



**Municipality:** Norwalk

**Form NAA-01**  
**2019 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 Open Door Shelter, Inc. (dba Open Doors)

Address: 4 Merritt Street, Norwalk, CT 06854  
\_\_\_\_\_

Federal Employer Identification Number: 22-2536909

Program title: Energy Efficient Renovations for Supportive Housing

Name of contact person: Curtis W. Stewart

Telephone number: (203) 866-1057

Email address: cstewart@opendoorshelter.org

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 60,000.00

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: \_\_\_\_\_

Open Doors Shelter is requesting funds to improve the safety and energy efficiency of supportive housing units for homeless families by renovating multifamily houses at 125.5, 127, 129 and 139 South Main Street and 4 Couch Street in South Norwalk. Renovations include heating systems and new roofs. These five buildings contain a total of sixteen supportive housing units for homeless families. These buildings are close to shelter services (food, health care, clothing and case management).

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

Open Doors currently operates 29 units of supportive housing and are in the process of developing three more with the purchase of another vacant building in the neighborhood. Open Doors also operates 18 units of affordable housing. Open Doors partners to end chronic homelessness and has maintained a 95% retention rate of individuals in supportive housing which reduces the overall cost of homeless services in the community.

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

South Norwalk, CT

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

All roof replacement and boiler installation will be completed in the fall of 2019.

**Timetable:**

Program start date: 9/1/2019

Program completion date: 11/30/19

**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 60,000.00

Other funding sources - itemized sources:

a) CDBG Funds \$55,000.00

b) Private donations \$5,626.00

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

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

**Total Funding:** \$110,626.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Contracted services (roof replacement, boilers) \$110,626.00

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

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

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

Administrative expenses - itemized description:

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

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

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

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

**Total Proposed Expenditures:** \$110,626.00

## 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: _____ Norwalk Redevelopment Agency
Mailing address: _____ 125 East Avenue, Room 202 Norwalk, CT 06851
Name of municipal liaison: Timothy Sheehan
Telephone number: (203)854-7810
Fax number: _____
Email address: tsheehan@norwalkct.org

<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;">2/28/2020</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Form sections B through K: B Check if applicable; C Name of organization THE OPEN DOOR SHELTER, INC.; D Employer identification number 22-2536909; E Telephone number (203) 866-1057; F Name and address of principal officer: CURTIS STEWART; G Gross receipts \$ 7,844,118.; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.OPENDOORSHELTER.ORG; K Form of organization: X Corporation; L Year of formation: 1984; M State of legal domicile: CT

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... PROVIDES COMPREHENSIVE SOCIAL SERVICES...; 3 Number of voting members... 15; 4 Number of independent voting members... 15; 5 Total number of individuals employed... 56; 6 Total number of volunteers... 1,206; 7a Total unrelated business revenue... 0; 7b Net unrelated business taxable income...; 8 Contributions and grants... 7,317,028; 9 Program service revenue... 434,325; 10 Investment income... 8,617; 11 Other revenue... -15,103; 12 Total revenue... 7,744,867; 13 Grants and similar amounts paid... 0; 14 Benefits paid to or for members... 0; 15 Salaries, other compensation... 1,749,184; 16a Professional fundraising fees... 62,856; 16b Total fundraising expenses... 321,844; 17 Other expenses... 1,763,718; 18 Total expenses... 3,512,902; 19 Revenue less expenses... 4,231,965; 20 Total assets... 13,553,677; 21 Total liabilities... 1,560,774; 22 Net assets or fund balances... 11,992,903

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer CURTIS STEWART, EXECUTIVE DIRECTOR; Date 11/07/2018

Paid Preparer Use Only: Print/Type preparer's name HEATHER SMITH-JASER CPA; Preparer's signature; Date 12/13/2018; Check self-employed; PTIN P00836752; Firm's name DWORKEN, HILLMAN, LAMORTE & STERCZALA; Firm's EIN 06-1308345; Firm's address FOUR CORPORATE DR. SUITE 488 SHELTON, CT 06484; Phone no. 203-929-3535

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions.