### 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 131st 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.

### 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

### 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 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

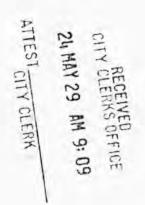
I hereby request a tax refund for the account detailed on the attached list, in accordance with the provision of Section 12-129 of the General Statues of the State of Connecticut. The Tax Collector, after examination of such applications, recommends to the honorable body in favor of such applicants for 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 WOODBRIDGE, CT 06525

REFERENCE: 17 WOODBINE ROAD WOODBRIDGE, CT 06525

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



### 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



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)

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

#### 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.

Signature of Taxpayer Print Name (203) 258-4625 negreiro construction @ groul, con 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

Date

### ACTION TAKEN BY GOVERNING BODY

The First Selectman,	as authorized by the	Board of	Selectman, o	r		
approved on the	day of		. It was vo		refund	
Property Taxes and In	nterest amounting to	\$	t	0		

First Selectman

Other Governing Body

CITY OF BRIDGEPORT 325 CONGRESS STREET BRIDGEPORT, CT 06604

2022-01-0031541 EXPLANATION AMOUNT 1879 WEBSTER SCHOOL REALTY LLC 17 WOODBINE RD WOODBRIDGE, CT 06525 B0043 BCHECK ARMOR 34 one thousand Three hudrod JNT Six went t Security Fealures Details on Back. milo DOLLARS CHECK TE TO THE ORDER OF DESCRIPTION 0 Collect \$ 21,346,30 1879 7/2 ity of -B 0 Ort G PEOPLES UNITED BANK peoples.com MP AUTHORIZED SIGNATURE "001879" :221172186: 6500039723" 1883 51-721 8/2211 80043 EXPLANATION AMOUNT WEBSTER SCHOOL REALTY LLC 17 WOODBINE RD WOODBRIDGE, CT 06525 CHECK ABALAN PAY 0 AMOUNT Lourty SX. Co DOLLARS & three hudred the 10m A Antonio OF DATE TO THE ORDER OF DESCRIPTION CHECK 1/4/2C ellestar. City of 8 0 2 \$ 21,346.34 27 (883 325 0 ct res P 24 out 1 C 5 PEOPLES UNITED BANK WP. AUTHORIZED SIGNATURE "001883# 12211721861: 6500039723#

Comm. #92-23 Ref'd to Miscellaneous Matters Committee on 6/3/2024.

## CITY OF BRIDGEPORT OFFICE OF THE CITY ATTORNEY

999 Broad Street

Bridgeport, CT 06604-4328

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

CITY ATTORNEY Tyisha S. Toms

DEPUTY CITY ATTORNEY John P. Bohannon, Jr.

ASSOCIATE CITY ATTORNEYS Deborah M. Garskof Michael C. Jankovsky Richard G. Kascak, Jr. Bruce L. Levin James T. Maye John R. Mitola Lawrence A. Ouellette, Jr. Dina A. Scalo

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. <u>Case Summary</u>: 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. <u>Council Action Requested</u>: 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. <u>Funding Budget-Line</u>: 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. <u>Proposed Motion</u>: 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



City of Bridgeport, Connecticut

### **OFFICE OF CENTRAL GRANTS**

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

ISOLINA DeJESUS Manager Central Grants

JOSEPH P. GANIM Mayor

> COMM. #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.

Thank you,

Joseph Katz Central Grants Office

21, MAY 29 PM 2: CITY CLERK EHKS OFFICE



### GRANT SUMMARY

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

NEW x 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

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

GRANT FUND	ED PROJECT FUNDS REQUESTED	
Construction:	\$0	
Contractual:	\$ 250,000.00	
Other:	\$0	

MATCH REQUIRED	K	
	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:

- 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
- 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.



### City of Bridgeport, Connecticut OFFICE OF CENTRAL GRANTS

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

ISOLINA DeJESUS Manager Central Grants

JOSEPH P. GANIM Mayor

> COMM. #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.

Thank you,

Joseph Katz Central Grants Office



**GRANT SUMMARY** 

PROJECT TITLE:		ment of Transportation – Safe Streets and Roads for and Demonstration Grant (#25648)
NEW x	RENEWAL	CONTINUING
DEPARTMENT SUE	MITTING INFORMAT	ION: 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

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

<b>GRANT FUND</b>	ED PROJECT FUNDS REQUESTED
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

MATCH REQUIRED		
	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:

- 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

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 Refd to Public Safety & Transportation Committee on 6/3/2024

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

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

SECTION I CITY COUNCIL SUBMISSION INFORMATION					
Log ID/Item Number:	97-23				
Submitted by Councilmember(s):	Scott Burns	1			
Co-Sponsors(s):	Choose an item.				
District:	130TH				
Subject:	Proposed Resolution to Certify Bridgeport as BEE CITY USA				
Referred to:	ECD and Environment Commi	ittee			
City Council Date:	June 3, 2024				
PLATION II PL	ESOLUTION /PLEASE TY	PE BELOW)			

### SECTION II

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 coadapted; (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 nonchemical pest management methods.
  - 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 e, 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.
  - 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 f. 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 Apsetuck 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/sustainabaility, 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 SUBS	Referral date sent	<b>Response Rece</b>	ived	Date reply received
		□ Yes		
Choose an item		🗆 Yes	D No	
Choose an item.		🗆 Yes	D No	
Choose an item.		🗆 Yes	D No	
Choose an item		🗆 Yes	D No	
Choose un tiem.		🗆 Yes	D No	
Choose an item		□ Yes	D No	
Choose an item.		□ Yes	D No	
Choose an item.		🗆 Yes	□ No	
SECTION IV	PUBLIC HEARING	INFORMATIC	N	
Public Hearing Required	Details Date		ate	
□ Yes □ No	Public Hearing Ordered on			
	CT Post Publication Date(s)			
	Public Hearing Held on:			
SECTION V	AMENDMENTS/	EXHIBITS		
Choose an item.	□Yes □ No		Date:	
SECTION VI	COMMITTEE ACTION/AP	PROVAL INFO	ORMATIO	N <sup>ara</sup> and a state of the state
Personal Providence of the second sec	□Yes □ No		Date:	
Choose an item.	□Yes □ No		Date:	
Choose an item.	□Yes □ No		Date:	
SECTION VII	WITHDRAWN/SIN	E DIE INFOR	MATION	
	□Yes □ No		Date:	
Choose an item	DATE OF APPRO		FROM CIT	Y COUNCIL
SECTION VIII	DATE OF APPRO	ALIDENIAL		

SECTION IX

COMMENTS (if any)



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> 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:

- 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
- 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.



Report of Committee on <u>Economic and Community Development and Environment</u> 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



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> 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 (YCCCH) are authorized to extend financial assistance to municipalities in the form of grants; and

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

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

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

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

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



Report of Committee on <u>Economic and Community Development and Environment</u> 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

Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 3, 2024



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> 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.



Report of Committee on <u>Economic and Community Development and Environment</u> 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

Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 3, 2024



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> 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:

- 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
- 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.



Report of Committee on <u>Economic and Community Development and Environment</u> Item No. \*81-23 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



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> 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



Report of Committee on <u>Economic and Community Development and</u> <u>Environment</u> 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.



Report of Committee on <u>Economic and Community Development and</u> <u>Environment</u>

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 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

- 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

CITY CLERKS OFFICE

ATTEST OITY CLERK

\$50,000.00

10. Connecticut Zoological Society - Smart Flower-Solar Power at the Zoo

\$150,000.00

11. Burroughs Community Center – Window Replacement Weatherrization

\$85,000.00

12. Groundword Bridgeport, Inc - Urban Fellows

\$150,000.00

13. Boys Club & Girls Club of Bridgeport, CT - Project Learn

\$150,000.00

- 14. Boys Club & Girls Club of Bridgeport, CT Energy Conservation Green Projects \$150,000.00
- 15. Bridgeport Public Education Fund, Inc. Mentoring for Academics Achievement \$150,000.00
- 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
- Waveny LifeCare Network, Inc Certified Nursing Aide School \$93,053.00
- 32. Adam Lewis Academy Middle School Expansion and Renovation \$150,000.00

Department of Revenue Services	Print Form	Reset Form	color
State of Connecticut (Rev. 01/24)			33.86
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

X Yes

Email address: grantsadmin@ctbigs.org

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

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

🗖 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.

Visit us at portal.ct.gov/DRS for more information.

## 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- Other (specify): Youth Development X

## 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.

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 lowincome 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

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	
Program completion date: 06-30-25	-
Post-project audit due date: 09-30-25	-

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

Other funding sources - itemized sources:

- a) Individual Contributions
- b) Grants (United Way, Corporations, Foundations, Govt)
- c) Special Events
- d) Other (Other sales, revenue, in-kind contributions)

#### **Total Funding:**

## Proposed Program Expenditures:

Direct operating expenses - itemized description:

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

\$125,000

\$388,000.00

\$2,399,516.00

\$488,000.00

\$67,500.00

\$3,343,016.00

## 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-Proj	ject Audit
Is a post-project audit re	equired for this proposal
T Yes	🗖 No
If Yes, date post-	-project audit due:
D	ate

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

#### Part I — General Information

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

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

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

#### Part II — Program Information

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

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

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

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

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

#### Part III — Financial Information

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

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

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

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

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

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

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

#### Part IV — Municipal Information

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

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

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

#### Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information. 102052 05/12/2023 5:58 PM Pg 4

Form 990	Under section 50' Do no	n of Organization Exempt F 1(c), 527, or 4947(a)(1) of the Internal Revenue of enter social security numbers on this form to www.irs.gov/Form990 for instructions and	<ul> <li>Code (except private fou as it may be made public.</li> <li>the latest information.</li> </ul>	ndations)	OMB No. 1545-0047 2021 Open to Public Inspection
For the 2021	calendar year, or tax year beg	inning 07/01/21 , and ending 0	6/30/22		
Check if applicable:	C Name of organization BIG	BROTHERS BIG SISTERS		D Employer	identification number
Address change	OF (	CONNECTICUT, INC.			a second
	Doing business as				350379
X Name change	Number and street (or P.O. box if ma	I is not delivered to street address)	Room/suite	E Telephone	
Initial return	30 LAUREL STREET			860-:	525-5437
Final return/	City or town, state or province, country	y, and ZIP or foreign postal code			
terminated	HARTFORD	CT 06103		G Gross rece	aipts5 2,323,252
Amended return	F Name and address of principal officer	E	H(a) is this a c	rous rotum for	subordinates Yes X N
Application pending	ANDREW FLEISCH	HMANN	ra(a) is use a g	noch rerent in	8 8
-	30 LAUREL STRE		H(b) Are all su	ibordinates incl	uded? Yes No
	HARTFORD	CT 06106	If "No	" attach a list.	See instructions
-	X 501(c)(3) 501(c) (	) 4947(a)(1) or	527		
Tax-exempt status	WW.CTBIGS.ORG		H(c) Group ex	emption numbe	•
Website:		Association Other	L Year of formation: ]		M. State of legal domicile: C1
	ummary escribe the organization's mission	and the local and the			
4 Number 5 Total nu	mber of individuals employed in	of the governing body (Part VI, line 1b) calendar year 2021 (Part V, line 2a)		4	16 39 1000
6 Total nu	mber of volunteers (estimate if i		1.222 (1.1) 1.121 (1.1) (1.1) (1.1)	1.1	1000
7a Total un	related business revenue from F	Part VIII, column (C), line 12		76	1
b Net unn	lated business taxable income f	from Form 990-T, Part I, line 11	Prior Ye		Current Year
	Name and amount (Red VIII line	16)		0,495	2,073,857
B Contribu	tions and grants (Part VIII, line service revenue (Part VIII, line				(
9 Program		2g) ), lines 3, 4, and 7d)	3	3,775	10,738
				9,168	175,091
		es 5, 6d, 8c, 9c, 10c, and 11e)		3,438	2,259,686
		(must equal Part VIII, column (A), line 12)	/ Ba / Ba O	0/100	
	and similar amounts paid (Part I				1
14 Benefits	paid to or for members (Part IX	(, column (A), line 4)	1.05	8,300	1,414,231
a 15 Salaries		benefits (Part IX, column (A), lines 5-10)	-/	-/	
	onal fundraising fees (Part IX, o		9		
D lotal lu	ndraising expenses (Part IX, colu	and the firmer and the second contraction and second	71	1,525	628,604
	penses (Part IX, column (A), lir		4 55	9,825	2,042,835
		equal Part IX, column (A), line 25)		3,613	216,851
19 Revenu	e less expenses. Subtract line 1	8 from line 12	Beginning of C		End of Year
Sta 20 Total or	sets (Part X, line 16)		1 43	2,488	1,641,280
02 (0)	bilities (Part X, line 26)		46	4,675	220,487
	ets or fund balances. Subtract lin	no 21 from line 20		7,813	1,420,793
Dent II	ignature Block	HE ET HUIT HIE EU		1	
Linder penalties o	periupy I declare that I have exam	ined this return, including accompanying schedule ther than officer) is based on all information of wh	es and statements, and to the nich preparer has any knowle	e best of my edge.	knowledge and belief, it is
				_	
Sign	Signature of officer	C. AND IN CONTRACTOR OF CONTRACTOR		Date	
Here	ANDREW FLEISCH	MANN	PRESIDENT &	CEO	
	Type or print name and title				
Print/Ty	pe preparer's name	Preparer's signature	Date	Check	If PTIN
	be preparer's name	AMBER D. TUCKER	05/1	2/23 self-em	

FIONDELLA, MILONE & LASARAC 300 WINDING BROOK DR STE 1 GLASTONBURY, CT 06033 Use Only 860-657-3651 X Yes No Form 990 (2021) Phone no. Firm's address May the IRS discuss this return with the preparer shown above? See instructions For Paperwork Reduction Act Notice, see the separate instructions.

Department of Revenue Services State of Connecticut (Rev. 01/24)

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

(203) 333-4087 Telephone number:

Email address: Lchester@brmct.org or Ccarollo@brmct.org

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

Is your organ from Income	Catalog and an in the second	uired to file federa	I Form 990 or 990EZ, Return of Organization Exempt
X	Yes	No	
If Yes, attach	n a copy of	the first page of y	our most recent return.
If No, attach Revenue Se		our determination	letter from the U.S. Treasury Department, Internal

Visit us at portal.ct.gov/DRS for more information.

#### 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

- X Job training/education for unemployed persons aged 50 or over;
- X Job training/education for persons with physical disabilities;
- X 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: 01/01/20	)24
Program completion date: _1	MM - DD - YYYY 12/31/2024
Post-project audit due date:	MM - DD - YYYY
p	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) Individual donors	\$4,301,354.00
b) Organizations - churches, civic, etc	\$1,228,958.00
c) Foundations and Grants	\$464,480.00
d)	
Total Funding:	\$6,144,792.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Residential and outreach programs	\$3,900,023.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a) Administrative and Fundraising expenses	\$2,244,769.00
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	
Mailing address:	
Name of municipal liaison:	
Telephone number:	-
Fax number:	-
Email address:	

Post-Pro	oject Audit
ls a post-project audit r	equired for this proposal
Yes	No
If Yes, date pos	t-project audit due:
	Date

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

#### Part I – General Information

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

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

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

#### Part II – Program Information

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

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

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

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

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

#### Part III – Financial Information

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

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

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

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

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

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

#### Part IV – Municipal Information

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

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

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

#### Additional Information

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

partment of the Treasu email Revenue Service		y be made ( test informa	vate public.	0	2021 pen to Public Inspection
For the 2021	calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022			1.4	ation number
Check if applicabl	C Name of organization Bridgeport Rescue Mission Inc		D Employer	Identifi	cation number
Address change	Brugeport Rescue reason me		06-1362	705	
Name change Initial return	Doing business as				
Final return/terminated			E Telephone	umber	
Amended return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e			
Application pend			(203) 33	3-408	/
	City or town, state or province, country, and ZIP or foreign postal code Bridgeport, CT 06601		G Gross recei	ots \$ 7,5	13,179
	F Name and address of principal officer:	H(a) In the	is a group retu		
	Lawrence Fullerton	subo	rdinates?		T Yes V No
	PO Box 9057		all subordinate	:5	[Yes [No
	Bridgeport, CT 06601		ded? o," attach a li	st. See	instructions.
Tax-exempt stat	tus: 🔽 501(c)(3)		p exemption n		
Website: >	www.bridgeportrescuemission.org		p exemption i		
		L Year of form	nation: 1993	State o	f legal domicile: CT
Form of organizal	tion: 🔽 Corporation Trust TAssociation Tother >				
3 Numb	k this box F if the organization discontinued its operations or disposed of the poverning body (Part VI, line 1a)		n 25% of its ni	assel 3 4	is. 1
4 Numb 5 Total 6 Total	number of individuals employed in calendar year 2021 (Part V, line 2a)			5	5:
5 Total	number of volunteers (estimate if necessary)			6	80(
o rotal	unrelated business revenue from Part VIII, column (C), line 12 · · ·			7a	0
	inrelated business taxable income from Form 990-T, Part I, line 11 · ·			76	0
D wet u			rior Year	T	Current Year
S Conti	ributions and grants (Part VIII, line 1h)		9,251,48	0	7,209,91
	ram service revenue (Part VIII, line 2g)			0	
10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d )		383,43	3	101,56
II Othe	r revenue (Parl VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	57,91	9	195,68
	revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12		9,692,83	2	7,507,16
13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3 )		3,613,75	8	3,021,24
	fits paid to or for members (Part IX, column (A), line 4)			0	
15 Salar	ries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	2,878,32	3	3,439,46
16a Profe	essional fundraising fees (Part IX, column (A), line 11e)		35,84	0	27,88
	fundraising expenses (Part IX, column (D), line 25) >1,350,136				
17 Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) · · ·		1,873,25	6	2,479,39
18 Tota	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,401,17	7	8,967,98
19 Reve	nue less expenses. Subtract line 18 from line 12		1,291,65	5	-1,460,82
5 9		Beginn	ning of Current Year		End of Year
and		-	14,230,81	1	13,115,90
20 Tota	l assets (Part X, line 16)	-	4,055,31	-	4,452,78
5 Ma	I liabilities (Part X, line 26)	-	10,175,49	-	8,663,11
		-		-	
Index populties	ignature Block s of perjury, I declare that I have examined this return, including accompar and belief, it is true, correct, and complete. Declaration of preparer (other th	ying schedu an officer)	ules and stater is based on all	nents, inform	and to the best of ation of which
	v knowledge.				
preparer has an			023-02-28		
oreparer has an	ignature of officer		023-02-28 Pate		
Sign					

Department of Revenue Services State of Connecticut (Rev. 01/24)

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

(203) 382-0180

Telephone number:

Email address: Istern@jagfc.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 55,000.00

Is your organi from Income		uired to file federal Form 990 o	or 990EZ, Return of Organization Exempt
X	Yes	No	
If Yes, attach	a copy of	the first page of your most rec	cent return.
If No, attach a Revenue Serv		our determination letter from th	ne U.S. Treasury Department, Internal

Visit us at portal.ct.gov/DRS for more information.

## 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
- X

Junior Achievement (JA) is dedicated to inspiring and preparing young people with the knowledge and skills Description of program: 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.

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 Need for program: 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.

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

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	-
Program start deter MM - DD - FFF	
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:	\$55,000.00
NAA funds requested	
Other funding sources - itemized sources: a) Corporate, foundations, individual gifts, organizations	\$93,176.00
b)	
c)	
d)	\$148,176.00

**Total Funding:** 

## Proposed Program Expenditures:

Direct operating expenses - itemized description:

Direct operating expenses - itemized description	\$100,583.49
a) Salaries, benefits, payroll taxes	\$3,844.74
b) Program materials and supplies	\$882.72
c) Travel, mileage, training	\$490.40
d) Scholarships, awards, recognition	
Administrative expenses - itemized description:	\$15,207.21
a) Insurance, License fees	\$3,062.06
b) Overhead - rent, utilities, equipment	\$22,678.35
<ul> <li>b) Overhead - rent, duringer ov</li></ul>	\$3,972.24
<u>C) Operating Costs (11)</u> Marketing & development, staff & board development	\$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-Pro	ject Audit
Is a post-project audit re	equired for this proposal
If Yes, date post	t-project audit due:
	Date

### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

## Part I – General Information

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

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

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

## Part II – Program Information

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

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

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

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

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

## Part III – Financial Information

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

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

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

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

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

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

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

## Part IV – Municipal Information

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

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

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

## Additional Information

See the Guide to Connecticut Business Tax Credits available on the DRS website at portal.ct.gov/DRS. E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information. Form 990

