Bridgeport at a regular meeting to be held on **Monday evening, June 3, 2024** beginning at **7:00 p.m.**, in the City Council Chambers, City Hall, 45 Lyon Terrace, Bridgeport, Connecticut, relative to the following item listed below:

- Proposed Lease Agreement with Mozaic Senior Life (formerly known as the Jewish Home for the Elderly) for a portion of the Skane School Property located at 2977 Madison Avenue in order to provide additional parking for the Senior Care Facility. [89-23]

Attest:

Lydia N. Martinez  
City Clerk

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AD ENDS ABOVE LINE

**Requires Certification**

**2 Editions, Connecticut Post:**

**PLEASE PUBLISH ON (Thursday, May 23, 2024 & Thursday, May 30, 2024)**

Emailed to: Legal Ad Dept. at [publicnotices@ctpost.com](mailto:publicnotices@ctpost.com)

Account #: 111171

PO: 24000229-00

Dated: May 21, 2024

Sent By:

Lonnette Pettway

City Clerk's Office

45 Lyon Terrace

Bridgeport, CT 06604

(203) 576-7205

(203) 332-5608 (Fax)

Cc: Mayor Joseph P. Ganim  
City Council Members  
D. Shamas, Chief of Staff  
C. Vickers, Deputy Chief of Staff  
T. Gaudett, CAO  
F. Gee, Deputy CAO  
E. Adams, Dir., Gov't Accountability & Integrity  
T. Toms, City Attorney  
M. Anastasi, Esquire  
T. Gill, Director, OPED  
B. Coleman, Deputy Director, OPED






CITY OF BRIDGEPORT  
OFFICE OF THE TAX COLLECTOR

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

VERONICA JONES  
Tax Collector

JOSEPH P. GANIM  
Mayor

COMM. #91-23 Ref'd to Miscellaneous Matters Committee on 6/3/2024.  
DATE: May 24, 2024  
TO: Committee on Miscellaneous Matters  
FROM: Veronica Jones, Tax Collector   
SUBJECT: Refund of Excess Payments

I hereby request a tax refund for the account detailed on the attached list, in accordance with the provision of Section 12-129 of the General Statutes of the State of Connecticut. The Tax Collector, after examination of such applications, recommends to the honorable body in favor of such applicants for the amounts so certified.

Section 12-129: Refund of excess payments. Any person, firm or such corporation who pays any property tax in excess of the principal of such tax as entered in the rate book of the tax collector and covered by his warrant therein, or in excess of the legal interest, penalty or fees pertaining to such tax, or who pays a tax from which the payer is by statute exempt and entitled to an abatement, or who, by reason of a clerical error on the part of the assessor or board of tax review, pays a tax in excess of that which should have been assessed against his property, or who is entitled to a refund because of the issuance of a certificate of correction may make application in writing to the collector of taxes for the refund of such amount. Such application shall be made not later than three years from the date such tax was due and shall contain a recital of the facts and shall state the amount of the refund request.

WEBSTER SCHOOL REALTY LLC  
17 WOODBINE ROAD  
WOODBIDGE, CT 06525

REFERENCE:  
17 WOODBINE ROAD  
WOODBIDGE, CT 06525

Refund due: \$21,346.34  
2022-01-0031541  
1007--13

RECEIVED  
CITY CLERKS OFFICE  
24 MAY 29 AM 9:09  
ATTEST  
CITY CLERK

**REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES**

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended  
 This is to certify that WEBSTER SCHOOL REALTY LLC

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2022

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

WEBSTER SCHOOL REALTY LLC  
 17 WOODBINE ROAD  
 WOODBRIDGE, CT 06525

2022-01-0031541  
 1007--13-----  
 1375 NORTH AV



\*2022010031541\*

To Collector of CITY OF BRIDGEPORT State of Connecticut.

I hereby apply for refund\* of such part of my tax as shall represent:

The service exemption or  
 (State reason -- Cross out service exemption if it does not apply)

*****							
		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/03/2023	42,692.68	0.00	0.00	0.00	42,692.68	
Total Paid	01/09/2024	64,039.02	0.00	0.00	0.00	64,039.02	-21,346.34 ***
Adjusted Refund		0.00	0.00	0.00	0.00	21,346.34	

**PLEASE READ, SIGN, AND DATE BELOW:**

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Print Name \_\_\_\_\_ Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

(203) 258-4625  
 negreid@construction@gmail.com

**COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY**

To the First Selectman, or \_\_\_\_\_  
 It is recommended that refund\* of property taxes and interest in the amount of 21,346.34  
 be made to the above-named taxpayer in accordance with the provisions of Section (s):

DATED AT CITY OF BRIDGEPORT, CONNECTICUT THIS 05 DAY OF March 2024

TAX COLLECTOR

**ACTION TAKEN BY GOVERNING BODY**

The First Selectman, as authorized by the Board of Selectman, or \_\_\_\_\_  
 approved on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ . It was voted to refund  
 Property Taxes and Interest amounting to \$ \_\_\_\_\_ to \_\_\_\_\_.

First Selectman

Other Governing Body

Mail To :

CITY OF BRIDGEPORT  
 325 CONGRESS STREET  
 BRIDGEPORT, CT 06604

2022-01-0031541

WEBSTER SCHOOL REALTY LLC  
17 WOODBINE RD  
WOODBIDGE, CT 06525

EXPLANATION	AMOUNT

1879 BB  
51-7218/2211  
80043

CHECK ARMOR

JNT Twenty one thousand three hundred forty six <sup>34</sup>/<sub>100</sub> DOLLARS

Security Features Details on Back.

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
1/27	Tax collector City of Bpt		1879

\$ 21,346.34

PEOPLES UNITED BANK  
peoples.com

  
MP  
AUTHORIZED SIGNATURE

⑈001879⑈ ⑆221172186⑆ 6500039723⑈

WEBSTER SCHOOL REALTY LLC  
17 WOODBINE RD  
WOODBIDGE, CT 06525

EXPLANATION	AMOUNT

1883  
51-7218/2211  
80043

CHECK ARMOR

PAY AMOUNT OF Twenty one thousand three hundred forty six <sup>30</sup>/<sub>100</sub> DOLLARS

Security Features Details on Back.

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
1/4/20	Tax collector City of Bpt 325 Congress St Bpt, Ct 06604		1883

\$ 21,346.34

PEOPLES UNITED BANK  
peoples.com

  
MP  
AUTHORIZED SIGNATURE

⑈001883⑈ ⑆221172186⑆ 6500039723⑈

CITY OF BRIDGEPORT  
OFFICE OF THE CITY ATTORNEY

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

999 Broad Street  
Bridgeport, CT 06604-4328



May 29, 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*.

Very truly yours,



John R. Mitola  
Associate City Attorney

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



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. #93-23 Ref'd to ECD& Environment Committee  
on 6/3/2024

May 29, 2024

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

**Re: Resolution – CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program Round 5**

Attached, please find a Grant Summary and Resolution for the **CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program Round 5** 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](mailto:joseph.katz@bridgeportct.gov).

Thank you,

Joseph Katz  
Central Grants Office

RECEIVED  
CITY CLERKS OFFICE  
21 MAY 29 PM 2:14  
ATTEST  
CITY CLERK





**GRANT SUMMARY**

**PROJECT TITLE:** CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program Round 5

NEW  RENEWAL  CONTINUING

**DEPARTMENT SUBMITTING INFORMATION:** Central Grants Office

**CONTACT NAME:** Joseph Katz

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

**PROJECT SUMMARY/DESCRIPTION:** The City of Bridgeport is seeking \$250,000 through Round 5 of the CT DECD Community Investment Fund (CIF) 2030 to study the effects of a potential project to deck over sections of Route 8, reconnecting the Hollow with Downtown. Once completed, this project will have us well-positioned to apply for construction funds from a future State or Federal grant opportunity.

**CONTRACT PERIOD:** tbd

**TOTAL REQUEST:** \$ 250,000.00

<b>FUNDING SOURCES (include matching funds):</b>	
Federal:	\$ 0
State:	\$ 250,000.00
City:	\$ 0
Other:	\$ 0

<b>GRANT FUNDED PROJECT FUNDS REQUESTED</b>	
Construction:	\$ 0
Contractual:	\$ 250,000.00
Other:	\$ 0

<b>MATCH REQUIRED</b>		
	CASH	IN-KIND
Planning:	\$	\$
Other:	\$	\$

**A Resolution by the Bridgeport City Council**

**Regarding the**

**CT Department of Economic and Community Development  
Community Investment Fund 2030 Grant Program**

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

**WHEREAS**, this funding has been made possible through the **Community Investment Fund 2030 Grant Program**; and

**WHEREAS**, funds under this grant will be used to study the effects of a potential project to deck over sections of Route 8, reconnecting the Hollow with Downtown; and

**WHEREAS**, it is desirable and in the public interest that the City of Bridgeport submits an application to the **CT Department of Economic and Community Development – Community Investment Fund 2030 Grant Program** to fund this important study.

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

1. That it is cognizant of the City's grant application to and contract with the **CT Department of Economic and Community Development** for the purpose of its **Community Investment Fund 2030 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 Department of Economic and Community Development** and to provide such additional information and 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. #94-23 Ref'd to ECD& Environment Committee  
on 6/3/2024

May 29, 2024

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

**Re: Resolution – United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant (#25648)**

Attached, please find a Grant Summary and Resolution for the **United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant** to be referred to the **Committee on Economic and Community Development and Environment** of the City Council.

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

Thank you,

Joseph Katz  
Central Grants Office

RECEIVED  
CITY CLERKS OFFICE  
24 MAY 29 PM 2: 14  
ATTEST  
CITY CLERK



## GRANT SUMMARY

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**PROJECT TITLE:** United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant (#25648)

NEW  RENEWAL  CONTINUING

**DEPARTMENT SUBMITTING INFORMATION:** Central Grants Office

**CONTACT NAME:** Joseph Katz

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

**PROJECT SUMMARY/DESCRIPTION:** With this proposal, the City is seeking a Planning and Demonstration Grant to advance its community-driven Complete & Safe Streets Design Manual. The manual will govern the design of roadways across Bridgeport for generations to come, establishing a comprehensive, interconnected, and safe transportation network for all residents. With funding from SS4A, the City will develop its own Action Plan to implement the Complete & Safe Streets Design Manual and will conduct numerous demonstration projects to better inform the plan.

**CONTRACT PERIOD:** tbd

<b>FUNDING SOURCES (include matching funds):</b>	
Federal:	\$ 2,538,400.00
State:	\$ 0
City:	\$ 634,600.00
Other:	\$ 0

<b>GRANT FUNDED PROJECT FUNDS REQUESTED</b>	
Construction:	\$ 2,138,400.00 (Temporary traffic calming and roadway design changes)
Contractual:	\$ 400,000.00 (Development of new Action Plan and design manual)
Other:	\$ 0

<b>MATCH REQUIRED</b>		
	CASH	IN-KIND
Contractual:	\$ 534,600.00	\$
Construction:	\$ 100,000.00	\$

**A Resolution by the Bridgeport City Council**

**Regarding the**

**United States Department of Transportation  
Safe Streets and Roads for All (SS4A)  
Planning and Demonstration Grant  
(#25648)**

**WHEREAS**, the **United States 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 **Safe Streets and Roads for All (SS4A)** grant program; and

**WHEREAS**, funds under this grant will be used to advance a community-driven Complete and Safe Streets Design Manual, which will govern the design of roadways across Bridgeport, establishing a comprehensive, interconnected, and safe transportation network for all residents; and

**WHEREAS**, funds will also be used to conduct numerous, temporary demonstration projects in support of the plan, including, but not limited to traffic calming and roadway design interventions; and

**WHEREAS**, it is desirable and in the public interest that the City of Bridgeport submits an application to the **United States Department of Transportation – Safe Streets and Roads for All (SS4A) Planning and Demonstration Grant** 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 the **United States Department of Transportation** for the purpose of its **Safe Streets and Roads for All (SS4A)** 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 execute such other contracts, amendments, and documents as may be necessary to administer this program.




OFFICE OF THE MAYOR  
CITY OF BRIDGEPORT, CONNECTICUT

999 BROAD STREET  
BRIDGEPORT, CONNECTICUT 06604  
TELEPHONE (203) 576-7201  
FAX (203) 576-3913

JOSEPH P. GANIM  
Mayor

**Comm. #95-23 Ref'd to Public Safety & Transportation Committee  
on 6/3/2024**

TO: Lydia N. Martinez  
FROM: Mayor Joseph P. Ganim   
DATE: May 29, 2024  
RE: Boards & Commissions

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Please place the following name on the June 3, 2024 City Council Agenda for referral to the Public Safety & Transportation Committee for the purpose of appointment to the **Police Commission:**

John Weldon (R)  
164 Seaside Avenue  
Bridgeport, CT 06605

This term shall expire on 12/31/2026.


JPG/AT



OFFICE OF THE MAYOR  
CITY OF BRIDGEPORT, CONNECTICUT  
999 BROAD STREET  
BRIDGEPORT, CONNECTICUT 06604  
TELEPHONE (203) 576-7201  
FAX (203) 576-3913

JOSEPH P. GANIM  
Mayor

**Comm. #96-23 Ref'd to Public Safety & Transportation Committee  
on 6/3/2024**

TO: Lydia N. Martinez  
FROM: Mayor Joseph P. Ganim   
DATE: May 29, 2024  
RE: Boards & Commissions

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Please place the following name on the June 3, 2024 City Council Agenda for referral to the Public Safety & Transportation Committee for the purpose of reappointment to the **Fire Commission:**

James Meszoros (D)  
354 Gregory Street  
Bridgeport, CT 06604

This term shall expire on 12/31/2026.

JPG/AT



**OFFICE OF THE CITY CLERK  
RESOLUTION FORM**

RECEIVED  
CITY CLERKS OFFICE

24 MAY 29 PM 1:46

ATTEST \_\_\_\_\_  
CITY CLERK

**SECTION I CITY COUNCIL SUBMISSION INFORMATION**

Log ID/Item Number:	97-23
Submitted by Councilmember(s):	Scott Burns
Co-Sponsors(s):	Choose an item.
District:	130TH
Subject:	Proposed Resolution to Certify Bridgeport as BEE CITY USA
Referred to:	ECD and Environment Committee
City Council Date:	June 3, 2024

**SECTION II RESOLUTION (PLEASE TYPE BELOW)**

WHEREAS, the mission of BEE CITY USA is to galvanize communities to sustain pollinators, responsible for the reproduction of almost 90% of the world's flowering plant species, by providing them with healthy habitat, rich in a variety of native plants and free to nearly free of pesticides; and

WHEREAS, thanks to the more than 3,600 species of native bees in the United States, along with introduced honey bees, we have very diverse dietary choices rich in fruits, nuts, and vegetables; and

WHEREAS, bees and other pollinators have experienced population declines due to a combination of habitat loss, poor nutrition, pesticides (including insecticides, fungicides, and herbicides), parasites, diseases, and climate change; and

WHEREAS, pollinator-friendly communities can benefit local and regional economies through healthier ecosystems, increased vegetable and fruit crop yields, and increased demand for pollinator-friendly plant materials from local growers; and

WHEREAS, ideal pollinator-friendly habitat (A) is comprised of mostly native wildflowers, grasses, vines, shrubs, and trees blooming in succession throughout the growing season to provide diverse and abundant nectar and pollen, since many wild pollinators prefer or depend on the native plants with which they co-adapted; (B) is free to nearly free of pesticides, as many pesticides can harm pollinators and/or their habitat; (C) comprises undisturbed spaces (leaf and brush piles, unmown fields or field margins, fallen trees and other dead wood) for nesting and overwintering; and (D) provides connectivity between habitat areas to support pollinator movement and resilience; and

WHEREAS, Integrated Pest Management (IPM) is a long-term approach to maintaining healthy landscapes and facilities that minimizes risks to people and the environment by: identifying and removing the causes of pest problems rather than only attacking the symptoms (the pests); employing pests' natural enemies along with cultural, mechanical, and physical controls when prevention is not enough; and using pesticides only when no other method is feasible or effective; and

WHEREAS, supporting pollinators fosters broad-based community engagement in environmental awareness and sustainability; and

WHEREAS, the City of Bridgeport should be certified a BEE CITY USA community because of its commitment to sustainability, habitat restoration, and addressing the impacts of climate change; and





## OFFICE OF THE CITY CLERK RESOLUTION FORM

**NOW, THEREFORE**, in order to enhance understanding among local government staff and the public about the vital role that pollinators play and what each of us can do to sustain them, the City of Bridgeport City Council chooses to support and encourage healthy pollinator habitat creation and enhancement, resolving as follows:

1. The City of Bridgeport Sustainability Office Department is hereby designated as the BEE CITY USA sponsor.
2. The Sustainability Manager for the Sustainability Office is designated as the BEE CITY USA Liaison.
3. Facilitation of the City of Bridgeport's BEE CITY USA program is assigned to Aspetuck Land Trust's Park City Pollinators Committee.
4. The Park City Pollinators Committee is authorized to and shall:
  - a. **Celebration:** Host at least one educational event or pollinator habitat planting or restoration each year to showcase the City of Bridgeport's commitment to raising awareness of pollinator conservation and expanding pollinator health and habitat.
  - b. **Publicity & Information:** Install and maintain at least one authorized BEE CITY USA street sign in a prominent location, and create and maintain a webpage on the City of Bridgeport's website which includes, at minimum a copy of this resolution and links to the national BEE CITY USA website; contact information for your BEE CITY USA Liaison and Committee; reports of the pollinator-friendly activities the community has accomplished the previous year(s); and your recommended native plant species list and integrated pest management plan (explained below).
  - c. **Habitat:** Develop and implement a program to create or expand pollinator-friendly habitat on public and private land in all neighborhoods, which includes, but is not limited to, identifying and inventorying the City of Bridgeport's real property that can be enhanced with pollinator-friendly plantings; creating a recommended locally native plant list to include wildflowers, grasses, vines, shrubs, and trees and a list of local suppliers for those species; and, tracking (by square footage and/or acreage) annual area of pollinator habitat created or enhanced.
  - d. **Pollinator-Friendly Pest Management:** Create and adopt an integrated pest management (IPM) plan designed to prevent pest problems, reduce pesticide use, and expand the use of non-chemical pest management methods.
  - e. **Policy & Plans:** Establish, through the City of Bridgeport, a policy in the Sustainability Plan and Plan of Conservation and Development, to acknowledge and commit to the BEE CITY USA designation and review the Plan of Conservation and Development and other relevant documents to consider improvements to pest management policies and practices as they relate to pollinator conservation, identify appropriate locations for pollinator-friendly plantings, and consider other appropriate measures.
  - f. **Renewal:** After completing the first calendar year as a BEE CITY USA affiliate, each February, apply for renewal of the City of Bridgeport's BEE CITY USA designation following the format provided by BEE CITY USA, including a report of the previous year's BEE CITY USA activities, and paying the renewal fee based on the City of Bridgeport's population.
  - g. **Committee Composition:** Ensure equitable participation across the City. The Committee shall be composed of at minimum three representatives, including but not limited to, a representative from Aspetuck Land Trust, a member of a community garden in the City of Bridgeport, representative from each NRZ, representative from local non-profit focused on the environment/sustainability, City Council member, an individual involved in the Bridgeport school system, and representative from the City of Bridgeport.



## OFFICE OF THE CITY CLERK RESOLUTION FORM

### SECTION III SUBSEQUENT REFERRALS/REPLIES AND DATE SENT/RECEIVED

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

### SECTION IV PUBLIC HEARING INFORMATION

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

### SECTION V AMENDMENTS/EXHIBITS

Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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### SECTION VI COMMITTEE ACTION/APPROVAL INFORMATION

Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

### SECTION VII WITHDRAWN/SINE DIE INFORMATION

Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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### SECTION VIII DATE OF APPROVAL/DENIAL FROM CITY COUNCIL

City Council Approval Date: \_\_\_\_\_

### SECTION IX COMMENTS (if any)





# City of Bridgeport, Connecticut

## Office of the City Clerk

*To the City Council of the City of Bridgeport.*

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. \*78-23 Consent Calendar

**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.



City of Bridgeport, Connecticut  
Office of the City Clerk

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Report of Committee on Economic and Community Development and Environment  
Item No. \*78-23 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON  
**ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

\_\_\_\_\_  
Maria I. Valle, **Co-Chair**

\_\_\_\_\_  
Mary A. McBride-Lee, **Co-Chair**

\_\_\_\_\_  
Scott Burns

\_\_\_\_\_  
Michelle A. Lyons

\_\_\_\_\_  
Jorge Cruz, Sr.

\_\_\_\_\_  
Jazmarie Melendez

\_\_\_\_\_  
Eneida L. Martinez

*City Council Date:* June 3, 2024



# City of Bridgeport, Connecticut

## Office of the City Clerk

*To the City Council of the City of Bridgeport:*

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

**Item No. \*79-23 Consent Calendar**

**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 (YCCCCH)** 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 **YCCCCH** 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 **YCCCCH** and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



City of Bridgeport, Connecticut  
Office of the City Clerk

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Report of Committee on Economic and Community Development and Environment  
Item No. \*79-23 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON  
**ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

\_\_\_\_\_  
Maria I. Valle, **Co-Chair**

\_\_\_\_\_  
Mary A. McBride-Lee, **Co-Chair**

\_\_\_\_\_  
Scott Burns

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Michelle A. Lyons

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Jorge Cruz, Sr.

\_\_\_\_\_  
Jazmarie Melendez

\_\_\_\_\_  
Eneida L. Martinez

*City Council Date: June 3, 2024*



# City of Bridgeport, Connecticut

## Office of the City Clerk

*To the City Council of the City of Bridgeport.*

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

**Item No.** \*80-23 Consent Calendar

**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.



City of Bridgeport, Connecticut  
Office of the City Clerk

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Report of Committee on Economic and Community Development and Environment  
Item No. \*80-23 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON  
**ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

\_\_\_\_\_  
Maria I. Valle, **Co-Chair**

\_\_\_\_\_  
Mary A. McBride-Lee, **Co-Chair**

\_\_\_\_\_  
Scott Burns

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Michelle A. Lyons

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Jorge Cruz, Sr.

\_\_\_\_\_  
Jazmarie Melendez

\_\_\_\_\_  
Eneida L. Martinez

*City Council Date:* June 3, 2024





# City of Bridgeport, Connecticut

## Office of the City Clerk

*To the City Council of the City of Bridgeport:*

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

Item No. \*81-23 Consent Calendar

**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.



City of Bridgeport, Connecticut  
Office of the City Clerk

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Report of Committee on Economic and Community Development and Environment  
Item No. \*81-23 Consent Calendar

-2-

RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON  
**ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

\_\_\_\_\_  
Maria I. Valle, **Co-Chair**

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Mary A. McBride-Lee, **Co-Chair**

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Scott Burns

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Michelle A. Lyons

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Jorge Cruz, Sr.

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Jazmarie Melendez

\_\_\_\_\_  
Eneida L. Martinez

*City Council Date:* June 3, 2024





# City of Bridgeport, Connecticut

## Office of the City Clerk

*To the City Council of the City of Bridgeport.*

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

**Item No. 70-23**

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

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

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

**Whereas**, the City’s Office of Planning and Economic Development (“OPED”) is the designated office for overseeing the implementation of the 2024 Neighborhood Assistance Act Tax Credit Program; and

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

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

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

**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; and



# City of Bridgeport, Connecticut

## Office of the City Clerk

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Report of Committee on Economic and Community Development and Environment

Item No. 70-23

-2-

**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; and

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

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

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

**Be it further resolved** that the Mayor or the Director of OPED, as may be required by the Connecticut Department of Revenue Services or by the Statute, subject to the final review and approval of the City Attorney's Office as to form and content, is further authorized to execute any and all other documents, and to do any and all other things necessary in furtherance of and consistent with this resolution in the best interests of the City.



# City of Bridgeport, Connecticut Office of the City Clerk

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Report of Committee on Economic and Community Development and Environment

Item No. 70-23

-3-

RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON  
**ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

\_\_\_\_\_  
Maria I. Valle, *Co-Chair*

\_\_\_\_\_  
Mary A. McBride-Lee, *Co-Chair*

\_\_\_\_\_  
Scott Burns

\_\_\_\_\_  
Michelle A. Lyons

\_\_\_\_\_  
Jorge Cruz, Sr.

