



Municipality: STONINGTON

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

THE LEARN PROJECT INC

Address: 44 HATCHETTS HILL ROAD, OLD LYME, 06371

Federal Employer Identification Number: 02-0635478

Program title: DUAL COLLEGE CREDIT PROGRAM

Name of contact person: EILEEN HOWLEY, DIRECTOR

Telephone number: (860) 434-4800

Email address: EHOWLEY@LEARN.K12.CT.US

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 disabled persons;  
 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 LEARN Project Inc. is a nonprofit organization created to improve the health, education and development of young children and the systems providing such services.

This support is specifically provided to students of the LEARN/CT River Academy (CTRA) High School and LEARN; Inter-district Magnet High Schools receive an enhanced high school experience including internships into employment and early college credit at Goodwin College.

CTRA is located directly on the Goodwin College campus and is managed by LEARN. Funding received for this project will fund college classes for cohorts of our low income students so that they will be more prepared for college work, and to make them better able to compete for scholarships upon graduation from high school.

Need for Program: With the financial burden going on local and regional Boards of Education and education providers, the ability to leverage public education funding for innovative projects such as this has deteriorated significantly. The early college program envisioned in this proposal had been funded through the State Department of Education and through local/regional school districts. However, this funding has been cut back to a point where outside funding is critical to continue to offer this important experience to our low-income students.

Neighborhood area to be served: Southeastern Connecticut, and all of LEARN-sponsored schools statewide..

Plan to implement the program: The LEARN Project Inc - management of grant;

CTRA High School/LEARN - selection of recipients for early college experience.

Goodwin College, One Riverside Drive, East Hartford, Ct 06118 – early college coursework

**Timetable:**

Program start date: Funds will be awarded on or after 12/31/19 as they are received, Actual training can occur any time prior to the end of the program.\_

Program completion date: 12/31/21

**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</u> |
| Other funding sources - itemized sources: |                  |
| a) _____                                  | _____            |
| b) _____                                  | _____            |
| c) _____                                  | _____            |
| d) _____                                  | _____            |

**Total Funding:** \$150,000

**Proposed Program Expenditures:**

|   |                  |
|---|------------------|
| Direct operating expenses - itemized description: |                  |
| a) Tuition  | <u>\$150,000</u> |
| b) _____  | _____            |
| c) _____  | _____            |
| d) _____  | _____            |
| Administrative expenses - itemized description:   |                  |
| a) _____  | <u>0</u>         |
| b) _____  | _____            |
| c) _____  | _____            |
| d) _____  | _____            |

**Total Proposed Expenditures:** \$150,000

## 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: _____<br><u>Town of Stonington</u> |
| Mailing address: <u>Finance Office, 152 Elm Street, Stonington, CT 06378</u>                          |
| Name of municipal liaison: <u>James Sullivan, Director of Finance</u>                                 |
| Telephone number: <u>860-535-5070</u>   |
| Fax number: <u>,860 535-0602</u>  |
| Email address: <u>jsullivan@stonington-ct.gov</u>   |

### Post-Project Review

Is a post-project review required for this proposal?

Yes

No

If **Yes**, date post-project review due:

3/31/22 or within 9 months of receipt of

contributions

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization: THE LEARN PROJECT INC. Number and street: 44 HATCHETTS HILL ROAD. City or town: OLD LYME, CT 06371

D Employer identification number: 02-0635478. E Telephone number: (860) 434-4800. F Group Exemption Number

G Accounting Method: Cash [ ] Accrual [x] Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.LEARN.K12.CT.US

J Tax-exempt status: 501(c)(3) [x] 501(c) [ ] 4947(a)(1) [ ] 527 [ ]

K Form of organization: Corporation [x] Trust [ ] Association [ ] Other [ ]

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$6,067

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Total revenue: 6,067. Total expenses: 3,723. Net assets at end of year: 23,653.