



**Municipality:** \_\_\_\_\_

Form NAA-01  
2004 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: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Program Title: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_

**Total NAA Funding Requested** (\$250 Minimum, \$150,000 Maximum): \$ \_\_\_\_\_

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.

Please check the appropriate description of your program:

- Job training/education for unemployed persons aged 50 or over;
- Job training/education for disabled persons;
- Program serving low-income persons;
- Energy conservation;
- Child care services;
- Other (specify) \_\_\_\_\_ .

## PART II — PROGRAM INFORMATION

Description of Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Need for Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neighborhood Area to be Served: \_\_\_\_\_  
\_\_\_\_\_

Total Number of Recipients: \_\_\_\_\_

### Administration of Program:

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Connecticut Tax Registration Number or Social Security Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Connecticut Tax Registration Number or Social Security Number \_\_\_\_\_

**Timetable:**

Program Start Date: \_\_\_\_\_

Program Completion Date: \_\_\_\_\_

**NOTE:** 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.

Month your annual accounting period ends: \_\_\_\_\_

Method of accounting:  Cash  Accrual

**PART III — FINANCIAL INFORMATION**

**Program Budget:**

Complete in full.

**Sources of Revenue:**

NAA Funds Requested \_\_\_\_\_

Other Funding Sources (itemized sources): \_\_\_\_\_

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

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

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

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

**Total Funding:**

\_\_\_\_\_

**Proposed Program Expenditures:**

Direct Operating Expenses (itemized description):

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

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

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

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

Administrative Expenses:

Professional Fund-raising Fees \_\_\_\_\_

Accounting/Legal & Other Expenses (itemized):

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

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

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

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

**Total Proposed Expenditures:**

\_\_\_\_\_

**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: (      ) _____
E-mail address: _____

<p><b>Post-Project Review</b></p> <p>Is a post-project review required for this proposal?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>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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# 2004 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2004 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 25 Sigourney Street, Hartford CT 06106, 860-297-5687.

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## PART I - GENERAL INFORMATION

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

**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 U.S. Treasury Department, 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 that this program will serve.

**Total Number of Recipients:** Provide an estimate of the number of recipients that this program will serve.

**Administration of Program:** Identify the name and address of every person or organization involved in the implementation and administration of this program. Use additional sheets if necessary.

**Timetable:** Indicate the starting and ending dates of the program. Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review to the municipality overseeing the program.

## 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 to the municipality overseeing the program.