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

OMB No. 1545-0047

Borner / Rekater         Construction         Description         Description <thdescription< th=""></thdescription<>			2022 cal	endar year, or tax y	ear beginning	0	7/01/20	22 and e	nding			06/	30/2023	
B Cont. Product         COUNTY J., TKC.         0.6 - 0.644.315           More strevel         Deep buildees at         Recentry         E Electrone number           More strevel         Deep buildees at         Recentry         E County           Market strevel         Deep buildees at         Recentry         E County           Market strevel         Deep buildees at         Recentry         E County         E County           Market strevel         Deep buildees at         Recentry         E County         E County           Market strevel         Deep buildees at         Deep buildees at         I, 659, 0.38,           The County Status at at at at at manutable.         Ves         In Market Status         Ves         In Market Status           J Webatts         WAR, XASEC.ORG         Market Status         Status of tage demotes         Yes         In Status of tage demotes           J Webatts         WAR, XASEC.ORG         Market Status         Status of tage demotes         Yes         In Status of tage demotes         Yes         In Status of tage demotes         In Stat	A 11	or the	LULL CO		the second s	the second s			-	FIELD	D Er	nployer	identification	number
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YOUNG PEOPLE TO SUCCEED IN A GLOBAL ECONOMY.           2         Check this box         If the organization discontinued its operations or disposed of more than 25% of its net assets.         3         227           4         Number of voting members of the governing body (Part VI, line 1a).         3         227           5         Total number of independent voting members of the governing body (Part VI, line 1a).         5         3         227           5         Total number of votinteers (estimate if necessary)         6         460         7a           7         Total unrelated business revenue from Part VIII, column (C), line 12         7a         7a         50.0           9         Program service revenue (Part VIII, line 1b)         8         Contributions and grants (Part VIII, column (A), lines 5, ds, ds, 69. 00c, and 1te)         1, 296, 620.0         1, 230, 603           10         Investment income (Part VIII, column (A), lines 5, ds, ds, 69. 00c, and 1te)         1, 296, 620.0         1, 730, 603           12         Total undraising devences add lines 8 through 11 (mast equal Part VIII, column (A), lines 1-3)         1, 726, 620.0         1, 730, 603           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         1, 726, 620.0         1, 730, 620           13         Grants and similar amounts paid (Part IX, column (A), line 42)         1, 296, 620.0 <t< td=""><td>Pa</td><td></td><td></td><td></td><td></td><td></td><td>No. or a fact</td><td>THEFAT</td><td>1011</td><td>TOUDAD</td><td>NE THODTO</td><td>DEC A</td><td>ND DDED</td><td>ADEC</td></t<>	Pa						No. or a fact	THEFAT	1011	TOUDAD	NE THODTO	DEC A	ND DDED	ADEC
2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       227         4       Number of independent voting members of the governing body (Part VI, line 1a)       4       228         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a),       5       6       6         6       0       0       6       4       6         6       1       0       7a       7a       7a       7a         7       Total numelated business taxable income from 990-T, Part I, line 11       7b       7b       7b         9       Program service revenue (Part VIII, line 2p),       NONE		1							K ACH	TEVEME	NT INSPIR	CED M	AND FREE	ANDO
Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873	90		YOUNG	PEOPLE TO SU	ICCEED IN	A GLOBAL	L ECONO	MY.						
Total metaled business taxable income from Form 990-T, Part I, line 11         Total           B         Not unrelated business taxable income from Form 990-T, Part I, line 11         Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h) .         878, 337.         850, 081           9         Program service revenue (Part VIII, column (A), lines 5, 84, 86, 9c, 10c, and 11e) .         1, 998, 15, 01E           10         Investment income (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) .         416, 285.         465, 510           12         Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) .         1, 296, 620.         1, 330, 600         1, 756           13         Grants and similar amounts paid (Part IX, column (A), line 31.         300.         1, 756         300.         1, 756           14         Benefits paid to of for members (Part IX, column (A), line 41.         NONNE         NONNE         NON           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 55.         68, 706.         1, 281, 368.         1, 292, 981           16         Professional fundraising fees (Part IX, column (A), line 112.         1, 204, 476, 285         37, 624           17         Other expenses (Part IX, colum (A), line 114, 111/24e)         1, 604, 677.         1, 629, 873	nar					Select and the		-			050	12. 2	in multi	
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B         Net difference Dashess fraction round round of the property for th	A													
8         Contributions and grants (Part VIII, line 1h)	_	b	Net unrel	ated business taxabl	le income fron	n Form 990-T, I	Part I, line 1	1				76	-	
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11       Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).       416, 263.       405, 216.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       1, 296, 620.       1, 330, 609.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       300.       1, 750.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 55.       68, 706.       NONE       NONE         16       Professional fundraising expenses (Part IX, column (A), line 25)       68, 706.       NONE       NONE       NONE         19       Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981.         19       Revenue less expenses. Subtract line 18 from line 12.       1, 604, 677.       1, 604, 677.       1, 604, 677.         20       Total assets (Part X, line 26).       547, 731.       576, 947.         21       Total labilities (Part X, line 26).       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.<	a	8	Contribut	ions and grants (Part	VIII, line 1h)						878,3	37.	85	
11       Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).       416, 263.       405, 216.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       1, 296, 620.       1, 330, 609.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       300.       1, 750.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 55.       68, 706.       NONE       NONE         16       Professional fundraising expenses (Part IX, column (A), line 25)       68, 706.       NONE       NONE       NONE         19       Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981.         19       Revenue less expenses. Subtract line 18 from line 12.       1, 604, 677.       1, 604, 677.       1, 604, 677.         20       Total assets (Part X, line 26).       547, 731.       576, 947.         21       Total labilities (Part X, line 26).       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.<	nua	9	Program	service revenue (Part	VIII, line 2g)									NON
11       Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).       416, 263.       405, 216.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).       1, 296, 620.       1, 330, 609.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       300.       1, 750.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       NONE       NONE         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 55.       68, 706.       NONE       NONE         16       Professional fundraising expenses (Part IX, column (A), line 25)       68, 706.       NONE       NONE       NONE         19       Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981.         19       Revenue less expenses. Subtract line 18 from line 12.       1, 604, 677.       1, 604, 677.       1, 604, 677.         20       Total assets (Part X, line 26).       547, 731.       576, 947.         21       Total labilities (Part X, line 26).       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.       1, 092, 926.         22       Net assets or fund balances. Subtract line 21 from line 20.       1, 056, 946.<	eve	10	Investme	nt income (Part VIII,	column (A), li	nes 3, 4, and 7	d)							
11 Order of the order of th	œ	11	Other rev	enue (Part VIII, colu	mn (A), lines	5, 6d, 8c, 9c, 1	Oc, and 11e	)						
Interview of an one antioed and part of an one and one with the preparer's signature       None       None         Interview of an one antioed and part of an one part o		12	Total reve	enue - add lines 8 th	rough 11 (mu	st equal Part V	III, column (	(A), line 12)			1,296,6	20.	1,33	10,609.
NONE       NONE         NONE       NONE         14 Benefits paid to or for members (Part IX, column (A), line 4)		13	Grants an	d similar amounts p	aid (Part IX, c	olumn (A), lines	. 1-3)				3	300.		1,750
13       Saladies, other comparison of the providence of the p											ľ	IONE		NON
NONE       NONE         NONE       NONE         I fa Professional fundraising expenses (Part IX, column (A), line 11e)       NONE       NONE         Total subsets (Part IX, column (A), line 11, column (A), line 25)       1, 281, 368.       1, 292, 981         15, 252.       37, 624         Total assets (Part X, line 16)       1, 604, 677.       1, 609, 873         20       Total assets (Part X, line 26)       547, 731.       576, 947         Signature Block       Intotal liabilities (Part X, line 26)       1, 064, 677.       1, 069, 873         Signature Block       Intotal assets or fund balances. Subtract line 21 from line 20       11, 056, 946.       11, 092, 202         Signature of office	50	15	Salaries,	other compensation	employee be	nefits (Part IX,	column (A)	lines 5-10)			859,2	80.	81	4,942
17       Other expenses (Part IX, column (A), lines TIA-TIG, TIT-249),	use										P	IONE		NON
17       Other expenses (Part IX, column (A), lines TIA-TIG, TIT-249),	bei								I FOR				-	
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 281, 368.       1, 292, 981         19       Revenue less expenses. Subtract line 18 from line 12       15, 252.       37, 625         20       Total assets (Part X, line 16)       1, 604, 677.       1, 609, 873         21       Total liabilities (Part X, line 26)       547, 731.       576, 947         21       Total liabilities (Part X, line 26)       1, 056, 946.       1, 092, 926         Part II       Signature Block       1, 056, 946.       1, 092, 926         Vunder 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       11/09/2023         Sign       Signature of officer       Date       11/09/2023         BERNADINE VENDITTO       PRESIDENT       Print/Type preparer's name       Preparer's signature       Date         Print Preparer       BRIAN C WHITE       Preparer's signature       Date       P00058320         Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470       Phone no.       203-426-8500         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       N	ŵ						1e)				421,7	88.	47	16,289
19       Revenue less expenses. Subtract line 18 from line 12											1,281,3	68.	1,29	12,981
Beginning of Current Year       End of Year         1,604,677.       1,669,873         547,731.       576,947         1,056,946.       1,092,926         Part II       Signature Block         Under penalties of perjury. 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       11/09/2023         Signature of officer       11/09/2023         BERNADINE VENDITTO       Preparer's signature         Preparer       Date         Print/Type preparer's name       Preparer's signature         Prime or prime name and title       Date         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE         Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions       203-426-8500											15,2	252.		37,628
20       Total assets (Part X, line 16)       1,604,677.       1,669,873         21       Total liabilities (Part X, line 26)       547,731.       576,947         22       Net assets or fund balances. Subtract line 21 from line 20.       1,056,946.       1,092,926         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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       11/09/2023         Signature of officer       Date         BERNADINE VENDITTO       PRESIDENT         Type or print name and title       Preparer's signature         Part II       BRIAN C WHITE         Preparer       Date         BRIAN C WHITE       Firm's name         Prim's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         Phone no.       203-426-8500         May the IRS discuss this return with the preparer shown above? See instructions       X	- se		11010100								nning of Current	Year	End of Y	fear
21       Total liabilities (Part X, line 26)	ets	20	Total ass	ets (Part X, line 16)							1,604,6	77.	1,66	59,873
22       Net assets or fund balances. Subtract line 21 from line 20	Ass Ba							547,731.		576,947				
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         BERNADINE VENDITTO       PRESIDENT         Type or print name and title       Preparer's signature         Paid       Print/Type preparer's name         Preparer       Date         II/09/2023       self-employed         Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE         Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions ,	Vet	22									1,056,9	46.	1,09	12,926
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 interaction of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here Signature of officer Date BERNADINE VENDITTO PRESIDENT Type or print name and title Paid Preparer's name Preparer's signature Preparer's signature Oate Statements and to the best of my knowledge and belief, it information of which preparer has any knowledge.  Paid Preparer Use Only Firm's name NANAVATY DAVENPORT STUDLEY WHITE Firm's EIN 06-1402749 Firm's address 123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470 Phone no. 203-426-8500 May the IRS discuss this return with the preparer shown above? See instructions	1													
Image: Sign for the state of the state	line		allies of m	miner I declare that I h	ave examined	this return, inclu	iding accom	panying schedule	es and s	tatements.	and to the best	of my k	nowledge and	belief, it i
Sign Here       Signature of officer       Date         BERNADINE VENDITTO       PRESIDENT         Type or print name and tille       Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name       Preparer's signature         BRIAN C WHITE       Date       Check if provided and the preparer's signature         Image: Self-employed       P00058320         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE       Firm's EIN         Use Only       Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions ,	true	, corre	ect, and con	plete. Declaration of pr	eparer (other th	an officer) is bas	ied on all info	ormation of which	h prepar	er has any k	(nowledge.	-		
Sign Here       Signature of officer       Date         BERNADINE VENDITTO       PRESIDENT         Type or print name and tille       Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name       Preparer's signature         BRIAN C WHITE       Date       Check if provided and the preparer's signature         Image: Self-employed       P00058320         Firm's name       NANAVATY DAVENPORT STUDLEY WHITE       Firm's EIN         Use Only       Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470         May the IRS discuss this return with the preparer shown above? See instructions ,											11/	109/2	2023	
Here       BERNADINE VENDITTO       PRESIDENT         Type or print name and title       Type or print name and title       Date       Check if       PTIN         Preparer       BRIAN C WHITE       Date       11/09/2023       self-employed       P00058320         Use Only       Firm's name       NANAVATY DAVENPORT STUDLEY WHITE       Firm's EIN       06-1402749         Here       Firm's address       123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470       Phone no.       203-426-8500         May the IRS discuss this return with the preparer shown above? See instructions	Sig	n	Signature	of officer								-		
Print     Print/Type or print name and title       Paid     Print/Type preparer's name     Preparer's signature     Date     Check if     PTIN       BRIAN C WHITE     Date     11/09/2023     self-employed     P00058320       Firm's name     NANAVATY DAVENPORT STUDLEY WHITE     Firm's EIN     06-1402749       Firm's address     123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470     Phone no.     203-426-8500       May the IRS discuss this return with the preparer shown above? See instructions			DEDNA	THE VENDITRY				PRESIDE	ENT					
Print/Type preparer's name     Preparer's signature     Date     Check     if     PTIN       Preparer     BRIAN C WHITE     11/09/2023     self-employed     p00058320       Vise Only     Firm's name     NANAVATY DAVENPORT STUDLEY WHITE     Firm's EIN     06-1402749       Firm's address     123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470     Phone no.     203-426-8500       May the IRS discuss this return with the preparer shown above? See instructions     X     Yes     N		-						11110101						
Paid     BRIAN C WHITE     11/09/2023     self-employed     P00058320       Use Only     Firm's name     NANAVATY DAVENPORT STUDLEY WHITE     Firm's EIN     06-1402749       Firm's address     123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470     Phone no.     203-426-8500       May the IRS discuss this return with the preparer shown above? See instructions     X     Yes     N	-	-				Preparer's si	gnature		Date		Check	if F	PTIN	
Preparer         BRTAN_C_WHITE         FIT/05/1000           Use Only         Firm's name         NANAVATY_DAVENPORT_STUDLEY_WHITE         06-1402749           Firm's address         123 SOUTH MAIN_ST., SUITE 140 NEWTOWN, CT 06470         Phone no.         203-426-8500           May the IRS discuss this return with the preparer shown above? See instructions         X         Yes         N	Paid	0				a second			11	/09/20:		- 1	P0005832	20
Use Only Firm's address 123 SOUTH MAIN ST., SUITE 140 NEWTOWN, CT 06470 Phone no. 203-426-8500 May the IRS discuss this return with the preparer shown above? See instructions	Prep	barer			V DAVEND	OPT STILL	EV WHT	TE	1 + 2 /		1			
May the IRS discuss this return with the preparer shown above? See instructions	Use	Only							-					
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Department of Revenue Services State of Connecticut (Rev. 01/24)

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

Revenue Service.

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
(203) 913-9767 Telephone number:
Email address:charles@bntweb.org
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
X 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

Visit us at portal.ct.gov/DRS for more information.

#### 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;
- X 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: 01/01/20	25
Program completion date: 1	MM DD YY22 2/31/2025
	MM - DD
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	\$150,000.00
Other funding sources - itemized sources:	
a) 2025 Grant Funds Available for Adminsitration	\$230,750.00
b) 2025 Annual Benefit Budget	\$50,000.00
c)	
d)	
Total Funding:	\$430,750.00
Proposed Program Expenditures: Direct operating expenses - itemized description:	
a) Real Estate Development Manager Salary & Benefits	\$115,000.00
b) Certified Housing Counselor Salary & Benefits	\$63,250.00
c) Fund Development Manager Salary & Benefits	\$100,000.00
d) Intake Administrator Salary & Benefits	\$57,500.00
Administrative expenses - itemized description: a) Finance & Accounting	\$45,000.00
b) Marketing & Advertising	\$50,000.00
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 p	rogram:
Mailing address:	
Name of municipal liaison:	
Telephone number:	
Fax number:	-
Email address:	

Post-Proje	ect Audit
Is a post-project audit rec	quired for this proposal'
Yes	No
If Yes, date post-p	project audit due:
Da	te

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

#### Part I – General Information

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

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

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

#### Part II - Program Information

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

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

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

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

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

#### Part III - Financial Information

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

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

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

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

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

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

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

#### Part IV - Municipal Information

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

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

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

#### Additional Information

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

	0	0	n	
Form	Э	J	U	

Department of the Treasury

## Return of Organization Exempt From Income Tax

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



ck if licable: Address shange Vame shange nitial eturn Final	C Name of organization BRIDGEPORT NEIGHBORHOOD TRUST		D Employer identifica	ation number
thange Name thange nitial return	BRIDGEPORT NEIGHBORHOOD TRUST			
change nitial eturn			22-280935	3
eturn	Doing business as	Description	E Telephone number	5
inal	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	203-290-4	255
eturn/	570 STATE STREET		G Gross receipts \$	8,711,366.
ermin- ated	City or town, state or province, country, and ZIP or foreign postal code		H(a) Is this a group retu	
Amended eturn Applica-	BRIDGEPORT, CT 06604	-	for subordinates?	57
ion	F Name and address of principal officer: DORIS LATORRE		H(b) Are all subordinates incl	
1000	SAME         AS         C         ABOVE           nt status:         X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1)	or 527		st. See instructions
			H(c) Group exemption	number
ebsite:		L Year	of formation: 1986 M	State of legal domicile: C1
_	FOUN	DED IN	1 1986, BUILD	ING
N	ETGHBORHOODS TUGETHER 5 (DNI) MIDDION -	0 10 1	HID HOODING	
	neck this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net ass	Sets.
3 N	umber of voting members of the governing body (Part VI, line 1a)		3	10
4 NI	umber of independent voting members of the governing body (Part VI, line 1b)	-		38
5 To	tal number of individuals employed in calendar year 2022 (Part V, line 2a)		10	
6 To	tal number of volunteers (estimate if necessary)		0.	
7 a To	tal unrelated business revenue from Part VIII, column (C), line 12			0.
b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11		and a second	Current Year
		-		2,050,514.
8 C	Contributions and grants (Part VIII, line 1h)			2,079,078.
9 Pr	rogram service revenue (Part VIII, line 2g)		-495,645.	
10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,151,836.	
11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		a second a second se	4,785,783.
12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.
13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
14 B	enefits paid to or for members (Part IX, column (A), line 4)		1,401,172.	1,344,211
15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 3-10,	-	0.	0.
16a P	rofessional fundraising fees (Part IX, column (A), line Tre)	0		
b To	tal fundraising expenses (Part IX, column (b), line 23)		3,796,868.	4,458,854
17 0	ther expenses (Part IX, column (A), lines 112-110, (112-10)		5,198,040.	5,803,065
18 10	stal expenses. Add lines 13-17 (induct equal 1 artist, coldinary 9), and 2-2			-1,017,282
19 R	evenue less expenses. Subtract line to nomine the	B		End of Year
00 T	ntal accests (Part X line 16)		32,575,822.	30,686,996
			12,112,495.	11,359,227
			20,463,327.	19,327,769
-	Signature Block			
	motor 1 Br 2 Ct 3 Nu 4 Nu 5 Tc 6 Tc 7 a Tc b Na 8 Cu 9 Pr 10 In 11 O 12 Tc 13 G 14 Bu 15 Sc 16 Pr 17 O 18 Tc 19 R 20 Tc 21 Tc	Image: Intervention of the image: Imag	m of organization:       X       Corporation       Trust       Association       Other       L Year         1       Briefly describe the organization's mission or most significant activities:       FOUNDED IN         NEIGHBORHOODS       TOGETHER'S       (BNT)       MISSION IS       TO E         2       Check this box       if the organization discontinued its operations or disposed of mon         3       Number of voting members of the governing body (Part VI, line 1a)       Mumber of individuals employed in calendar year 2022 (Part V, line 2a)       Total number of volunteers (estimate if necessary)         7       a Total number of volunteers (estimate if necessary)       7 a Total number of volunteers (estimate if necessary)       7 a Total number of volunteers (estimate if necessary)         7       a Total numelated business revenue from Part VIII, column (C), line 12       b Net unrelated business taxable income from Form 990-T, Part I, line 11         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       10         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       11       21       12         11       Other revenue (Part VIII, column (A), lines 1-3)       0       13       14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       14       Benefits paid to or for members	Bissite:       With PLATINED FORCE         in of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1986, M         1       Briefly describe the organization's mission or most significant activities:       FOUNDED IN 1986, BUILD         1       Briefly describe the organization's mission or most significant activities:       FOUNDED IN 1986, BUILD         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net ass         3       Number of independent voting members of the governing body (Part VI, line 1b)       4         4       Number of independent voting members of the governing body (Part VI, line 2a)       5         6       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       7         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         9       Program service revenue (Part VIII, line 2g)       2,408,303.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       227,860.         12       Total arwonue add lines 8 through 11 (must equal Part VII, column (A), lines 5-10)       0.       0.         13       Gentra sand similar amounts paid (Part IX, column (A), lines 1-3)       <

Sign Here	Signature of officer DORIS LATORRE, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
	Print/Type preparer's name Preparer's signature Date MICHAEL PRUELL, CPA MICHAEL PRUELL, CPA11/15	/ 23 Henryloved PTIN # P01585061 Firm's EIN 04-2571780
Preparer Use Only	HIM'S NAME AAFCFAS, INC.	Phone no. 508 - 366 - 9100
May the I	AS discuss this return with the preparer shown above? See instructions	X Yes Form 990 (20

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Department of Revenue Services State of Connecticut (Rev. 02/23)

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

X Yes

Name of tax exempt organization/municipal agency:
Habitat for Humanity of Coastal Fairfield County
Address: 1542 Barnum Avenue, Bridgeport, CT 06610
Federal Employer Identification Number: 22259707
Program title: Habitat CFC Program
Name of contact person: Kristen Alvanson
Telephone number: (203) 581-2941
Email address: kalvanson@habitatcfc.org
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

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

No

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

Visit us at portal.ct.gov/DRS for more information.

#### Part II — Program Information

Check the appropriate description of your program:

#### 100% credit percentage

- X 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.

Form NAA-01 (Rev. 02/23)

#### Timetable:

Program start date: 01/01/2024	_
Program start date: MM - DD - YYYY	
Program completion date: <u>12/31/2024</u> MM - DD - YYYY Post-project audit due date: <u>03/31/2025</u> MM - DD - YYYY	_
Post-project and	

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:	\$150,000.00
NAA funds requested	
Other funding sources - itemized sources:	\$1,024,000.00
a) Mortgage Receipts	\$1,100,000.00
b) Donor Contributions	\$540,000.00
c) ReStore Net	\$1,575,000.00
d) Grants & Other	\$4,389,000.00
Funding	

#### Total Funding:

## Proposed Program Expenditures:

\$2,880,000.00
\$1,750,000.00
\$545,000.00
\$60,000.00
\$300,000.00
\$220,000.00
\$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	

Post-Pro	oject Audit
Is a post-project audit r	equired for this proposal
Yes	No
If Yes, date pos	st-project audit due:
	Date

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

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

#### Part I - General Information

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

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

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

#### Part II – Program Information

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

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

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

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

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

#### Part III - Financial Information

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

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

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

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

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

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

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

#### Part IV - Municipal Information

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

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

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

#### Additional Information

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

Depar	A Revenue	ne Treasury Service	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue O Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and th	Code (exc it may be	ept private foundations) made public.	OMB No. 1545-0047 2022 Open to Public Inspection		
AF	or the 2		dar year, or tax year beginning	anding	D Employer identificat	tion number		
B Check if applicable: Address change Name change Initial return Final		HAB	of organization ITAT FOR HUMANITY OF STAL FAIRFIELD COUNTY, INC.	**_***7077				
		Numbe	business as er and street (or P.O. box if mail is not delivered to street address) 2 BARNUM AVENUE	E Telephone number (203) 333-2642				
	return/ termin- ated Amended return	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 12,311,754. H(a) is this a group return for subordinates? Yes X No			
_	Applica- tion pending	SAME	and address of principal officer: CAROLYN VERMONT AS C ABOVE X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) 0	or 527	for subordinates? H(b) Are all subordinates inclu If "No," attach a lis	ded? Yes No		
			.HABITATCFC.ORG		H(c) Group exemption	number		
JV	Vebsite		X Corporation Trust Association Other	L Year	of formation: 1985 M	State of legal domicile; CT		
Pa	Int	Summar	y ibe the organization's mission or most significant activities: THE C HTP TO RESPONSIBLE LOW-INCOME FAMIL	TED TI	noodii man			
Governance	2 0	heck this b	oox if the organization discontinued its operations or dispos	ed of more	than 25% of its net asse	ts. 11		
ver	3 N	lumber of v	oting members of the governing body (Part VI, line 1a)		3	11		
ß	A N	lumber of in	ndependent voting members of the governing body (Part VI, line 1b)		4	33		
Activities &	5 T	otal numbe	er of individuals employed in calendar year 2022 (Part V, line 2a)	HEILER THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES	2781			
itie	6 T	otal numbe	er of volunteers (estimate if necessary)	6	0.			
ctiv	7aT	otal unrela	ted business revenue from Part VIII, column (C), line 12	7a	0.			
Ă	bN	let unrelate	ed business taxable income from Form 990-T, Part I, line 11	7b Prior Year	Current Year			
-				-	1,640,368.	7,621,911.		
	8 0	Contribution	ns and grants (Part VIII, line 1h)	2,752,375.	3,527,206.			
Revenue	9 F	program se	rvice revenue (Part VIII, line 2g)		325.	79,117.		
eve	10 h	nvestment	income (Part VIII, column (A), lines 3, 4, and 7d)	1,385,735.	941,090.			
œ	111 0	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,778,803.	12,169,324.			
	12 T	Total revenu	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.		
	13 (	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14 E	Benefits pa	id to or for members (Part IX, column (A), line 4)		1,747,338.	1,791,529.		
a	15 5	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
nses	16a F	Professiona	al fundraising fees (Part IX, column (A), line 11e) 349,8	34.		The second se		
Fxne	b	Total fundra	aising expenses (Part IX, column (b), the 20)	3,259,115.	4,538,582.			
ú	17 (	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	5,006,453.	6,330,111.		
	18	Total exper	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		772,350.	5,839,213.		
-	19 1	Revenue le	ss expenses. Subtract line 18 from line 12	B	eginning of Current Year	End of Year		
5 Or	ICES		S		10,938,183.	19,556,234.		
Net Assets or	20		s (Part X, line 16)		3,509,695.	6,288,533.		
et A	g 21	Total liabilit	I liabilities (Part X, line 26)		7,428,488.	13,267,701.		
		1 Charles make	active Block					
11.	der pena	Hine of parity	ure block Iry, I declare that I have examined this return, including accompanying schedule lete. Declaration of preparer (other than officer) is based on all information of w	es and stater hich prepar	nents, and to the best of my er has any knowledge.	knowledge and belief, it is		
tru	e, correc	i, and comp	lete, Deviatation of property forther was written for dates and the					
		Signature o	of officer		Date			
	gn		YN VERMONT, CEO	-				
He	ere		int name and title			1 201111		

	Type or print name and title		Date	Check	P	(IN	_
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date			00579546	
	EDWARD G. SULLIVAN			Firm's EIN	*3326	_	
	Firm's address 280 TRUMBULL S HARTFORD, CT 0				2.3111		
						7	0
May the	IRS discuss this return with the preparer show	vn above? See instructions				Form 990 (202	22)

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Department of Revenue Services State of Connecticut (Rev. 01/24)

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	

(203) 345-2040 Telephone number:

Email address: rdzurenda@hnhonline.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,000.00

om Income T	ax?					anization Exem
XY	es	No				
Yes, attach	a copy of t	he first page of	f your most	recent return	ı.	
No, attach a	copy of y	our determinati	on letter from	n the U.S. T	easury Depar	rtment, Internal

Visit us at portal.ct.gov/DRS for more information.

#### 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;
- Regram serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- \_\_\_\_\_ Open space acquisition fund; or
- X 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 aproximately 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 offereing 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 emotionaly healthy,

#### Timetable:

01/01/202	5
Program start date: 01/01/202	MM - DD - YYYY
Program completion date: 12	2/31/2025 MM - DD - YYYY
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

Other funding sources - itemized sources:

a) \_\_\_\_\_\_\_ Title III Federal Funds for Senior Center & Family Caregive

- b) Other
- c) New Grants
- d) Fund Raisers/Private Donors

Total Funding:

## Proposed Program Expenditures:

Direct operating expenses - itemized description: a) Salaries, employer FICA, unemployment, Workers Comp

- b) Training, conferences, public transportation, field trips c) Food, office supplies, kitchen/program, maintenance suppli
- d) other program enrichment

Administrative expenses - itemized description:

a) copier/printer, general maintenance, utlities, rent, taxes

- b) Property liability insurance, fingerprinting/background chee
- c) Audit
- d) \_

Total Proposed Expenditures:

\$53,300.00 \$1,500.00 \$25,000.00 \$31,500.00 \$135,300.00

\$95,820.00

\$24,000.00

\$1,000.00	-
\$2,750.00	-
\$16,530.00	-
\$14,450.00	-
\$3,750.00	_
\$1,000.00	_
	_

#### 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: 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	

POSI-PI	oject Audit
Is a post-project audit	required for this proposa
Yes	X No
If Yes, date pos	st-project audit due:
	Date

Form NAA-01 (Rev. 01/24)

Visit us at portal.ct.gov/DRS for more information.

