



Municipality: \_\_\_\_\_

## 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 **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: \_\_\_\_\_

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Need for program: \_\_\_\_\_

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Neighborhood area to be served: \_\_\_\_\_

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Plan to implement the program: \_\_\_\_\_

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**Timetable:**

Program start date: \_\_\_\_\_  
MM - DD - YYYY

Program completion date: \_\_\_\_\_  
MM - DD - YYYY

Post-project audit due date: \_\_\_\_\_  
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 \_\_\_\_\_

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \_\_\_\_\_

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \_\_\_\_\_

**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;"><b>Post-Project Audit</b></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 <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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# 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.

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## 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](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

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 www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection



Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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

C Name of organization: FOCUS CENTER FOR AUTISM INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): PO BOX 452. City or town, state or province, country, and ZIP or foreign postal code: CANTON, CT 06019. F Name and address of principal officer: Donna Swanson, PO BOX 452, CANTON, CT 06019.

D Employer identification number: 31-1724698. E Telephone number: (860) 693-8809. G Gross receipts \$ 2,834,947.

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number.

I Tax-exempt status: 501(c)(3)

J Website: www.focuscenterforautism.org

K Form of organization: Corporation

L Year of formation: 2000. M State of legal domicile: CT

Part I Summary

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

Table with 12 columns: Line number, Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue breakdown, expenses breakdown, and 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.

Sign Here: Signature of officer Donna Swanson, Executive Director. Date: 2023-05-09.

Paid Preparer Use Only: Preparer name KING KING & ASSOCIATES CPAS, address 170 HOLABIRD AVE, WINSTED, CT 06098.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No