



### 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:						
Address:						
Federal Employer Identification Number:						
Program title:						
Name of contact person:						
Telephone number:						
Email address:						
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$						
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?						
☐ Yes ☐ No						
If <b>Yes</b> , attach a copy of the <b>first page</b> of your most recent return.  If <b>No</b> , 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: Neighborhood area to be served: Plan to implement the program:

Program start date:		_	
Program completion date:	MM - DD - YYYY		
Doot project qualit due date:	MM - DD - YYYY	_	
Post-project audit due date:	MM - DD - YYYY	_	
Any program receiving \$25,000	or more in NAA funding is rec ecounting firm, to the municip	or to the program completion date equired to provide a post-project a pality overseeing the program, no	udit,
Part III — Financial Information			
Program Budget:			
Complete in full. Expenditures must ed	qual or exceed total funding.		
Sources of Revenue:			
NAA funds requested			
Other funding sources - itemiz	zed sources:		
a)		-	
b)			
c)			
d)			
Total Funding:			
Proposed Program Expenditures:			
Direct operating expenses - it	emized description:		
a)			
b)			
c)			
d)			
Administrative expenses - iter	mized description:		
a)			
b)			
c)			
d)			
Total Proposed Expenditures:			

Timetable:

## 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-Project Audit				
Is a post-project audit required for this proposal?				
☐ Yes	□ No			
If <b>Yes</b> , date post-project audit due:  ———————————————————————————————————				

# 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 NAA-01 (Rev. 01/24)

# 990 Form 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 foundation) Do not enter social security numbers on this form as it may be made public.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2021

Open to Public Inspection

Form **990** (2021)

Cat. No. 11282Y

	al Revenue		lendar vear, or tax vear begin	ning 07-01-2021 and ending 06-	-30-2022				
		c the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022 , and ending 06-30-2022 C Name of organization C Name of organization or tax year beginning 07-01-2021 , and ending 06-30-2022					D Employer identification number		
_ /	Address o	ss change				31-1724698			
	nitial ret	return Doing business as					01 17		
F	build business as Final turn/terminated								
	Amended			f mail is not delivered to street address)	Room/suite		E Telephone number		
_ /	Applicatio	on pending	PO BOX 452				(860)	693-88	09
				ountry, and ZIP or foreign postal code					
			CANTON, CT 06019		1		<b>G</b> Gross re	ceipts \$ 2	,834,947
			<b>F</b> Name and address of prin Donna Swanson	cipal officer:	Н		a group re	eturn fo	
			PO BOX 452				dinates? I subordina	ates	☐ Yes ☑ No
			CANTON,CT 06019			includ	led?		Yes No
I	ax-exen	npt status:	501(c)(3) 501(c)( )	(insert no.) 4947(a)(1) or 52			•		ee instructions.
J V	Vebsit	e: www	w.focuscenterforautism.org			(C) Group	exemption	numbe	r ▶
				E		·/	-ti 2000	M Charles	
<b>K</b> Fo	rm of or	rganization	: Corporation Trust Assoc	ciation Other	-	Year of forma	ition: 2000	M State	of legal domicile: CT
	Part I	Sum	mary						
				sion or most significant activities:					
en:				ING CHILDREN AND ADULTS WI	TH AUTIS	M ACHIE	/E THEIR	FULL P	OTENTIAL.
ě	_								
Ē									
Governance	,	Check th	nis box 📭 if the organization	n discontinued its operations or dis	posed of i	more than	25% of its	net ass	ets.
	_			erning body (Part VI, line 1a)				3	8
8	4	Number	of independent voting member	rs of the governing body (Part VI, li	ne 1b) •			4	8
E E	5	Total nur	mber of individuals employed	in calendar year 2021 (Part V, line	2a)			5	64
Activities &	6	Total nur	mber of volunteers (estimate	if necessary)				6	10
ĕ	7a	Total unr	related business revenue from	Part VIII, column (C), line 12 .				7a	(
	b	Net unre	lated business taxable income	e from Form 990-T, Part I, line 11				7b	
						Pri	or Year		Current Year
Ф	8	Contribu	tions and grants (Part VIII, line	e 1h)	•		2,158,7	'22	1,804,400
Revenue	9	9 Program service revenue (Part VIII, line 2g)					1,168,499 96		
36	10	Investme	estment income (Part VIII, column (A), lines 3, 4, and 7d )				4,1	10,54	
_	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					3,6	4,68	
	12	2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				3,335,0	31	2,786,81	
	13	Grants a	rants and similar amounts paid (Part IX, column (A), lines 1-3 )						(
	14	Benefits	enefits paid to or for members (Part IX, column (A), line 4)						(
88	15	Salaries,	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				2,088,2	170	2,100,85
SUR	16a	Professional fundraising fees (Part IX, column (A), line 11e)						(	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶24,423							
ш	17	Other ex	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) · · · ·				695,8	14	630,57
	18	Total exp	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				2,784,0	84	2,731,42
		Revenue	less expenses. Subtract line	18 from line 12			550,9	47	55,388
200							ig of Curren Year	t	End of Year
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)				2,024,2	86	2,079,844
AB	21	Total liabilities (Part X, line 26)				1,125,5		1,125,70	
55	22			line 21 from line 20			898,7		954,143
P	art II		ature Block						
				examined this return, including acc	companyin	g schedule	s and state	ments,	and to the best of
-		-		complete. Declaration of preparer (c	ther than	officer) is	based on a	ll inform	nation of which
prep	oarer na	as any Kr	nowledge.			202	3-05-09		
c:~	_	Signati	ure of officer			Date	9		
Sig He			Swanson Executive Director						
	-	Туре о	r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date	CL		PTIN	
Pa	id					Che	ck if if employed	P0008364	.3
			irm's name 🕨 KING KING & ASSO	CIATES CPAS	•		n's EIN 🕨 06-	1392255	
'				ne no. (860)	379-021	 5			
JJ	J OIII	''y		ρ		PIIO	110. (000)	J, J UZI.	•
N4 -	+b - *C	) C di-	WINSTED, CT 0609						✓ Yes ☐ No
мav	tne IR	C discuss	s this return with the prepare	r shown above? (see instructions)				_	IN VACI NA

For Paperwork Reduction Act Notice, see the separate instructions.