



Municipality: Canton

## Form NAA-01

### 2023 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: \_\_\_\_\_  
FOCUS Center for Autism, Inc.

Address: 126 Dowd Avenue, PO Box 452, Canton, CT 06019

Federal Employer Identification Number: 31-1724698

Program title: Fresh Start School - Energy Efficiency HVAC Upgrades

Name of contact person: Eric Cohen

Telephone number: (860) 693-6127

Email address: eric.cohen@focuscenterforautism.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 20,752.50

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: \_\_\_\_\_

FOCUS Center for Autism provides educational, clinical, social, and residential services to help children and adults with autism reach their full potential. FOCUS purchased the building that is used for the Fresh Start School at 126 Dowd Avenue, Canton, CT in 1998 and it was built in 1925. The goal of this program is to improve energy efficiency which will help to decrease the cost on energy bills and the carbon footprint of FOCUS. This program will upgrade the heating and air conditioning systems to a new high efficiency system with ductless air source heat pumps consisting of 3 pumps and 5 wall and floor units.

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

Part of the building has very inefficient electric baseboard heat. Air conditioning throughout the building is done with 5 window and portable units plus 2 built-in wall units that are over 20 years old and don't work well. Room temperature can be inconsistent and uncomfortable especially in the hot summer months making it difficult for students to learn. The current system is inefficient, expensive to operate, and detrimental to the environment. A new heat pump system consisting of 3 units and 5 heads will help to solve all of these issues.

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

FOCUS Center for Autism and the Fresh Start School building are located in Canton, CT. Our participants and students come from throughout Connecticut, primarily Hartford and Litchfield Counties.

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

FOCUS has taken multiple bids. Since our programs run on a school calendar, we hope to schedule the work during the summer break in late June to minimize disruptions to programming and to utilize the air conditioning in the summer. If that time frame is not possible, then we will schedule the installation in August before that the start of the school year. After installation, mail-in rebates totaling \$6,300 will be submitted to Energize CT.

**Timetable:**

Program start date: 06/01/2023  
MM - DD - YYYY

Program completion date: 09/01/2023  
MM - DD - YYYY

Post-project audit due date: 11/30/2023  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.

Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \$19,252.50

Other funding sources - itemized sources:

a) N/A \_\_\_\_\_

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

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

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

**Total Funding:** \_\_\_\_\_

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Heat Pump Installation \$19,252.50

b) Electical Work \$1,500.00

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

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

Administrative expenses - itemized description:

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

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

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

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

**Total Proposed Expenditures:** \$20,752.50

**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;"><b>Post-Project Audit</b></p> <p style="text-align: center;">Is a post-project audit 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 <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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# 2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

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## Part I —General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

**Program Title:** Assign a unique program title to each program for which your organization is making an application.

**Federal Form 990:** Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

## Part II —Program Information

**Description of Program:** Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

**Need for Program:** Demonstrate a need for this program. For example, provide relevant statistics.

**Neighborhood Area to Be Served:** Describe the neighborhood or municipality this program will serve.

**Plan to implement the program:** Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

**Timetable:** Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

## Part III —Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

**Sources of Revenue:** The budget must include the requested NAA funding and any other anticipated revenue sources.

**NAA Funding Requested:** Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

**Other Funding Sources:** Provide a detailed description(s) and the amount(s) of all funding sources.

**Proposed Program Expenditures:** The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

**Direct Operating Expenses:** Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

## Part IV —Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

**Municipal Liaison:** The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

**Post-Project Audit:** Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

## Additional Information

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.