



Municipality: Canton, CT

Form NAA-01
2017 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 ARC of the Farmington Valley, Inc.

Address: 225 Commerce Drive, Canton, CT 06109

Federal Employer Identification Number: 06-6011136

Program title: The Arc of Energy Efficiency

Name of contact person: Steve Morris, Executive Director

Telephone number: (860) 693-6662

Email address: smorris@favarh.org

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

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

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for disabled persons;
 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: _____
Favarh intends to purchase two sites located at 100 and 150 Commerce Drive in Canton. Favarh intends to rehabilitate the existing 12,500 sf building at 150 Commerce Drive, and to construct a new 7,500 sf Life Education Center at 100 Commerce Drive. Work on these two adjacent sites will include a full compliment of energy efficient treatments including: facade, fenestration, insulation, HVAC, etc.

Need for program: _____
Favarh provides services to a wide variety of individuals with development disabilities and their families. The number of clients is more than 350 and rising. Favarh, as an experienced property owner, is aware of the importance of energy efficiency in the design / construction of property as well as in maintenance and operation functions. As Favarh's client population grows ... and our need to serve them increases, Favarh operates an increasing number of properties in the community. We are keenly aware of the critical role that energy conservation plays in the development and maintenance of our facilities, our financial sustainability, and most importantly, our capacity to continue to provide quality services to our clients and our community.

Neighborhood area to be served: _____
Canton and the entire Farmington Valley.

Plan to implement the program: _____
Our plan is to retain an architect firm, to buy two property, to design new construction and rehab projects that are energy efficient in construction and throughout their lifetime of use. We will call for and implement a wide variety of energy conserving efficiencies, and then retain a construction team to build / rehab useful facilities that serve the community and conserve energy.

Timetable:

Program start date: July 1, 2017

Program completion date: June 30, 2018

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Capital Campaign Funding (Raised by Favarrh from</u>	
b) <u>various sources)</u>	<u>\$650,000.00</u>
c) _____	_____
d) _____	_____

Total Funding: \$800,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Design, Development and Construction of Energy</u>	
b) <u>Efficient Improvements to Existing Properties and/or</u>	
c) <u>new construction</u>	<u>\$750,000.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Management / Administration: Consultants and staff</u>	<u>\$50,000.00</u>
b) <u>(12.5%)</u>	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$800,000.00

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: _____ Office of the Chief Administrative Officer _____
Mailing address: _____ P.O. 148 // 4 Market St. // Collinsville, CT 06022 _____
Name of municipal liaison: <u>Robert Skinner</u> _____
Telephone number: <u>860.693.7837</u> _____
Fax number: _____
Email address: <u>rskinner@townofcantonct.org</u> _____

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2017 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 450 Columbus Blvd Ste 1, Hartford CT 06103-1837, or call **860-297-5687**.

Part I General Information

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

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

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

Part II Program Information

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

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

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

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

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

Part III Financial Information

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

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

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

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

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

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

Part IV Municipal Information

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

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

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

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

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

C Name of organization: THE ARC OF THE FARMINGTON VALLEY INC. Doing business as: Number and street (or P O box if mail is not delivered to street address) Room/suite: 225 COMMERCE DRIVE PO BOX 1099 City or town, state or province, country, and ZIP or foreign postal code: CANTON, CT 06019

D Employer identification number: 06-6011136 E Telephone number: (860) 693-6662 G Gross receipts \$ 11,498,894

F Name and address of principal officer: STEPHEN E MORRIS 225 COMMERCE DRIVE PO BOX 1099 CANTON, CT 06019

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

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

J Website: WWW FAVARH ORG

K Form of organization: Corporation Trust Association Other L Year of formation 1958 M State of legal domicile CT

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... TO HELP EACH PERSON ACHIEVE HIS OR HER PERSONAL BEST; 2 Check this box if the organization discontinued its operations...; 3-6 Number of voting members, independent voting members, employees, and volunteers; 7a-7b Total unrelated business revenue and taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8-12 Revenue (Contributions, Program service, Investment, Other); 13-19 Expenses (Grants, Benefits, Salaries, Fundraising fees, Other); 20-22 Net Assets or Fund Balances (Total assets, Total liabilities, Net assets).

Part II Signature Block

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

Sign Here: Signature of officer: STEPHEN E MORRIS EXECUTIVE DIRECTOR Date: 2016-03-15

Paid Preparer Use Only: Preparer's name: PAUL BALLASY Preparer's signature: PAUL BALLASY Date: Firm's name: COHNREZNICK LLP Firm's address: 350 CHURCH STREET 12TH FLOOR HARTFORD, CT 06103