\_\_\_\_\_  
Jazmarie Melendez

\_\_\_\_\_  
Eneida L. Martinez



# City of Bridgeport, Connecticut

## Office of the City Clerk

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*City Council Date:* June 03, 2024

**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

RECEIVED  
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ATTEST  
CITY CLERK

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** Youth Program

\$40,000.00

31. **Waveny LifeCare Network, Inc** Certified Nursing Aide School

\$93,053.00

32. **Adam Lewis Academy** Middle School Expansion and Renovation

\$150,000.00



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@ctbig.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>
	<u>\$3,343,016.00</u>

**Total Funding:**

**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>
	<u>\$3,236,611.00</u>

**Total Proposed Expenditures:**

## Part IV — Municipal Information

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

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

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

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## 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



Form **990**

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

OMB No. 1545-0047  
**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](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

**C** Name of organization: **BIG BROTHERS BIG SISTERS OF CONNECTICUT, INC.**  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): **30 LAUREL STREET**  
 City or town, state or province, country, and ZIP or foreign postal code: **HARTFORD CT 06103**

**D** Employer identification number: **06-0850379**

**E** Telephone number: **860-525-5437**

**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?  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.CTBIGS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1966** **M** State of legal domicile: **CT**

**H(c)** Group exemption number

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	16	
	4	16	
	5	39	
	6	1000	
	7a	0	
	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,990,495	Current Year: 2,073,857
	9 Program service revenue (Part VIII, line 2g)		0
	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) ▶ <b>218,379</b>		
	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: 1,432,488	End of Year: 1,641,280
	21 Total liabilities (Part X, line 26)	464,675	220,487
	22 Net assets or fund balances. Subtract line 21 from line 20	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: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT & CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **AMBER D. TUCKER** Preparer's signature: **AMBER D. TUCKER** Date: **05/12/23**  
 Check  if self-employed  if 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



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	\$150,000.00
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:** \$6,144,792.00

**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:** \$6,144,792.00

## 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?

Yes

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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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](http://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>B</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	<b>C</b> Name of organization Bridgeport Rescue Mission Inc  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 9057  City or town, state or province, country, and ZIP or foreign postal code Bridgeport, CT 06601  <b>F</b> Name and address of principal officer: Lawrence Fullerton PO Box 9057 Bridgeport, CT 06601	<b>D</b> Employer identification number 06-1362705  <b>E</b> Telephone number (203) 333-4087  <b>G</b> Gross receipts \$ 7,513,179
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**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ [www.bridgeportrescuemission.org](http://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			
<b>1</b> 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.			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	53
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	800
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0
			<b>Prior Year</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	9,251,480	7,209,915
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	383,433	101,560
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,919	195,686
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,692,832	7,507,161
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,613,758
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,878,323	3,439,465
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		35,840	27,883
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,350,136			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,873,256	2,479,391
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,401,177	8,967,987
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,291,655	-1,460,826	
		<b>Beginning of Current Year</b>	<b>End of Year</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	14,230,811	13,115,904
	<b>21</b> Total liabilities (Part X, line 26)	4,055,312	4,452,788
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,175,499	8,663,116

**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.

2023-02-28  
Date

**Sign Here**  
 Signature of officer: \_\_\_\_\_  
 Jean Correa Director of Finance  
 Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01486965
Firm's name ▶ Capin Crouse LLP			Firm's EIN ▶ 36-3990892	
Firm's address ▶ 1330 Avenue of the Americas Suite 23A New York, NY 10019			Phone no. (505) 502-2746	





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

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

Yes       No

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

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



## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

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

### 60% credit percentage

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

Description of program: \_\_\_\_\_

Junior Achievement (JA) is dedicated to inspiring and preparing young people with the knowledge and skills they need to succeed in a global economy. JA's 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	\$55,000.00
Other funding sources - itemized sources:	
a) <u>Corporate, foundations, individual gifts, organizations</u>	\$93,176.00
b) _____	_____
c) _____	_____
d) _____	_____
	\$148,176.00

**Total Funding:**

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Salaries, benefits, payroll taxes</u>	\$100,583.49
b) <u>Program materials and supplies</u>	\$3,844.74
c) <u>Travel, mileage, training</u>	\$882.72
d) <u>Scholarships, awards, recognition</u>	\$490.40
Administrative expenses - itemized description:	
a) <u>Insurance, License fees</u>	\$15,207.21
b) <u>Overhead - rent, utilities, equipment</u>	\$3,062.06
c) <u>Operating costs - IT, telephone, office supplies, postage/frgt</u>	\$22,678.35
d) <u>Marketing &amp; development, staff &amp; board development</u>	\$3,972.24
	\$150,721.21

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of municipal liaison: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes

No

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

\_\_\_\_\_ Date

# 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



Return of Organization Exempt From Income Tax

2022

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

Header section A-M containing organization name, address, EIN, and tax status.

Part I Summary

Summary table with rows for mission, governance, revenue, expenses, and net assets.

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 of officer section with name BERNADINE VENDITTO and title PRESIDENT.

Paid Preparer Use Only section with name BRIAN C WHITE and firm NANA VATY DAVENPORT STUDLEY WHITE.

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

<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 <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return. If <b>No</b>, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
---



## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

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

### 60% credit percentage

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

Description of program: \_\_\_\_\_

BNT 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 Administration</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 &amp; Benefits</u>	<u>\$115,000.00</u>
b) <u>Certified Housing Counselor Salary &amp; Benefits</u>	<u>\$63,250.00</u>
c) <u>Fund Development Manager Salary &amp; Benefits</u>	<u>\$100,000.00</u>
d) <u>Intake Administrator Salary &amp; Benefits</u>	<u>\$57,500.00</u>

Administrative expenses - itemized description:	
a) <u>Finance &amp; Accounting</u>	<u>\$45,000.00</u>
b) <u>Marketing &amp; 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;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;">Yes                      No</p> <p style="text-align: center;">If <b>Yes</b>, 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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](http://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>B</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	<b>C</b> Name of organization <b>BRIDGEPORT NEIGHBORHOOD TRUST</b>		<b>D</b> Employer identification number <b>22-2809353</b>
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>203-290-4255</b>
	<b>570 STATE STREET</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGEPORT, CT 06604</b>			<b>G</b> Gross receipts \$ <b>8,711,366.</b>
F Name and address of principal officer: <b>DORIS LATORRE</b> <b>SAME AS C ABOVE</b>			
<b>I</b> 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			
<b>J</b> Website: <b>WWW.BNTWEB.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1986</b>
			<b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>FOUNDED IN 1986, BUILDING NEIGHBORHOODS TOGETHER'S (BNT) MISSION IS TO END HOUSING INSECURITY,</b>			
	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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	38	
	6	Total number of volunteers (estimate if necessary)	10	
	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.		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 3,122,494.	Current Year: 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.
<b>Expenses</b>	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.
	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)	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.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	787,020.	-1,017,282.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 32,575,822.	End of Year: 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.

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

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: k Alvanson@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	\$150,000.00
Other funding sources - itemized sources:	
a) <u>Mortgage Receipts</u>	\$1,024,000.00
b) <u>Donor Contributions</u>	\$1,100,000.00
c) <u>ReStore Net</u>	\$540,000.00
d) <u>Grants &amp; Other</u>	\$1,575,000.00
	\$4,389,000.00

**Total Funding:**

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Direct Construction</u>	\$2,880,000.00
b) <u>Program Compensation</u>	\$1,750,000.00
c) <u>Other Compensation</u>	\$545,000.00
d) _____	
Administrative expenses - itemized description:	
a) <u>Interest</u>	\$60,000.00
b) <u>Insurance, Legal and Accounting</u>	\$300,000.00
c) <u>Rent</u>	\$220,000.00
d) <u>Other</u>	\$400,000.00
	\$6,155,000.00

**Total Proposed Expenditures:**

## Part IV — Municipal Information

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

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

<b>Post-Project Audit</b>	
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	

## **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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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**

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

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION PROVIDES HOME OWNERSHIP TO RESPONSIBLE LOW-INCOME FAMILIES THROUGH NEW</b>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	3 Number of voting members of the governing body (Part VI, line 1a) <b>11</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>11</b>
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>33</b>
	6 Total number of volunteers (estimate if necessary) <b>2781</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
	7b Total unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>
	<b>Revenue</b>
8 Contributions and grants (Part VIII, line 1h) <b>1,640,368.</b>	<b>Prior Year</b> <b>7,621,911.</b>
9 Program service revenue (Part VIII, line 2g) <b>2,752,375.</b>	<b>Current Year</b> <b>3,527,206.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>325.</b>	<b>79,117.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,385,735.</b>	<b>941,090.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>5,778,803.</b>	<b>12,169,324.</b>
<b>Expenses</b>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>	<b>0.</b>
14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>	<b>0.</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,747,338.</b>	<b>1,791,529.</b>
16a Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>	<b>0.</b>
b Total fundraising expenses (Part IX, column (D), line 25) <b>349,834.</b>	<b>3,259,115.</b>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>5,006,453.</b>	<b>4,538,582.</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>772,350.</b>	<b>6,330,111.</b>
19 Revenue less expenses. Subtract line 18 from line 12 <b>5,006,453.</b>	<b>5,839,213.</b>
<b>Net Assets or Fund Balances</b>	
20 Total assets (Part X, line 16) <b>10,938,183.</b>	<b>Beginning of Current Year</b> <b>19,556,234.</b>
21 Total liabilities (Part X, line 26) <b>3,509,695.</b>	<b>End of Year</b> <b>6,288,533.</b>
22 Net assets or fund balances. Subtract line 21 from line 20 <b>7,428,488.</b>	<b>13,267,701.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>CAROLYN VERMONT, CEO</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>EDWARD G. SULLIVAN</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00579546</b>
	Firm's name <b>WHITTLESEY PC</b>	Firm's EIN <b>** - ***3326</b>		Phone no. <b>860.522.3111</b>	
Firm's address <b>280 TRUMBULL ST 24TH FL HARTFORD, CT 06103</b>					





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	\$24,000.00
Other funding sources - itemized sources:	
a) Title III Federal Funds for Senior Center & Family Caregivers	\$53,300.00
b) Other	\$1,500.00
c) New Grants	\$25,000.00
d) Fund Raisers/Private Donors	\$31,500.00
	\$135,300.00

**Total Funding:**

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) Salaries, employer FICA, unemployment, Workers Comp	\$95,820.00
b) Training, conferences, public transportation, field trips	\$1,000.00
c) Food, office supplies, kitchen/program, maintenance supplies	\$2,750.00
d) other program enrichment	\$16,530.00
Administrative expenses - itemized description:	
a) copier/printer, general maintenance, utilities, rent, taxes	\$14,450.00
b) Property liability insurance, fingerprinting/background checks	\$3,750.00
c) Audit	\$1,000.00
d) _____	
	\$135,300.00

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program: _____ Margaret E. Morton Government Center
Mailing address: _____ 999 Broad Street Bridgeport, CT 06604
Name of municipal liaison: Vincent Mobilio
Telephone number: 203-576-3976
Fax number: 203-579-3979
Email address: vincent.mobilio@bridgeportct.gov

<p style="text-align: center;"><b>Post-Project Audit</b></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 <b>Yes</b>, 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

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

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

**Part I Summary**

	<b>1</b>	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>	
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>13</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b> <b>127</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>630</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> <b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,380,599.</b> <b>Current Year</b> <b>7,173,964.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>334,240.</b> <b>435,589.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,906.</b> <b>18,666.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>333,717.</b> <b>330,641.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,054,462.</b> <b>7,958,860.</b>
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,670,585.</b> <b>4,884,119.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	<b>144,877.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,303,400.</b> <b>2,781,694.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,973,985.</b> <b>7,665,813.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,080,477.</b> <b>293,047.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>10,873,646.</b> <b>End of Year</b> <b>11,187,492.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>2,518,860.</b> <b>2,515,032.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>8,354,786.</b> <b>8,672,460.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ROBERT L. DZURENDA</b>	<b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>ROBERT J BAILEY CPA</b>	<b>ROBERT J BAILEY CPA</b>			<b>P00080579</b>
	Firm's name	<b>HOPE &amp; HERNANDEZ, P.C.</b>			
	Firm's address	<b>2600 MAIN STREET</b> <b>BRIDGEPORT, CT 06606</b>			
				Firm's EIN	<b>06-0993320</b>
				Phone no.	<b>203-366-5092</b>

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: \_\_\_\_\_  
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	\$50,000.00
Other funding sources - itemized sources:	
a) <u>State of CT Judicial</u>	\$124,585.00
b) <u>State of CT Judicial</u>	\$20,880.00
c) <u>City of Bridgeport - ARPA Youth &amp; Education</u>	\$200,000.00
d) _____	\$345,465.00

**Total Funding:**

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Personnel (includes fringe, benefits, retirement)</u>	\$251,204.00
b) <u>Supplies (food, office, program and custodial supplies)</u>	\$45,000.00
c) <u>Field Trips, program transportation</u>	\$40,000.00
d) <u>Maintenance/Repair Contracted Services</u>	\$63,381.00
Administrative expenses - itemized description:	
a) <u>Association Support (HR, Payroll, IT, Accounting, Admin)</u>	\$10,000.00
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	<b>\$409,585.00</b>

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

City of Bridgeport

Mailing address: \_\_\_\_\_

Office of Planning & Economic Development, 999 Broad Street, Bridgeport, CT 06604

Name of municipal liaison: Max Perez

Telephone number: 203-576-3976

Fax number: 203-576-3979

Email address: max.perez@bridgeportct.gov

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes

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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning **2022**, and ending **20**

<b>B</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 checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization: <b>CENTRAL CONNECTICUT COAST YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.</b>	<b>D</b> Employer identification number 06-0662195
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1240 CHAPEL ST	<b>E</b> Telephone number (203) 777-9622
	City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06511	<b>G</b> Gross receipts \$ 29,571,160
	<b>F</b> Name and address of principal officer: <b>DAVID STEVENSON</b> SAME AS C ABOVE	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number
<b>I</b> 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	<b>J</b> Website: <b>WWW.CCCYMCA.ORG</b>	<b>L</b> Year of formation: 1994 <b>M</b> State of legal domicile: CT
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	29
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	27
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	1,351
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2,366
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	16,454,312	12,740,408
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,459,246	15,933,331
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	632,018	313,060
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,539	172,930
		30,738,115	29,159,729
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,002,010	17,013,810
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	174,290	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,699,173	10,737,720
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	23,701,183	27,751,530	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,036,932	1,408,199	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	48,852,527	46,326,750
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,843,930	7,152,209
	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.