Page 4 of 5

#### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

#### Part I - General Information

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

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

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

#### Part II - Program Information

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

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

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

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

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

#### Part III - Financial Information

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

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

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

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

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

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

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

#### Part IV - Municipal Information

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

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

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

#### Additional Information

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

Fee	. 99	0 1					1	OMB No. 1545-0047	
Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code								2022	
Dapa	rtment of U	he Treasury e Service	Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information					Open to Public Inspection	
A	For the 2	2022 calendar y	ear, or tax year beg		, 2022, and		/30	,20 2023	
B	Check if ap	oplicable: C					D Employer la	dentification number	
	Addre	ss change HAT	L NEIGHBORHO	DOD HOUSE, INC.			06-06		
	Name		GEORGE E. PI				E Telephone r	number	
	Initial	return BRJ	IDGEPORT, CT	06608					
	Final re	turn/terminated							
	Amen	ded return					G Gross receip	ots \$ 7,984,701.	
	Applic	anon person B	lame and address of princ IE AS C ABOVE	CAROL DOIMAR	LLY	1.1.1	a group return for Il subordinates incl ," attach a list. See	105 10	
1	Tax-exer	mpt status; X 5	01(c)(3) 501(c)	( ) (insert no.)	4947(a)(1) or	527	· manager drame and		
J	Websit	te: HNHON	LINE.ORG			H(c) Group	exemption number	ar .	
ĸ		organization: X C	Corporation Trust	Association Other	L, Year o	formation: 190	1 M State	of legal domicile: CT	
Pa		Summary		ssion or most significant acti					
Activities & Governance	2 Ch	URROUNDING	COMMUNITIES	LIVES OF RESIDENT	ons or disposed	of more than 2	5% of its net a	assets.	
00				ers of the governing body (P					
ies				in calendar year 2022 (Part					
12	6 Tot	tal number of vo	olunteers (estimate	if necessary)					
AC				n Part VIII, column (C), line				a 0.	
	b Ne	t unrelated busin	ness taxable incom	e from Form 990-T, Part I, I	ne 11			b 0.	
							Prior Year	Current Year	
				ne 1h)			5,380,599		
Revenue				ne 2g)			334,240		
lev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)					5,906		
-				1 (must equal Part VIII, colu			333,717		
-				t IX, column (A), lines 1-3).			1,034,402	. 1,550,000.	
				IX, column (A), line 4)					
				ee benefits (Part IX, column			3,670,585	. 4,884,119.	
				, column (A), line 11e)			510101505		
Expenses			xpenses (Part IX, c						
ä				lines 11a-11d, 11f-24e)	144,8	the second secon	202 100	0 701 604	
							2,303,400		
		and the second se		t equal Part IX, column (A), 18 from line 12			5,973,985		
	19 Re	venue lass expe	macs, oubtract line	10 mom inte 12	******		L,080,477		
Not Assets or Fund Belances	20 Tot	al assets (Part	X line 16)				ng of Current Yes 0, 873, 646		
Bula		al liabilities (Pa					2,518,860		
Met				line 21 from line 20			3,354,786		
Par		Signature Bl		and an inventing av			, 334, 100	0,012,400.	
	_	the second se		ative including an entry in the	tribue and statements	and to the bast of -	nu knowledes and	hallef it is inter correct and	
comple	ste. Declar	ation of preparer (oth	her than officer) is based o	eturn, including accompanying sched on all information of which preparer h	as any knowledge.	and to the pest of r	ny micmouge and	Longs, it is also, correct, and	
Sig	1	Signature of officer				Date			
Her	e	ROBERT L.				EXECUT	IVE DIREC	TOR	
-		Print/Type preparer	2.5.2.2.5	Preparer's signature	Date		Check   if	PTIN	
Dais	4		BAILEY CPA	ROBERT J BAILEY	- Sector -		self-employed	P00080579	
Paic	4	Firm's name			54 FA		and an property and	120000013	
Pres	DAPAr		HOPE & HERNANDEZ, P.C.						
Pre	Only		and the particular in the second s				Firm's EIN	6-0993320	
Pre	Only	Firm's address	2600 MAIN ST BRIDGEPORT.	TREET				6-0993320 3-366-5092	

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

TEEA0101L 09/01/22

Form 990 (2022)

Department of Revenue Services State of Connecticut (Rev. 01/24)



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

ame of f	tax exempt organization/municipal agency: onnecticut Coast YMCA dba Bridgeport YMCA
ddress:	850 Park Avenue, Bridgeport, CT 06604
ederal	Employer Identification Number:06-0662195
	n title: Bridgeport YMCA-Ralphola Taylor Community Center
rogram	f contact person:Maria Valentin, Interim Executive Director
Name o	f contact person:Mana valentary
	(203) 334-5551
	one number:
Emails	ddress:mvalentin@cccymca.org
Total N	IAA funding requested (\$250 minimum, \$150,000 maximum): \$ 50,000.00
Is y	your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt m Income Tax?
	X Yes No
lf	Yes, attach a copy of the first page of your most recent return. No, attach a copy of your determination letter from the U.S. Treasury Department, Internal evenue Service.

Visit us at portal.ct.gov/DRS for more information.

# 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
  - Open space acquisition fund; or
  - Other (specify): Youth Development X

# 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

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) State of CT Judicial

- b) State of CT Judicial
- c) \_City of Bridgeport ARPA Youth & Education
- d)

# Total Funding:

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

- a) Personnel (includes fringe, benefits, retirement)
- Supplies (food, office, program and custodial supplies)
- c) Field Trips, program transportation
- d) Maintenance/Repair Contracted Services

# Administrative expenses - itemized description:

a) Association Support (HR, Payroll, IT, Accounting, Admin)

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

# \$409,585.00

\$50,000.00

\$124,585.00

\$20,880.00

\$200,000.00

\$251,204.00

\$10,000.00

\$345,465.00

\$45,000.00

\$40,000.00

\$63,381.00

# 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:	
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-Proje	ect Audit
Is a post-project audit rec	quired for this proposal
Yes	No
If Yes, date post-	project audit due:
D;	ate

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

### Part I - General Information

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

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

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

### Part II - Program Information

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

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

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

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

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

### Part III - Financial Information

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

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

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

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

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

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

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

### Part IV - Municipal Information

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

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

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

# Additional Information

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

	990	
Form	220	

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

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

Open to Public Inspection

Depa	rtment o	f the Treasury	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspect	ion
		nue Service	, 2022, and endin	g	, 20		
			C Name of organization CENTRAL CONNECTICUT COAST YOUNG MEN'S CHRISTIAN AS	SSOCIATION, INC.	D Employer identification number		number
1.00		applicable:	Doing business as		00-0002100		
_		change	Number and street (or P.O. box if mail is not delivered to street address) F	E Telephone number			
_	Name ch		1240 CHAPEL ST	(	203) 777-9622	-	
_	Initial ret	um/terminated	City or town, state or province, country, and ZIP or foreign postal code				
-		d return	NEW HAVEN, CT 06511		G Gross re	acordina a	,571,160
-		tion pending	F Name and address of principal officer: DAVID STEVENSON	H(a) Is this a gr	roup return for s		es 🗹 No
	Applicat	ion pending	SAME AS C ABOVE			s included?	
-	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			. See instructions	÷
	Website		CCYMCA.ORG	H(c) Group e	1		
			Corporation Trust Association Other L Year of form	ation: 1994	M State o	f legal domicile:	CT
Transferrance.	artI						-
and the second	1	Priofly dos	cribe the organization's mission or most significant activities: TO PL	IT JUDEO-CHR	STIAN PR	INCIPLES IN T	0
ø		PRACTICE	THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BOD	Y FOR ALL.			
Governance		***********					
arne	2	Check this	box i if the organization discontinued its operations or disposed	of more than 2	5% of its	net assets.	
OVO	3	Number of	f voting members of the governing body (Part VI, line 1a)	医二氏 医小脑下的	3		29
0	4	Number o	f independent voting members of the governing body (Part VI, line 1)	)	4		27
Activities &	5	Total num	ber of individuals employed in calendar year 2022 (Part V, line 2a)		5		1,351
viti	6	Total num	ber of volunteers (estimate if necessary)		6		2,366
Acti	7a	Total unre	lated business revenue from Part VIII, column (C), line 12		7a		0
4	b	Not unrela	ted business taxable income from Form 990-T, Part I, line 11		7b	_	0
-		Hut unite		Prior Ye		Current Y	
	8	Contributi	ons and grants (Part VIII, line 1h)		454,312		2,740,408
anu	9	Program	service revenue (Part VIII, line 2g)		459,246	1:	5,933,331
Revenue	10	Investmer	t income (Part VIII, column (A), lines 3, 4, and 7d)		632,018		313,060
Re	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	192,539		172,930
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30	738,115	2	9,159,729
-	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)				(
	14	Ronofite r	aid to or for members (Part IX, column (A), line 4)			-	
	15	Salarias p	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	15	.002,010	1	7,013,810
Expenses	16a	Drofossion	nal fundraising fees (Part IX, column (A), line 11e)		0		(
neu	b	Total func	traising expenses (Part IX, column (D), line 25) 174,290				
Exp	17	Other ove	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	8	,699,173		0,737,720
-	1.000	Total ovo	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	23	,701,183		7,751,530
	18	Povonuo Dovonuo	less expenses. Subtract line 18 from line 12	7	,036,932		1,408,199
- 9		Hevenue	less expenses, oublider mis verter	Beginning of Cu	rrent Year	End of Y	
tso	00	Total aco	ets (Part X, line 16)	48	,852,527		6,326,750
else	20	Total light	lities (Part X, line 26)	10	,843,930		7,152,209
let A	20 21 22	Not accet	s or fund balances. Subtract line 21 from line 20	38	,008,597	3	9,174,54
	out II	Signat	ure Block				
-	art II		including accompanying schedules and st	atements, and to t	he best of r	my knowledge an	d belief, it
U	nder per	alties of perjui	y. I declare that I have examined this feature, including accompanying constantiation ate. Declaration of preparer (other than officer) is based on all information of which preparer.	arer has any knowl	edge.		
th	ne, corre						500

				Date	
Type or print name	and title				
Print/Type prep	arer's name	Preparer's signature	Date	Check if self-employed	PTIN P01423868
WILLITTI FORV DO				Firm's EIN 06-0903326	
Firm's name	Philip Hand			10000 000 0444	
Firm's address					Yes No
			Cat. No. 11282	Y	Form 990 (2022)
	MELISSA K Type or print name Print/Type prep NICHOLAS Y Firm's name Firm's address S discuss this	Type or print name and title Print/Type preparer's name NICHOLAS YANOUZAS Firm's name WHITTLESEY PC Firm's address 280 TRUMBULLS S discuss this return with the pre	MELISSA KESSELL, SVP/CFO Type or print name and title Print/Type preparer's name NICHOLAS YANOUZAS Firm's name WHITTLESEY PC Firm's address 280 TRUMBULL STREET, 24TH FLOOR, HARTFORD,	MELISSA KESSELL, SVP/CFO         Type or print name and title         Print/Type preparer's name       Preparer's signature         NICHOLAS YANOUZAS         Firm's name       WHITTLESEY PC         Firm's address       280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103         S discuss this return with the preparer shown above? See instructions	Signature of officer         MELISSA KESSELL, SVP/CFO         Type or print name and title         Print/Type preparer's name       Preparer's signature         NICHOLAS YANOUZAS       Date         Firm's name       WHITTLESEY PC         Firm's address       280 TRUMBULL STREET, 24TH FLOOR, HARTFORD, CT 06103         Phone no.       (         S discuss this return with the preparer shown above? See instructions

1

Department of Revenue Services State of Connecticut (Rev. 01/24)

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 (203) 336-4468
Telephone number:
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?
X 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;
- X Program serving low-income persons;
- X 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 accross 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: 09/09/20	024
	MM - DD - YYYY
Program completion date:	05/30/2025 MM - DD - YYYY
Post-project audit due date:	00/04/0005
. cor project care and a	MM - DD - YYYY

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

\*\*\*\*

# Part III — Financial Information

### **Program Budget:**

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

### Sources of Revenue:

NAA funds requested	\$24,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$24,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	

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

Total

# Part IV — Municipal Information

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

City of Bridgeport	
Mailing address:	
Margaret E. Morton Government Center 999 Broad Street, Bri	dgeport, CT 06604
Name of municipal liaison: Max Perez	
Telephone number: 203-727-2707	
Fax number:	
Email address: max.perez@bridgeportct.gov	

Post-Pro	ject Audit
s a post-project audit re	equired for this proposa
Yes	X No
If Yes, date post	-project audit due:
D	ate

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

# Part I - General Information

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

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

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

# Part II - Program Information

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

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

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

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

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

#### Part III – Financial Information

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

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

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

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

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

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

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

### Part IV - Municipal Information

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

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

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

### Additional Information

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

Departm	9900 nent of the Treasury Revenue Service	Return of Or Under section 501(c), 527, o Do not enter soo Go to www.irs	TENDED TO MAY 15, 20 <b>ganization Exempt Fr</b> or 4947(a)(1) of the Internal Revenue C ial security numbers on this form as it .gov/Form990 for instructions and the	om In ode (exce t may be i latest in	ept private four made public. formation.	ndations)	OMB No. 1545-0047 2022 Open to Public Inspection
A Fo	r the 2022 cale	ndar year, or tax year beginnin	g JUL 1, 2022 and en	ding JI	JN 30, 2		
3 Che		of organization			D Employer ic	dentificati	ion number
app	olicable;						
	Address CAR	DINAL SHEHAN CEN	TER, INC.		00.11	01001	
	Name Doing	business as			06-11		
	nitial return Numb	er and street (or P.O. box if mail is	s not delivered to street address) Ro	om/suite	E Telephoner 203-3		168
-	Final 149	4 MAIN STREET			G Gross receipts		3,108,994.
-	ated City o	r town, state or province, count	ry, and ZIP or foreign postal code		H(a) Is this a g		
-	Amended BRI	DGEPORT, CT 066	LOPPATNE CIBBONS		for subord		
	Applica- tion F Name	and address of principal office	LORRAINE GIBBONS		H(b) Are all subor		the second secon
		AS C ABOVE	) (insert no.) 4947(a)(1) or	527			. See instructions
	F.W.W.	X 501(c)(3) 501(c) (			H(c) Group exe	emption n	umber
JW		X Corporation Trust	Association Other	L Year o	of formation: 19	64 M S	tate of legal domicile: C1
						-	
T		and the second s	or most significant activities: TO ENI	RICH	LIVES TH	IROUGH	H LEARNING
Activities & Governance	BY ENH	ANCING THE EDUCA	ATTONAL, SOCIAL, AND	Much	DITT T OTHER	0	
nar	2 Check this	box if the organizatio	n discontinued its operations or dispose	d of more	than 25% of its	s net asse	ts.
Nei	3 Number of	voting members of the governin	g body (Part VI, line 1a)			3	29
3	4 Number of	independent voting members of	f the governing body (Part VI, line 1b)			4	8
se	5 Total numb	er of individuals employed in ca	lendar year 2022 (Part V, line 2a)			5	100
NIDI	6 Total numb	er of volunteers (estimate if nec	essary)			6	0
Cti	7 a Total unrela	ated business revenue from Par	t VIII, column (C), line 12			7a 7b	0
4	b Net unrelat	ed business taxable income fro	m Form 990-T, Part I, line 11		Prior Year	1/0	Current Year
				-	1,658,9	201.	1,696,186
9		ns and grants (Part VIII, line 1h)			497,5		465,346
Revenue	9 Program se	ervice revenue (Part VIII, line 2g)	and Zd)		214,2		121,230
Rev	10 Investment	t income (Part VIII, column (A), II	nes 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)		42,2		-13,198
	11 Other reve	nue (Part VIII, column (A), lines :	st equal Part VIII, column (A), line 12)		2,412,9		2,269,564
-	12 Total rever	Leimilar amounts naid (Part IX)	column (A), lines 1-3)		84,0	.000	35,000
	13 Grants and 14 Benefits pa	aid to or for members (Part IX, c	olumn (A), line 4)		-	0.	0
	14 Denents p	ther compensation, employee b	enefits (Part IX, column (A), lines 5-10)		894,0		1,095,341
Expenses	16a Profession	al fundraising fees (Part IX, colu	mn (A), line 11e)	101		0.	0
per	h Total fund	raising expenses (Part IX, colum	n (D), line 25) 107,72	7.			660 201
ŭ	17 Other expe	enses (Part IX, column (A), lines	11a-11d, 11f-24e)	inine	568,		660,391 1,790,732
	18 Total expe	nses. Add lines 13-17 (must equ	ual Part IX, column (A), line 25)		1,546,		478,832
	19 Revenue la	ess expenses. Subtract line 18 f	rom line 12		865, ginning of Curre		End of Year
or				Be	8,334,	the second se	9,281,653
sets	20 Total asse	ts (Part X, line 16)			111,		365,321
Net Assets or Fund Balances	21 Total liabil	ities (Part X, line 26)		-	8,222,		8,916,332
2.	22 Net assets	s or fund balances. Subtract line	21 from line 20	uniter -	0/222/		
Und	er penalties of perj	upy I declare that I have examined th	his return, including accompanying schedules than officer) is based on all information of whi	and staten ich prepare	nents, and to the t r has any knowled	best of my lige.	knowledge and belief, it is
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	SHELTON, CT 06484
May the I	RS discuss this return with the preparer shown above? See instructions
	D I have a the sea the congrete instruction

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Department of Revenue Services State of Connecticut (Rev. 01/24)

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

(203) 335-3800

\_\_\_\_\_

Telephone number:

Email address: \_lavernoich@brbc.org

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

ls your organ from Income		quired to	o file federa	Form 990	or 990EZ, I	Return of Or	ganization Exem
$\mathbf{X}$	Yes		No				
If Yes, attacl	h a copy o	f the firs	t page of y	our most re	cent return		
lf No, attach Revenue Se		your de	termination	letter from	the U.S. Tr	easury Depa	artment, Internal

### 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, Neighborhhod Revitalization Zones, other neighborhood groups, and MetroCOG (regional planning agency). Current project priorities include Bridgeport Brass Rdevelopment Planning Project, Cherry Street Lofts Environmental and Infrastructure Project, and Mt Growmore Agricultural Campus- a partnership with the East End NRZ.

Need for program:

Despite nearly three decades on brownfield redevelopment successes, Bridgeport still has numerous properties where current and potential use is affected by real or perceived hazardous waste contamination. Residents and neighborhhod 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.

Form NAA-01 (Rev. 01/24)

### Timetable:

Program start date: 07/01/20	24
Flogram start date:	MM - DD - YYYY
Program completion date: 0	6/30/2025
Post-project audit due date:	09/30/2024
Post-project audit out outer	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) Neighborhood engagement and meetings	\$5,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	and a second second
a) Personnel and office overhead	\$40,000.00
b) Accounting, audit and legal expenses	\$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:		
Mailing address: Margaret Morton Center 999 Broad Street Bridgeport, CT 06604		
Name of municipal liaison: Max Perez		
Telephone number: (203) 576-3976	1	-
Fax number: (203) 576-3979		-
Email address: max.perez@bridgeportct.gov		

Post-Proj	ject Audit
s a post-project audit re	equired for this proposal?
Yes	No No
If Yes, date post-	-project audit due:
	ate

	99		Under section 501(c), 527, or 494	7(a)(1) of the Internal Reve curity numbers on this for	nue Code (exc n as it may be	ept private foundations made public.	OMB No. 1545-0047
Interna	ment of the Revenue	Service	Go to www.irs.gov/	Form990 for, instructions a	nd the latest li	tormation.	Inspection
A Fo	or the 20	022 calend	dar year, or tax year beginning	a	nd ending		to a sumber
B Ch		C Name o	of organization			D Employer identificat	non number
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	change Initial return	Numbe	er and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number 203-335-3	800
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	termin- ated Amanded return Applica- tion pending	BRII F Name	town, state or province, country, and DGEPORT, CT 05601 and address of principal officer:EDV IDDLE STREET, 14TH X 501(c)(3) 501(c) (	WARD LAVERNOICH	PORT, CI	If "No," attach a lis	Yes X No Juded? Yes No it. See instructions
			.BRBC.ORG			H(c) Group exemption	number
JW	lebsite:			Association Other	L Year	of formation: 1974 MS	State of legal domicile: CT
	41 C	umman	1/				
Fa			the second	st significant activities: IS	A COMMU	NITY BASED	
ce	1 0	PCANT	TATTON TUNT DEVELO	PS AND MANAGES	PROGRAM	D AND FROODC	TS THAT
Activities & Governance		neck this b		ontinued its operations or di	sposed of more	a main 20% of its net ass	
ven	0 11	mbar of v	oting members of the governing bod	y (Part VI, line 1a)			14
Go	4 bb	mbor of in	ndependent voting members of the g	overning body (Part VI, line	1b)	4	11
80	5 To	tal numbe	er of individuals employed in calenda	r year 2022 (Part V, line 2a)		5	0
ties	e To	tal aumho	er of volunteers (estimate if necessar)	y)	minimum territer		0
tivi		talunralat	ted business revenue from Part VIII.	column (C), line 12		/d	0.
Ac	/a IC	at uproloto	ed business taxable income from For	m 990-T. Part I, line 11			0.
-	DIN	et uniterate				FIIO Teal	Current Year
1	8 0	ontribution	ns and grants (Part VIII, line 1h)			2,088,555.	345,984.
Revenue	9 P	oaram set	rvice revenue (Part VIII, line 2g)			4,150.	1,900.
ver	10 In	veetment	income (Part VIII, column (A), lines 3,	4, and 7d)		0.	0.
Re	11 0	ther reven	ue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		2.	2.
	12 To	ntal revenu	ue - add lines 8 through 11 (must equ	al Part VIII, column (A), line	12)	2,092,707.	347,885.
	13 G	rants and	similar amounts paid (Part IX, column	n (A), lines 1-3)		0.	0.
	14 B	anofite nai	id to or for members (Part IX, column	(A), line 4)		0.	0.
	15 S	alariae ath	her compensation, employee benefit	s (Part IX, column (A), lines 5	-10)	84,196.	84,147.
enses	10 0	aidries, ou	al fundraising fees (Part IX, column (A	), line 11e)		0.	0.
neu	IDa P	ntel fundra	aising expenses (Part IX, column (D),	line 25)	0.		
Exp	17 0	thar avner	nses (Part IX, column (A), lines 11a-1	1d, 11f-24e)		104,849.	399,818.
	17 O	atsl expen	nses. Add lines 13-17 (must equal Pa	rt IX, column (A), line 25)		189,045.	483,965.
	19 R	avanua les	ss expenses. Subtract line 18 from lin	ne 12		1,903,662.	-136,079.
-Se		evenue los			B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal accets	s (Part X, line 16)			2,035,701.	1,928,557.
Bal	21 T		ties (Part X, line 26)	and a second second second second		16,076.	45,011.
Vet /	21 1	lat accepted	or fund balances. Subtract line 21 fr	om line 20		2,019,625.	1,883,546.
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Lind	or our off	ico of portius	ry, I declare that I have examined this retu lete. Declaration of preparer (other than of	rn, including accompanying sch fficer) is based on all information	edules and state of which prepar	ments, and to the best of my er has any knowledge.	knowledge and belief, it is
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-		Print/Type p	nt name and title preparer's name	Preparer's signature		Date Check [ 10/26/23 self-employe	PTIN P01200948
Pai	0	SANDRA	A D. CALLANAN, CPA	** 5			5-1533315
		Firm's name Firm's addr	C	, <u>LLP</u> 2, #450	-		3-366-5876

SHELTON, CT 06484 X Yes No May the IRS discuss this return with the preparer shown above? See instructions 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

Phone no.203-366-5876

Department of Revenue Services State of Connecticut (Rev. 01/24)

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

Address: 1875 No	ble Ave, Bridgeport, CT 06610
Federal Employer	Identification Number: 23-7068821
Program title: _Sr	nart Flower - Solar Power at the Zoo!
Name of contact p	person: Ashley Volkens
Telephone numbe	(203) 394-5522 r:
Email address: _	avolkens@beardsleyzoo.org
Total NAA fundin	ng requested (\$250 minimum, \$150,000 maximum): \$ <u>150,000.00</u>

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

- X 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 contaminates 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: 12/31/20	024
Flogram start dato.	MM - DD - YYYY
Program completion date: _1	2/31/2025 MM - DD - YYYY
Post-project audit due date:	06/30/2026
r ost-project addit add care	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) Grant Support	\$150,000.00
b) Foundation and Individual Support	\$25,000.00
c) Corporate Support	
d)	
Total Funding:	
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Smartflower Equipment / Materials	\$150,000.00
b) Site Prep	\$25,000.00
c) Construction & Labor	\$15,000.00
d)	
Administrative expenses - itemized description:	and interim
a) <u>Staff</u>	\$10,000.00
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	e program:
Mailing address:	
Name of municipal liaison:	
Telephone number:	
Fax number:	-
Email address:	

Post-Pro	ject Audit
Is a post-project audit re	equired for this proposal
Yes	No
If Yes, date post	-project audit due:
D	ate

