



**Municipality:** Town of Simsbury

## Form NAA-01

### 2022 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: \_\_\_\_\_  
Simsbury Grange / filed as part of Connecticut State Grange Patrons of Husbandry

Address: 236 Farms Village Rd., West Simsbury, CT 06092 (mail to P.O. Box 364, West Simsbury, CT 06092) -

Federal Employer Identification Number: 06-0945695

Program title: Energy Efficiency and Conservation at the Grange

Name of contact person: Susan Masino

Telephone number: 8606516790

Email address: susan.masino@trincoll.edu

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 24000

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 Grange is non-partisan and non-denominational and our building is a community center open to anyone. We are continuing to improve our energy efficiency as a role model for the community. We need to add insulation, insulated exterior doors, simple solutions like fans. We require a heat pump to make the building as efficient and also comfortable for everyone. We have quotes or estimates for all of these projects and are grateful for this grant program. We have been here and serving the community since 1931. We are all volunteers, and all ages and walks for life.

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

Our building is well-built but needs upgrades. We are committed to the sustainability and longevity of our Grange. We keep all Grange events and our rental fees affordable or donation-based. We serve people of all ages. During the pandemic we offered the building as a large space where musicians could practice, and our property was used for a children's theater group, dance classes and socially-distanced outdoor concerts. Martin Luther King Jr. used to attend dances at our Grange Hall in the 1940s.

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

We serve primarily the Farmington Valley but we are partnered with a community garden in Hartford and our events serve a broader region, esp. music and our biannual electronic recycling. Local vendors at our annual fair or our seed swap come from a wide area - for example community gardeners and students from Hartford, and small businesses from farther afield in Connecticut. We host donation-based regional concerts with international musicians. We are also partnering with other Granges in CT.

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

We have clear needs and specific estimates for improvements that we have been unable to implement (noted above). We always use local businesses, and have gotten estimates for the work proposed here. This year we hope to finalize our heating and cooling project. Grange members have agreed to spearhead specific aspects of this program. This is all "shovel ready" and we will easily be able to initiate and supervise completion of the work well within the 2 year timeline even if we face unexpected delays. Any amount is greatly appreciated.

**Timetable:**

Program start date: January 1, 2023

Program completion date: Dec 31, 2025

**The program completion date must not be more than two years from the program start date. A certified post-project audit 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>24000</u>
Other funding sources - itemized sources:	
a) <u>Grange contribution (rental income, donations)</u>	<u>1000</u>
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** 25000

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>heat pump with programmable thermostat</u>	<u>10600</u>
b) <u>insulation throughout</u>	<u>5500</u>
c) <u>window repair and replacement - final phase</u>	<u>3000</u>
d) <u>insulated and sealed, multiple exterior doors</u>	<u>3000</u>
Administrative expenses - itemized description:	
a) <u>~10% administrative, accounting, project management</u>	<u>2410.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** 26510

**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: <u>Melissa Appleby, Deputy Town Manager</u>
Telephone number: 860-658-3274
Fax number: 860-658-9467
Email address: <u>mappleby@simsbury-ct.gov</u>

<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 checked="" 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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# 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *For Further 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 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. This audit must be submitted to the municipality no later than three months after the program completion date.

## For Further Information

Email inquiries to:

- **NAAProgram@ct.gov**

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **860-297-5687**
- **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)

Electronic Notice (e-Postcard)

SIMSBURY GRANGE No. 197  
OMB No. 1545-2085

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2020

Open to Public Inspection

for the 2020 Calendar year, or tax year beginning 2020-10-01 and ending 2021-09-30

Check if available  
Terminated for Business  
Gross receipts are normally \$50,000 or less

C Name of Organization: **CONNECTICUT STATE GRANGE  
PATRONS OF HUSBANDRY**  
100 Newfield Road PO Box  
3, Winchester Center, CT  
US, 06094

D Employee Identification  
Number 06-0945695

F Name of Principal Officer: **Cyndi Friedlich**  
51 Fernwood Drive,  
Simsbury, CT, US, 06070

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

This information is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average time to complete this form is 15 minutes.

This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file Form 990-N (e-Postcard) electronically.





SIMSB

## Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** CONNECTICUT STATE GRANGE PATRONS OF HUSBANDRY
- **EIN:** 060945695
- **Tax Year:** 2020
- **Tax Year Start Date:** 10-01-2020
- **Tax Year End Date:** 09-30-2021
- **Submission ID:** 10065520220725340064
- **Filing Status Date:** 03-13-2022
- **Filing Status:** Accepted

**MANAGE FORM 990-N SUBMISSIONS**