



Municipality: Canton

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 Children's Museum, Inc. (dba as Roaring Brook Nature Center)

Address: _____
180 Mohegan Dr., West Hartford CT 06117 and 70 Gracey Rd, Canton, CT 06019

Federal Employer Identification Number: 06-0896043

Program title: Energy Efficient Lighting Replacements and Upgrades

Name of contact person: Beth Weller

Telephone number: (869) 726-4010

Email address: bweller@thechildrensmuseumct.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 50,738.00

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

Yes No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

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

60% credit percentage

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

Description of program: _____

This project will replace numerous old, inefficient lighting systems with efficient, long lasting LED systems plus install a few new LED-based systems to insure safer movement of visitors and staff throughout the Center's walkways, parking areas and outdoor trail system. The Roaring Brook Nature Center contains both indoor and outside event and exhibit spaces that are used by children and adults throughout the year and often times from sun-up to late in the evening. Proper, safe and efficient lighting is of critical importance to the continued successful operation of the Center.

Need for program: _____

The Roaring Brook Nature Center's spends more than \$8,000 a year on electricity, the bulk of which is for 20 to 50 year old lighting throughout its exhibit areas, working spaces, walkways and parking areas. In order to reduce its electricity usage, it must install modern, efficient LED-based systems throughout its operations. It has identified 68 old, inefficient lighting elements/systems that need replacement and 10 new systems to be installed for increased safety of its staff and visitors.

Neighborhood area to be served: _____

Canton and virtually every town throughout the Farmington Valley and beyond.

Plan to implement the program: _____

The implementation plan is to first replace 62 of the existing interior lights systems in the first quarter of 2025. This will include, 2 fluorescent fixtures, 24 strip style fixture, 25 track heads, 8 exhibit case lights, 1 old LED, and 2 recessed fixtures. Thereafter, in the second quarter when weather allows, The exterior lighting systems will be addressed. This will include installing 4 porch ceiling recessed fixture and 6 walkway bollard fixture replacements as well as, in the parking area, replacing 5 old pole light systems and installing one new system at the trail system entrance way.

Timetable:

Program start date: 01/01/2025
MM - DD - YYYY
Program completion date: 06/30/2025
MM - DD - YYYY
Post-project audit due date: 12/01/2025
MM - DD - YYYY

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

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	\$50,738.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Total Funding:	<u>\$0.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Internal Lighting LEDs: Replace 2 florescent fixtures, 24</u>	<u>\$3,365.00</u>
b) <u>Install Porch & Walkway LEDs: 4 porch ceiling recessed</u>	<u>\$8,675.00</u>
c) <u>Parking Area LEDs: Replace 5 pole light systems and install</u>	<u>\$27,450.00</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Project Manager: 40hrs @ \$30/hr</u>	<u>\$1,200.00</u>
b) <u>Fringe Benefits @ 19%</u>	<u>\$228.00</u>
c) <u>General & Administrative Overhead @24%</u>	<u>\$9,820.00</u>
d) _____	_____
Total Proposed Expenditures:	<u>\$50,738.00</u>

Part IV — Municipal Information

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

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

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