<b>Sign Here</b>	Signature of officer MELISSA KESSELL, SVP/CFO	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name NICHOLAS YANOZAS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01423868
	Firm's name WHITTLESEY PC	Firm's EIN 06-0903326		Phone no. (860) 522-3111	
	Firm's address 280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103	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: \_\_\_\_\_  
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	<u>\$24,000.00</u>
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>	<u>\$5,000.00</u>
b) <u>STEM supplies (experiment supplies)</u>	<u>\$4,000.00</u>
c) <u>Computer Maintenance</u>	<u>\$2,000.00</u>
d) <u>Cooking Ingredients</u>	<u>\$5,000.00</u>

Administrative expenses - itemized description:

a) <u>Staff: Computer Instructor</u>	<u>\$2,000.00</u>
b) <u>Staff: Art Instructor</u>	<u>\$2,000.00</u>
c) <u>Staff: STEM Instructor</u>	<u>\$2,000.00</u>
d) <u>Staff: Cooking Instructor</u>	<u>\$2,000.00</u>

**Total Proposed Expenditures:** \$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;"><b>Post-Project Audit</b></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 <b>Yes</b>, 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.

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### **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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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

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](http://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 **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</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	<b>C</b> Name of organization <b>CARDINAL SHEHAN CENTER, INC.</b>		<b>D</b> Employer identification number <b>06-1101081</b>
	Doing business as		<b>E</b> Telephone number <b>203-336-4468</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1494 MAIN STREET</b>		<b>G</b> Gross receipts \$ <b>3,108,994.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGEPORT, CT 06604</b>		
<b>F</b> Name and address of principal officer: <b>LORRAINE GIBBONS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> 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		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.SHEHANCENTER.ORG</b>		<b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>CT</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENRICH LIVES THROUGH LEARNING BY ENHANCING THE EDUCATIONAL, SOCIAL, AND RECREATIONAL OPPORTUNITIES</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>29</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>87</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>100</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>1,658,901.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) <b>497,547.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>214,232.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>42,274.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>2,412,954.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>84,000.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>894,018.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>107,727.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>568,971.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,546,989.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>865,965.</b>
	<b>20</b> Total assets (Part X, line 16) <b>8,334,335.</b>
<b>21</b> Total liabilities (Part X, line 26) <b>111,623.</b>	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>8,222,712.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>LORRAINE GIBBONS, EXECUTIVE DIRECTOR</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES G. WOODS</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01429665</b>
	Firm's name <b>VENMAN &amp; CO. LLC, CPA'S</b>	Firm's EIN <b>06-0674034</b>		Phone no. <b>203-929-9945</b>	
Firm's address <b>375 BRIDGEPORT AVENUE SHELTON, CT 06484</b>					

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

<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 <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return.</p> <p>If <b>No</b>, 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): 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 Redevelopment Planning Project, Cherry Street Lofts Environmental and Infrastructure Project, and Mt Growmore Agricultural Campus- a partnership with the East End NRZ.

Need for program: \_\_\_\_\_

Despite 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: Max Perez

Telephone number: (203) 576-3976

Fax number: (203) 576-3979

Email address: max.perez@bridgeportct.gov

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes                       No

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

\_\_\_\_\_

Date

EXTENDED TO NOVEMBER 15, 2023

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 and ending

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

**C** Name of organization: **BRIDGEPORT ECONOMIC DEVELOPMENT CORP**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **10 MIDDLE STREET-14TH FL**  
 City or town, state or province, country, and ZIP or foreign postal code: **BRIDGEPORT, CT 06601**

**D** Employer identification number: **23-7374878**

**E** Telephone number: **203-335-3800**

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

**G** Gross receipts: **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  
**H(c)** Group exemption number

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

**J** Website: **WWW.BRBC.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

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

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: **IS A COMMUNITY BASED ORGANIZATION THAT DEVELOPS AND MANAGES PROGRAMS AND PROJECTS THAT**

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

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	2,088,555.
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.
	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)	2,035,701.	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** Date: \_\_\_\_\_  
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **SANDRA D. CALLANAN, CPA** Preparer's signature: \_\_\_\_\_ Date: **10/26/23** Check if self-employed  PTIN: **P01200948**  
 Firm's name: **CIRONEFRIEDBERG, LLP** Firm's EIN: **06-1533315**  
 Firm's address: **6 RESEARCH DRIVE, #450 SHELTON, CT 06484** Phone no.: **203-366-5876**

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



Municipality: Bridgeport

## Form NAA-01

### 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 &amp; 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: \_\_\_\_\_

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes                       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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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.

**2022**

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization                  CONNECTICUT ZOOLOGICAL SOCIETY, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite                  1875 NOBLE AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code                  BRIDGEPORT, CT 06610</p> <p><b>F</b> Name and address of principal officer: GREGG DANCHO                  SAME AS C ABOVE</p>	<p><b>D</b> Employer identification number                  23-7068821</p> <p><b>E</b> Telephone number                  203-332-6565</p> <p><b>G</b> Gross receipts \$ 7,828,786.</p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. See instructions</p> <p><b>H(c)</b> Group exemption number</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: WWW.BEARDSLEYZOO.ORG</p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		
<p><b>L</b> Year of formation: 1961 <b>M</b> State of legal domicile: CT</p>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO ACQUAINT A DIVERSE PUBLIC TO THE DELICATE BALANCE THAT EXISTS BETWEEN LIVING THINGS AND THEIR		
Activities & Governance	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	21
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	95
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	120
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	5,463,163.	3,581,267.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,664,553.	2,180,740.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	257,009.	39,887.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,166.	1,567.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,458,891.	5,803,461.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,676,883.	1,744,209.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) 468,591.	1,224,854.	1,816,732.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,901,737.	3,560,941.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,557,154.	2,242,520.
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	17,127,613.	19,825,889.
	<b>20</b>	Total assets (Part X, line 16)	530,122.	540,224.
	<b>21</b>	Total liabilities (Part X, line 26)	16,597,491.	19,285,665.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year

**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.

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

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

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 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) _____	_____
	<u>\$135,000.00</u>

**Total Funding:**

**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) _____	_____
	<u>\$135,000.00</u>

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

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

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

# Return of Organization Exempt From Income Tax

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning 7/1/2022, and ending 6/30/2023

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

**C** Name of organization BURROUGHS COMMUNITY CENTER INC.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2470 FAIRFIELD AVENUE \_\_\_\_\_  
 City or town State ZIP code  
BRIDGEPORT CT 06605  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number 06-1418097

**E** Telephone number (203) 334-0293

**G** Gross receipts \$ 609,608

**F** Name and address of principal officer:  
JOHN CANNON 2470 FAIRFIELD AVENUE, BRIDGEPORT, CT 06605

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

**H(c)** Group exemption number \_\_\_\_\_

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

**J** Website: www.burroughscc.org

**K** Form of organization:  Corporation  Trust  Association  Other

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

**Part I Summary**

Briefly describe the organization's mission or most significant activities: TO PROVIDE RESIDENTS OF BRIDGEPORT, CT WITH PROGRAM OPPORTUNITIES AND FACILITY RESOURCES TO PROMOTE INDIVIDUAL GROWTH AND COMMUNITY COHESIVENESS.

Activities & Governance	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>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>8</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>8</u>
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<u>5</u>	<u>11</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>0</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>454,128</u>	<u>428,582</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>133,150</u>	<u>153,750</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>183</u>	<u>277</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>28,998</u>	<u>26,999</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>616,459</u>	<u>609,608</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>314,596</u>	<u>352,048</u>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
Expenses	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>582,330</u>	<u>662,554</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>34,129</u>	<u>-52,946</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>267,734</u>	<u>310,506</u>
	20	Total assets (Part X, line 16)	<u>1,313,632</u>	<u>1,218,220</u>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u>42,466</u>	<u>0</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,271,166</u>	<u>1,218,220</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: JOHN CANNON  
 Type or print name and title: TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: MICHAEL SOLAKIAN  
 Preparer's signature: MICHAEL SOLAKIAN  
 Date: 12/7/2023  
 Check  if self-employed  
 PTIN: XXXXXXXXXX  
 Firm's EIN: XX-XXX6695  
 Firm's name: SOLAKIAN & COMPANY, LLC  
 Firm's address: 580 JOHNS PASS AVENUE, MADEIRA BEACH, FL 33708  
 Phone no.: (203) 215-6541



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: \_\_\_\_\_

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes                       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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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

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](http://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 \_\_\_\_\_ and ending \_\_\_\_\_

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>GROUNDWORK BRIDGEPORT INC</b>	<b>D</b> Employer identification number <b>06-1556949</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>203-335-6126</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1001 MAIN ST STE 20</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGEPORT, CT 06604-4200</b>	<b>G</b> Gross receipts \$ <b>495,347.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>CHRISTINA SMITH</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		if "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>GROUNDWORKBRIDGEPORT.ORG</b>		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>CT</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>GROUNDWORK BRIDGEPORT'S MISSION IS TO BRING ABOUT THE SUSTAINED REGENERATION IMPROVEMENTS AND</b>		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">6</span>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">6</span>	
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) <span style="float: right;">6</span>	
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;">106</span>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">0.</span>	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float: right;">0.</span>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 421,117. Current Year: 492,643.
<b>9</b> Program service revenue (Part VIII, line 2g)	7,300. 2,704.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 11e)	0. 0.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	428,417. 495,347.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	200,739. 227,623.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>26,099.</b>	141,092. 158,641.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	341,831. 413,917.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,586. 81,430.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 289,578. End of Year: 339,952.
	<b>21</b> Total liabilities (Part X, line 26)	51,220. 20,164.
	<b>22</b> 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.

<b>Sign Here</b>	Signature of officer <b>CHRISTINA SMITH, PRESIDENT &amp; C.E.O.</b>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>WILLIAM SKODY</b>	Preparer's signature <b>WILLIAM SKODY</b>	Date <b>11/13/23</b>
	Firm's name <b>SKODY SCOT &amp; CO, CPAS, PC</b>	Firm's EIN <b>13-3597814</b>	Check <input type="checkbox"/> self-employed PTIN <b>P00631754</b>
	Firm's address <b>520 EIGHTH AVE, SUITE 2200 NEW YORK, NY 10018</b>	Phone no. <b>212 967-1100</b>	

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

Form **990** (2022)

732001 12-13-22

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION





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) _____	_____
<b>Total Funding:</b>	\$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>WINDOWS</u>	\$100,000.00
b) <u>COMMERCIAL THROUGH THE WALL UNITS</u>	\$50,000.00
c) <u>ROOFTOP AIR CONDITIONERSHVAC</u>	\$100,000.00
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	\$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;"><b>Post-Project Audit</b></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 <b>Yes</b>, 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 2022

<b>B</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	<b>C</b> Name of organization <u>BOYS CLUB &amp; GIRLS CLUB OF BRIDGEPORT INC</u>		<b>D</b> Employer identification number <u>06-0669105</u>
	Doing business as		<b>E</b> Telephone number <u>203-275-8925</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>98202</u>
<u>102 PARK STREET</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>BRIDGEPORT, CT 06608</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer <u>ROBERT KEELEY</u>			
<b>I</b> 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			
<b>J</b> Website: ▶			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1930</u>
			<b>M</b> State of legal domicile: <u>CT</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>10</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>10</u>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<u>4</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>120809</u>	<u>96101</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1515</u>	<u>2101</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>122324</u>	<u>98202</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>114932</u>	<u>42576</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1442</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>100238</u>	<u>101720</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>215170</u>	<u>144296</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-92846</u>	<u>-46094</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>573408</u>	<u>480177</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>70900</u>	<u>70900</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.

