



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: Transportation Services

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

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

Utilizing its fleet of leased vehicles (vans and mini-busses) Favarh offers transportation services to its clients, all of whom are disabled persons. Providing transportation services is essential to enable our clients to get from home to our various service programs (social services, educational and cultural programming) at our facilities, as well as transportation from our facilities to various job training and employment opportunities with employers throughout the community.

Need for program: _____

Although a variety of different programs that Favarh provides and/or facilitates are important to the lives of our clients, without "transportation" (to and from home, to and from job training and employment) the opportunities would not materialize. Favarh maintains a fleet of leased vehicles, retains part-time drivers, who work two shifts, covers fuel and maintenance costs, and provides administrative and management of a complex dispatch system. The "transportation" component of our over-all programming is underfunded. Using CT NAAA generated funding from C-Corporations would address a major need, and would be of great benefit to Favarh and the variety of clients with development disabilities (and their families) whom we serve.

Neighborhood area to be served: _____

Canton and the entire Farmington Valley

Plan to implement the program: _____

Our plan is to improve the quality, efficiency, and sustainability of the "transportation" program and its capacity to serve our client base made up entirely of disabled persons ... by securing additional funding through investments of C-Corporations who agree to participate in the CT NAA program (and thereby gain tax credits for themselves). Continuing to maintain and upgrade both our fleet of vehicles and our dedicated drivers is critical to our ability to serve our expanding client base ... each participant requiring and benefitting from a variety of programs ... sustained by our transportation program.

Timetable:

Program start date: October 1, 2017

Program completion date: September 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	\$150,000.00
Other funding sources - itemized sources:	
a) <u>Contributions / Grants / Various</u>	<u>\$400,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$550,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Vehicles / Leases / Maintenance / Fuel</u>	<u>\$200,000.00</u>
b) <u>Personnel: Drivers & Program Management</u>	<u>\$300,000.00</u>
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) <u>Internal allocation of GOS</u>	<u>\$50,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$550,000.00

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**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO HELP EACH PERSON ACHIEVE HIS OR HER PERSONAL BEST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	344
	6 Total number of volunteers (estimate if necessary)	6	257
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	798,612	1,161,996
	9 Program service revenue (Part VIII, line 2g)	9,322,957	9,954,798
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,196	73,382
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,540	146,127
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,228,305	11,336,303
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		6,878,910	7,061,969
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,919			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,931,946	3,442,013
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,810,856	10,503,982	
19 Revenue less expenses Subtract line 18 from line 12	417,449	832,321	
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	7,253,505	7,948,202
	21 Total liabilities (Part X, line 26)	3,424,974	3,300,161
22 Net assets or fund balances Subtract line 21 from line 20	3,828,531	4,648,041	

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2016-03-15

STEPHEN E MORRIS EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PAUL BALLASY
 Preparer's signature: PAUL BALLASY
 Date: _____
 Check if self-employed PTIN: P00852868

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

Firm's address: ▶ 350 CHURCH STREET 12TH FLOOR
 HARTFORD, CT 06103
 Phone no: (959) 200-7000