

APR 20 REC'D



Municipality: Canton

Form NAA-01
2018 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: _____
SpiritHorse Therapeutic Riding Center of Canton, Inc.

Address: 174 Morgan Road, Canton, CT 06019

Federal Employer Identification Number: 46-0782748

Program title: SpiritHorse Therapeutic Riding

Name of contact person: Cheryl Cleaves

Telephone number: (860) 841-9930

Email address: SpiritHorseCT@yahoo.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 100,000.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

SpiritHorse Therapeutic Riding Center of Canton, Inc., is the only SpiritHorse licensed equine therapy center in Connecticut. We offer therapeutic riding and equine assisted activities to people with disabilities. We offer an early intervention program for children 2-5 years old, therapeutic riding program for children, teens and adults, in a private setting, working toward the individual goals of each rider. We work with area Juvenile Review boards to help offenders to do community service hours while learning a better way of dealing with problems and challenges.

Need for program: _____

Our programs have been ongoing for over 6 years and we are now ready to expand. We have had limited funding for low-income families and this will help us serve a bigger population for these much-needed services. Our programs also utilize volunteers from the community. Our number 1 asset is not only our horses but our many volunteers, who donate thousands of hours of volunteer work each year! Without them, our programs would not happen. Our volunteers are committed to our many programs and look forward to working year-round with our many clients!

Neighborhood area to be served: _____

The Town of Canton

Plan to implement the program: _____

SpiritHorse currently has a waiting list of riders needing financial assistance. This funding will allow us to move them off the waiting list and begin their SpiritHorse Therapeutic Riding lessons as soon as funding is received. We work 6 days per week and are able to serve larger number of clients with this funding. We partner with other programs in the community to identify new clients that will benefit from our program. Our partnerships include the public schools, CPAT programs, early learning programs, preschools and the Farmington Valley Arc, to name a few.

Timetable:

Program start date: September 1, 2018

Program completion date: August 31, 2019

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>\$100,000.00</u> |
| Other funding sources - itemized sources: | |
| a) _____ | _____ |
| b) _____ | _____ |
| c) _____ | _____ |
| d) _____ | _____ |

Total Funding: \$100,000.00

Proposed Program Expenditures:

| | |
|--|--------------------|
| Direct operating expenses - itemized description: | |
| a) <u>Salary for certified Therapeutic Riding Instructor</u> | <u>\$24,000.00</u> |
| b) <u>Salary for 2nd certified Therapeutic Riding Instructor</u> | <u>\$24,000.00</u> |
| c) <u>Horse care/ upkeep for 15 months</u> | <u>\$50,000.00</u> |
| d) _____ | _____ |

| | |
|---|-------------------|
| Administrative expenses - itemized description: | |
| a) <u>Accounting Services</u> | <u>\$2,000.00</u> |
| b) _____ | _____ |
| c) _____ | _____ |
| d) _____ | _____ |

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: _____ |

| |
|--|
| <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;">Yes 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> |
|--|