

Municipality: _____

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: _____

Address: _____

Federal Employer Identification Number: _____

Program title: _____

Name of contact person: _____

Telephone number: _____ — —

Email address: _____

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

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: _____

Need for program: _____

Neighborhood area to be served: _____

Plan to implement the program: _____

Timetable:

Program start date: _____

Program completion date: _____

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 _____

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: _____

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: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____ - _____ - _____
Fax number: _____ - _____ - _____
Email address: _____

<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 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;">_____</p> <p style="text-align: center;">Date</p>

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

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

C Name of organization: **CONSTRUCTION WORKFORCE INITIATIVE 2 INC.**
 Doing business as: **CW12**
 Number and street (or P O box if mail is not delivered to street address): **547 CENTER ST.**
 City or town, state or province, country, and ZIP or foreign postal code: **MERIDEN CT 06450**

D Employer identification number: **74-3227736**

E Telephone number: **203-891-6897**

G Gross receipts \$: **56,115**

F Name and address of principal officer:
KEVIN BUTERBAUGH
547 CENTER ST.
MERIDEN CT 06511

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527 **03**

J Website: **WWW.CW12.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2007**

M State of legal domicile: **CT**

POSTMARK DATE JAN 08 2018

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE FREE CONSTRUCTION TRAINING AND JOB PLACEMENT

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **3**

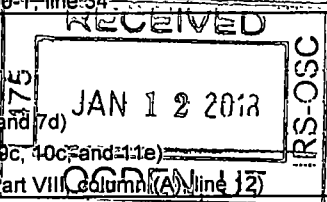
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) **2**

6 Total number of volunteers (estimate if necessary) **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,505	32,912
9 Program service revenue (Part VIII, line 2g)	85,246	23,046
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325	157
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,076	56,115
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,012	83,539
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	283,477	164,847
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	333,489	248,386
19 Revenue less expenses. Subtract line 18 from line 12	-235,413	-192,271
20 Total assets (Part X, line 16)	Beginning of Current Year: 284,359	End of Year: 92,088
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances Subtract line 21 from line 20	284,359	92,088



SCANNED FEB 20 2018

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: *Nichole Jefferson* Date: 1/8/18

NICHOLE JEFFERSON SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTOPHER B. CONLEY** Preparer's signature: *Christopher B. Conley* Date: 01/08/18 Check if self-employed PTIN: **P00936552**

Firm's name: **GUILMARTIN, DIPIRO & SOKOLOWSKI LLC** Firm's EIN: **06-0971998**

Firm's address: **505 MAIN ST MIDDLETOWN, CT 06457-2809** Phone no: **860-347-5689**