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

### Part I – General Information

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

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

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

### Part II – Program Information

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

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

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

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

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

### Part III - Financial Information

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

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

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

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

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

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

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

# Part IV - Municipal Information

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

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

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

# Additional Information

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

Form 990 Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest		evenue Code (exc form as it may be	ept private foundations) made public.	2022 Open to Public Inspection		
			lar year, or tax year beginning	and ending	1	
Che app		C Name o	forganization	с.	D Employer identificat	
Name change Initial		Doing b	pusiness as r and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final	1875	NOBLE AVENUE	203-332-6565		
	termin- ated	City or	town, state or province, country, and ZIP or foreign postal co	de	G Bross receipts \$ 7,828,786.	
	Amended	BRTT	GEPORT, CT 06610		H(a) Is this a group retu for subordinates?	Yes X No
1	Applica- tion pending	F Name a	and address of principal officer: GREGG DANCHO		H(b) Are all subordinates inclu	
			AS C ABOVE	17(a)(1) or 527		
			X 501(c)(3) 501(c) ( ) (insert no.) 494 BEARDSLEYZOO • ORG		H(c) Group exemption	number
JW	ebsite:	WWW -	X Corporation Trust Association Other	L. Year	of formation: 1961 MS	State of legal domicile; C
Par						
la	10.001		the second second second second second sectivities.	TO ACQUAIN	IT A DIVERSE H	PUBLIC TO
9	1 Br	HE DEL	TCATE BALANCE THAT EXISTS BEIW	EEN DIATU	J THITHOP THE	
Governance	-	neck this be	than 25% of its net asset	S.		
/err			oting members of the governing body (Part VI, line 1a)		3	2
Go	4 NL	imber of in	dependent voting members of the governing body (Part VI, li	4	9	
00	5 To	tal number	r of individuals employed in calendar year 2022 (Part V, line 2	5	12	
ties	6 To	tal number	r of volunteers (estimate if necessary)		6	0
Activities &	7 a To	tal unrelate	ed business revenue from Part VIII, column (C), line 12	7a	0	
A	b Ne	et unrelated	d business taxable income from Form 990-T, Part I, line 11		7b	Current Year
				-	Prior Year	3,581,267
	8 C	ontribution	s and grants (Part VIII, line 1h)		5,463,163.	2,180,740
nue	9 Pr	ogram sen	vice revenue (Part VIII, line 2g)		257,009.	39,887
Revenue	10 In	vestment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	74,166.	1,567	
æ	11 0	ther revenu	ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,458,891.	5,803,461	
	12 To	otal revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), li	0.	0	
	13 G	rants and s	similar amounts paid (Part IX, column (A), lines 1-3)		0.	0
	14 B	enefits paid	to or for members (Part IX, column (A), line 4)	1,676,883.	1,744,209	
s	15 S	alaries, oth	er compensation, employee benefits (Part IX, column (A), line	0.	0	
use	16a P	rofessional	fundraising fees (Part IX, column (A), line 11e)	68,591.		
Expenses	b Te	otal fundrai	Sing expenses (rait of column (b)) into col		1,224,854.	1,816,732
	17 0	ther expen			2,901,737.	3,560,941
	18 T	otal expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,557,154.	2,242,520
	19 R	evenue les	s expenses. Subtract line 18 from line 12	E	Beginning of Current Year	End of Year
- 53			D-+Y (		17,127,613.	19,825,889
S O			(Part X, line 16) es (Part X, line 26)		530,122.	540,224
ssels o		oral liabiliti				19,285,665
Net Assets of Fund Balances	21 T		or fund balances. Subtract line 21 from line 20		16,597,491.	19,200,000

Sign Here	Signature of officer GREGG DANCHO, EXECUTIV Type or print name and title	E DIRECTOR	Date
	Print/Type preparer's name EVA MRUK	Preparer's signature EVA MRUK PAVIES ADVISORY, LLC	Date Check PTIN 11/15/23 self-employed P00543254 Firm's EIN 87-3231666
Preparer Use Only	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 sho	wn above? See instructions	X Yes No Form 990 (2022)

4

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services State of Connecticut (Rev. 01/24)



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

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         (203) 334-0293         Telephone number:         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?         X       Yes         No         If Yes       No         If Yes       atop of your most recent return.	Name of tax exemp Burroughs Communi	ot organization/municipal agency:
Program title:       Window Replacement and Weatherization Project         Name of contact person:       Michael Quan         (203) 334-0293       (203) 334-0293         Telephone number:	Address: 2470 Fairf	ïeld Avenue, Bridgeport, CT 06605
Name of contact person:       Michael Quan         (203) 334-0293       [203) 334-0293         Telephone number:	Federal Employer I	dentification Number:06-1418097
(203) 334-0293         Telephone number:         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?       X         X       Yes       No	Program title: <u>Wir</u>	dow Replacement and Weatherization Project
Telephone number:	Name of contact pe	erson: Michael Quan
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?         X       Yes         No	Telephone number	(203) 334-0293
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?         X       Yes         No	Email address: _M	lichael@Burroughscenter.org
from Income Tax? X Yes No		
	Is your organiz from Income T	ation required to file federal Form 990 or 990EZ, Return of Organization Exempt
If Yes, attach a copy of the first page of your most recent return.	X Y	es No
If res, attach a copy of the determination letter from the U.S. Treasury Department, Internal	If Yes, attach a	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, Intern Revenue Service.

### Part II — Program Information

Check the appropriate description of your program:

#### 100% credit percentage

X 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 familles 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 biding process this summer and begin the work immediatemy. This effot is expected to be completed before the end of calendar year 2025.

# Timetable:

Deserve atart date: 05/01/202	24
Program start date:	MM - DD - 777Y
Program completion date: 1	0/01/2025 MM - DD - YYYY
Post-project audit due date:	04/40/0006

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:

Sources of Revenue.	\$85,000.00
NAA funds requested	
Other funding sources - itemized sources: a) Matching grant from private donors	\$50,000.00
b)	
c)	
d)	
Total Funding:	\$135,000.00
Proposed Program Expenditures: Direct operating expenses - itemized description: a) 141 window replacement, insulation and installation	\$135,000.00
b)	-
c)	
d)	
Administrative expenses - itemized description:	
a) None	
b)	
c)	
d)	\$135,000.00
Total Proposed Expenditures:	\$100,000.00

# Part IV — Municipal Information

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

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

Post-Proje	ect Audit
Is a post-project audit rec	quired for this proposal?
Yes	No
If Yes, date post-p	project audit due:
Da	te

Form NAA-01 (Rev. 01/24)

					OMB No. 1545	-0041
	1	ration Exempt F	rom Incon	ne Tax	202	2
000	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         Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)       Open to Public					ublic
990	501(c), 527, or 4947(	(a)(1) of the Internal Revenue	a it may be mad	le public.	Open to P Inspect	ion
	Do not enter social secur	rity numbers on this form m990 for instructions and 7/1/2022	d the latest inform	6/30/202		
ent of the Treasury Revenue Service	Go to www.irs.gov/rol	7/1/2022	, and ending	D Employer ident	ification number	
or the 2022 cal	endar year, or tax year beginning	S COMMUNITY CENTER I	NC.			
eck if applicable.	C Name of orga		Room/suite	06-1418097	No.	
dress change	Doing business as Number and street (or P.O. box if mail is not	t delivered to street address)		E Telephone num		
me change	2470 FAIRFIELD AVENUE	State	ZIP code	(203) 334-0293		
tial return	City or town	CT	06605 Foreign postal code	-		609,608
nal return/terminated	BRIDGEPORT Foreign country name Foreign	in province/state/county		G Gross receipts		
	Foreign country name		Ha	) Is this a group return for sul	DOLOUISTes:	Yes X No
mended return	F Name and address of principal officer.			Are all subordinates in	cluded?	Yes No
pplication pending	F Name and address of principal officer. JOHN CANNON 2470 FAIRFIELD	AVENUE, BRIDGEPORT	527	If "No," attach a list. S	ee instructions	
	501(c) (	(insert no.) 4947(a)(1	1) or	) Group exemption num	ber	
Tax-exempt status	X SUNCION			formation: 1994	M State of legal do	micile: CT
WCD3ne.	ww.burroughscc.org	ociation Other				OT.
Form of organizati	on: X Corporation		TO PRO	OVIDE RESIDENT	S OF BRIDGER	PORT, CI
arti S	ummary	or most significant activity	ies: IOPRO	INDIVIDUAL GRO	WTH AND	
1 Briefly	ummary describe the organization's mission PROGRAM OPPORTUNITIES AND	FACILITY RESOURCES	S TO PROMOTE			
	PROGRAM OPPORTONICE	discontinued its operation	theread of	more than 25% of	its net assets.	8
WITH COMI 2 Chec 3 Numb 4 Numb 5 Total 6 Total 7a Total	MUNITY COHESIVENESS.	discontinued its operation	ns or disposed of		3	8
2 Chec	k this box if the organization if the organization ber of voting members of the governing members of	ng body (Part VI, line 1a)	rt VI line 1b)			11
3 Numb	this box ber of voting members of the governin ber of independent voting members of the dividuals employed in c	of the governing body (Fa	V, line 2a)		5	
4 Num	aumbor of individuals on Field	and the second sec	A 10 10 10 10 10 10	- ( ) ( ) <sup>(</sup> ) <sup>(</sup> )	7a	0
5 Total 6 Total	Total number of volunteers (estimate in Part VIII, column (C), line 12				7h	
7a Tota					Cur	rent Year
b Net	b Net unrelated business taxable meeting				,128	428,582 153,750
	- will line 1	b)		133	,150	27
2 8 Con	tributions and grants (Part VIII, Ime ) gram service revenue (Part VIII, line 2 (Part VIII) column (A)	2g)			183	26,999
0	stmont income (Part VIII, obtained	10c and	11e).		3,998 6,459	609,60
C 44 Oth	er revenue (Part vill, column to the	at could Part VIII, column (/	A), IIIIe 12/	01	0	
11 Out	al covonue_add lines 8 through 11 (mus	Stequarrate (A) lines 1-3)			0	
12 Tota	al levellue data	Column (A), intes i of				352,04
	to and cimilar allounts puter	tes the Al		31	4,596	
13 Gra	ants and similar amounts part (Part IX	column (A), line 4)	lines 5-10)	31	4,596 0	
13 Gra 14 Ber	ants and similar amounts pars (Part IX nefits paid to or for members (Part IX laries, other compensation, employee be	c, column (A), line 4) enefits (Part IX, column (A) column (A), line 11e)	lines 5-10)		0	310.50
13 Gra 14 Ber 15 Sal	ants and similar amounts pare (Part IX nefits paid to or for members (Part IX laries, other compensation, employee be processional fundraising fees (Part IX, c	column (A), line 4) enefits (Part IX, column (A) column (A), line 11e)	lines 5–10) 18,060	20	0	
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13 Gra 14 Ben 15 Sal 16a Pro b To 0	ants and similar amounts part (Part IX nefits paid to or for members (Part IX laries, other compensation, employee be ofessional fundraising fees (Part IX, co ital fundraising expenses (Part IX, col her expenses (Part IX, column (A), lin	column (A), line 4) enefits (Part IX, column (A) column (A), line 11e) lumn (D), line 25) nes 11a–11d, 11f–24e).	, lines 5–10) 18,060 (), line 25)	20	0 37,734 32,330 34,129	662,55 -52,9
13 Gra 14 Ben 15 Sal 16a Pro b To 0	ants and similar amounts part (Part IX nefits paid to or for members (Part IX laries, other compensation, employee be ofessional fundraising fees (Part IX, co ital fundraising expenses (Part IX, col her expenses (Part IX, column (A), lin	column (A), line 4) enefits (Part IX, column (A) column (A), line 11e) lumn (D), line 25) nes 11a–11d, 11f–24e).	, lines 5–10) 18,060 (), line 25)	20 50 Beginning of Curre	0 37,734 32,330 34,129 nt Year	310,50 662,55 -52,9 End of Year
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For Paperwork Reduction Act Notice, see the separate instructions.

Department of Revenue Services State of Connecticut (Rev. 01/24)



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

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         (203) 335-6126         Telephone number:         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?         X       Yes         No	lamo of tax exempt organ	nization/municipal agency:
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(203) 335-6126 Telephone number: 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? No	Tame of tax order of the state	
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Federal Employer Identification Number:	Address: 1001 Main Street	, Suite 20, Bridgeport, CT 06604
Program title:       Urban Fellows         Name of contact person:       Christina Smith         (203) 335-6126       (203) 335-6126         Telephone number:	11	ination Number: 06-1556949
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Name of contact person.       (203) 335-6126         Telephone number:	Program title: Urban Fel	lows
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Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?	Email address:	<u>s</u> 150 000 00
X Yes No	Total NAA funding red	uested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
X Yes No	Is your organization	n required to file federal Form 990 or 990EZ, Return of Organization Exempt
2 A start roturn	from Income Tax?	
If Yes, attach a copy of the first page of your most recent return.	X Yes	No
If No, attach a copy of your determination letter from the 0.0. House your determination letter from the 0.0. House your determination letter from the 0.0.	If No, attach a cor	by of your determination letter

# Part II — Program Information

Check the appropriate description of your program:

# 100% credit percentage

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

# 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
- X

The Urban Fellows program trains highschool students from Bridgeport on ways to improve Bridgeport's Description of program: 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.

This program fills an opportunity gap for Bridgeport high-school students to participate in educational Need for program: 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

We run the program year-round meeting with students after-school during the school year from 3:30 to 6. The Plan to implement the program: 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: 09/02/20	024 MM - DD - YYYY
Program completion date:	10/31/2025
	01/20/////0
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:	\$150,000.00
NAA funds requested	
Other funding sources - itemized sour	ces:
a)	
b)	
c)	
d)	

**Total Funding:** 

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Student Stipends (80 * 500)	\$16,000.00
b) Project Materials (plants, paint, etc.)	\$72,000.00
c) Wages/Salaries	
d)	
Administrative expenses - itemized description:	\$6,000.00
a) Bent	\$3,500.00
b) Sexual Abuse and Molestation Insurance	\$2,500.00
c) Program Software (Sign in App, Slideroom)	
d)	
- likurosi	

\$50,000.00

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 o	f the program:
Mailing address:	
Name of municipal liaison:	
Telephone number:	
Fax number:	
Email address:	

Post-Pro	oject Audit
Is a post-project audit r	equired for this proposal
Yes	No
If Yes, date pos	st-project audit due:
	Date