<b>Sign Here</b>	Signature of officer	Date
	<u>ROBERT KEELEY, EXECUTIVE DIRECTOR</u>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>KEVIN M LAING</u>		<u>11/10/2022</u>		<u>P01896941</u>
	Firm's name ▶ <u>KML ACCOUNTING AND TAX SERVICE LLC</u>	Firm's EIN ▶ <u>81-0981258</u>			
	Firm's address ▶ <u>18 PLASKON DR 06484-</u>	Phone no. <u>203-914-0832</u>			

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) _____	_____
	<u>\$1,030,000.00</u>

**Total Funding:**

**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) _____	_____
	<u>\$1,087,933.00</u>

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_  
CITY OF BRIDGEPORT DEPT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Mailing address: \_\_\_\_\_  
999 BROAD STREET BRIDGEPORT CT 06608

Name of municipal liaison: MAX PEREZ

Telephone number: 203-576-3976

Fax number: 203-576-3979

Email address: max.perez@bridgeportct.gov

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes

No

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

\_\_\_\_\_ Date



# 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

## Part I – General Information

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

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

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

## Part II – Program Information

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

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

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

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

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

## Part III – Financial Information

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

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

**NAA Funding Requested:** Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

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

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

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

## Part IV – Municipal Information

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

**Municipal Liaison:** The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

## Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://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

**F** Name and address of principal officer ROBERT KEELEY  
**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

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

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> 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>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<u>10</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<u>10</u>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) . . . . .	<b>5</b>	<u>4</u>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<u>120809</u>	<u>96101</u>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<u>1515</u>	<u>2101</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<u>122324</u>	<u>98202</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	<u>114932</u>	<u>42576</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1442</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<u>100238</u>	<u>101720</u>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<u>215170</u>	<u>144296</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<u>-92846</u>	<u>-46094</u>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .	<u>573408</u>	<u>480177</u>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<u>70900</u>	<u>70900</u>
	<b>22</b> 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  
 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) \_\_\_\_\_

\$150,000.00

**Total Funding:**

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

- a) Tuition
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

\$150,000.00

Administrative expenses - itemized description:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

\$150,000.00

**Total Proposed Expenditures:**



**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program: _____ City of Bridgeport, 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;"><b>Post-Project Audit</b></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**  
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](http://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	<b>C</b> Name of organization BRIDGEPORT PUBLIC EDUCATION FUND INC		<b>D</b> Employer identification number 06-1379383	
	Doing business as		<b>E</b> Telephone number (203) 331-0551	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 446 UNIVERSITY AVENUE		<b>G</b> Gross receipts \$ 387,230	
City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		<b>F</b> Name and address of principal officer: FAITH VILLEGAS 446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604		
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		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number ▶		
Website: ▶ WWW.BPEF.ORG		<b>L</b> Year of formation: 1993 <b>M</b> State of legal domicile: CT		
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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	18
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	17
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	28
<b>6</b> Total number of volunteers (estimate if necessary)	6	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	296,004	386,972
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	355	258
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	296,359	387,230
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,949	30,550
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	151,091	148,754
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶10,088		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,082	77,572
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	261,122	256,876
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	35,237	130,354
	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	502,815	619,643
<b>21</b> Total liabilities (Part X, line 26)	45,737	19,557
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	457,078	600,086

**Part II Signature Block**

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

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](http://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.

<b>3</b>	13
<b>4</b>	11
<b>5</b>	1,040
<b>6</b>	0
<b>7a</b>	0
<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,203,087	9,522,579
<b>9</b> Program service revenue (Part VIII, line 2g)	3,868,800	100,787,609
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125	9,150
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,412,618	3,140,645
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,484,630	113,459,983
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	32,890,311
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,359,836	35,570,393
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,418,104	40,992,276
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,777,940	109,452,980
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,706,690	4,007,003
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	35,999,321	41,862,162
<b>21</b> Total liabilities (Part X, line 26)	17,292,631	19,148,469
<b>22</b> 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: WILLIAM GUERRERO VICE PRESIDENT FOR FINANCE/CFO  
 Date: 2023-05-11

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

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>
	<u>\$225,000.00</u>

**Total Funding:**

**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>
	<u>\$226,000.00</u>

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

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

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes                       No

If Yes, date post-project audit due:

\_\_\_\_\_

Date

Form **990**

EXTENDED TO NOVEMBER 15, 2023  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**

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](http://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:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**BRIDGEPORT PUBLIC EDUCATION FOUNDATION INC**

**D** Employer identification number  
 06-1379383

**E** Telephone number  
 (203) 331-0551

**F** Name and address of principal officer: **FAITH VILLEGAS**  
 446 UNIVERSITY AVENUE, BRIDGEPORT, CT 06604

**G** Gross receipts \$ 355,390.

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

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

**J** Website: **WWW.BPEF.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

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

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: **TO INCREASE INVOLVEMENT OF THE GREATER BRIDGEPORT COMMUNITY IN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM;**

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
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 2022 (Part V, line 2a)	5	18
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	386,972.	355,201.
9	0.	0.
10	258.	189.
11	0.	0.
12	387,230.	355,390.
13	30,550.	25,447.
14	0.	0.
15	148,754.	202,576.
16a	0.	0.
b	28,977.	
17	77,572.	113,435.
18	256,876.	341,458.
19	130,354.	13,932.

	Beginning of Current Year	End of Year
20	619,643.	627,774.
21	19,557.	24,496.
22	600,086.	603,278.

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **FAITH VILLEGAS, EXECUTIVE DIRECTOR**  
 Date: \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: **SANDRA D. CALLANAN, CPA**  
 Preparer's signature: \_\_\_\_\_  
 Date: **07/07/23**  
 Check  self-employed  PTIN: **P01200948**  
 Firm's name: **CIRONEFRIEDBERG, LLP**  
 Firm's EIN: **06-1533315**  
 Firm's address: **6 RESEARCH DRIVE, #450 SHELTON, CT 06484**  
 Phone no.: **203-366-5876**

Print Form

Reset Form



Municipality: Bridgeport

## Form NAA-01

### 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

\$29,632

Other funding sources - itemized sources:

a) N/A

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

\$29,632.00

**Total Funding:**

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Elkay LZSTL8WSSP Enhanced EZH2O Bottle Filling Station, & Versatile Bi-Level ADA Cooler, Filtered 8 GPH Stainless (3)

\$6,882.00

b) Water Cooler Installation(EMCORNew England Mechanical)

\$5,250.00

c) Motorized shades for gymnasium (20) windows and installation (Draperies, Inc)

\$17,500.00

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

\$29,632.00

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Name of municipal liaison: \_\_\_\_\_

Telephone number:       —       —       —       —

Fax number:               —       —       —       —

Email address: \_\_\_\_\_

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes                       No

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

\_\_\_\_\_

Date

# 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**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**

**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 ▶

**F** Name and address of principal officer: **SABRINA E. SMELTZ**  
**268 POST ROAD, 2ND FLOOR, FAIRFIELD, CT 068**

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

**J** Website: ▶ **WWW.WAKEMANCLUB.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1920** **M** State of legal domicile: **CT**

Part I Summary						
1 Briefly describe the organization's mission or most significant activities: <b>COMMUNITY YOUTH SERVICES</b>						
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)	31			
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31			
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	169			
	6	Total number of volunteers (estimate if necessary)	0			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.			
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.			
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,758,254.	Prior Year	9,667,644.	Current Year
	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.	
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)	1,903,133.		2,180,068.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>368,252.</b>	934,729.		1,375,901.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,837,862.		3,555,969.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,890,286.		7,357,072.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12				
	20	Total assets (Part X, line 16)	16,157,524.	Beginning of Current Year	24,372,927.	End of Year
	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: \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JOSEPH V. BARRANCA, CPA**  
 Preparer's signature: **JOSEPH V. BARRANCA**  
 Date: **05/25/23**  
 Check  PTIN  self-employed **P00591111**  
 Firm's name: **CAPOSSELA, COHEN, LLC**  
 Firm's EIN: **06 1415579**  
 Firm's address: **368 CENTER STREET SOUTHPORT, CT 06890**  
 Phone no. **203.254.7000**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
 132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)





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> _____

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

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 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), EIN (06-1379383), address (446 UNIVERSITY AVENUE, BRIDGEPORT, CT 06604), principal officer (FAITH VILLEGAS), and exemption status (501(c)(3)).

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 rows 2-7b: 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Summary table rows 8-22: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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



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  
MM - DD - YYYY

Program completion date: 12/31/24  
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 \$10,000

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: \_\_\_\_\_

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes                       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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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 \_\_\_\_\_  
Name of agency
- State of Connecticut Housatonic Community College #76-0729241  
Name of agency (List exemption number, if any.)
- Federal credit union \_\_\_\_\_  
Name of credit union
- Connecticut municipality \_\_\_\_\_  
Town or district and agency
- Other entity exempted by Connecticut law \_\_\_\_\_  
Name of entity Exempting Connecticut statute
- Other entity exempted by federal law \_\_\_\_\_  
Name of entity Exempting federal statute

or check box if acknowledgment letter from DRS is attached.

Connecticut Development Authority

Agent of a qualifying governmental agency listed above (Attach documentation of appointment as agent.)

Name of agent: \_\_\_\_\_

Agent's CT Tax Registration Number: \_\_\_\_\_ Agent's Federal Employer ID Number: \_\_\_\_\_

Name of qualifying governmental agency: \_\_\_\_\_

Appointed agent for making the following types of purchases: \_\_\_\_\_

Address of purchaser: 900 Lafayette Blvd, Bridgeport CT 06604-4704

Name of seller <b>City of Bridgeport</b>	Address PO Box 621 Bridgeport, CT 06601	CT Tax Registration Number (If none, explain.)
		Federal Employer ID Number <b>06-6001865</b>

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**

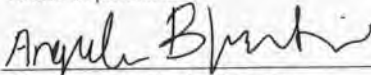
**Declaration by Purchaser**

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:  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

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

Yes                       No

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

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

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

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

**60% credit percentage**

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

Description of program: \_\_\_\_\_

BCYL functions as a unique social and economic development organization. The purpose of this program is to provide pre-vocational and vocational education for 100 local residents, so that they may be more prepared for employment in this region.

Need for program: \_\_\_\_\_

There is a growing disconnect between a diverse local population and the workforce opportunities in the region. There is a significant need for basic and pre-vocational education to connect the large population of unemployed and unskilled residents to existing jobs and future opportunities in higher education. Our collaborating social service agencies are seeing hundreds of new clients monthly who need the types of training to be funded by this proposal.

Neighborhood area to be served: \_\_\_\_\_

Bridgeport Labor Market Area (as described by the CT DOL)

Plan to implement the program: \_\_\_\_\_

John Torres, BCYL-Executive Director--Overall management of agency and coordination of the program.  
University of Bridgeport-Training in vocational areas and ESL.

**Timetable:**

Program start date: 12/31/2024  
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;"><b>Post-Project Audit</b></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</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
---

Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 CARIBE YOUTH LEADERS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1067 PARK AVENUE

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

**D** Employer identification number  
20-0421577

**E** Telephone number  
(203) 913-0073

**G** Gross receipts \$ 1,026,751

**F** Name and address of principal officer:  
JOHN TORRES  
1067 PARK AVENUE  
BRIDGEPORT, CT 06604

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

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

Website: WWW.BCYL.ORG

**L** Year of formation: 2003 **M** State of legal domicile: CT

Form of organization:  Corporation  Trust  Association  Other ▶

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.

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

3	14
4	14
5	23
6	170
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	679,497	966,332
9 Program service revenue (Part VIII, line 2g)	32,704	45,653
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,021	647
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,055	-5,802
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	700,167	1,006,830
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85,145	97,299
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)	294,373	323,306
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,719	233,575	285,562
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	613,093	706,167
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	87,074	300,663
19 Revenue less expenses. Subtract line 18 from line 12		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	762,578	1,034,799
21 Total liabilities (Part X, line 26)	96,296	66,067
22 Net assets or fund balances. Subtract line 21 from line 20	666,282	968,732

Part II Signature Block

I, **AMBERE ESCARRA NEGRON**, Treasurer, 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.

2022-10-25  
Date

Signature of officer

AMBERE ESCARRA NEGRON, TREASURER



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: jtortes@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 <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return. If <b>No</b>, 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	<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 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: <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;"><b>Post-Project Audit</b></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 <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/2026</u></p> <p style="text-align: center;">Date</p>
--

990

Return of Organization Exempt From Income Tax

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](http://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

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

C Name of organization  
 BRIDGEPORT CARIBE YOUTH LEADERS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 1067 PARK AVENUE

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

D Employer identification number  
 20-0421577

E Telephone number  
 (203) 913-0073

G Gross receipts \$ 1,026,751

F Name and address of principal officer:  
 JOHN TORRES  
 1067 PARK AVENUE  
 BRIDGEPORT, CT 06604

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

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

Website: ▶ WWW.BCYL.ORG

L Year of formation: 2003 M State of legal domicile: CT

Form of organization:  Corporation  Trust  Association  Other ▶

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.

