



**Municipality:** TOWN OF STONINGTON CT

**Form NAA-01**  
**2020 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: \_\_\_\_\_  
Stonington Community Center

Address: 28 Cutler Street Stonington, CT 06378

Federal Employer Identification Number: Stonington Community Center

Program title: COMO Energy Conservation Project

Name of contact person: Beth-Ann Stewart

Telephone number: (860) 535-2476

Email address: b.stewart@thecomoo.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 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: \_\_\_\_\_

The Stonington Community Center, Inc. (The COMO) was established in 1945 with the mission, which remains, to strengthen families and community. Over the years the COMO campus has expanded beyond the original building, allowing us to provide a wide range of educational, enrichment, athletic, childcare, family and community partner programs for thousands of youth and adults annually. All are welcome, regardless of ability to pay.

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

The COMO's main building was constructed in 1969 and is located at 28 Cutler Street. This site hosts a nationally certified preschool, state licensed childcare, summer camp, recreational, educational, arts and STEAM (science, technology, engineering, art & math) programs and community events. The site also hosts numerous fellow nonprofits and community groups who otherwise would not have a meeting space. Efforts to update this aging facility are ongoing. Such efforts include: insulation; lighting; HVAC and plumbing fixtures.

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

The COMO serves residents of Stonington, North Stonington, Groton and Ledyard.

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

Renovations were predominantly supported through a USDA loan with G Donovan Associates as the main general contractor. Renovations remain ongoing, including the September 2019 installation of HVAC in the secure vestibule area and a March 2020 consultant report of energy savings if solar panels are installed. As funds permit, HVAC will also be installed in the gym and auditorium.

**Timetable:**

Program start date: September 2019

Program completion date: August 2021

**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>\$150,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:**

\_\_\_\_\_

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Lighting - Programmable LED</u>	<u>\$28,000.00</u>
b) <u>HVAC</u>	<u>\$75,000.00</u>
c) <u>Plumbing Fixtures</u>	<u>\$19,500.00</u>
d) <u>Aluminum Entrances</u>	<u>\$27,500.00</u>
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:**

\$150,000.00

**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: _____ TOWN OF STONINGTON FINANCE DEPARTMENT
Mailing address: _____ 152 ELM STREET, STONINGTON, CT 06378
Name of municipal liaison: JAMES SULLIVAN, DIRECTOR OF FINANCE
Telephone number: 860-535-5070
Fax number: 860-535-0602
Email address: jsullivan@stonington-ct.gov

<p style="text-align: center;"><b>Post-Project Review</b></p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p style="text-align: center;">If <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">November 2021</p> <p style="text-align: center;">Date</p>
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# 2020 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2020 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact 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 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.

## Contact Information

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**.

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.