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

# Part I – General Information

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

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

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

# Part II – Program Information

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

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

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

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

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

# Part III - Financial Information

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

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

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

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

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

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

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

# Part IV - Municipal Information

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

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

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

# Additional Information

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

Subscription         GROUNDWORK BRIDGEPORT INC         06-1556949           Daing Dusiness as         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E Telephone number           Instance         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E Telephone number           Present         BRIDGEPORT, CT         O66042-4200         Hois Iss a group return           Agendes         Finance and address of principal officer/CHRISTINA SMITH         Hois Iss a group return           Agendes         Finance and address of principal officer/CHRISTINA SMITH         Hois Ace and structions           Agendes         Store         Yes         Number attack is List See instructions           Medication         Store         Caroup exemption number         Hois Rist a group return           Tax exempt status:         IS 101(c)(1)         Instend triagal domicile. C         Form of arganization:         If Caroup exemption number           Tax exempt status:         IS 000NDWORKBRIDGEPORT.ORG         Hc Group exemption number         If the organization of most significant activities:         GROUNDWORK BRIDGEPORT'S MISSION           Is To BRING ABOUT THE SUSTAINED REGENERATION IMPROVEMENTS AND         Is 4         Is 4         Is 4           A Number of Induption inducting members of the governing body (Part VI, line 1a)	For the 202     For the 202     Check If     applicable:     Address     change     hinitial     return     Final     return     return     for the 202     Check If     applicable:     Address     change     hinitial     return     return     for the 202     Address     change     Name     Address     change     Name     Address     change     Name     Address     change     Name     return     for the 202     Address     change     Name     Address     change     Name     Address     change     Name     change     Initial     return     form of orgo     So	Do not enter social security numbers on this form as tenter Go to www.irs.gov/Form990 for instructions and the lates         2 calendar year, or tax year beginning       and ending         Name of organization       and ending         GROUNDWORK BRIDGEPORT INC       Doing business as         Number and street (or P.0. box if mail is not delivered to street address)       Room/su STE 2         City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604-4200       BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH       SAME AS C ABOVE         status:       X 501(c)(3)       501(c)(       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG       Integration       Other       L Yei         Inization:       X Corporation       Trust       Association       Other       L Yei         Integration:       If the organization discontinued its operations or disposed of most significant activities:       GROUNDWOR         TO BRING ABOUT THE SUSTAINED REGENERATION       Integrations or disposed of most significant activities:       GROUNDWOR         Independent voting members of the governing body (Part VI, line 1a)       Integration is calendar year 2022 (Part V, line 2a)       Integration is calendar year 2022 (Part V, line 2a)       Integrate ad unumber of individuals employed in calendar year 2022 (Part V, line 2a)       Integrate ad business revenue	D Employer identificat 0 6 - 155694 1 te E Telephone number 2 0 3 - 335 - 6 G Gross receipts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates incluring If "No," attach a list H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	Inspection tion number 9 126 495,347. Jrn Yes X No uded? Yes No st. See instructions number State of legal domicile; CT S MISSION AND sets. 6 6 106 0. 0.
And Advances         and ending         and ending           C Name of organization         D Employer identification number           Objective         Onling builtness as         D Employer identification number           Objective         Doing builtness as         D Employer identification number           Drive         Doing builtness as         D Employer identification number           Drive         Doing builtness as         E Telephone number           Treative         Introduction         STE 20         203-335-6126           Treative         Treative         Treative         Treative         Treative           Provide         Number and street (or P.O. box if mail is not delivered to street address)         STE 20         Consumption for subordinates?           Provide         Finance         Grower evector 4         Hails this a group return for subordinates?         Yes X Number           Provide         SAME AS C ABOVE         Finance         Heigh is this a group return for subordinates?         Yes X Number           Website:         GROUNDWORKBRIDGEPORT.ORG         Heigh state of reganization is mission or most significant activities:         GROUNDWORK BRIDGEPORT'S AND           Is To B RING ABOUT         The organization is mission or most significant activities:         GROUNDWORK BRIDGEPORT'S AND         S           S Concit hi	Tax-exempo J Website: Common of angle Common of angle Chack if applicable: Chack if applicable: Change	2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       and ending         2 calendar year, or tax year beginning       Status year, or tax year beginning         10 01 MAIN ST       STE 2         City or town, state or province, country, and ZIP or foreign postal code       BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH       SAME AS C ABOVE         t status:       \$ 501(c)(3)       501(c) (       (insert no.)       4947(a)(1) or       5         c status:       \$ \$ \$ 501(c)(3)       501(c) (       (insert no.)	D Employer identificat 06-155694 Ite E Telephone number 20203-335-6 G Gross receipts \$ H(a) Is this a group retu- for subordinates? H(b) Are all subordinates incli- if "No," attach a lise H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	9 126 495,347. Jrn Yes X No uded? Yes No st. See instructions number State of legal domicile; CT S MISSION AND sets. 6 6 6 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Conserved       C Name of organization       0 Composition         Address       GROUNDWORK BRIDGEPORT INC       0 6 - 1556949         Description       Doing business as       Room/suite       E Takephone number         Number and street (or P.O. box if mail is not delivered to street address)       Stree 20       203 - 335 - 6126         Number and street (or P.O. box if mail is not delivered to street address)       Stree 20       Conservedues       495 , 347         Address       C Now, state or province, country, and 2IP or foreign postal code       Grows revealers       495 , 347         Address       F Name and address of principal officer CHR ISTINA SMITH       For subordinates?       Yes       No         Address       SAME AS C ABOVE       Instantis IX 501(c)       (insert no.)       4947(a)(1) or       Same       H(b) for subordinates       Yes       No         How submitation: IX 501(c)(3)       501(c)       (insert no.)       100ther       L teer of formation: 1988 M State of legal demicite. Chart not is submit and the second of the second state of tegal demicite. Chart not is mission or most significant activities: GROUNDWORK BRIDGEPORT 'S MISSION         1       Briefly describe the organization's mission or most significant activities: GROUNDWORK BRIDGEPORT 'S MISSION       198       198         2       Check this box       If the organizatin discontinued its operations or desposed of more tha	Check if applicable: Address onange Initial return Final return Applica- tion Final return Applica- tion pending I Website: C Form of orgo Part I SU Part I SU Form of orgo S A Nur 3 Nur 4 Nur 5 Tot: 6 Tot b Net	Name of organization         GROUNDWORK BRIDGEPORT INC         Doing business as         Number and street (or P.0. box if mail is not delivered to street address)         1001 MAIN ST         City or town, state or province, country, and ZIP or foreign postal code         BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH         SAME AS C ABOVE         t status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5         GROUNDWORKBRIDGEPORT.ORG         Inization: X Corporation Trust Association Other         TO BRING ABOUT THE SUSTAINED REGENERATION         Idex this box         If the organization discontinued its operations or disposed of monoperation of independent voting members of the governing body (Part VI, line 1a)         Inber of independent voting members of the governing body (Part VI, line 1a)         Inber of individuals employed in calendar year 2022 (Part V, line 2a)         al number of volunteers (estimate if necessary)         al number of volunteers (estimate if necessary)         al unrelated business revenue from Part VIII, column (C), line 12	06-155694 Ite E Telephone number 20203-335-6 G Gross receipts \$ H(a) Is this a group retu- for subordinates? H(b) Are all subordinates incli- If "No," attach a lise H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT' IMPROVEMENTS hore than 25% of its net ass 3 4 5 6 7a	9 126 495,347. Jrn Yes X No uded? Yes No st. See instructions number State of legal domicile; CT S MISSION AND sets. 6 6 6 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Doing Doing Solaries as         Doing Journes as         Doing Journes as         Room/suite         E         Telephone number 203-335-6126           Internet association         Outbook and street (of P.0. box it mail is not delivered to street address)         STE 20         Coreas realists 4         495,347           Approximation association         Finance and address of principal officer/CHRISTINA SMITH SAME AS C ABOVE         H(a) is this a group return for subordinates?         Yes Xin Nit (b) Ara situation and address of principal officer/CHRISTINA SMITH SAME AS C ABOVE           Tax exempt status:         X Solic()         (insert no.)         4947(a)(1) or         Sector           Tax exempt status:         X Solic()         (insert no.)         4947(a)(1) or         Sector           Tax exempt status:         X Solic()         (insert no.)         0ther         L Year ottermation:         Yes Xin Nit (b) Ara situation at its Sector ottermation:           Tax exempt status:         X Corporation         Trust         Association         Other         L Year ottermation:         Yes Xin Nit (b) Ara situation at its Sector otteres and address of the governing body (Part VI, line 1a)         Number of independent voting members of the governing body (Part VI, line 1b)         Is of the other assets.           To tal number of individuals employed in calendar year 2022 (Part V, line 2a)         7, 300.         2, 7,02          Solic revenue (Part VIII, column (A), lines 3, 4,	thange change change change return Final return terrnin- ated Amended return terrnin- ated Amended return pending Tax-exemp 1 Website: C Form of orga Part I Su S Tot. S Tot. 6 Tot. 7 a Tot. b Net	Number and street (or P.0. box if mail is not delivered to street address)       Indentised         1001 MAIN ST       STE 2         City or town, state or province, country, and ZIP or foreign postal code       BRIDGEPORT, CT 06604-4200         F Name and address of principal officer: CHRISTINA SMITH       SAME AS C ABOVE         t status:       X 501(c)(3)       501(c) (       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG       Other       L Y4         Immany       Association       Other       L Y4         Investigation:       X Corporation       Trust       Association       Other       L Y4         Immany       fly describe the organization's mission or most significant activities:       GROUNDWORK       GROUNDWORK         TO BRING ABOUT THE SUSTAINED REGENERATION       If the organization discontinued its operations or disposed of most of independent voting members of the governing body (Part VI, line 1a)       Inter of independent voting members of the governing body (Part VI, line 1a)         Inber of independent voting members of the governing body (Part VI, line 1a)       Inter of individuals employed in calendar year 2022 (Part V, line 2a)       Inumber of volunteers (estimate if necessary)         al number of volunteers (estimate if necessary)       Interlead business revenue from Part VIII, column (C), line 12       Interlead	20 203-335-6 G Gross receipts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates inclu- If "No," attach a lise H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	495,347.
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Image: Section of City or town, state or province, country, and ZiP or foreign postal code       Image: City or town, state or province, country, and ZiP or foreign postal code         Application       BRIDGEPORT, CT       06604-4200         Application       SAME AS C ABOVE       H(a) is this a group return for subordinates includent?         Tax exempt status:       XX 501(c)(3)       501(c) () (inset no.)       4947(a)(1) or       SZP         How subordinates includent?       Yes       XN         How subordinates includent?       Yes       No.         How subordinates includentes includentes includent       How subordinat	Tax-exemp Tax-exemp Website: Form of orga Part I Su Part I Su a 1 Bries Super 2 Che 3 Nur 4 Nur ss 5 Tot. 6 Tot b Net	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604-4200 F Name and address of principal officer: CHRISTINA SMITH SAME AS C ABOVE t status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5 GROUNDWORKBRIDGEPORT.ORG Inization: X Corporation Trust Association Other L Ye Immary fly describe the organization's mission or most significant activities: GROUNDWOI TO BRING ABOU'T THE SUSTAINED REGENERATION ick this box I if the organization discontinued its operations or disposed of m inber of voting members of the governing body (Part VI, line 1a) inber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	H(a) Is this a group retu for subordinates? H(b) Are all subordinates inclu- if "No," attach a lis H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT ' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	Yes X No uded <sup>7</sup> Yes No st. See instructions number State of legal domicile: CT S MISSION AND sets. 6 6 106 0. 0.
Appender Jerring Same and address of principal officer: CHRISTINA SMITH pending SAME AS C ABOVE       for subordinates?       Yes X No. H(b) Are all subordinates included?         Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527       for subordinates included?       Yes X No. H(b) Are all subordinates included?         Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527       for subordinates?       Yes X No. H(b) Are all subordinates included?         Yes X ME AS C ABOVE       527         Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527         Yes X MC AS C C ABOVE       Yes X No. H(b) Are all subordinates?         Yes X MC AS C ABOVE       Yes X No. H(b) Are all subordinates?         Yes X MC AS C ABOVE       Yes X MC AS C ABOVE         Form of organization is consistent of the powernion of the form and the organization's mission or most significant activities: GROUNDWORK BRIDGEPORT'S MISSION         1       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2022 (Part V, line 1a)       4         4       Number of individuals employed in calendar year 2022 (Part V, line 12)       5         7 a Total unrelated business revenue from Part VII, column (C), line 12       7       6       10         7 a Total unrelated business taxable income from Som 990-T, Part I, line 11       9       7, 300. 2,	Applica- bion pending Tax-exemp Website: Form of orga Part I Su a 1 Brie I S 2 Che 3 Nur 2 Che 3 Nur 4 Nur 5 Tot. 7 a Tot b Net	BRIDGEPORT, CT UCCU4-4200 F Name and address of principal officer: CHRISTINA SMITH SAME AS C ABOVE t status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5 GROUNDWORKBRIDGEPORT.ORG Inization: X Corporation Trust Association Other L Ye Immary fly describe the organization's mission or most significant activities: GROUNDWO! TO BRING ABOUT THE SUSTAINED REGENERATION If the organization discontinued its operations or disposed of m inber of voting members of the governing body (Part VI, line 1a) inber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	for subordinates? H(b) Are all subordinates inclu- if "No," attach a lise H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT ' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	Yes X No uded? Yes No st. See instructions number State of legal domicile; CT S MISSION AND sets. 6 6 106 0. 0.
Agenetical productions       F Name and address of principal officer/CHRISTINA SHITT       H(b) Are all unberchaltes included? Yes N(the second secon	Tax-exemp Website: Form of orga Part I SL and I Brie 2 Che 3 Nur 2 Che 3 Nur 4 Nur 5 Tot. 6 Tot. 7 a Tot. b Net	SAME AS C ABOVE         t status:       \$ 501(c)(3)       \$ 501(c)(1)       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG         Inization:       X Corporation       Trust       Association       Other       L Ye         Immary         fly describe the organization's mission or most significant activities:       GROUNDWOW         TO BRING ABOUT THE SUSTAINED REGENERATION         ick this box       If the organization discontinued its operations or disposed of most of independent voting members of the governing body (Part VI, line 1a)         nber of independent voting members of the governing body (Part VI, line 1b)         al number of individuals employed in calendar year 2022 (Part V, line 2a)         al number of volunteers (estimate if necessary)         al unrelated business revenue from Part VIII, column (C), line 12	H(b) Are all subordinates incli- it "No," attach a list H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT ' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	uded? Yes No st. See instructions number State of legal domicile: CT S MISSION AND sets. 6 6 6 106 0. 0.
SAME       AS C ABOVE       If "No," attach a list. See instructions         Tax-exempt status:       X 501(c)(3)       501(c) (1)       (insert no.)       4947(a)(1) or       527         Website:       GROUNDWORKBIDGEPORT.ORG       H(c) Group exemption number         Website:       GROUNDWORKBIDGEPORT.ORG       L Year of formation:       1998       M state of legal denicle; C         Form of organization;       X Corporation       Trust       Association       Other       L Year of formation:       1998       M state of legal denicle; C         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       GROUNDWORK BRIDGEPORT'S MISSION         IS TO BRING ABOUT THE SUSTAINED REGENERATION IMPROVEMENTS AND       4         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)       4         4 Number of individuals employed in calendar year 2022 (Part V, line 2a)       5         5 Total number of volunteers (estimate if necessary)       7a         7 a Total unrelated business revanue from Form 990-T, Part I, line 11       Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       9       9       7, 300.       2, 704         9 Progr	Tax-exemp Website: Form of orga Part I SL and I Brie 2 Che 3 Nur 2 Che 3 Nur 4 Nur 5 Tot. 6 Tot. 7 a Tot. b Net	SAME AS C ABOVE         t status:       \$ 501(c)(3)       \$ 501(c)(1)       (insert no.)       4947(a)(1) or       5         GROUNDWORKBRIDGEPORT.ORG         Inization:       X Corporation       Trust       Association       Other       L Ye         Immary         fly describe the organization's mission or most significant activities:       GROUNDWOW         TO BRING ABOUT THE SUSTAINED REGENERATION         ick this box       If the organization discontinued its operations or disposed of most of independent voting members of the governing body (Part VI, line 1a)         nber of independent voting members of the governing body (Part VI, line 1b)         al number of individuals employed in calendar year 2022 (Part V, line 2a)         al number of volunteers (estimate if necessary)         al unrelated business revenue from Part VIII, column (C), line 12	If "No," attach a lis H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT ' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	st. See instructions number State of legal domicile; CT S MISSION AND sets. 6 6 6 6 106 0 • 0 •
Tax exempt status:       [X] 501(c)(X       1       (married)       H(c) Group exemption number         Website:       GROUNDWORKBRIDGEPORT.ORG       H(c) Group exemption number         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Summary       M State of legal demicile; C         Part I       Demicility describe the organization is most significant activities:       GROUNDWORK BRIDGEPORT 'S MISSION         I       Brind y describe the organization is most significant activities:       GROUNDWORK BRIDGEPORT 'S MISSION         I       State of legal demicile; C       M State of legal demicile; C         Part I       It of organization is continued its operations or disposed of more than 25% of its net assets.       M State of legal demicile; C <tr< td=""><td>Website:           Form of args           Part I         SL           apureurance         I           apureurance         I</td><td>t status: X 501(c)(3) 501(c) (1) function (1) (Insertion) (1) (Insertion) (2) (201(c) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2</td><td>H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a</td><td>number State of legal domicile; CT S MISSION AND sets. 6 6 6 6 106 0. 0.</td></tr<>	Website:           Form of args           Part I         SL           apureurance         I	t status: X 501(c)(3) 501(c) (1) function (1) (Insertion) (1) (Insertion) (2) (201(c) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	H(c) Group exemption ear of formation: 1998 M RK BRIDGEPORT' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	number State of legal domicile; CT S MISSION AND sets. 6 6 6 6 106 0. 0.
Form of arganization:       X       Corporation       Trust       Association       Uther       L Year Ontinination:       I Streffy describe the organization's mission or most significant activities:       GROUNDWORK       BRIDGEPORT'S       MISSION         1       Brieffy describe the organization's mission or most significant activities:       GROUNDWORK       BRIDGEPORT'S       MISSION         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       5         6       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6       10         7       Total number of volunteers (estimate if necessary)       7a       7b       Current Year         7       Total unrelated business revenue from Part VIII, column (C), line 12       7b       7b       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       9       9       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 2g)       0.       Current Year       0.       0.         11       O	Form of brgs Part I Su a 1 Brie I S Che S Che S Nur 4 Nur 5 Tot. 6 Tot. 5 Net	Inization: X Corporation Trust Association Uther LY Immany fly describe the organization's mission or most significant activities: GROUNDWO TO BRING ABOUT THE SUSTAINED REGENERATION ick this box I if the organization discontinued its operations or disposed of m inber of voting members of the governing body (Part VI, line 1a) inber of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	RK BRIDGEPORT ' IMPROVEMENTS nore than 25% of its net ass 3 4 5 6 7a	S MISSION AND sets. 6 6 6 106 0. 0.
Form of trightization;       Commany         Part I       Summary         1       Briefly describe the organization's mission or most significant activities:       GROUNDWORK BRIDGEPORT'S MISSION         1       Briefly describe the organization's mission or most significant activities:       GROUNDWORK BRIDGEPORT'S AND         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of volting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VII, column (C), line 12       7a         b Net unrelated business revenue from Form 990-T, Part I, line 11       Prior Year         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.         10       Investment income (Part VIII, column (A), lines 1.3)       0.       20.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       0.       20.       73.90.227, 62.         13       Grats and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column	Part I SL a 1 Brie IS Che S Che S Nur Che S Tot 6 Tot b Net	Initiation, a complication and a second structures of the organization of most significant activities: GROUNDWOI TO BRING ABOUT THE SUSTAINED REGENERATION ick this box if the organization discontinued its operations or disposed of m inher of voting members of the governing body (Part VI, line 1a) inher of independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	nore than 25% of its net ass 3 4 5 6 7a	sets. 6 6 106 0. 0.
IS       TO       BRING       ABOUT       THE SOUTHALES OF MALLES         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       5       5         6       100         7 a Total unrelated business revenue from Part VII, column (C), line 12       7b         b Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year         8       Contributions and grants (Part VIII, line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other evenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.       0.       0.       0. <td>IS 2 Che 3 Nur 3 Nur 4 Nur 5 Tot. 6 Tot 7 a Tot b Net</td> <td>TO BRING ABOUT THE SOOTHERDS that the organization discontinued its operations or disposed of member of voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12</td> <td>nore than 25% of its net ass 3 4 5 6 7a</td> <td>sets. 6 6 106 0. 0.</td>	IS 2 Che 3 Nur 3 Nur 4 Nur 5 Tot. 6 Tot 7 a Tot b Net	TO BRING ABOUT THE SOOTHERDS that the organization discontinued its operations or disposed of member of voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	nore than 25% of its net ass 3 4 5 6 7a	sets. 6 6 106 0. 0.
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b Net unrelated business taxable income from Form Sol (France, we determined)       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       200, 739, 227, 62.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       26, 099.       141, 092.       158, 644         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86, 586.       81, 43         18       Total expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year	b Net	nber of independent voting members of the governing body (Part VI, line 16) al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	5 6 7a	6 106 0. 0.
b Net unrelated business taxable income from Form Sol (France, we determined)       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), line 2g)       7, 300.       2, 704         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       200, 739, 227, 62.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       26, 099.       141, 092.       158, 644         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86, 586.       81, 43         18       Total expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year	b Net	al number of individuals employed in calendar year 2022 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12	6 7a	106 0. 0.
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b Net unrelated business taxable income from Form Form Form Form Form Form Form F	b Net	al unrelated business revenue from Part VIII, column (C), line 12		0.
b Net unrelated business taxable income from Form Form Form Form Form Form Form F	b Net	unrelated business taxable income from Form 990-T, Part I, line 11	7b	• •
B         Contributions and grants (Part VIII, line 1h)         421,117.         492,643           9         Program service revenue (Part VIII, line 2g)         7,300.         2,704           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         27,655           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         200,739,227,655           14         Benefits paid to or for members (Part IX, column (A), line 4)         26,099.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         0.         200,739,227,62           16a         Professional fundraising fees (Part IX, column (D), line 25)         26,099.         141,092.         158,64           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         341,831.         413,91           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         86,586.         81,43           19         Revenue less expenses. Subtract line 18 from line 12         Beginning of Current Year         End of Year <td></td> <td></td> <td></td> <td>Current Vear</td>				Current Vear
8       Contributions and grants (Part VIII, line 1h)       7,300.       2,704         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       0.       27, 655         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       0.       0.       0.       0.         16a       Professional fundraising fees (Part IX, column (D), line 25)       26,099.       141,092.       158,64         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       341,831.       413,91         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       86,586.       81,433         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       <				
9       Program service revenue (Part VIII, line 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       0.       0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       26,099.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       341,831.       413,91         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       86,586.       81,43         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year	- 8 Co	ntributions and grants (Part VIII, line 1h)		2,704.
11       Other revenue (Part VIII, column (A), lines 0, 60, 60, 60, 60, 60, 60, 60, 60, 60,	9 Pro	oram service revenue (Part VIII, line 2g)		0.
11       Other revenue (Part VIII, column (A), lines 0, 60, 60, 60, 60, 60, 60, 60, 60, 60,	2 10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       0.       27,65.         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.       200,739,2227,62.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.       0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       26,099.       141,092.       158,64         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86,586.       81,43         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year	111 01	per revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		495,347.
14       Benefits paid to or for members (Part IX, column (A), line 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (Part IX, column (D), line 25)         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12	12 Tot	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,653.
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       26,099.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       141,092.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       341,831.         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
15       Salaries, other compensation, employee benefits (Part IX, column (A), line 3 0 (a), line 3 0 (b), line 2 (b), line 3 0 (c), line 3 0 (c	14 Be	nefits paid to or for members (Part IX, column (A), line 4)	200,739.	227,623.
Ide Professional fond along recomposed         Part IX, column (D), line 25)         26,099.           b Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         141,092.         158,64           17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         341,831.         413,91           18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         86,586.         81,43           19 Revenue less expenses. Subtract line 18 from line 12         Beginning of Current Year         End of Year	n 15 Sa	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         141,092,158,04           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         341,831.         413,91           19         Revenue less expenses. Subtract line 18 from line 12         Beginning of Current Year         End of Year	5 16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e) 26.099.	a second second	
11       Outlie expenses (add lines 13-17 (must equal Part IX, column (A), line 25)       341,831       415,51         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       86,586       81,43         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year	dx b To	a rundraising expenses (ran bs, ceramination		158,641
19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year		her expenses (Part IX, column (A), lines 11a-11a, 117-246)		413,917
Duginning of starts	18 To	tal expenses. Add lines 13-17 (must equal Part IA, column (N), me so,		
289,578.         339,95           289,578.         339,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           289,578.         329,95           21         Total liabilities (Part X, line 26)           230,358.         310,78		venue less expenses. Subtract line to normine te		
20 Total liabilities (Part X, line 26) 51,220, 20,10	ts o	(Jacobs (Dart V line 16)		339,952
	asse 20 10			
238, 558. J15, 70	100 21 10	tanaotic or fund balances. Subtract line 21 from line 20	238,358.	319,700
				· · · · · · · · · · · · · · · · · · ·
	Lund Ba	tal liabilities (Part X, line 26) It assets or fund balances. Subtract line 21 from line 20	51,220. 238,358.	20,1 319,7
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer needing interests	-	ignature of officer	Date	
Signature of officer	aign			
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Sign       Signature of officer       Date         Here       CHRISTINA SMITH, PRESIDENT & C.E.O.			Date Check	
Sign       Signature of officer       Date         Here       CHRISTINA SMITH, PRESIDENT & C.E.O.       Date         Type or print name and title       Prenarer's signature       Date	F	The type preparer a marine		P00631754
Sign       Signature of officer       Date         Bign       CHRISTINA SMITH, PRESIDENT & C.E.O.       Date         Here       Print name and title       Preparer's signature       Date         Print/Type preparer's name       Preparer's signature       Date       11/13/23         Interview       WILLIAM SKODY       11/13/23       P00631754		THEFT BEACH COOR CO CPAS PC	Firm's EIN 1	3-3597814
Sign       Signature of officer       Date         Here       CHRISTINA SMITH, PRESIDENT & C.E.O.       Date         Print/Type or print name and title       Preparer's signature       Date         Paid       WILLIAM SKODY       WILLIAM SKODY       11/13/23         self-employed       COMPAS, PC       Firm's EIN 13-3597814	-	irm's name SKODI SCOI & CO, CITE, 2200		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare was any information of which prepare and the Date         Sign       Signature of officer       Date         Primt/Type or print name and title       Preparer's signature       Date         Paid       Print/Type preparer's name       Preparer's signature       Date         Primt       MILLIAM SKODY       11/13/23       Prim's EIN       13-3597814         Preparer       Firm's name       SKODY SCOT & CO, CPAS, PC       Firm's EIN       13-3597814	Use Uniy	NEW YORK, NY 10018	Phone no. 21	2 967-1100
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare was only information of other was only information of	1	NEW TORING THE TOUTO		X Yes N Form 990 (202

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services State of Connecticut (Rev. 02/23)

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 orga		quired to file federal Form 990 or 990EZ, Return of Organization Exempt
×	Yes	No
If Yes, attac	ch a copy o	f the first page of your most recent return.
If No, attack Revenue Se		your determination letter from the U.S. Treasury Department, Internal

# Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- X 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: 09/01/20	23
Flogram start date.	MM - DD - YYYY
Program completion date: 0	8/31/2024 MM - DD - YYYY
Post-project audit due date:	11/30/2024
	MM - DD - YYYY

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

# Part III — Financial Information

# Program Budget:

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

#### Sources of Revenue:

NAA funds requested	\$150,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	\$150,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) WINDOWS	\$100,000.00
b) COMMERCIAL THROUGH THE WALL UNITS	\$50,000.00
c) ROOFTOP AIR CONDITIONERSHVAC	\$100,000.00
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	-
Total Proposed Expenditures:	\$250,000.00

### Part IV — Municipal Information

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

CITY OF BRIDGEPORT DEPT OF ECONOMIC AND COMMUNITY DEV	
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:	

Post-Pro	ject Audit
Is a post-project audit re	equired for this proposa
Yes	X No
If <b>Yes</b> , date post	-project audit due:
D	ate

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

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

#### Part I – General Information

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

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

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

#### Part II – Program Information

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

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

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

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

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

### Part III - Financial Information

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

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

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

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

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

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

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

### Part IV – Municipal Information

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

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

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

#### Additional Information

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

Form <b>990</b>	Return of Or
	Under section 501(c), 527, or

### ganization Exempt From Income Tax

4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2021

a constant and the second	ÞD
Department of the Treasury	

		f the Treasury nue Service	► Do ► G	not enter soci to to www.irs.	gov/Form990 for	ers on this form as it n instructions and the l	atest inf	ormation.		Open to Pu Inspectio	iblic on
		And the second strends to second	dar year, or tax			07/01, 2021, and e		(	6/30		
		applicable:				LUB OF BRIDGEPORT	INC		the second s	er identification nu	umber
		change	Doing business	s as			_			69105	
- P	lame ch	nange		treet (or P.O. box K STREET	if mail is not delivere	ed to street address)	Roor	m/suite	E Telephon 203-2	75-8925	-
D F	inal retu	im/terminated d return		tate or province,	country, and ZIP or	foreign postal code			G Gross re	a a p t a a	98202
	pplicati	ion pending			) ◀ (insert no.)		527	H(b) Are all s	ubordinates	ubordinates? Yes included? Yes See instructions.	No No
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	Vebsite					I Verro	f formatio	n: 1930		legal domicile: C	CT
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Activities & Governance	1	TO PROVIE	E CITIZENSHIP	AND LEADERSH	IP DEVELOPMENT	services and cultura					
ua	2	Check this	box > if th	ne organizatio	on discontinued	its operations or disp	osed of	f more than	25% of it	s net assets.	
NO	3	Number o	f voting memb	ers of the gov	verning body (Pa	art VI, line 1a)		1.1.1.1	3		10
0	4	Number of independent voting members of the governing body (Part VI, line 1b)				* * * *	4		10		
es	5	Total num	ber of individu	als employed	I in calendar yea	r 2021 (Part V, line 2:	a) -	a .a. a. a.	5		4
ivit	6	Total num	ber of voluntee	ers (estimate i	if necessary) .			8 8 8 8	6		
Act	7a	Total unre	lated business	revenue from	n Part VIII, colun	nn (C), line 12		$(a_1,a_2,a_3) \in \mathbb{R}$	7a		
	b	Net unrela	ted business t	axable incom	te from Form 99	0-T, Part I, line 11 .			7b		
-							-	Prior Yea		Current Yea	
-	8	Contributi	ons and grants	s (Part VIII, lin	ie 1h)	a state a state a		12	0809	96	6101
Revenue	9	Program :	service revenue	e (Part VIII, lin	ne 2g)						1101
eve	10	Investmen	t income (Part	VIII, column	(A), lines 3, 4, an	nd 7d)			1515		2101
Ř	11	Other rev	enue (Part VIII,	column (A), li	ines 5, 6d, 8c, 9	c, 10c, and 11e) .	-	10	0004	0/	0000
	12	Total reve	nue-add lines	8 through 11	(must equal Par	t VIII, column (A), line	12)	12	2324	98	8202
-	13	Grants an	d similar amou	unts paid (Par	t IX, column (A),	lines 1-3)	0				
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in	15	Salaries, o	ther compensa	ation, employe	e benefits (Part I	X, column (A), lines 5-	-10)	11	4932	4.	2510
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per	b	Total fund	fraising expension	ses (Part IX, c	column (D), line 2	25) 🕨 🔤 🕹	442		0000	1.0	1720
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	19	Revenue	less expenses.	. Subtract line	e 18 from line 12				2846		6094
to sa							B	eginning of Cu	and the second sec	End of Yea	
ets	20	Total ass	ets (Part X, line	16)					3408		0177
Net Assets or Fund Balances	21	Total liab	lities (Part X, li	ine 26)		and a state of the			0900		0900
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	art II		ure 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, EXEC	CUTIVE DIRECTOR	Date	8	
	Type or print name and title			1	Steril
Paid	Print/Type preparer's name KEVIN M LAING	Preparer's signature	Date 11/10/2022	Check X if self-employed	P01896941
Preparer		TING AND TAX SERVICE		sEIN ► 81-	-0981258
Use Only	Firm's address > 18 PLASKON DR 06	484-		neno. 203.	-914-0832
May the IRS	discuss this return with the preparer	shown above? See instructions	4 4 6 6 6 6 <del>6</del>	1 1. 1. N.	Yes No
	rk Reduction Act Notice, see the separa				Form <b>990</b> (2021)

Department of Revenue Services State of Connecticut (Rev. 02/23)

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 X 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;
- X Program serving low-income persons;
- X Child care services;
- X 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	
Program start date.	MM - DD	
Program completion	date: 08/31/2024	
Rost-project audit di	ue 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

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

Sources of Revenue:	\$150,000.00
NAA funds requested	
- itemized sources - itemized sources:	\$800,000.00
a) CARE FOR KIDS PROGRAM FUNDS	\$50,000.00
b) SPECIAL EVENTS	\$30,000.00
c) PRIVATE DONATIONS	
d)	\$1,030,000.00
Total Funding:	

## Proposed Program Expenditures:

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

Total Proposed Exp

## 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 DEV	n: YELOPMENT
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:	

Post-Proj	ject Audit
Is a post-project audit re	equired for this proposal
Yes	No
If <b>Yes</b> , date post	-project audit due:
D	ate

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

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

### Part I - General Information

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

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

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

### Part II - Program Information

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

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

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

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

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

### Part III - Financial Information

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

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

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

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

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

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

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

### Part IV - Municipal Information

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

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

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

### Additional Information

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

	000
Form	330

## **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.

**Open to Public** 

	Revenue Serv	Go to www.irs.gov/Form990 for instructions and the fatest in	normation.	2100	nispection
		calendar year, or tax year beginning 07/01, 2021, and ending	C	6/30	
C	neck if applica	ble: C Name of organization BOYS CLUB & GIRLS CLUB OF BRIDGEPORT INC		D Employer identification numb 06-0669105	
	Address change         Doing business as           Jame change         Number and street (or P.O. box if mail is not delivered to street address)           100         DARK		om/suite	E Telephon 203-2	e number 75-8925
	itial return nal return/term	102 PARK STREET           City or town, state or province, country, and ZIP or foreign postal code		G Gross re	
] A	mended return oplication pen ax-exempt sta	ding F Name and address of principal officerROBERT KEELEY	H(b) Are all si If "No," a	oup return for su ubordinates attach a list,	bordinates? Yes N included? Yes N See instructions.
-	ebsite: ►		H(c) Group e		
		tion: ∑ Corporation ☐ Trust	ion: 1930	M State of	legal domicile: $CT$
-	and the second se				
Pai	tl Su	mmary y describe the organization's mission or most significant activities:			
	1 Brief	y describe the organization's mission of most significant association of the second structure of the s	CHMENT, PERS	ONAL	
אכוואותבא מ מסאבוושוורם	TO P	ROVIDE CITIZENSHIP AND LEADERSHIP DEVELOPMENT SERVICES AND CODIDUCT STATE			
	EDUC	ATION AND SOCIAL RECREATION PROGRAMS.	of more than	25% of it	s net assets.
	2 Chec	k this box  Image: the organization discontinued its operations or disposed in the organization discontinued its operations or disposed in the transmission of transmissio	or more man	3	1(
1	n Num	por of voting members of the governing body (Part VI, line 1a)			1
	A Mum	per of independent voting members of the governing body (Part VI, line TD)		4	
	4 Total	number of individuals employed in calendar year 2021 (Part V, line 2a)	4. 4. 18 ( 1)	5	
	5 Total	number of volunteers (estimate if necessary)		6	
	6 Tota	unrelated business revenue from Part VIII, column (C), line 12		7a	
	7a Tota	unrelated business revenue from Part VIII, column (o), and re		7b	
	b Net u	inrelated business taxable income from Form 990-T, Part I, line 11	Prior Yea		Current Year
				0809	9610
	8 Cont	ributions and grants (Part VIII, line 1h)	+ 6	1005	
	D Proc	ram service revenue (Part VIII, line 2g)		1515	210
	10 Inve	tment income (Part VIII, column (A), lines 3, 4, and 7d)		1313	210
	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0000
	TT Othe	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	2324	9820
-	12 Tota	ts and similar amounts paid (Part IX, column (A), lines 1–3)			
	13 Gran	ts and similar amounts paid (Part IX, column (A), incore of the			
	14 Ben	fits paid to or for members (Part IX, column (A), line 4)	11	4932	4257
2	15 Sala	ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
ISC	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			
13	h Tota	I fundraising expenses (Part IX, column (D), line 25)	10	0238	10172
ā	17 Othe	(Det IV column (A) lines 11a-11d 11f-24e)			14429
		r expenses (Fait IX, column (V), mod (Ta	215170		19967
cxbi	18 Tota	Lexpenses Add lines 13–17 (must equal Part IX, column (A), line 25)		the second se	
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salances Expenses	18 Tota 19 Reve 20 Tota	I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) enue less expenses. Subtract line 18 from line 12	-9 Beginning of Cu 57	2846 rrent Year	-4609 End of Year 48017 7090
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which pre

