



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: _____
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: (860) 651-6790

Email address: susan.masino@trincoll.edu

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,000.00

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 Grange is non-partisan and non-denominational and our building is a community center open to anyone. We are finalizing our window repairs and continuing to improve our energy efficiency. We are intentional about being a role model for the community in energy efficiency. We need to add insulation, insulated exterior doors, and a heat pump to efficiently handle the majority of our heating and cooling needs. 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 old but well-built, We are committed to reducing energy demands and ensure the sustainability and longevity of our Grange, founded in 1931. We updated the kitchen and keep all Grange events and our rental fees affordable or donation-based. We are dedicated to our mission and 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!

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 (which draws 300-400 attendees annually) come from a wide area - for example community gardeners and students from Hartford, and small businesses from farther afield in Connecticut. We recently won a state award for the nation's first "Read and Seed" in Hartford and for our Concerts on the Green, a free regional concert with international musicians in partnership with the historical society.

Plan to implement the program: _____

We have obvious 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 achieve full funding to finalize our windows, improve our insulation, and install a heat pump with a programmable thermostat. 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 within the 2 year timeline even if we face unexpected delays.

Timetable:

Program start date: January 1, 2022

Program completion date: Dec 31, 2024

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>\$24,000.00</u>
Other funding sources - itemized sources:	
a) <u>Grange contribution (rental income, donations)</u>	<u>\$1,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$25,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>heat pump with programmable thermostat</u>	<u>\$8,600.00</u>
b) <u>insulation - attic and walls (partial)</u>	<u>\$7,500.00</u>
c) <u>window repair and replacement - final phase</u>	<u>\$3,000.00</u>
d) <u>insulated exterior doors</u>	<u>\$4,000.00</u>

Administrative expenses - itemized description:	
a) <u>~10% administrative, accounting, project management</u>	<u>\$2,410.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$26,510.00

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 type="checkbox"/> Yes <input checked="" 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>
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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.



Simsbury Grange #197
(Keep this receipt with your official records as it is your proof of filing with the IRS)

Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

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

- **Organization Name:** CONNECTICUT STATE GRANGE PATRONS OF HUSBANDRY
- **EIN:** 060945695
- **Tax Year:** 2019
- **Tax Year Start Date:** 10-01-2019
- **Tax Year End Date:** 09-30-2020
- **Submission ID:** 10065520211204572252
- **Filing Status Date:** 04-30-2021
- **Filing Status:** Accepted

MANAGE FORM 990-N SUBMISSIONS