



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: \_\_\_\_\_

Norwalk Congregate Homes for the Elderly, Inc.(dba Broad River Homes)

Address: 108 New Canaan Ave., Norwalk, CT 06850

Federal Employer Identification Number: 06-1019968

Program title: Window Replacement at Broad River Homes(Continued)

Name of contact person: Gerry Stuhlman

Telephone number: (203) 846-3700

Email address: BroadRiver@ehmchm.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 100,000.00

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return.</p> <p>If <b>No</b>, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
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## 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: \_\_\_\_\_

We have 48 apartments rented to low income elderly and disabled who pay 30% of their income for rent. We also serve 2 meals per day 365 days a year. We have almost 70 folks on our waiting list. With these funds Broad River Homes will continue replacement of our windows. With Neighborhood Assistance Act funds, Community Development Block Grants and from our own reserves, we have replaced 110 windows during the last 3 years. We have approximately 95 more windows to replace.

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

Lots of heat and cooled air escape through our 1982-era windows, adding to our energy consumption - and heating/cooling expenses. There is also a host of operational difficulties with them. These include problems with opening, closing, sliding and locking. In addition to presenting challenges and frustrations for our tenants, they are a potential problem in the event of an emergency. In addition to our own decision to prioritize this continuing capital project, the problems with our windows have been repeatedly flagged for attention in an independent building inspection mandated by our contracts with HUD.

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

We are in the Broad River neighborhood of Norwalk. However, our tenants move here from many different towns.

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

We would anticipate receipt of Neighborhood Assistance Act donations during December 2019. As this project is good-weather dependent, work would likely begin in early spring of 2020. Having had significant experience with replacement of 110 windows during the past 3 years, required planning for and supervision of project will be handled by the site Administrator and Super.

**Timetable:**

Program start date: May 1, 2020

Program completion date: October 31, 2020

**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>100,000.00</u>
Other funding sources - itemized sources:	
a) <u>Replacement Reserves in place</u>	<u>\$56,000.00</u>
b) <u>In kind personnel services</u>	<u>\$2,500.00</u>
c) _____	_____
d) _____	_____
<b>Total Funding:</b>	<u>\$158,500.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Contract for Selected Window Replacement(100Units)</u>	<u>\$142,500.00</u>
b) <u>Reserve for Change Orders to scope of Work</u>	<u>\$5,000.00</u>
c) _____	_____
d) _____	_____
Administrative expenses - Itemized description:	
a) <u>Professional fund raising fees</u>	<u>\$7,500.00</u>
b) <u>Post Project Review by CPA firm</u>	<u>\$1,000.00</u>
c) <u>In kind on-site Administrative supervision of project</u>	<u>\$1,500.00</u>
d) <u>In kind on-site Administrative supervision of project</u>	<u>\$1,000.00</u>
<b>Total Proposed Expenditures:</b>	<u>\$158,500.00</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: <u>Timothy Sheehan</u>
Telephone number: <u>(203)854-7810</u>
Fax number: _____
Email address: <u>tsheehan@norwalkct.org</u>

<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;"><u>11/1/2020</u></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 11/1/2017, and ending 10/31/2018

B Check if applicable: C Name of organization NORWALK CONGREGATE HOMES FOR THE ELDERLY, INC. D Employer identification number 06-1019968

I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: NONE H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other L Year of formation: 1980 M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE CORPORATION OWNS AND OPERATES A 49 UNIT HUD SUBSIDIZED LOW INCOME ELDERLY HOUSING PROJECT.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-22 showing financial data for Prior Year and Current Year.

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 Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Alan J Tucker, CPA Preparer's signature Alan J Tucker, CPA Date 2/1/2019

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