Sign Here	Signature of officer Date Date					
	Type or print name and title	La contra de la co	Date	Check X if	PTIN	
Paid	Print/Type preparer's name	Preparer's signature	11/10/202	2 self-employed		
Preparer	THEFT IN THE ACCOUNT	TING AND TAX SERVICE	LLC Firm		-0981258	
Use Only	Title Sharto				-914-0832	
	Eirm's address P IDFLADAUT	above? See instructions		ne no. 203-	X Yes No	
May the IRS	discuss this return with the preparer	shown above? See instructions			Form 990 (2021)	
For Paperwo QNA	rk Reduction Act Notice, see the separate	ate instructions.			1.000 000 000 000	

Department of Revenue Services State of Connecticut (Rev. 01/24)



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 exe Bridgeport Public	mpt organization/municipal agency: Education Fund
Address: 271 Pa	ark Ave, Bridgeport, CT 06604
Federal Employe	er Identification Number:06-1379383
Program title:	Support for Low Income Students at the University of Bridgeport
Name of contact	person: Faith Villegas
Telephone numb	(203) 331-0551
Email address:	fvillegas@bpef.org
Total NAA fund	ing requested (\$250 minimum, \$150,000 maximum): \$ <u>150,000.00</u>

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

X 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;
- X 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 progrmas 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:

- 12/31/202	24
Program start date: 12/3/1202	MM - DD - YYYY
Program completion date: 12	2/31/2025 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:

Program Budge	38:			honewa	Intal	funding.
Complete in full.	Expenditures	must	equal or	exceed	Bergen	

Sources of Revenue:	\$150,000.00
NAA funds requested	
Other funding sources - itemized sources:	
a)	
a)	
b) c)	
c)	\$150,000.00
Total Funding:	
Proposed Program Expenditures: Direct operating expenses - itemized description: a) <u>Tuition</u> b)	\$150,000.00
b) c) d)	
interactive expenses - itemized description:	
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: Max Perez, Director of Business Development	
Telephone number: (203) 576-3976	
Fax number: (203) 576-3979	-
Email address:@bridgeportct.gov	

Post-Proj	ject Audit
s a post-project audit re	quired for this proposal
X Yes	No
If Yes, date post-	project audit due:
03/31/	2026
Da	ite

Form NAA-01 (Rev. 01/24)

	Deturn of Transison Lyamor Lyan	nincome			
990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public.				
Revenue Service		Inspection			
the 2021 c	alendar year, or tax year beginning 01-01-2021 , and ending 12-3	1-2021			
k if applicable:	C Name of organization		D Employer	identifica	ation number
ress change	BRIDGEPORT PUBLIC EDUCATION TOND INC.		83		
ne change	Doing business as				
al return return/terminated	Territion and the second se			- 16	
nded return	Number and street (or P.O. box if mail is not delivered to street address) Room/se	uite	E Telephone r	number	
lication pending	446 UNIVERSITY AVENUE		(203) 331-0551		
	City or town, state or province, country, and ZIP or foreign postal code				
	BRIDGEPORT, CT 06604		G Gross recei	pts \$ 387	,230
	F Name and address of principal officer:	H(a) Is this a	group retur	n for	
	FAITH VILLEGAS 446 UNIVERSITY AVENUE	subordi	nates?		Yes No
	BRIDGEPORT, CT 06604	H(b) Are all s	subordinates		Yes No
exempt status:	☑ 501(c)(3) □ 501(c) ( ) ◀ (insert no ) □ 4947(a)(1) or □ 527	Contraction of the second s	attach a list	. See ins	structions.
bsite: WW	/W.BPEF.ORG	H(c) Group e	exemption nu	imber 🕨	
of organization	Corporation Trust Association Other >	L Year of formation	on: 1993 M	State of	legal domicile: CT
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er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my wledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

GRAF	PHIC pri	nt - DO NOT PROCESS	As Filed Data - 1	om Inc	ome T	ax	OMB	No. 1545-0047
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pacatio		City or town, state or province, coun	itry, and ZIP or foreight postal court		-	G Gross rec	eipts \$ 113,	459,983
		BRIDGEPORT, CT OBCCT		H	a) Is this i	a group ret	urn for	
		F Name and address of principa	al officer.		subard	inates?		Yes No
	1	WILLIAM GUERRERO		H	h) Are all	subordinati	es	Yes No
		126 PARK AVE BRIDGEPORT, CT 06604				" attach a l		structions.
-		₩ 501(c)(3) S01(c)() 4	(insert no.) a947(a)(1) or L	527	(c) Group	exemption	number P	•
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Department of Revenue Services State of Connecticut (Rev. 01/24)

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 VIIlegas

(203) 331-0551 Telephone number:

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?

X 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

- 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;
- X Child care services;
- Establishment of a child day care facility; 11
- Open space acquisition fund; or
- - Other (specify):

The Mentoring for Academic Achievement and College/Career Success (MAACS) is a high school mentoring and tutoring program. MAACS is dedicated to postivle 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.

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 Need for program: Public Schools district continues to experience fluctuating graduation rates, low standardized test scores and low college-attendace 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.

trict are served by the MAACS program. These schools include Bassick, Bpt. Military Academy, Central, and Fairchild Wheeler STEM academies (3). The locale of all schools encompasses a broad swath of the Bridgeport community.

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 schdule 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 Page 2 of 5 spring semesters. Visit us at portal.ct.gov/DRS for more information.

Form NAA-01 (Rev. 01/24)

### Timetable:

Program start date: 08/01/2024 MM - DD - YYYY

Program completion date: 07/31/2025 MM - DD - YYYY

Post-project audit due date:

\$90,000.00

\$40,000.00 \$20,000.00

\$35,000.00

\$40,000.00

\$225,000.00

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) Foundations
- b) Individuals
- c) Scholarships
- d) Grants

Total Funding:

## Proposed Program Expenditures:

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

## 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 u	
Mailing address:	
Name of municipal liaison:	
Telephone number:	-
Fax number:	
Email address:	

s the program:

Post-Pr	oject Audit
Is a post-project audit	required for this proposal
Yes	No
If Yes, date po	st-project audit due:
	Date

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arnal F	Revenue	Treasury	Do not enter social a Go to www.irs.go	V/Form990 for instructions a	and the latest	e made public.	Open to Public Inspection
For	the 20	22 calen	dar year, or tax year beginning		and ending		Alex number
Chec	ck If icable:	C Name	of organization	COD	V	D Employer Identifica	tion number
	ddress hange	BRI	DGEPORT PUBLIC EDU	CA CON UND HIS	-	06-137938	3
	ame	Doing I	business as	1. Prove data strends addressed	Room/suite	E Telephone number	*
re	itial	Numbe	er and street (or P.O. box if mail is not	dervered to street douress)	100mosulo	(203) 331	-0551
	inal iturn/	446	UNIVERSITY AVENUE	d 710 or foreign poetal code		G Gross receipts S	355,390
	rmin- led	City or	town, state or province, country, an	In ZIP of loreign postal cours		H(a) Is this a group retu	im
re	mended turn	BEII	OGEPORT, CT 06604 and address of principal officer: FA	TTH VILLEGAS		for subordinates?	Yes X N
B	pplica- on ending	FName	INIVERSITY AVENUE,	BRIDGEPORT, C	r 06604	H(b) Are all subordinates Inclu	ided? Yes N
-		440 (	X 501(c)(3) 501(c) (	) (insert no.) 4947(a)	(1) or 527		t. See Instructions
		t status:	BPEF.ORG	/		H(c) Group exemption	
Wel	bsite:	www.ww	X Corporation Trust	Association Other	L Year	of formation: 1993 MS	State of legal domicile: C
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-			un un antestinate mission or mo	st significant activities: TO	INCREAS	E INVOLVEMEN	r of the
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3	Alu	mber of ve	ting members of the governing boo	ty (Part VI, line 1a)			
4	. Nur	nhor of in	dependent voting members of the	overning body (Part VI, line 1	b)		
E	Tot	al number	of individuals employed in calenda	r year 2022 (Part V, line 2a)			
6	Tot	al number	of volunteers (estimate if necessar	y) (y			(
17	a Tot	al unrelate	d business revenue from Part VIII,	column (C), line 12		7a	(
	b Net	unrelated	business taxable income from For	m 990-T, Part I, line 11		Prior Year	Current Year
T					-	386,972.	355,201
8	Cor	tributions	and grants (Part VIII, line 1h)			380,972.	555,201
9	Pro	dram serv	ice revenue (Part VIII, line 2g)		in in the second	258.	189
10	) Inve	estment in	come (Part VIII, column (A), lines 3,	4, and 7d)		0.	10.
1	1 Oth	er revenue	e (Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11e)		387,230.	355,390
12	2 Tota	al revenue	- add lines 8 through 11 (must equ	al Part VIII, column (A), line 12	9	30,550.	25,447
13	Gra	nts and si	milar amounts paid (Part IX, column	(A), lines 1-3)		0.	
14	Ben	efits paid	to or for members (Part IX, column	(A), line 4)	0	148,754.	202,576
15	5 Sala	aries, othe	r compensation, employee benefits	(Part IX, column (4), intes 5-1	· · · · · · · ·	0.	0
16	Sa Pro	fessional f	undraising fees (Part IX, column (A)	(110 25) 28	977.		
	b Tota	al fundrais	ing expenses (Part IX, column (D), 1 es (Part IX, column (A), lines 11a-11			77,572.	113,435
17	r Oth	er expens	es. Add lines 13-17 (must equal Part	IX column (A). line 25)		256,876.	341,458
18	s lota	al expense	expenses. Subtract line 18 from lin	a 12		130,354.	13,932
19	Rev	enue less	expenses, Subtract the 10 nonnin		Beg	ginning of Current Year	End of Year
20 21 22	Tate	I secole li	Part X, line 16)			619,643.	627,774
21						19,557.	24,496
22	Not	accate or	fund balances. Subtract line 21 fro	m line 20		600,086.	603,278
-	II IC	anature	Block			in the second second	
	naltine	of nariury	I declare that I have examined this return	n, including accompanying sched	ules and stateme	ents, and to the best of my kr	eowledge and belief, it is
cor	rect, an	d complete.	Declaration of preparer (other than offi	cer) is based on all information of	which preparer	has any knowledge.	
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-			SHELTON, CT 06484	1		Phone no. 203 -	X Yes N
the	IRS d	iscuss this	s return with the preparer shown ab	ove? See instructions			Form 990 (202)
LING			or Paperwork Reduction Act Not	an ana the congrate instru	nons.		10111000 (202)

Department of Revenue Services State of Connecticut (Rev. 01/24) 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 rec from Income Tax?	uired to file federal Form 990 c	or 990EZ, Return of Organization Exempt
X Yes	No	
If Yes, attach a copy of	the first page of your most rea	cent return.
If No, attach a copy of y Revenue Service.	our determination letter from the	ne U.S. Treasury Department, Internal

### Part II — Program Information

Check the appropriate description of your program:

#### 100% credit percentage

- x \_ 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:	\$29,632
NAA funds requested	
Other funding sources - itemized sources:	
a) <u>N/A</u> b)	
c)	\$29,632.00
Total Funding:	
Proposed Program Expenditures: Direct operating expenses - itemized description: a) <u>Elkay LZSTL8WSSP Enhanced EZH2O Bottle Filling</u> Station, & Versatile Bi-Level ADA Cooler, Filtered 8 GPH	\$6,882.00
Station, & Versaule Dr	\$5,250.00
Stainless (3)         b) Water Cooler Installation(EMCORNew England         Mechanical)	\$17,500.00
c) Motorized shades for gymnastum (20) installation (Draperies, Inc) d)	
A description.	
a)	
a) b)	
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 o	
Mailing address:	
Name of municipal liaison:	
Telephone number:	
Fax number:	-
Email address:	

Post-Pro	ject Audit
Is a post-project audit re	equired for this proposal
T Yes	D No
If Yes, date post-	-project audit due:
D	ate

### 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 postproject 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. Email any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

	990	EXTENDED TO JUNE 1 Return of Organization Exemp Under section 50 1(c), 527, or 4947(a)(1) of the Internal Rev	ot From I enue Code (exc	chr hundre ingringen in	OMB No. 1545 (704)
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		hoar year, or tax year organiting		D Employer identificat	ion number
Check	c it C Name	of organization			
Ad		EMAN MEMORIAL ASSOCIATION, INC			
Na		business as WAKEMAN BOYS & GIRLS CLU	в	06 0662198	}
Ini	tial Doing	per and street (or P.O. box it mail is not delivered to street address)	Room/suite	E Telephone number	201
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pe	inding 268	POST ROAD, ZND FLOOR, FRIRITEDD,	CT 068		
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	1 Briefly desc	cribe the organization's mission or most significant activities: CC	MACHINI	100111 00111-0	
		box > if the organization discontinued its operations or	disposed of mor	e than 25% of its net asse	ets.
	2 Check this	box > if the organization discontinued its operations of t	alaposed or mor	3	
	3 Number of	voting members of the governing body (Part VI, line 1a)	16)	4	3:
	4 Number of	independent voting members of the governing body (Part VI, line		5	16
	5 Total numb	er of individuals employed in calendar year 2021 (Part V, line 2a)		6	
	6 Total numb	per of volunteers (estimate if necessary) ated business revenue from Part VIII, column (C), line 12		7a	0
2	7 a Total unrela	ted business taxable income from Form 990 T, Part I, line 11		7b	0
+	b Net unrelat	ed business (axable income norm on roos in art, and		Prior Year	Current Year
1.	e contributio	ons and grants (Part VIII, line 1h)		4,758,254.	9,667,644
5 1	8 Contributio	ervice revenue (Part VIII, line 2g)		588,055.	772,605
	9 Program se 10 Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)		318,395.	347,696
	11 Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	63,444.	10,913,041
	12 Total rever	nue add lines 8 through 11 (must equal Part VIII, column (A), line	12)	5,728,148.	10,913,041
	13 Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0
1.1	14 Repetits D	aid to or for members (Part IX, column (A), line 4)	-	1,903,133.	2,180,068
0 1	15 Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines	5-10)	1,303,133.	0
SU	16a Profession	al fundraising fees (Part IX, column (A), line 11e)	8,252.		and the second
a	b Total fund	raising expenses (Part IX, column (D), Ine 25)	0,634.	934,729.	1,375,901
	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	+	2,837,862.	3,555,969
	18 Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	- F	2,890,286.	7,357,072
	19 Revenue l	ess expenses. Subtract line 18 from line 12		Beginning of Current Year	End of Year
Fund Balances		Charles and an	F	16,157,524.	24,372,927
Bala		its (Part X, line 16)	F	471,080.	2,208,435
Sel	21 Total liabil	ities (Part X, line 26)	F	15,686,444.	22,164,492
	and the second se	s or fund balances. Subtract line 21 from line 20			
	t II Signa	I deplace that I have exampled this return including accompanying	chedules and stat	ments, and to the best of my	knowledge and belief, it is
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_		a this return with the preparer shown above? See instructions			X Yes N

May the IRS discuss this return with the preparer shown above role interesting 132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Department of Revenue Services State of Connecticut (Rev. 01/24)

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 exer Bridgeport Public I			gency:
Address: 271 Par	rk Ave, Bridge	port, CT 06604	
Federal Employe	er Identificatio	n Number:06-'	-1379383
			nd Energy Efficient Repairs and Upgrades
Name of contact	person: Fa		
Telephone numb	er:		
			um, \$150,000 maximum): \$ <u>150,000.00</u>
Is your organ from Income	nization requi	red to file federa	al Form 990 or 990EZ, Return of Organization Exempt
X	Yes	No	
If <b>Yes</b> , attac If <b>No</b> , attach Revenue Se	a copy of yo	ne first page of your determination	your most recent return. n letter from the U.S. Treasury Department, Internal

### Part II - Program Information

Check the appropriate description of your program:

#### 100% credit percentage

- \_X\_ 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: 12/31/20	)24
r rogram otart dato:	MM - DD - YYYY
Program completion date: 1	2/31/2025
Post-project audit due date:	03/31/2026
i oot projoot daan dae aan	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.

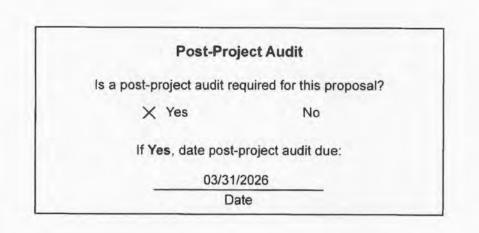
#### Sources of Revenue:

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) Contracts for energy efficent upgrades	\$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

Mailing address:	and the second s
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	



990	Return of Organization Exempt From	Income Tax	K	OMB No. 1545-0047
330	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may		2021	
ment of the	▶ Go to www.irs.gov/Form990 for instructions and the	Open to Public		
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	alendar year, or tax year beginning 01-01-2021 , and ending 12-3.	1-2021		
ck if applicable:	C Name of organization	DEm	nployer ide	ntification number
dress change me change	BRIDGEPORT PUBLIC EDUCATION FUND INC	06	-1379383	
tial return	Doing business as			
inal return/terminated Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Tel	E Telephone number (203) 331-0551	
plication pending	446 UNIVERSITY AVENUE			
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604	<b>G</b> Gri	oss receipts	\$ 387,230
	F Name and address of principal officer:	H(a) Is this a grou	up return f	or
	FAITH VILLEGAS	subordinates	?	Yes No
	446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604	H(b) Are all subor included?	dinates	Yes No
-exempt status:	✓ 501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □ 527		ch a list. Se	ee instructions.
ebsite: > WW		H(c) Group exem	ption numb	per Þ
n of organization:	: 🗹 Corporation 🗋 Trust 🗋 Association 🗋 Other 🕨	L Year of formation: 19	993 M St	ate of legal domicile: CT
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AND SOLID DEVELOPM SYSTEM; 1 SUCH ACH COMMUNI EXCELLEN	ASE INVOLVEMENT OF THE GREATER BRIDGEPORT COMMUNITY IN THE BR CIT FINANCIAL AND OTHER SUPPORT FOR THE BRIDGEPORT PUBLIC SCHO MENT OF NEW PROGRAMS AND NEW APPROACHES TO TEACHING AND LEA TO ENCOURAGE BRIDGEPORT EDUCATORS TO BE CREATIVE, INNOVATIVE, HEVEMENTS; TO STRENGTHEN PARENTAL INVOLVEMENT IN THEIR CHILDP CATION BETWEEN EDUCATIONAL, CIVIC, AND BUSINESS CONSTITUENCIE ICE WITHIN THE BRIDGEPORT PUBLIC SCHOOL SYSTEM AS WELL AS THE O ACE IN THE GREATER BRIDGEPORT COMMUNITY; TO BRING INFORMATION NG CURRENT EDUCATIONAL THOUGHT IN THE UNITED STATES AND TO PR	NOL SYSTEM; TO ACT RNING FOR THE BRID , AND EFFECTIVE, AN REN'S EDUCATIONAL S AND TO INCREASE CHALLENGES FACED TO THE GREATER BI	PROCESS PUBLIC A BY URBAN RIDGEPOR	ALTST FOR THE PUBLIC SCHOOL DGNIZE THEM FOR TO STRENGTHEN WARENESS OF EDUCATION AND T COMMUNITY
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Partil Signature Block er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my wiedge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has Department of Revenue Services State of Connecticut (Rev. 01/24)

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

203-332-5015 Telephone number:

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?

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.

Form NAA-01 (Rev. 01/24)

Timetable:

Program start date:	1/2024
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-Pro	oject Audit
ls a post-project audit r	equired for this proposal?
🗖 Yes	🗖 No
If Yes, date pos	t-project audit due:
	Date

Form NAA-01 (Rev. 01/24)

### 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.



### Part I – General Information

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

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

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

### Part II – Program Information

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

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

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

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

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

#### Part III — Financial Information

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

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

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

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

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

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

#### Part IV – Municipal Information

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

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

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

#### Additional Information

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

Purchaser is:			
United States		- State of Connecticut	onic Community College #76-0729241
Nan	ne of agency	Name	e of agency (List exemption number, if any.)
Federal credit union		Connecticut municipality	Town or district and agency
Nan	ne of credit union		Town of district and agoney
Other entity exempted by Con	mecticut law	Name of entity	Exempting Connecticut statute
□ Other entity exempted by fede		value of entry	1 0
Guide entity exempted by read	1	Name of entity	Exempting federal statute
		or check box if acknowledgment letter	from DRS is attached.
Connecticut Development Au			
Agent of a qualifying governme Name of agent:	nental agency listed above (Attac	h documentation of appointment as age	nt.)
Agent's CT Tax Registration	Number:	Agent's Federal Employer ID N	Number:
Name of qualifying governme	ental agency:		
Appointed agent for making t	he following types of purchases:		
		CT 06604 4704	
Address of purchaser: 900 Lafa	ayette Biva, Bridgeport	C1 00004-4704	
Name of seller	Address		CT Tax Registration Number
City of Bridgeport	PO Box 621		(If none, explain.)
ony of bridgepoin	Bridgeport, CT 066	01	Federal Employer ID Number
			06-6001865
Check one box:			0000000
	T-134 may not be used as a blank	et certificate for purchases of tangible p	ersonal property for resale at any one of five
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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.

CERT-134, Exempt Purchase by Qualifying Governmental Agencies (Rev. 07/09)

IRS Department of the Treasury Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248222025 Sep. 18, 2018 LTR 4076C 0 13-4310869 0000000 00 00013793 BODC: TE

HOUSATONIC COMMUNITY COLLEGE % RALPH T TYLER 900 LAFAYETTE BLVD BRIDGEPORT CT 06604-4704

002268

70

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 Charitable contributions to governmental units are departments. 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 Department of Revenue Services State of Connecticut (Rev. 01/24)

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 ex Bridgeport Carit			gency:
Address: 1067	Park Avenue,	Bridgeport, CT 0660	D4
Federal Emplo	yer Identifica	tion Number: 20-0	0421577
Program title:	Workforce T	echnology Program	
Name of conta	ict person: _	John Torres, Execut	ive Director
Telephone nun	(203) 9 nber:	13-0073	
Email address:	jtorres@bc	yl.org	
Total NAA fun	nding reques	sted (\$250 minimu	m, \$150,000 maximum): \$ <u>150,000.00</u>
Is your org from Incom	anization rec ne Tax?	uired to file federal	I Form 990 or 990EZ, Return of Organization Exempt
×	Yes	No	
If Yes, atta	ich a copy of	the first page of y	rour most recent return.
If No, attac	ch a copy of	your determination	letter from the U.S. Treasury Department, Internal

### 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;
- X 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.

Form NAA-01 (Rev. 01/24)

Visit us at portal.ct.gov/DRS for more information.

Page 2 of 5

### Timetable:

Program start date: 12/31/20	)24
	MM - DO - YYYY
Program completion date: _1	12/31/2025 MM - DD - YYYY
Post-project audit due date:	03/31/2026
i our project and and and	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)	 
c)	 
d)	 

\$150,000.00

\$150,000.00

**Total Funding:** 

### 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

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## 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:	

Post-Proj	ect Audit
s a post-project audit re	quired for this proposa
X Yes	No
If Yes, date post-	project audit due:
03/31/	2026
Da	ite

Form NAA-01 (Rev. 01/24)

	rint - DO NOT PROCESS   As Filed Data -	Income	lax	-	0.01
90	Return of Organization Exchapter Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	be made put	olic.	Ope	021 In to Public Inspection
pent of the	<ul> <li>Do not enter social security numbers on university of the security numbers of the securit</li></ul>				
Revenue Service	invine 01-01-2021 , and ending 12-31	-2021	D Employer ide	ntificatio	on number
or the 2021 ca	elendar year, or tax year beginning 01-01-2021 , and ending 12-31				
k if applicable: fress change	C Name of organization BRIDGEPORT CARIBE YOUTH LEADERS INC		20-0421577		
me change	Doing business as		E Telephone nur	mber	
tial return al return/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	(203) 913-0		
plication pending					751
	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604	H(a) Is th	G Gross receipt		
	F Name and address of principal officer:	- who	rdinates7		Yes No
	10HN TORRES	H(b) Are a	all subordinates		Yes No
	I067 PARK AVENUE BRIDGEPORT, CT 06604	inclu	ided? Io," attach a list.	See ins	tructions.
ax-exempt status	4947(a)(1) or 1 527	H(c) Grou	up exemption nu	mber 🕨	
	WW.BCYL.ORG	L Year of lon	mation: 2003 M	State of	legal domicile: CT
	on: 🗹 Corporation 🗋 Trust 🗋 Association 🗋 Other Þ	L fear of lon			
	mmary lescribe the organization's mission or most significant activities: VIDE YOUTH WITH ENRICHMENT PROGRAMS AND ACTIVITIES VIA THE SPO NG THEM TO ROLE MODELS, MENTORS AND SUPPORT NECESSARY FOR TH NG THEM TO ROLE MODELS, VOCATIONAL PROGRAM OR WORKFORCE UPON G AY TO ATTEND COLLEGE, VOCATIONAL PROGRAM OR WORKFORCE UPON G C. CUCCESCHI, CONTRIBUTING MEMBERS IN THEIR COMMUNITY.	RADUATING	FROM HIGH SCH	OOL SO	THEY CAN
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BECOM	AY TO ATTEND COLLEGE, VOCATIONAL PROGRAM OK NOMUNITY.				
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	tions or disposed o	f more than 2	5% of its net as	121	14
> Check	this box  I if the organization discontinued its operations or disposed o	f more than 2	. 5% of its net as	3	14
2 Check 3 Numb	this box  if the organization discontinued its operations or disposed o er of voting members of the governing body (Part VI, line 1a)	f more than 2			
3 Numb	er of voting memoers of the governing body (Part VI, line 1b)	f more than 2		5	14
3 Numb 4 Numb	er of independent voting members of the governing body (Part VI, line 1b) er of independent voting members of the governing body (Part VI, line 2a)	f more than 2		5	14 23
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Signature of officer

Department of Revenue Services State of Connecticut (Rev. 01/24)



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 exe Bridgeport Caribe			agency:
Address: 1067 F	<sup>o</sup> ark Avenue,	Bridgeport, CT 0	6604
Federal Employ	er Identificat	tion Number:	20-0421577
Program title: _	Energy Efficie	ent Repairs and L	Upgrades
Name of contac	t person: _	John Torres, Exe	ecutive Director
Telephone num	(203) 9*	13-0073	
Email address:	jtorres@bcy	yl.org	
Total NAA fund	ding reques	ted (\$250 minir	mum, \$150,000 maximum): \$ <u>150,000.00</u>
Is your orga	anization req e Tax?	uired to file fede	eral Form 990 or 990EZ, Return of Organization Exempt
	Yes	No	
	and the state of	IL - Frank manage	of your most recent return

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

- \_X\_ 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 Brdigeport 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: 12/31/20	24
	MM - DD - YYYY
Program completion date: 1	2/31/2025 MM - DD - YYYY
Post-project audit due date:	02/24/2026
i out project dans	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.

