



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: \_\_\_\_\_  
Human Services Council, Inc.

Address: \_\_\_\_\_  
One Park Street, Second Floor, Norwalk, CT 06851

Federal Employer Identification Number: 06-6102160

Program title: Energy Efficient Improvements to 40 South Main Street, Supportive Housing Units

Name of contact person: Anthony DiLauro

Telephone number: (203) 849-1111

Email address: adilauro@hscct.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 90,763.00

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 40 South Main Street Supportive Housing units are in need of energy efficient improvements including an entirely new HVAC system that hasn't been replaced in many, many years. Additionally, the lighting is very outdated and non-energy efficient and these improvements would create a tremendous cost savings for the building and therefore saving our agency significant funding in the future as well.

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

40 South Main Street Supportive Housing provides one room flats for adults living in Norwalk who are homeless or at risk of homelessness. In 1996, the Human Services Council and concerned neighbors decided to rehabilitate and revitalize the building to house Norwalk area homeless and imminently homeless in need of safe affordable housing and supportive services. Consisting of 44 single occupancy units, 40 South Main Street provides residents with the dignity and responsibility that stable housing provides. Residents may access services relating to medical care, substance abuse counseling, nutrition, employment and education.

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

Residents of the 40 South Main Street Supportive Housing units in Norwalk, CT

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

We have acquired professional bids from two licensed businesses to do the work to our building as soon as the funds are approved.

\*Please note, last year we applied for the same project and only received a small portion of the funding (\$4,579). We would like to complete the project in full and that is why we applied for the same project again this year.\*

**Timetable:**

Program start date: 10/01/2019

Program completion date: 10/01/2020

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	90,763.00
Other funding sources - itemized sources:	
a) <u>Replace HVAC system (detailed quote attached)</u>	<u>\$68,177.00</u>
b) <u>Replace interior lighting (detailed quote attached)</u>	<u>\$27,165.00</u>
c) <u>Funding receiving in 2018</u>	<u>-\$4,579.00</u>
d) _____	_____

**Total Funding:** \$90,763.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$90,763.00

**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: 2038547810
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 Yes, date post-project review due:</p> <p style="text-align: center;">10/15/2020 _____</p> <p style="text-align: center;">Date</p>
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EXTENDED TO MAY 15, 2019

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

Form header section containing organization name (HUMAN SERVICES COUNCIL, INC), EIN (2160), address (1 PARK STREET, NORWALK, CT 06851), principal officer (ANTHONY DILAURO), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and asset/liability totals.

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 section with fields for officer signature (ANTHONY DILAURO), preparer name (STEVE C. ERICKSON), firm name (WHITTLESEY PC), and address (280 TRUMBULL ST 24TH FL, HARTFORD, CT 06103).

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