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

3	14
4	14
5	23
6	170
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	679,497	966,332
9 Program service revenue (Part VIII, line 2g)	32,704	45,653
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,021	647
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,055	-5,802
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	700,167	1,006,830
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	85,145	97,299
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)	294,373	323,306
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,719	233,575	285,562
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	613,093	706,167
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	87,074	300,663
19 Revenue less expenses. Subtract line 18 from line 12		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	762,578	1,034,799
21 Total liabilities (Part X, line 26)	96,296	66,067
22 Net assets or fund balances. Subtract line 21 from line 20	666,282	968,732

Part II Signature Block  
 I, the undersigned, 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.

2022-10-25  
 Date

Signature of officer  
 AMBLETTE ESCOBAR MEDCAL TREASURER



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

<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 <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return.</p> <p>If <b>No</b>, 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 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;"><b>Post-Project Audit</b></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 <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;"><u>03/31/2026</u></p> <p style="text-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](http://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**  
**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>1,040</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,203,087	9,522,579
<b>9</b> Program service revenue (Part VIII, line 2g)	3,868,800	100,787,609
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125	9,150
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,412,618	3,140,645
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,484,630	113,459,983
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	32,890,311
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	5,359,836	35,570,393
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	1,418,104	40,992,276
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,777,940	109,452,980
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,706,690	4,007,003
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		
	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	35,999,321	41,862,162
<b>21</b> Total liabilities (Part X, line 26)	17,292,631	19,148,469
<b>22</b> 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: **WILLIAM GUERRERO VICE PRESIDENT FOR FINANCE/CFO**  
 Date: **2023-05-11**

Print/Type preparer's name: **COHNREZNICK LLP**  
 Preparer's signature: **COHNREZNICK LLP**  
 Date: **2023-05-11**  
 Check  if self-employed  
 PTIN: **P00740769**  
 Firm's EIN: **22-1478099**  
 Phone no. (959) 200-7000

Firm's name: **COHNREZNICK LLP**  
 Firm's address: **350 CHURCH STREET 12TH FLOOR**  
**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 <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return.</p> <p>If <b>No</b>, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
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**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	<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) Tuition	<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;"><b>Post-Project Audit</b></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;">3/31/2026</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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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](http://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  
**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	11
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,040
<b>6</b> Total number of volunteers (estimate if necessary)	6	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,203,087	9,522,579
<b>9</b> Program service revenue (Part VIII, line 2g)	3,868,800	100,787,609
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125	9,150
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,412,618	3,140,645
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,484,630	113,459,983
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	32,890,311
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,359,836	35,570,393
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,418,104	40,992,276
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,777,940	109,452,980
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,706,690	4,007,003

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	35,999,321	41,862,162
<b>21</b> Total liabilities (Part X, line 26)	17,292,631	19,148,469
<b>22</b> 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 <input type="checkbox"/> if self-employed	PTIN P00740769
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099	
Firm's address ▶ 350 CHURCH STREET 12TH FLOOR HARTFORD, CT 06103			Phone no. (959) 200-7000	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No  
 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021)



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



**Timetable:**

Program start date: 09/01/2024  
MM - DD - YYYY

Program completion date: 08/01/2026  
MM - DD - YYYY

Post-project audit due date: 10/31/2026  
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) None \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \$150,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Replace 16 existing HVAC units with Energy Rated Units \$116,000.00

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) Overhead/Supervision \$34,000.00

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \$150,000.00

# 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.

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## 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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

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 2022 calendar year, or tax year beginning 2022, and ending 20

Header section containing organization details: B Check if applicable (Address change, Name change, etc.), C Organization name and address (MUTUAL HOUSING ASSOCIATION OF SOUTHWESTERN CT, INC.), 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), H(a) and H(b) checkboxes, I Tax-exempt status (501(c)(3)), J Website (CTHOUSINGPARTNERS.ORG), K Form of organization (Corporation), L Year of formation (1996), M State of legal domicile (CT).

Part I Summary

Summary table with rows for: 1 Mission (SEE SCHEDULE O), 2-6 Governance, 7a-b Revenue, 8-12 Revenue (Prior Year vs Current Year), 13-19 Expenses (Prior Year vs Current Year), 20-22 Net Assets or Fund Balances (Beginning of Current Year vs End of Year).

Part II Signature Block

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

Signature block containing: Sign Here (Signature of officer: RENEE DOBOS, Date: EXECUTIVE DIR.), Paid Preparer Use Only (Preparer: JASON D. GEEL CPA, Date: 8/23/23, Firm: MALETTA & COMPANY).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: \_\_\_\_\_  
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 businesses 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) _____	_____
	<u>\$298,000.00</u>

**Total Funding:**

**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) _____	_____
	<u>\$482,500.00</u>

**Total Proposed Expenditures:**

**Part IV — Municipal Information**

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

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

<p style="text-align: center;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;">Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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)

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022**

<b>B</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	<b>C Name of organization</b> THE CHILD AND FAMILY GUIDANCE CENTER INC		<b>D Employer identification number</b> 06-0669106
	Doing business as		<b>E Telephone number</b> 203-367-5361
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> 11,127,569.
	180 FAIRFIELD AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: MICHAEL PATOTA SAME AS C ABOVE		<b>H(b) Are all subordinates included?</b> <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			<b>H(c) Group exemption number</b> ▶
J Website: CFGUIDANCE.ORG			<b>L Year of formation:</b> 1936 <b>M State of legal domicile:</b> CT
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE 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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,450,959.	8,883,779.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,203,245.	2,180,557.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24.	302.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	39,236.
	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.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,887.	2,039,742.	2,440,239.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,456,113.	10,133,646.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	198,115.	970,228.	
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,207,889.	5,739,590.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,356,176.	1,913,553.
22	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 MICHAEL PATOTA, PRESIDENT AND CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARY ANTONETTI	Preparer's signature MARY ANTONETTI	Date	Check if self-employed <input type="checkbox"/>	PTIN P00431862
	Firm's name MARCUM LLP	Firm's EIN 11-1986323	Phone no. (203) 781-9600		
Firm's address 555 LONG WHARF DRIVE NEW HAVEN, CT 06511					

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: \_\_\_\_\_  
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;"><b>Post-Project Audit</b></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 <b>Yes</b>, 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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](http://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>B</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	<b>C</b> Name of organization <b>KLEIN MEMORIAL AUDITORIUM FOUNDATION, INC</b>		<b>D</b> Employer identification number <b>06-1474233</b>
	Doing business as		<b>E</b> Telephone number <b>800-424-0160</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,309,332.</b>
	<b>910 FAIRFIELD AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGEPORT, CT 06605</b>		<b>H(c)</b> Group exemption number	
<b>F</b> Name and address of principal officer: <b>THOMAS ERRICHTTI</b> <b>910 FAIRFIELD AVENUE, BRIDGEPORT, CT 06605</b>			
<b>I</b> 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			
<b>J</b> Website: <b>WWW.THEKLEIN.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>CT</b>	

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO OPERATE THE KLEIN MEMORIAL AUDITORIUM FOR THE PURPOSE OF ENRICHING THE CULTURAL, EDUCATIONAL,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)		<b>42</b>
	<b>6</b> Total number of volunteers (estimate if necessary)		<b>46</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11		<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>641,536.</b>	<b>416,521.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>588,395.</b>	<b>611,551.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>8,383.</b>	<b>12,012.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>166,806.</b>	<b>171,615.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,405,120.</b>	<b>1,211,699.</b>
Expense	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>476,504.</b>	<b>463,634.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>67,812.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>589,462.</b>	<b>681,417.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,065,966.</b>	<b>1,145,051.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>339,154.</b>	<b>66,648.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,422,433.</b>	<b>End of Year</b> <b>2,577,731.</b>
	<b>21</b> Total liabilities (Part X, line 25)	<b>133,700.</b>	<b>186,507.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,288,733.</b>	<b>2,391,224.</b>

**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.

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

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

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

Yes       No

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

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

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

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

### 60% credit percentage

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

Description of program: \_\_\_\_\_

Since 1992, the McGivney Community Center has been fulfilling its mission to provide stimulating and enriching programs that foster academic success and self-esteem to the youth of Bridgeport. At McGivney's After School Program and Summer Camp, access to resources are provided to underserved Bridgeport youth through academic support, enrichment activities, recreation, character building, teamwork, and social interaction. The NAA's support will help supplement the cost of part-time staff salaries, as well as program supplies and special events to provide top quality programming to families.

Need for program: \_\_\_\_\_

There is a great need for quality and affordable out-of-school programming for children year-round in Bridgeport. At McGivney, 93% of our members fall into the extremely low, very low, and low income limits as determined by HUD. The McGivney Community Center understands the impact of poverty and the needs of our families, which has made it a pillar of support in the Bridgeport community. We are committed to providing our children with resources and opportunities that might not be available otherwise to transformatively change their lives.

Neighborhood area to be served: \_\_\_\_\_

The McGivney Community Center serves children from across the City of Bridgeport, Connecticut. The Center is located on the East Side of Bridgeport, and many of the youth that attend the After School Program and Summer Camp live within the neighborhood.

Plan to implement the program: \_\_\_\_\_

Each year through collaborative partnerships, social media, and the help of our families and alumnae, McGivney continues to grow in the number of children it is able to serve. The After School Program runs from September to June and Summer Camp runs for 7 weeks from late June to early August. The McGivney Community Center is committed to serving our community, supporting our families, and helping to cultivate future leaders.



**Timetable:**

Program start date: 7/1/2024

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;"><b>Post-Project Audit</b></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 <b>Yes</b>, 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto: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
<b>REVENUE:</b>						
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
<b>OPERATING EXPENSES:</b>						
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	Supporting Services		
	Programs & Facilities	Fundraising & Development	General & Administrative	
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.*



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: \_\_\_\_\_  
Adam J. Lewis Academy/Bridgeport CT

Address: 500 State Street  
Bridgeport, CT 0669

Federal Employer Identification Number: 45-3859735

Program title: Middle School Expansion and Renovation

Name of contact person: Max Dixon  
(908) 616-4826

Telephone number: \_\_\_\_\_

Email address: max@ajlacademy.org

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

RECEIVED  
CITY CLERKS OFFICE  
24 MAY 17 AM 9:09  
ATTEST  
CITY CLERK

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: \_\_\_\_\_

Adam J. Lewis Academy (AJLA) is a co-educational PreK-Grade 8 privately funded independent school serving children and families from the Bridgeport community. AJLA is applying for a grant through NAA so we can install an energy efficient HVAC system in our new Middle School. The majority of families join AJLA in PreK3, and then matriculate through both elementary and middle school. 100% of families receive financial aid, ensuring that tuition is never a barrier to admission.

Need for program: \_\_\_\_\_

AJLA is in our tenth year of operation, and we have 150 students PreK3 - Grade 5. 78% of AJLA students scored average or higher NWEA Math and 79% scored average or higher NWEA English. This program will help support our new Middle School and enable AJLA to continue to provide a high quality education option to students and families in Bridgeport.

Neighborhood area to be served: \_\_\_\_\_

AJLA families are diverse in every way. They are representative of the Bridgeport community by race, ethnicity, and socio-economic situations. Approximately 40% of AJLA families are single parent households, some of whom live with extended family. Some of our families are small business owners, and others are college educated professionals. While many families struggle and live at or below the poverty line, we also have young families who are economically successful. While the cost to educate one AJLA student for the 2023-24 school year is \$20,000, the average tuition paid per student this year is \$2,505.

Plan to implement the program: \_\_\_\_\_

AJLA operates our preschool and elementary school program at 500 State Street. Current renovations are underway next door at 430 State Street, the site of our new Middle School. As our campus expands and the creation of our Middle School takes shape, 6 classrooms, a STEAM lab, restrooms and an assembly room are designed and being constructed. A new energy efficient HVAC system is also part of our construction plans. We will install two large commercial Mitsubishi condensing units. This type of efficient system enables each room to have its own cassette, thereby allowing temperature control for both heating and cooling locally and throughout the building.