\$150,000.00

\$150,000.00

Part III - Financial Information

### **Program Budget:**

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

#### Sources of Revenue:

NAA	funds	requested	1

Other funding sources - itemized sources:

a)	 
d)	 

### **Total Funding:**

### Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Contracts for Energy Efficiencies	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	_
d)	
u)	

Form NAA-01 (Rov. 01/24)

Visit us at portal.ct.gov/DRS for more information.

Page 3 of 5

### Part IV — Municipal Information

F

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

Mailing address:	
999 Broad Street, Bridgeport, CT 06604	
Name of municipal liaison: Max Perez, Director of Business Development	
Telephone number: (203) 576-3976	

Post-Proj	ect Audit
Is a post-project audit red	quired for this proposa
X Yes	No
If Yes, date post-p	project audit due:
03/31/2	2026
Da	te

Form NAA-01 (Rev. 01/24)

SKAP HACP	rint - DO NOT PROCESS As Filed Data - 1	Income	Tax		0. 1545-0047
90	rint - DO NOT PROCESS As Filed Data - Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code > Do not enter social security numbers on this form as it may > Go to www.irs.gov/Form990 for instructions and the	ay be made p	ublic.	Oper	021 n to Public spection
an of an		1-2021			
levenue Service	alendar year, or tax year beginning 01-01-2021 , and ending 12-3	1-10-11	D Employer i	dentificatio	n number
the 2021 c	C Name of organization		20-04215	77	
if applicable:	C Name of organization BRIDGEPORT CARIBE YOUTH LEADERS INC		-		
ress change ne change			-	umbar	
al return	Doing business as	suite	E Telephone		
return/terminated	Alignment and street (or P.O. box if mail is not delivered to street address)		(203) 913	1-0073	
ended return	1067 PARK AVENUE				751
lication pending	at a tomin state of province, as		G Gross rece		/31
	BRIDGEPORT, CT GGGG	H(a) Is	this a group retu	Irn for	TYes No
	F Name and address of principal officer:	su	bordinates?	s	
	JOHN TORRES	H(b) Ar	e all subordinate cluded?		
	BRIDGEPORT, CT 06604	If	If "No," attach a list. See Instructions H(c) Group exemption number ►		
x-exempt statu		H(c) G	roup exemption	number 🕨	
	VWW.BCYL.ORG		2007	M State of I	egal domicite: CT
lebsite:		L Year of	formation: 2003	In State .	
	ion: 🗹 Corporation 🗋 Trust 🗋 Association 🗍 Other 🅨				
			- ace/s of its net	assets.	
2 Chec 3 Num	k this box ▶	of more tha	n 25% of its net	assets.	14
3 Num	ber of voting memory of the governing body (Part VI, me the	of more tha	n 25% of its net	assets. 3 4 5 6	14
3 Num 4 Num 5 Tota	ber of independent voting members of the governing body (Part V), intervi- ber of independent voting members of the governing body (Part V), line 2a) I number of individuals employed in calendar year 2021 (Part V), line 2a)		n 25% of its net	5	14 23 170
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Department of Revenue Services State of Connecticut (Rev. 01/24)



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 exe University of Brid		n/municipal agency:	
Address: 126 Pa	ark Avenue, Brid	jeport, CT 06604	
Federal Employ	er Identification	Number: 06-0646936	
Program title:	Adding Energy E	ffectiveness	
Name of contac	ct person: Ele	ia Cahill	
Telephone num	(203) 576-2 hber:	389	
Email address:	ecahill@bridge	port.edu	
Total NAA fun	ding requester	l (\$250 minimum, \$150,00	00 maximum): \$ <u>150,000.00</u>
Is your orga from Incom	anization requir ie Tax?	ed to file federal Form 990	or 990EZ, Return of Organization Exempt
2.20	Yes		
the second second	and the second second	First mana of your most re	acont return

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

- \_X 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 effors 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.

Form NAA-01 (Rev. 01/24)

### Timetable:

Program start date: 12/31/20	124
	MM - DD - YYYY
Program completion date: 1	2/31/2025
	MM - DD - YYYY
Post-project audit due date:	03/31/2026
, eet brojeet ment see ment	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) New energy efficient systems	\$150,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$150,000.00

Form NAA-01 (Rev. 01/24)

# Part IV — Municipal Information

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

Mailing address:	
999 Broad Street, Bridgeport, CT 06604	
Name of municipal liaison: Max Perez, Director of Business Development	
Telephone number: (203) 576-3976	

Post-Proj	ject Audit
s a post-project audit re	quired for this proposa
X Yes	No
If Yes, date post-	project audit due:
03/31/	2026
Da	ite

Form NAA-01 (Rev. 01/24)

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Department of Revenue Services State of Connecticut (Rev. 01/24) N.C.

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

(203) 576-2389 Telephone number:

Email address: ecahill@bridgeport.edu

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

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

X 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;
- \_X 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.

Form NAA-01 (Rev. 01/24)

Visit us at portal.ct.gov/DRS for more information.

Page 2 of 5

### Timetable:

Program start date: 12/31/20	)24
	MM - DD - YYYY
Program completion date: _1	2/31/2025 MM - DD YYYY
Post-project audit due date:	00/04/0000
i out project dadit sae antes	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

Form NAA-01 (Rev. 01/24)

# Part IV — Municipal Information

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

Mailing address:	
999 Broad Street, Bridgeport, CT 06604	
Name of municipal liaison: Max Perez, Director of Business Development	
Telephone number: (203) 576-3976	

Post-Proj	ect Audit
s a post-project audit re	quired for this proposa
imes Yes	No
If Yes, date post-	project audit due:
3/31/	2026
Da	ate

Form NAA-01 (Rev. 01/24)

_		C print - DO NOT PROCESS As Filed Data -				93493131072333 OMB No. 1545-004
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 for						
					dations	2021
-		Do not enter social security numbers on this form as it	may be m	ade public.		Open to Public
Depar	ument of the	Go to www.lrs.gov/Form990 for instructions and the	e latest i	nformation.		Inspection
ntem	al Revenue Serv				_	
1 1	or the 2021	calendar year, or tax year beginning 07-01-2021 , and ending 06	-30-2022			
	eck if applicable	C Name of organization THE UNIVERSITY OF BRIDGEPORT INC				ntification number
	dress change ame change			86-1	274088	
	itiai return	Doing business as				
	al return/termina			E Teles	hone num	iber
200	mended return	Number and street (or P.O. box if mail is not delivered to street address) Room, 126 PARK AVE	suite	1950	) 548-20	548
L A	oplication pend	City or town, state or province, country, and ZIP or foreign postal code		1000	1 240-20	540
		BRIDGEPORT, CT 06604		G Gros	s receipts	\$ 113,459,983
		F Name and address of principal officer:	H(a)	Is this a group		
		WILLIAM GUERRERO	1.101	subordinates?		Yes No
		126 PARK AVE BRIDGEPORT, CT 06604	H(b)	Are all subord		Yes DNo
Ta	x-exempt state			included?	a her S	ee instructions.
		₩ 501(c)(3)	H(c)	Group exempt		
v	ebsite: P	WWW.GOODWIN.EDU				
	m of prospirati	on: 🗹 Corporation 🗋 Trust 🖾 Association 🗋 Other 🕨	L Year	of formation: 202	1 M St	ate of legal domicile: CT
rui	in or organizati					
P	art i Su	mmary				
	2 Check 3 Number	this box $\blacktriangleright$ if the organization discontinued its operations or discosed of ir of voting members of the governing body (Part VI, line 1a)	more tha	n 25% of its ne	t assets	
es				* *	+	3 1.
	and the second second second	r of independent voting members of the governing body (Part VI, line 1b)			1	3 1 4 1
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Paid	Print/Type preparer's name	Preparer's signature	Date 2023-05-11	Check I if self-employed	
Preparer	Firm's name COHNREZNICK U	LP		Firm's EIN 🏲 2	2-1478099
Use Only	Firm's address > 350 CHURCH STR HARTFORD, CT C			Phone no. (959	) 200-7080

Department of Revenue Services State of Connecticut (Rev. 01/24)

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

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)

(203) 359-6940 Telephone number:

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

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

No

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: \_\_\_\_\_\_

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

Post-Proje	ect Audit
ls a post-project audit rec	quired for this proposal?
Yes	No
If Yes, date post-p	project audit due:
Da	te

Form NAA-01 (Rev. 01/24)

### Timetable:

Program start date: 09/01/20	24
	MM - DD - YYYY
Program completion date: 0	8/01/2026
Post-project audit due date:	10/04/0000
	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.

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### 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.

### Part I - General Information

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

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

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

### Part II - Program Information

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

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

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

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

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

### Part III - Financial Information

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

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

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

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

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

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

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

### Part IV – Municipal Information

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

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

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

### Additional Information

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

### Part II - Program Information

### **Description of Program:**

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

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

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

#### Need for Program:

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

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

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

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

### Neighborhood Area to Be Served:

#### **Bridgeport's West End Community**

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

The harsh reality of housing in Bridgeport is that low-income families are either living in substandard housing or they are on the brink of homelessness. More families have nowhere to turn, and many will become homeless without the services and housing developments that MHASWC/CHP provides.

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

### Plan to Implement the Program:

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

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

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

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

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 foundation)						. +	CMB No. 1545-0047	_	
								2022	
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made in Go to www.irs.gov/Form990 for instructions and the latest infor					ade public.		Open to Public Inspection		
A	For the 2	022 calendar	year, or tax year be	ginning	, 2022, and end	ing	,	20	
B	Check if app	licable: C				1	) Employer Identi	fication number	
Address change MUTUAL HOUSING ASSOCIATION OF							22-3035:	152	
	Name c		OUTHWESTERN C			1	E Telephone numb	ier	
	Initial re	etura 12	235 HUNTINGTO	N TURNFIKE			(203) 3	59-6940	
Final return/terminated		rn/terminated	RUMBULL, CT 0	0011			G Gross receipts	\$ 1,274,9	63
	H	ed return	Name and address of prim	anal officer-		the second se	group return for sub		X No
	L Appica							TES	No
1	Tax-exem		ME AS C ABOV 501(c)(3) 501(c)		47(a)(1) or 527	II "No," a	ibordinates included ttach a list. See ins	tructions.	-
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ĸ			Corporation Trust	Association Other	II was store	nation: 1996	A comparison of the second	egal domicile: CT	
Pa		rganization: X	Corporation 1 Trust	Association Other	L Tear of form	1990	I'm state or i	egar durinche. C.1	
Governance	2 Che	eck this box	if the organiz	ission or most significant activ	is or disposed of	more than 25	% of its net as		
				overning body (Part VI, line 1a)					14
Activities &				bers of the governing body (Pa					14
ritie				d in calendar year 2022 (Part ) e if necessary)					21
ctiv				om Part VIII, column (C), line 1					50
A				me from Form 990-T, Part I, lir					0.
-	5	c un ciato a ci		ine mentil entre entre officient of the			ior Year	Current Yea	
	8 Cor	ntributions ar	d grants (Part VIII.	line 1h)			684,196.	458,0	
Revenue				line 2g)					139.
ver		· · · · · · · · · · · · · · · · · · ·		n (A), lines 3, 4, and 7d)					238.
Re	11 Oth	ner revenue (	Part VIII, column (A)	), lines 5, 6d, 8c, 9c, 10c, and	11e)	***	28,486.	65,5	
	12 Tot	tal revenue -	add lines 8 through	11 (must equal Part VIII, colu	mn (A), line 12).	2,	,661,661.	1,274,9	963.
-	13 Gra	ants and simi	lar amounts paid (P	art IX, column (A), lines 1-3)					
	14 Bei	nefits paid to	or for members (Pa	rt IX, column (A), line 4)					
	15 Sal	laries, other	compensation, empl	oyee benefits (Part IX, column	(A), lines 5-10)		919,840.	1,150,3	352.
Expenses	16a Pro	ofessional fur	draising fees (Part I	X, column (A), line 11e)					
per	b Tot	al fundraisin	a expenses (Part IX.	column (D), line 25)					
Щ			enses (Part IX, column (A), lines 11a-11d, 11f-24e).				, 572, 523.	1,672,	986
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				,492,363.	2,823,3	
		and the second sec		ne 18 from line 12			169,298.	-1,548,	_
1000							of Current Year	End of Year	
ots	20 Tot	otal assets (Part X, line 16)				16	,772,020.	16,231,0	098.
		tal liabilities (	Part X, line 26)				,216,956.	4,224,	
Not	22 Ne	t assets or fu	ind balances. Subtra	ict line 21 from line 20			,555,064.	12,006,	
		Signature							
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May the IRS discuss this return with the preparer shown above? See instructions					X Yes	No			

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

TEEA0101L 09/01/22

Form 990 (2022)

Department of Revenue Services State of Connecticut (Rev. 01/24)

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	
(203) 394-6529 Telephone number:	
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?

X 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
- X 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 accessibiliy. 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 Visonary Interiors Architects to plan the redesign for our reception and intake areas so that they are more welcoming to families and provide additional security.

Form NAA-01 (Rev. 01/24)

#### Timetable:

Program start date: 04/12/20	23
Program start date.	MM - DO - YYYY
Program completion date: 0	4/12/2026
Post-project audit due date:	01110/00/0

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.

\$75,000.00

\$17,000.00

\$206,000.00

\$298,000.00

\$422 500.00

# 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:

Oth	her funding sources - item	
00	it i liesth an	d Educational Facilities Authority
2)	The Connecticut Health an	d Eddoard
41		Visiting ARPA (

- b) CT Office of Early Childhood's OEC Home Visiting ARPA C
- c) ARPA DCF
- d) \_\_\_\_\_

Total Funding:

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

Direct of the second seco	0122,000
a) Patient Access and Intake Construction	\$37,000.00
b) Furniture	\$13,000.00
c) Security	\$10,000.00
d) IT / Communications/ Signage	
Administrative expenses - itemized description:	\$0.00
a)	
b)	
c)	
d)	\$482,500.00
Total Proposed Expenditures:	

Form NAA-01 (Rev. 01/24)

# Part IV — Municipal Information

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

Name of municipal agency overseeing implementation of th	e program:
Mailing address:	
Name of municipal liaison:	
Telephone number:	
Fax number:	
Email address:	

Post-Pro	ject Audit
ls a post-project audit re	equired for this proposal
Yes	No
If Yes, date post-	project audit due:
D;	ate

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will **not** be accepted. For where to direct inquiries, see Additional Information below.

### Part I - General Information

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

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

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

### Part II - Program Information

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

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

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

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

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

### Part III - Financial Information

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

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

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

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

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

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

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

### Part IV - Municipal Information

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

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

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

### Additional Information

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

-	ment of the Revenue S	Service Go to www.irs.gov/Form	of the Internal Revenue numbers on this form 990 for instructions an	e Code (exc as it may b d the latest	e made public. information.	ndations	a) 2021 Open to Public Inspection
A Fo	or the 20	021 calendar year, or tax year beginning JUL	1, 2021 and	ending J	UN 30, 2		
B Chi app	eck if blicable:	C Name of organization			D Employer	identific	ation number
-	Address change Name change	THE CHILD AND FAMILY GUID Doing business as	ANCE CENTER 1	INC	06-01	56910	6
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/sult 180 FATRETELD AVENUE			E Telephone number 203-367-5361		
	return/ termin- ated Amanded	City or town, state or province, country, and ZIP or	foreign postal code		G Gross receipts \$ 11,127,569. H(a) is this a group return		
H	Applica- tion pending	BRIDGEPORT, CT 06604 F Name and address of principal officer: MICHAE SAME AS C ABOVE	L PATOTA		for subor	rdinates?	
1 Ta	x-exemp		isert no.) 🔲 4947(a)(1)	or 527		attach a l	ist. See instructions
JW	ebsite:	Association Trust Association	on Other ►	1 Vear			State of legal domicile: CT
Par	til C	panization: X Corporation Trust Associati		L rodi	or for mation,	a al ivi	and a regarder of the set
T	1 Brid	efly describe the organization's mission or most signifi ENTER (CFGC) IS A COMMUNITY-	cant activities: THE BASED CENTER	CHILD THAT	AND FAMI PROVIDE	LY G S THE	UIDANCE SRAPEUTIC,
nan	2 Ch	eck this box 🕨 🔲 if the organization discontinue	d its operations or dispo	sed of more	than 25% of its	net asso	ets.
Activities & Governance	3 Nur	mber of voting members of the governing body (Part \	/I, line 1a)			3	14
Go		mber of independent voting members of the governing					14
00		tal number of individuals employed in calendar year 20					141
ties		tal number of volunteers (estimate if necessary)				6	16
tivi		tal number of volumeers (estimate in necessary)			7a	0.	
Ac	raiot	a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11				7b	0.
-	b Net	t unrelated business taxable income from Form 550-1,	Part , inter i Communa		Prior Year		Current Year
		All sold and an and an and and		-	7,450,		8,883,779.
e		ntributions and grants (Part VIII, line 1h)			2,203,		2,180,557.
nua		Program service revenue (Part VIII, line 2g)			4,200,	24.	302.
Revenue						0.	39,236.
m		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1		9,654,		11,103,874.	
-	12 Tot	tal revenue - add lines 8 through 11 (must equal Part V	/III, column (A), line 12)	-incarate -	9,034,		0.
	13 Gra	ants and similar amounts paid (Part IX, column (A), line	es 1-3)			0.	
		nefits paid to or for members (Part IX, column (A), line				0.	0.
		laries, other compensation, employee benefits (Part IX			7,416,		7,693,407.
Ses		Professional fundraising fees (Part IX, column (A), line 11e)				0.+	0.
penses		tal fundraising expenses (Part IX, column (D), line 25)		87.		-	
X	17 0	her expenses (Part IX, column (A), lines 11a-11d, 11f-2	4e)		2,039,	742.	2,440,239.
	17 Oth	tal expenses. Add lines 13-17 (must equal Part IX, colu	umn (A) line 25)		9,456,	113.	10,133,646.
	18 10	venue less expenses. Subtract line 18 from line 12	and y and any more the		198,	115.	970,228.
	19 Re	venue less expenses. Subtract line to troth line tz		R	ginning of Curre	1	End of Year
Assets or d Balances					5,207,		5,739,590.
Bala					2,356,		1,913,553.
Party			•		2,851,		3,826,037.
Dai	411 19	et assets or fund balances. Subtract line 21 from line 2 Signature Block					
Under	r penaltie	is of perjury, I declare that I have examined this return, include and complete. Declaration of preparer (other than officer) is b	ling accompanying schedul ased on all information of v	es and statem which preparer	ents, and to the b has any knowled	ige.	knowledge and belief, it is
true,	CONTOCL, B	the complete, boolaration of property (other man of the f					
~		Signature of officer					
Sign		MICHAEL PATOTA, PRESIDENT	AND CEO				
Here		Type or print name and title					
-	-		arer's signature	1	Date	Check	PTIN
-			ANTONETTI			if self-employ	ed P00431862
Paid			AT AMIOMBILIT		Firm		11-1986323
Prepa	arer Fi	irm's name MARCUM LLP			- cum	S LIN -	
Use (	Only Fi	irm's address 555 LONG WHARF DRIV	Б		Dhore	e no. (2	03) 781-9600
		NEW HAVEN, CT 06511			[ Phon	0 110. ( 2	X Yes No
_		discuss this return with the preparer shown above? S					

132001 12-08-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Department of Revenue Services State of Connecticut (Rev. 01/24)

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

203-337-6195 Telephone number:

Email address: laurence@theklein.org

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

Is your organization req from Income Tax?	uired to file federal Form 990 or 990EZ, Return of Organization Exempt
X Yes	No
If Yes, attach a copy of	the first page of your most recent return.
If <b>No</b> , attach a copy of y Revenue Service.	our determination letter from the U.S. Treasury Department, Internal

## 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 states 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 Form NAA-01 (Rev. 01/24)

## Timetable:

Program start date: 10-15-20	024
	MM - DD - YYYY
Program completion date: 0	6-15-2025 MM - DD - YYYY
Post-project audit due date:	07-01-2025
· p j	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
Other funding sources - itemized sources:	AL 050 017
a) DECD: state bonding commission	\$1,952,917
b) City of Bridgeport	150,000
c) <u>Timken Foundation</u>	53,185
d)	
Total Funding:	2,306,102
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Construction of ADA restroom	440,991
b) Elevator and offices	1,790,185
c) Architect fees	30,759
d) Contingency on construction	223,117
Administrative expenses - itemized description:	
a) Legal for contracts	5,000
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	ne program:
Mailing address:	
Name of municipal liaison:	
Telephone number:	-
Fax number:	-
Email address:	

Post-Pro	ject Audit
s a post-project audit re	equired for this proposal
Yes	No
If Yes, date post	-project audit due:
D	ate

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

## Part I - General Information

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

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

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

## Part II - Program Information

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

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

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

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

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

## Part III - Financial Information

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

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

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

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

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

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

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

## Part IV - Municipal Information

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

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

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

## Additional Information

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

	0	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ( Do not enter social security numbers on this form as it may	except private be made publ	foundations lic.	OMB No. 1545-0047 2022 Open to Public Inspection	
epartment of the ternal Revenue	he Treasury a Service	Go to www.irs.gov/Form990 for instructions and the latest information.				
For the 2	2022 calend	dar year, or tax year beginning JUL 1, 2022 and ending	JUN 30,			
Check if applicable:	1	of organization	D Employ	yer identificat	tion number	
Address change Mame change		IN MEMORIAL AUDITORIUM FOUNDATION, INC	06-	-1474233	3	
Final solum	Numbe	r and street (or P.Q. box if mail is not delivered to street address) Room/su FAIRFIELD AVENUE		one number )-424-01	160	
ated	City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06605			G Gross receipts \$ 1,309,332.		
Amender reham Applica- tion pending	F Name	and address of principal officer. THOMAS ERRICHETTI FAIRFIELD AVENUE, BRIDGEPORT, CT 0660	for si 5 H(b) Are all	ubordinates?	Yes No	
Tax-exen	npt status:	X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or :	H(c) Grou	p exemption r	t. See instructions number	
Form of a	rganization;	Corporation Trust Association Other LY	ear of formation:	1997 MS	State of legal domicile: C <sup>4</sup>	
1.0	Summary kielly descri	the the organization's mission or most significant activities: TO OPERA RIUM FOR THE PURPOSE OF ENRICHING THE	COLLING	n' renor	ATTOMAD,	
2 0	heck this b	ox if the organization discontinued its operations or disposed of n	nore than 25%	of its net asse	ets. 1!	
3 N		oting members of the governing body (Part VI, line 1a)			1	
8 4 N	lumber of ir	adependent voting members of the governing body (Part VI, line 1b)	·····		4	
5 T		r of individuals employed in calendar year 2022 (Part V, line 2a)			4	
6 T		r of volunteers (estimate if necessary)			0	
7aT		ed business revenue from Part VIII, column (C), line 12			0	
DN	let unrelate	d business taxable income from Form 990-T, Part I, line 11	Prior )	70	Current Year	
1				1,536.	416.521	
		is and grants (Part VIII, line 1h)			611.551	
9 P		vice revenue (Part VIII, line 2g)		8,395.		
10 Ir	nvestment i	income (Part VIII, column (A), lines 3, 4, and 7d)		8,383.	12,012	
11 0	Other reven	ue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,806.	171,615	
		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,40	5,120.	1,211,699	
		similar amounts paid (Part IX, column (A), fines 1-3)		0.	(	
		d to or for members (Part IX, column (A), line 4)		0.	0	
1		ter compensation, employee benefits (Part IX, column (A), lines 5-10)	47	6,504.	463,634	
15 3	Selemes, our	to define the Oat IV solume (A) line 110		0.	(	
15 S 16a F b T	Totessiona	I fundraising fees (Part IX, column (A), line 11e) ising expenses (Part IX, column (D), line 25) 67,812.	1			
b I	Contra rearrance		58	9,462.	681,417	
117 0	Other exper	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,966.	1,145,051	
		ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,154.	66,648	
19 F	Revenue les	s expenses. Subtract line 18 from line 12	Beginning of (	The second se	End of Year	
20 1 Balances			and the second se	and the second se	2,577,731	
20 1	<b>Total assets</b>	; (Part X, line 16)		2,433.	186,507	
		es (Part X, line 26)		3,700.		
		or fund balances. Subtract line 21 from line 20	2,28	8,733.	2,391,224	
nder penal	ties of periur	y, I declare that I have examined this return, including accompanying schedules and st etc. Declaration of preparer (other than officer) is based on all information of which pre- ter.	atements, and to parer has any kn	the best of my owiedge.	knowledge and belief, it i	
lere		officer ERRICHETTI, TREASURER		Jate		
-	Print/Type p	reparer's name Preparer's signature G. WOODS	Date	Check if self-saphoyed	PIN PO1429665	
	Firm's name		11	Finn's EIN DE	-0674034	
Use Only	Firm's addre	SS 375 BRIDGEPORT AVENUE SHELTON, CT 06484			-929-9945	
Any the ID	S discuss				Yes 1	
nay use in	10 discuss	For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2	

