



Municipality: Town of Simsbury

Form NAA-01

2021 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: _____
Town of Simsbury, Department of Community and Social Services

Address: 754 Hopmeadow St. Simsbury, CT 06070

Federal Employer Identification Number: 06-6002085

Program title: Simsbury Food Closet

Name of contact person: Kristen Formanek

Telephone number: (860) 658-3283

Email address: kformanek@simsbury-ct.gov

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 45,600.00

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: _____

(see attached)

Need for program: _____

This program is dependent solely upon donations, both in tangible goods and monetary. During COVID, in order to further assist our residents in need, we have been providing gift cards in addition to the items received. We were not able to serve fresh meat and dairy during COVID and we felt that it was important for people to be able to access these items. Our donations have started to dwindle and we are in need of monetary support to continue to be able to provide gift cards to our clients.

Neighborhood area to be served: _____

All eligible residents in all of Simsbury neighborhoods are allowed to participate. Simsbury is comprised of Simsbury proper, West Simsbury, Weatogue, and Tariffville.

Plan to implement the program: _____

We will solicit businesses in town for donations. This will be done using a variety of methods; email blasts, mailings, social media, and in person visits when able.

Timetable:

Program start date: Fall of 2021

Program completion date: Fall of 2022

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>\$45,600.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Gift cards (\$25 gift cards for 152 households for one year)</u>	<u>\$45,600.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$45,600.00

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: _____ Town of Simsbury
Mailing address: _____ 933 Hopmeadow Street, Simsbury, CT 06070
Name of municipal liaison: _____ Melissa Appleby, Deputy Town Manager
Telephone number: _____ 860-658-3274
Fax number: _____ 860-658-9467
Email address: _____ mappleby@simsbury-ct.gov

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



Town of Simsbury

754 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

Community & Social Services Department

Program description for the Town of Simsbury, Department of Community and Social Services

The Simsbury Food Closet serves low income individuals and families. Pre-COVID, the Food Closet consisted of three programs; Bread Day, Closet Day, and Cheese Day. Bread Day occurs once per week and we distribute bread and bakery items to anyone in need. Closet Day is once a month where individuals can pick from non-perishable foods in our closet. Both of those programs were suspended during COVID. Cheese Day is our largest program where monthly we provide fresh meat, dairy, produce, non-perishable foods, household cleaning products and toiletries. This program continued during COVID in a drive through fashion and later, curbside. Prior to COVID we served a monthly average of eighty households. During COVID we saw a significant increase in food insecurity, particularly in our families with children. Our average distribution rose to one-hundred and forty households.

We are proposing to be able to provide a \$25 grocery store gift card to all monthly participants. This allows them the opportunity to purchase what they need outside of what they receive in donated products.

2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2021 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Contact Information* below.

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 DRS for all NAA matters.

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

Contact Information

Direct inquiries to:

Department of Revenue Services (DRS)
Neighborhood Assistance Act Program
Attn: Research Unit
450 Columbus Blvd Ste 1
Hartford CT 06103-1837

or call **860-297-5687**.

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.