



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: Homeless to 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): \$ 90,000.00

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 goal of this program is to provide for basic needs for families that are homeless or living in poverty, combined with services to strengthen their ability to manage their own progress towards success. The funds will be used to help fulfill Open Doors' core strategy of satisfying the basic human needs of food, clothing and shelter. Then the organization provides case management counseling to identify the challenges faced by each individual and family. Case managers support and connect people in crisis to resources and services that address their health, mental health, addiction, employment and housing issues.

Need for program: _____

In Norwalk there are 8500 individuals in households living below the Federal Poverty Level and those living above that level that still struggle to afford basic household necessities, a group called ALICE - - Asset Limited, Income Constrained, Employed. This group often has to choose between having a place to live and feeding their children. In the last two years, demand for food programs at Open Doors grew from 800 to well over 1,000 individuals, including children. This included an increased in demand from retirees and single parents.

Neighborhood area to be served: _____

Greater Norwalk, CT

Plan to implement the program: _____

The program operates 24 hours a day, seven days a week, year round.

Timetable:

Program start date: 10/1/19

Program completion date: 9/30/20

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>90,000.00</u>
Other funding sources - itemized sources:	
a) <u>Direct Contributions</u>	<u>\$1,065,207.00</u>
b) <u>Grants</u>	<u>\$962,319.00</u>
c) <u>Donated Goods and Services</u>	<u>\$705,500.00</u>
d) <u>Other sources</u>	<u>\$309,031.00</u>
Total Funding:	<u>\$3,132,057.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Personnel and Contract Expenses</u>	<u>\$1,917,658.00</u>
b) <u>Facility & Equipment Expenses</u>	<u>\$114,740.00</u>
c) <u>Non-Personnel Expenses</u>	<u>\$923,000.00</u>
d) <u>Other Expenses</u>	<u>\$290,782.00</u>
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$3,246,180.00</u>

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;">Post-Project Review</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 Yes, date post-project review due:</p> <p style="text-align: center;">12/31/20 _____</p> <p style="text-align: center;">Date</p>

Return of Organization Exempt From Income Tax

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 header section containing organization name (THE OPEN DOOR SHELTER, INC.), EIN (22-2536909), address (4 MERRITT STREET, NORWALK, CT 06854), principal officer (CURTIS STEWART), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and total 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.

Signature block containing officer signature (CURTIS STEWART), date (11/07/2018), preparer name (HEATHER SMITH-JASER CPA), and firm information (DWORZEN, HILLMAN, LAMORTE & STERCZALA).

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

For Paperwork Reduction Act Notice, see the separate instructions.