Department of Revenue Services State of Connecticut (Rev. 01/24)	Print Form	Reset Form	ZING
Municipality: Bridgeport			Carling Composition
	Form N/		
2024 Connect	ticut Neighborh Program P	ood Assistance Act roposal	(NAA)
This form <b>must</b> be completed and with as much detail as possible. I print clearly. See attached instru <b>Department of Revenue Service</b>	If additional space is actions before completes.	needed attach additional	Sileets. Flease type of
Part I — General Information			
Name of tax exempt organization	/municipal agency: _		
McGivney Community Center			
Address: Mailing: P.O. Box 5220, E Site: 338 Stillman Street,	Bridgeport, CT 06610 Bridgeport, CT 06608		5
Federal Employer Identification N	Number:		
Program title: McGivney's Youth	Program		
Name of contact person: Lorrain	ne Gibbons		
(203) 333-278 Telephone number:	89		
Email address:gibbons@mcgivn	ney.org		
Total NAA funding requested (		0,000 maximum): \$ 40,000.	00
Is your organization required from Income Tax?	to file federal Form 9	990 or 990EZ, Return of Or	ganization Exempt
X Yes	No		
If Yes, attach a copy of the fi	irst page of your mos	st recent return.	
If <b>No</b> , attach a copy of your d Revenue Service.	letermination letter fro	om the U.S. Treasury Depa	artment, Internal

## 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;
- X Program serving low-income persons;
- X 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

\$4	0,000.00	

Other funding sources - itemized sources:

a) City of Bridgeport- Youth Service Bureau	\$7,500.00
D)	
c)	_
d)	

## **Total Funding:**

# Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Part Time Staff/Instructors	\$58,000.00
b) Program Supplies	\$5,500.00
c) Special Events	\$6,000.00
d)	
Administrative expenses - itemized description:	\$4,500.00
a) Telephone	-
b) Insurance	\$4,200.00
c) Electric	\$12,000.00
d) <u>Gas</u>	\$6,000.00
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	
Mailing address:	
Name of municipal liaison:	
Telephone number:	-
Fax number: _	-
Email address:	

Post-Proj	ect Audit
Is a post-project audit red	quired for this proposa
Yes	No
If <b>Yes</b> , date post-p	project audit due:
Da	te

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

# Part I - General Information

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

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

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

#### Part II — Program Information

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

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

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

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

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

# Part III — Financial Information

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

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

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

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

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

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

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

# Part IV — Municipal Information

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

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

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

## Additional Information

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

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

	1	Vithout Donor strictions		th Donor strictions	_	2023 Total		Without Donor estrictions		th Donor strictions	_	2022 Total
REVENUE:												
Contributions	\$	37,432	\$	-	\$	37,432	\$		\$	-	\$	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 Ne	et											
Assets Released From Restrictions		663,147		30,225		693,372		650,604		27,100		677,704
Net Assets Released From Restrictions	_	27,100	_	(27,100)	_		_	7,345	_	(7,345)	-	
Total Revenue and Support	_	690,247	_	3,125	_	693,372	-	657,949	_	19,755	-	677,704
OPERATING EXPENSES:												
Program Services						and in						110 700
Programs & Facilities	_	488,360	_		_	488,360	_	413,793	-		_	413,793
Total Program Services		488,360		-		488,360		413,793				413,793
Supporting Services						00.070		00.000				99,868
Fundraising & Development		92,679				92,679		99,868				60,330
General & Administrative	-	64,955	_		-	64,955	-	60,330	-		-	160,198
Total Supporting Services	_	157,634	-		-	157,634	-	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	\$1	,356,352	\$	30,225	\$	1,386,577	\$	1,312,099	\$	27,100	\$	1,339,199

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

	Program Services Programs & Facilities			202 Supporting				
				Fundraising & Development		General & Administrative		Total
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		-				A comment		-
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		- Carter				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.

Department of Revenue Services State of Connecticut (Rev. 01/24)

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	21 ATTE	
Program title: Middle School Expansion and Renovation	<u> </u>	5
Name of contact person: Max Dixon	T CIT	TYC
(908) 616-4826	Y CLE	LERKS
Telephone number:	2 1	SC
Email address: max@ajlacademy.org	. 9	SOFF
	60	CE

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?

X 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

- \_X\_ 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.

Form NAA-01 (Rev 01/24)

## Timetable:

24
8/14/2024
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) Philanthropic Fundraising	\$50,000.00
b)	
c)	
d)	-
Total Funding:	\$200,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Equipment	\$120,000.00
b) Labor	\$80,000.00
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	\$200,000.00

Form NAA-01 (Rev 01/24)

# Part IV - Municipal Information

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

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

Post-Proje	ect Audit
s a post-project audit rec	uired for this proposa
X Yes	No
If <b>Yes</b> , date post-p	project audit due:
11/01/2	2024
Dat	e

Form NAA-01 (Rev. 01/24)

Form 99	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private fou		2022
Department of	the Treasury	Do not enter social security numbers on this form as it ma	y be made public.		Open to Public
Ilemal Revenu	ue Service	Go to www.irs.gov/Form990 for instructions and the late dar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2	023	Inspection
	-		D Employer in		tion number
Gheck if applicable	C Name o	of organization	D Employer in	enunca	aon number
Address	ADA	M J. LEWIS ACADEMY, INC.			
Name		business as	45-38	59735	5
Initial		er and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone r	umber	17.
Final return/		STATE STREET	(203)	333-2	
termin- ated	City or	town, state or province, country, and ZIP or foreign postal code	G Gross receipts	1	7,207,295
Amende	BRII	DGEPORT, CT 06604	H(a) Is this a g	roup retu	
Applica- tion pending	F Name	and address of principal officer PATRICIA D. LEWIS	for subord		Yes X No
	1200 :	STATE STREET, BRIDGEPORT, CT 06604	H(b) Are all subord		
	-	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or			t. See instructions
Website		ACADEMY . ORG	H(c) Group exe		tate of legal domicile: C
			rear of formation: 20	TIMS	tate of legal domicile. C
	Summary		DULE O FOR	SIIM	ARY
1 8	meny descri	ibe the organization's mission or most significant activities. SEE SCHE	DOLL O TON	Dura	
2 C N 2 3 N 4 N 5 T 7 a T	heck this b	ox if the organization discontinued its operations or disposed of	more than 25% of its	net asse	ts
3 N	1 1 P. C. M. C. M.	oting members of the governing body (Part VI, line 1a)		3	1
4 N		dependent voting members of the governing body (Part VI, line 1b)		4	1
5 T		r of individuals employed in calendar year 2022 (Part V, line 2a)		5	7
6 T		r of volunteers (estimate if necessary)		6	1
Tat		ed business revenue from Part VIII, column (C), line 12		7a	0
		d business taxable income from Form 990-T, Part I, line 11		7b	0
1			Prior Year	111	Current Year
, 8 C	ontributions	s and grants (Part VIII, line 1h)	3,407,7	94.	4,404,718
9 P 10 In	rogram serv	vice revenue (Part VIII, line 2g)	1,577,4		2,740,669
10 In	vestment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	1,1	20000	9,335
11 0	ther revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,7		31,202
12 T	otal revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,024,1		7,185,924
		imilar amounts paid (Part IX, column (A), lines 1-3)	1,292,9		2,369,378
		to or for members (Part IX, column (A), line 4)	1 701 1	0.	0 000 000
15 S	alaries, othe	er compensation, employee benefits (Part IX, column (A). lines 5-10)	1,791,4		2,255,938
16a P		fundraising fees (Part IX, column (A), line 11e)		0.	0
		sing expenses (Part IX, column (D), line 25) 522, 710.	1 212 0	76	1,367,217
11/0		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,213,8		5,992,533
		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,298,2	_	1,193,391
19 R	evenue less	s expenses. Subtract line 18 from line 12	Beginning of Current		End of Year
ance T		D. 1 4 10 10	5,233,1	and the second second	7,718,009
20 I	otal assets	(Part X, line 16)	293,4		1,577,129
21 1	otal habilitie	(Part X, line 16) is (Part X, line 26) r fund balances. Subtract line 21 from line 20	4,939,7		6,140,880
Part II	Signatur	re Block	1 2120211		
		, I declare that I have examined this return, including accompanying schedules and st	atements, and to the be	st of my kr	nowledge and belief, it is
		e. Declaration of preparer (other than officer) is based on all information of which pre			
	and administra	ar nagan man, ar brakarar (anna anna annar) a annar an marainn an			
ign T	Signature of c	officer	Date		
ere P	ATRICI	IA D. LEWIS, FOUNDER & HEAD OF SCHOOL			
		name and title			
F	Print/Type pre	eparer's name Preparer's signature	Date	hack	PTIN
		G. WOODS	1	el-employed	P01429665
	Firm's name	VENMAN & CO. LLC, CPA'S	Firm's E	IN 06-	-0674034
se Only	irm's addres	s 375 BRIDGEPORT AVENUE			
		SHELTON, CT 06484	Phone r	0.203-	-929-9945
ay the IRS	S discuss th	is return with the preparer shown above? See instructions			Yes No
		For Paperwork Reduction Act Notice, see the separate instructions.			Form 990

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022

Department of Revenue Services State of Connecticut (Rev. 01/24)

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       A         Name of tax exempt organization/municipal agency:       B	CITY CITY
Name of tax exempt organization/municipal agency:	CITY PE
Waveny LifeCare Network, Inc.	1 ER
Address: 3 Farm Road, New Canaan, CT 06830	MH 9: 10
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	
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exercise from Income Tax?	empt
X 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;
- X Program serving low-income persons;
- Child care services;
- Establishment of a child day care facility;
- Open space acquisition fund; or
- X 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.

Form NAA-01 (Rev. 01/24)

# 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	\$93,053.00
Other funding sources - itemized sources:	
a) Career Resources, Inc.	\$208,031.00
b)	
c)	
d)	
Total Funding:	\$208,031.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) salary/benefits-Nursing Director	\$65,076.00
b) scrubs, textbooks, NMI & AFC tuition fees	\$22,500.00
c) leased space allocation	\$5,748.00
d)	
Administrative expenses - itemized description:	
a)	
b) student salary@6/wks@280/hrs/student@61 students/avg	\$102,480.00
c) skills theory training @ \$1,600 per 61 students in 2023	\$97,600.00
d) CNA licensure @ \$128 per 61 students in 2023	\$7,680.00
Total Proposed Expenditures:	\$301,084.00

# Part IV — Municipal Information

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

City of Bridgeport		
Mailing address:		
999 Broad Street, Bridgeport, CT (	06604	
Name of municipal liaison: Max P	erez, Director of Business Development	
Telephone number: 203-576-3976	i	-
Fax number:		-
Email address: max.perez@bridge	portct.gov	

Post-Proj	ect Audit
Is a post-project audit red	quired for this proposal
imes Yes	No
If Yes, date post-p	project audit due:
Da	te

## 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.

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132171 12-08-21

# 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on Form NAA-01, 2024 Connecticut Neighborhood Assistance Act (NAA) Program Proposal. Incomplete applications will not be accepted. For where to direct inquiries, see Additional Information below.

## Part I - General Information

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

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

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

## Part II – Program Information

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

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

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

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

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

## Part III - Financial Information

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

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

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

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

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

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

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

## Part IV - Municipal Information

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

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

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

## Additional Information

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



To the City Council of the City of Bridgeport.

The Committee on <u>Economic and Community Development and</u> <u>Environment</u> 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 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;



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

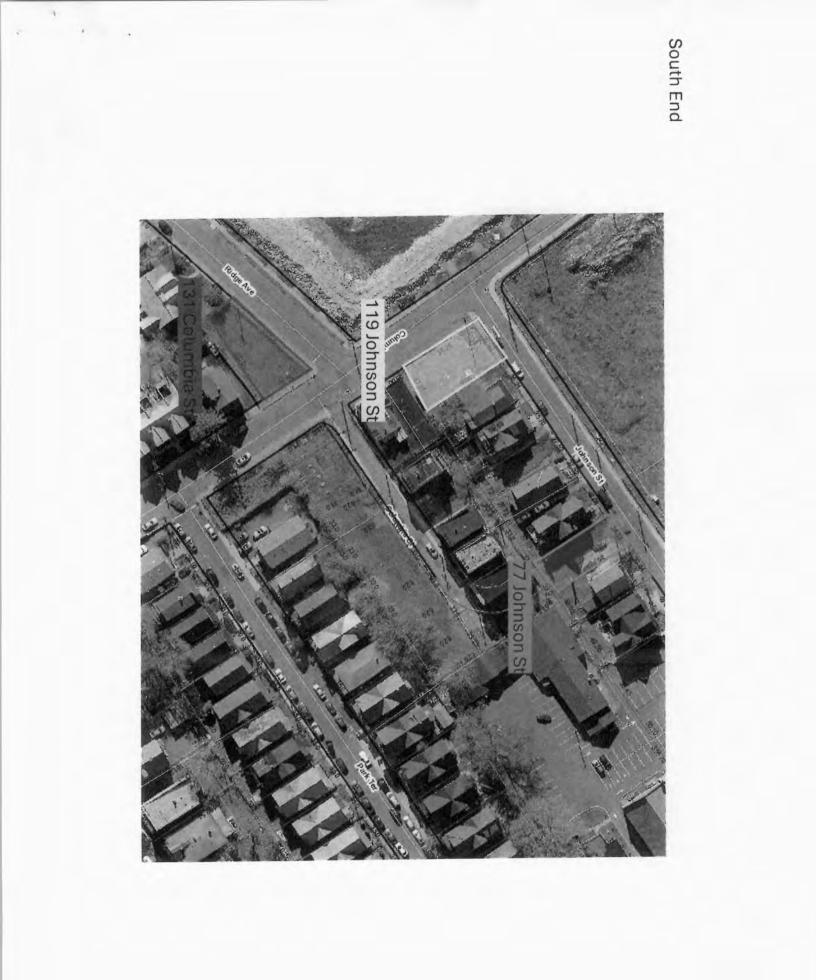
Michelle A. Lyons

Jorge Cruz, Sr.

Jazmarie Melendez

Eneida L. Martinez

City Council Date: June 03, 2024

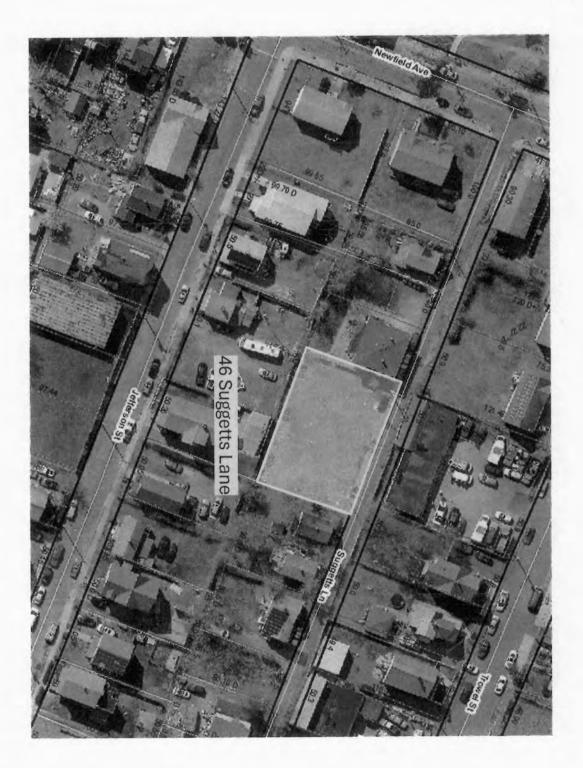




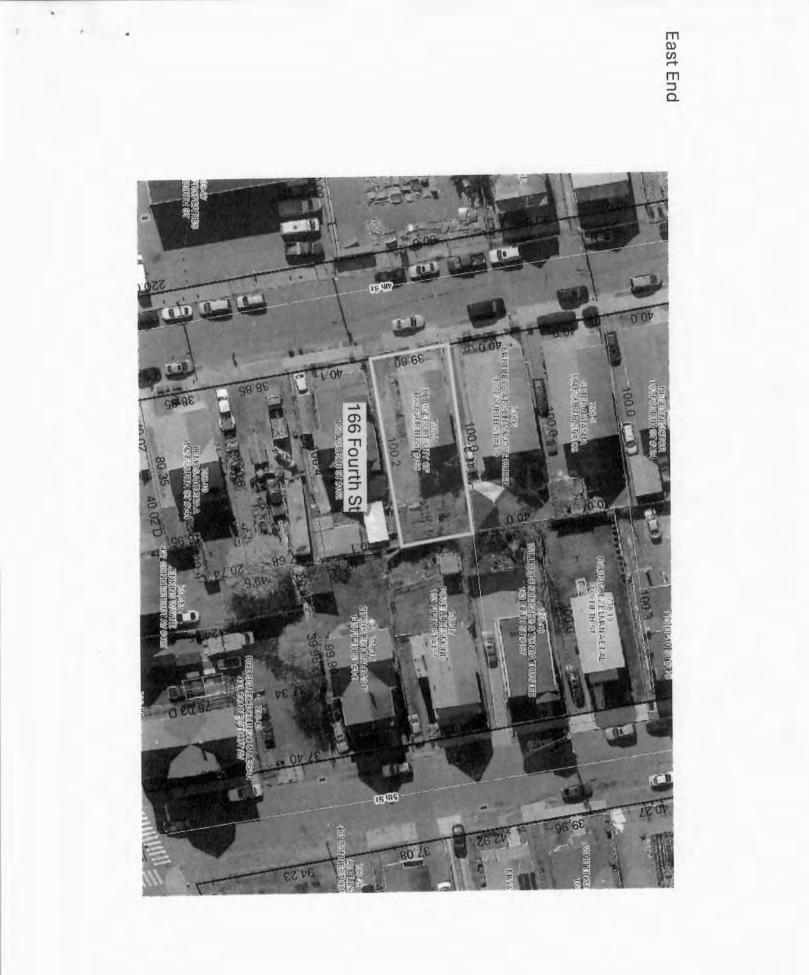
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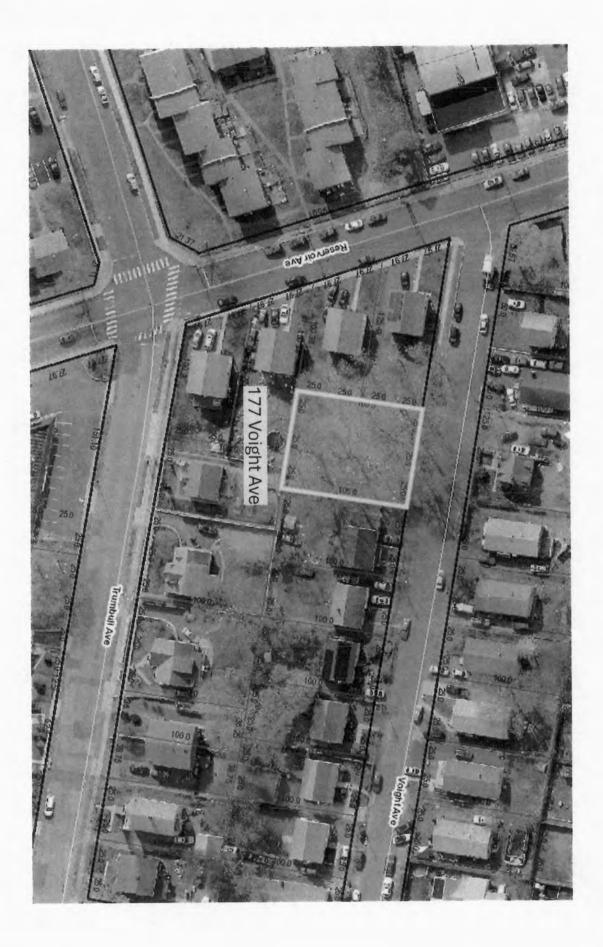


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To the City Council of the City of Bridgeport.

The Joint Committees on <u>Economic and Community Development and</u> <u>Environment and Contracts</u> 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;



Joint Committee on <u>ECD and Environment and Contracts</u> 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 \$I.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;



Joint Committee on <u>ECD and Environment and Contracts</u> Item No. 76-23

-3-

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: (I) 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);



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WHEREAS, it is anticipated that the Project's restricted monthly rents will offer onebedrooms 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:

- (I) 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



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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.



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

Maria I. Valle, D-137th, Co-chair

Jeanette Herron, D-133rd, Co-chair

Mary A. McBride-Lee, D-135th, Co-chair

Matthew McCarthy, D-130th, Co-chair

Scott Burns, D-130th

Michelle A. Lyons, D-134th

Eneida L. Martinez, D-139th

Jorge Cruz, Sr., D-131st

Ernest E. Newton, II, D-139th

Jazmarie Melendez, D-138th

Richard Ortiz, D-135th

Dasha T. Spell, D-132nd

City Council Date: June 3, 2024

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

Date Construction &	PMT Lease: 2 yrs	Deal Year Cnst/Ls Yr	FY Total	FY
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
Operations: 15	years)	Ops Year		
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	3		
01.01.2039	48,448	3 12	96,896	FY39
07.01.2039	49,902	2		
01.01.2040	49,902	2 13	99,803	FY40
07.01.2040	51,399	)		
01.01.2041	51,399		102,797	FY41
07.01.2041	52,943	1		
01.01.2042	52,94		105,881	FY 42
	XES THRU FY 4		1,323,980 505,350 1,829,330	

TOTAL REVENUE TO THE CITY

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

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

1,829,330

<u>ATTACHMENT B to Resolution - Comporative Valvation of Tax Payments, Tax Abatements and Total Project Revenue</u> Waitersville Commons - Value of Tax incentive Payments & Value of Taxes Abated; Plus Total Revenue with Building Permit

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Waitersville Dev (AMI Re.	stricted)	Current Tax	
167 Steuben (c 1900)		Address	Owner
# units	20	167 Steuben	COB
Tax/Unit	\$ 1,000	614 Pembroke	Priv
Ann Escalator	1.03	626 Pembroke	Priv
On Vears	15		sf
1st Projected Tax PMT	07.01.2027	TOTAL	acres

L. GC Const Cost	28,075,000
of Const Permitted	80%
irmit Fee Divisor	1,000
irmit fee per \$1000	30
t Permit Fee	505,350

Elias Howe School	Maplewood School (Restricted)	[[Restricted]	Webster School		
[287 Clinton (c 1889]	434 Maplewood Ave (C 1920)	Ve (C 1920)	CONT IN AN IN INKI SIST		
# units	25 # units	24	# units	19	
A Val Ridno	1.035.290 A.Val Bidna	580,700	A.Val Bidng	744,160	
A Vial Lood ( 8 oc)	796.480 A. Val Lond (1.2 ac)	) 506,400	A. Val Land (.7 ac)	238,140	
Coll Tau	53 520 Full Tax	47,234	Full Tax	42,681	
True It late li and B. Ridnal	2 141 Tox/Unit (Land&Bid)		Tax/Unit (Land&Bid)	2,246	HaH.
Tav/thit (Building)	1 799 Tax/Unit (Building)		Tax/Unit (Building)	1,702	

11,028

489,860

87,120

 SF Bid
 A Val Lnd

 115,082
 336,020

 8,802
 111,560

 42,280

SF Land 68,389 12,197 6,534

9,191

42,280

•

		High Estimate	Difference	OC Evel	% Ahated
Tax Year	Incentive Tax	of Full Tax*	Difference	arun	A TUBUNT OF
FY 26 (assessed 25%)	11,028	39,311	(28,283)	28%	72%
(WA)? Lassassed CV 77 (assessed 50%)	11.028	78,623	(67,594)	14%	86%
EV 78 (accessed 100%)	70.000	157.246	(87,246)	45%	353%
DC AD	72.100	157.246	(85,146)	46%	54%
UC AD	74.263	157.246	(82,983)	47%	53%
te va	76.491	157.246	(80,755)	49%	51%
40 M	78.786	157.246	(78,460)	50%	20%
EV 33	81.149	157,246	(26'036)	52%	48%
The Ad	83.584	157,246	(73,662)	53%	47%
CV 25	160.91	157.246	(71,154)	55%	45%
CV 26	88.674	157.246	(68,572)	56%	44%
20 31	41 334	157.246	(65,911)	58%	42%
00.00	94.074	157.246	(1211)	80%	40%
00 10	96 896	157,246	(60,349)	62%	38%
EV AD	99.803	157,246	(57,442)	63%	37%
EV AT	797.201	157.246	(54,448)	65%	325%
CF AS	105.881	157,246	(51,364)	813	33%
Total	1,323,980	2,476,617	(1,152,637)	53%	47%
Building Permit FY 26	505.350				
Total Day to Darmit	1 829.330	2.476.617	(647,287)	74%	26%

(04.29.2024)