**Timetable:**

Program start date: 05/03/2024  
Program completion date: 08/14/2024  
Post-project audit due date: 11/01/2024

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

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

**Sources of Revenue:**

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a) <u>Philanthropic Fundraising</u>	<u>\$50,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Funding:</b>	<u>\$200,000.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Equipment</u>	<u>\$120,000.00</u>
b) <u>Labor</u>	<u>\$80,000.00</u>
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$200,000.00</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;"><b>Post-Project Audit</b></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 <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

Form **990**

**Return of Organization Exempt From Income Tax**

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](http://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>B</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	<b>C</b> Name of organization <b>ADAM J. LEWIS ACADEMY, INC.</b>		<b>D</b> Employer identification number <b>45-3859735</b>
	Doing business as		<b>E</b> Telephone number <b>(203) 333-2211</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>7,207,295.</b>
	<b>500 STATE STREET</b>		<b>H(a)</b> 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 <b>BRIDGEPORT, CT 06604</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>PATRICIA D. LEWIS</b> <b>500 STATE STREET, BRIDGEPORT, CT 06604</b>			<b>H(c)</b> Group exemption number
<b>I</b> 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			
<b>J</b> Website: <b>AJLACADEMY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2011</b>	<b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O FOR SUMMARY</u>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>72</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>3,407,794.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)		<b>1,577,499.</b>	<b>2,740,669.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>1,111.</b>	<b>9,335.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>37,782.</b>	<b>31,202.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>5,024,186.</b>	<b>7,185,924.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,292,949.</b>	<b>2,369,378.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,791,401.</b>	<b>2,255,938.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>522,710.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,213,876.</b>	<b>1,367,217.</b>
<b>Net Assets or Fund Balances</b>	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,298,226.</b>	<b>5,992,533.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>725,960.</b>	<b>1,193,391.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>5,233,196.</b>	<b>End of Year</b> <b>7,718,009.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>293,475.</b>	<b>1,577,129.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>4,939,721.</b>	<b>6,140,880.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>PATRICIA D. LEWIS, FOUNDER &amp; HEAD OF SCHOOL</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>JAMES G. WOODS</b>				<b>P01429665</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	<b>VENMAN &amp; CO. LLC, CPA'S</b>	<b>06-0674034</b>			
Firm's address		Phone no.			
<b>375 BRIDGEPORT AVENUE</b> <b>SHELTON, CT 06484</b>		<b>203-929-9945</b>			

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**



Municipality: City of 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: \_\_\_\_\_  
Waveny LifeCare Network, Inc.

Address: 3 Farm Road, New Canaan, CT 06830

Federal Employer Identification Number: 06-0859588

Program title: Waveny LifeCare Network Kathleen M. Fruin RN, Certified Nursing Aide School

Name of contact person: Kim Genzburg, Director of Advancement

Telephone number: (203) 594-5262

Email address: kgenzburg@waveny.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 93,053.00

RECEIVED  
CITY CLERKS OFFICE  
24 MAR 17 AM 9:10  
ATTEST  
CITY CLERK

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): Waveny LifeCare Network Kathleen M. Fruin RN, Certified Nursing Aide School

Description of program: \_\_\_\_\_

At Waveny LifeCare Network's Certified Nursing Aide School (CNA), students immediately begin earning a salary and are eligible for full benefits. Included in this program are all materials, scrubs, textbooks, and State of Connecticut CNA licensure exam fees. A position is guaranteed within Waveny LifeCare Network once the student has become certified. Flexible class schedules accommodate students' time and financial limitations, so they don't have to work multiple jobs, worry about daycare, or paying for school.

Need for program: \_\_\_\_\_

The CNA School was established in 2022 on our Connecticut campus in the wake of the COVID pandemic to counteract the nationwide nursing shortage and gainfully employ persons with low-income status and education, as well as economically challenged groups, suffering from food or housing insecurity, or both. It is designed to "assist by hiring" local Connecticut residents facing economic hardship, and low-income groups - as defined by the Connecticut Governor's Workforce Council's Diversity, Equity, and Inclusion Committee's framework.

Neighborhood area to be served: \_\_\_\_\_

30% Of our nursing students live in Bridgeport and they must have a high school diploma, pass a background check, and drug screen.

Plan to implement the program: \_\_\_\_\_

First 5 weeks: New employee orientation and orientation to the Certified Nursing Aide program. Followed by the STRIVE program, a professional development course to prepare graduates for employment. We partner with Northeast Medical Institute for CNA theory and clinical education which includes 42.5 hours of theory via online self-paced course, 5 days of lab skills instruction, and 2 days of clinical instruction. At the end of the 5 classroom weeks, each student will receive their certificate of completion and will be registered for their CNA exam. Second 5 weeks: Clinical orientation, students will be paired with current Waveny CNAs for orientation. Each student will spend 2 weeks rotating in the Care Center (differential, assessment and rehabilitation) followed by 2

**Timetable:**

Program start date: 07/01/2024

Program completion date: 06/30/2025

Post-project audit due date: \_\_\_\_\_

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>\$93,053.00</u>
Other funding sources - itemized sources:	
a) <u>Career Resources, Inc.</u>	<u>\$208,031.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$208,031.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>salary/benefits-Nursing Director</u>	<u>\$65,076.00</u>
b) <u>scrubs, textbooks, NMI &amp; AFC tuition fees</u>	<u>\$22,500.00</u>
c) <u>leased space allocation</u>	<u>\$5,748.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) <u>student salary@6wks@280/hrs/student@61 students/avg</u>	<u>\$102,480.00</u>
c) <u>skills theory training @ \$1,600 per 61 students in 2023</u>	<u>\$97,600.00</u>
d) <u>CNA licensure @ \$128 per 61 students in 2023</u>	<u>\$7,680.00</u>

**Total Proposed Expenditures:** \$301,084.00

## Part IV — Municipal Information

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

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

<p style="text-align: center;"><b>Post-Project Audit</b></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 <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
--

## **Waveny LifeCare Network Kathleen M. Fruin, RN Certified Nursing Aide School**

Created in 2022 by Waveny LifeCare Network, Inc., the Kathleen M. Fruin, RN Certified Nursing Aide School educates and trains students to engage in the workforce with the knowledge and skills culminating in a nurse aide certification. To date, enrolled 130 students and graduated 108 students. Upon acceptance into the school, students begin earning a salary, are eligible to receive benefits, tuition, and ancillary costs are fully covered by Waveny from Day 1 of training, including all program scrub attire and textbooks, State of Connecticut CNA licensure exam fees, and a guaranteed position within the Waveny LifeCare Network once they are certified. Flexible structure means class schedules accommodate students' time and financial limitations, so they don't have to work multiple jobs, worry about daycare availability, or how to pay for school.

The CNA School is designed to "assist by hiring" residents facing economic hardship, and low-income groups as defined by the Connecticut Governor's Workforce Council's Diversity, Equity, and Inclusion Committee's framework.

Its overall goal is to increase their access to healthcare, post-high school education, and employment opportunities, as well as reduce poverty levels by helping those experiencing limited income prospects or financial hardships to find greater sustainability during difficult economic times.

### The primary goals of the CNA School are:

- To train participants to become Certified Nursing Assistants (CNAs), by obtaining a Connecticut Certified Nurse Aide certificate; to transition them immediately into Waveny LifeCare Network full-time positions to fill entry level positions (as CNAs) in the dynamic healthcare sector.
- To prepare for career pathway advancement and growth at Waveny that includes Licensed Practical Nurses or a Registered Nurses positions and remove barriers to entry. If desired, Waveny's CNA's are able to progress through the Network, continue their education, and plan to go on to hold key Manager and Director positions.

The training is focused on two critical areas. Five weeks of clinical and life-skills training in skilled nursing, assisted living and rehabilitation, as well as in-services from dietary, spiritual services, therapeutic recreation, nursing, home care, and volunteer departments. Then students are provided life skills training to improve test-taking ability, communication and computer skills, time management, and how to operate in a professional work environment through Career Resources Inc.'s STRIVE Soft Skills Training.

There is consistent programming with weekly centralized orientations within the same facility as coursework/skills lab for current training, and continuing education for LPN, and then RN school. Mentorship to include one-on-one pairing of tenured, active nurses with CNA candidates and individualized support from an RN with an MSN (MS in nursing degree) and 20+ years' experience.

Short Form

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

**2021**

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

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

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

**C** Name of organization  
**WAVENY LIFECARE NETWORK, INC.**

**D** Employer identification number  
**06-1558520**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3 FARM ROAD**

**E** Telephone number  
**(203) 594-5200**

City or town, state or province, country, and ZIP or foreign postal code  
**NEW CANAAN, CT 06840**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: ▶ **WWW.WAVENY.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **0.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21														
Revenue	1	Contributions, gifts, grants, and similar amounts received																																									
	2	Program service revenue including government fees and contracts																																									
	3	Membership dues and assessments																																									
	4	Investment income																																									
	5a	Gross amount from sale of assets other than inventory																																									
	b	Less: cost or other basis and sales expenses																																									
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																																									
	6	Gaming and fundraising events:																																									
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																									
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																									
c	Less: direct expenses from gaming and fundraising events																																										
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																										
7a	Gross sales of inventory, less returns and allowances																																										
b	Less: cost of goods sold																																										
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																																										
8	Other revenue (describe in Schedule O)																																										
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																										
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																									
	11	Benefits paid to or for members																																									
	12	Salaries, other compensation, and employee benefits																																									
	13	Professional fees and other payments to independent contractors																																									
	14	Occupancy, rent, utilities, and maintenance																																									
	15	Printing, publications, postage, and shipping																																									
	16	Other expenses (describe in Schedule O)																																									
17	<b>Total expenses.</b> Add lines 10 through 16																																										
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																																									
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																									
	20	Other changes in net assets or fund balances (explain in Schedule O)																																									
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																																									

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

Form **990-EZ** (2021)



## 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.

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### 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



# City of Bridgeport, Connecticut

## Office of the City Clerk

*To the City Council of the City of Bridgeport.*

The Committee on Economic and Community Development and Environment begs leave to report; and recommends for adoption the following resolution:

**Item No. 77-23**

### **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;



# City of Bridgeport, Connecticut Office of the City Clerk

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Report of Committee on Economic and Community Development and Environment  
Item No. 77-23

-2-

**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.

RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON  
**ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT**

\_\_\_\_\_  
Maria I. Valle, **Co-Chair**

\_\_\_\_\_  
Mary A. McBride-Lee, **Co-Chair**

\_\_\_\_\_  
Scott Burns

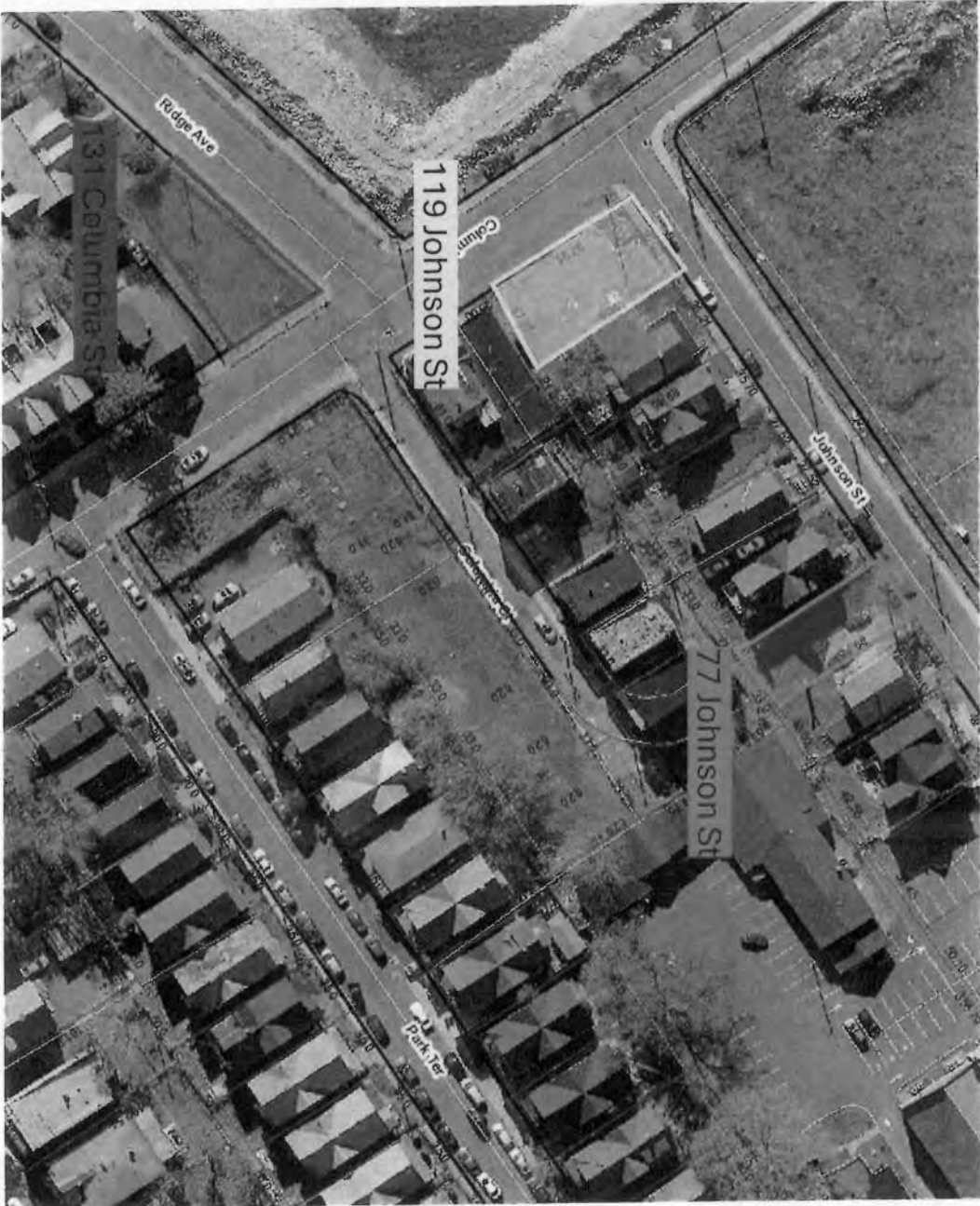
\_\_\_\_\_  
Michelle A. Lyons

\_\_\_\_\_  
Jorge Cruz, Sr.

\_\_\_\_\_  
Jazmarie Melendez

\_\_\_\_\_  
Eneida L. Martinez

*City Council Date: June 03, 2024*









East End



1095 Stratford Ave

1116 Stratford Ave

1136 Stratford Ave

1148 Stratford Ave

1060 Stratford Ave

621 Newfield Ave

604 Newfield Ave

40 Revere St

Revere St

Revere St

Cental Ave

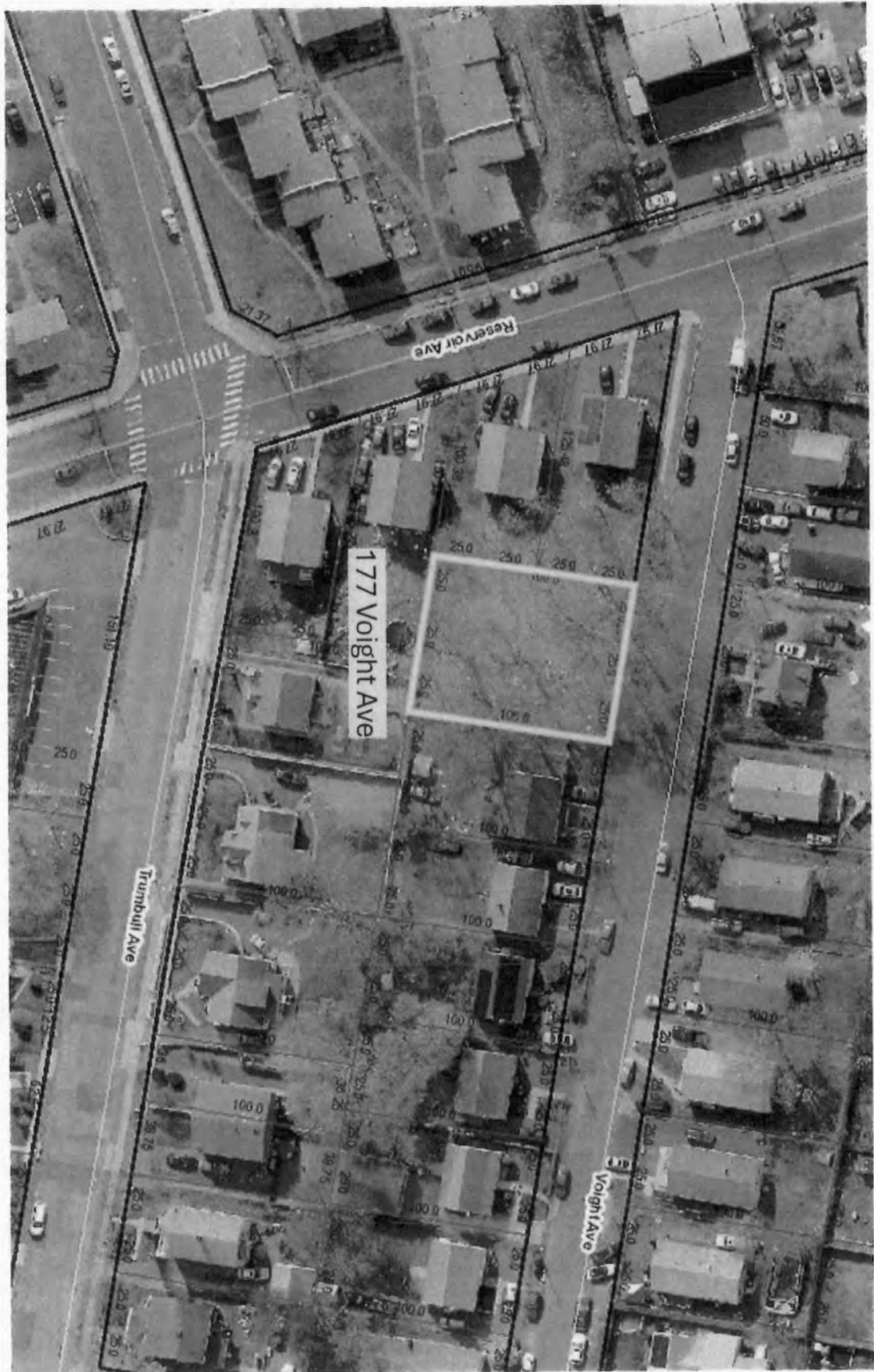
Clifton St

State Hwy 120

Bunell St











# City of Bridgeport, Connecticut Office of the City Clerk

*To the City Council of the City of Bridgeport.*

The Joint Committees on Economic and Community Development and Environment and Contracts begs leave to report; and recommends for adoption the following resolution:

**Item No. 76-23**

**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;





# City of Bridgeport, Connecticut

## Office of the City Clerk

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Joint Committee on ECD and Environment and Contracts

Item No. 76-23

-2-

**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;



# City of Bridgeport, Connecticut

## Office of the City Clerk

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Joint Committee on ECD and Environment and Contracts  
Item No. 76-23

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**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);



# City of Bridgeport, Connecticut

## Office of the City Clerk

Joint Committee on ECD and Environment and Contracts  
Item No. 76-23

-4-

**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



# City of Bridgeport, Connecticut

## Office of the City Clerk

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Joint Committee on ECD and Environment and Contracts  
Item No. 76-23

-5-

**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, Connecticut Office of the City Clerk

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Joint Committee on ECD and Environment and Contracts  
Item No. 76-23

-6-

RESPECTFULLY SUBMITTED,  
THE JOINT COMMITTEE ON  
ECONOMIC AND COMMUNITY DEVELOPMENT AND ENVIRONMENT  
AND CONTRACTS

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*Maria I. Valle, D-137<sup>th</sup>, Co-chair*

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*Mary A. McBride-Lee, D-135<sup>th</sup>, Co-chair*

---

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

---

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

---

*Scott Burns, D-130<sup>th</sup>*

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*Jorge Cruz, Sr., D-131st*

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*Michelle A. Lyons, D-134<sup>th</sup>*

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*Jazmarie Melendez, D-138<sup>th</sup>*

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*Eneida L. Martinez, D-139<sup>th</sup>*

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*Ernest E. Newton, II, D-139<sup>th</sup>*

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*Richard Ortiz, D-135<sup>th</sup>*

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*Dasha T. Spell, D-132nd*

*City Council Date: June 3, 2024*



City Council Resolution "Attachment A" - Waltersville Commons Real Estate Tax Payment Schedule

<u>Date</u>	<u>PMT</u>	<u>Deal Year</u>	<u>FY Total</u>	<u>FY</u>
<i>(Construction &amp; Lease: 2 yrs)</i> 1-Jul-25	5,514.00			
1-Jan-26	5,514.00		11,028	FY26
1-Jul-26	5,514.00			
1-Jan-27	5,514.00		11,028	FY27

<u>Development</u>	
# units	70
Tax/Unit	\$ 1,000
Divisor	50%
Ann Escalator	1.03
Op Years	15

<u>(Operations: 15 years)</u>	<u>Ops Year</u>			
07.01.2027	35,000			
01.01.2028	35,000	1	70,000	FY28
07.01.2028	36,050			
01.01.2029	36,050	2	72,100	FY29
07.01.2029	37,132			
01.01.2030	37,132	3	74,263	FY30
07.01.2030	38,245			
01.01.2031	38,245	4	76,491	FY31
07.01.2031	39,393			
01.01.2032	39,393	5	78,786	FY32
07.01.2032	40,575			
01.01.2033	40,575	6	81,149	FY33
07.01.2033	41,792			
01.01.2034	41,792	7	83,584	FY34
07.01.2034	43,046			
01.01.2035	43,046	8	86,091	FY35
07.01.2035	44,337			
01.01.2036	44,337	9	88,674	FY36
07.01.2036	45,667			
01.01.2037	45,667	10	91,334	FY37
07.01.2037	47,037			
01.01.2038	47,037	11	94,074	FY38
07.01.2038	48,448			
01.01.2039	48,448	12	96,896	FY39
07.01.2039	49,902			
01.01.2040	49,902	13	99,803	FY40
07.01.2040	51,399			
01.01.2041	51,399	14	102,797	FY41
07.01.2041	52,941			
01.01.2042	52,941	15	105,881	FY 42

<b>TOTAL RE TAXES THRU FY 42</b>	<b>1,323,980</b>
<b>EST. BUILDING PERMIT FEE FY26</b>	<b>505,350</b>
<b>TOTAL REVENUE TO THE CITY</b>	<b>1,829,330</b>

Note: Dates estimated; first operations year tax payment due with first payment due after issuance of Certificate of Occupancy  
04.29.24

**ATTACHMENT B to Resolution - Comparative Valuation of Tax Payments, Tax Abatements and Total Project Revenue**  
**Waltersville Commons - Value of Tax Incentive Payments & Value of Taxes Abated; Plus Total Revenue with Building Permit**

<b>Waltersville Dev (AMT Restricted)</b>	
167 Steuben (c 1900)	70
# units	1,000
Tax/Unit	\$ 1,000
Ann Escalator	1.03
Op Years	15
1st Projected Tax PMT	07.01.2027

Est. GC Const Cost	28,075,000
% of Const Permitted	60%
Permit Fee Divisor	1,000
Permit Fee per \$1000	30
<b>Est Permit Fee</b>	<b>505,350</b>

Current Tax Address	Owner	SF Land	SF Bld	A Val Land	A Val Bld	Tot A Val	Tax Paid
167 Steuben	COB	68,389	115,082	336,020	7,420,800	7,756,820	-
614 Pembroke	Priv	12,197	8,802	111,560	99,980	211,540	9,191
626 Pembroke	Priv	6,534	-	42,280	-	42,280	1,837
<b>TOTAL</b>		87,120	2	489,860			<b>11,028</b>

Elias Howe School		Maplewood School (Restricted)		Webster School	
287 Clinton (c 1889)	434 Maplewood Ave (c 1920)	1375 North Av (c 1900)			
# units	# units	# units			
25	24	19			
1,035,290	580,700	744,160			
A. Val Bldg	A. Val Bldg	A. Val Bldg			
196,480	506,400	238,140			
A. Val Land (.8 ac)	A. Val Land (1.2 ac)	A. Val Land (.7 ac)			
53,520	47,234	42,681			
Full Tax	Full Tax	Full Tax			
2,141	1,968	2,246			
Tax/Unit (Land & Bldg)	Tax/Unit (Land&Bld)	Tax/Unit (Land&Bld)			
1,799	1051	1,702			
Tax/Unit (Building)	Tax/Unit (Building)	Tax/Unit (Building)			

Tax Year	Incentive Tax	High Estimate of Full Tax*	Difference	% Full	% Abated
FY 26 (assessed 25%)	11,028	39,311	(28,283)	28%	72%
FY 27 (assessed 50%)	11,028	78,623	(67,594)	14%	86%
FY 28 (assessed 100%)	70,000	157,246	(87,246)	45%	55%
FY 29	72,100	157,246	(85,146)	46%	54%
FY 30	74,263	157,246	(82,983)	47%	53%
FY 31	76,491	157,246	(80,755)	49%	51%
FY 32	78,786	157,246	(78,460)	50%	50%
FY 33	81,149	157,246	(76,096)	52%	48%
FY 34	83,584	157,246	(73,662)	53%	47%
FY 35	86,091	157,246	(71,154)	55%	45%
FY 36	88,674	157,246	(68,572)	56%	44%
FY 37	91,334	157,246	(65,911)	58%	42%
FY 38	94,074	157,246	(63,171)	60%	40%
FY 39	96,896	157,246	(60,349)	62%	38%
FY 40	99,803	157,246	(57,442)	63%	37%
FY 41	102,797	157,246	(54,448)	65%	35%
FY 42	105,881	157,246	(51,364)	67%	33%
<b>Total</b>	<b>1,323,980</b>	<b>2,476,617</b>	<b>(1,152,637)</b>	<b>53%</b>	<b>47%</b>

Building Permit FY 26	505,350
<b>Total Rev w Permit</b>	<b>1,829,330</b>
	<b>(647,287)</b>
	<b>74%</b>
	<b>26%</b>

(04.29.2024)