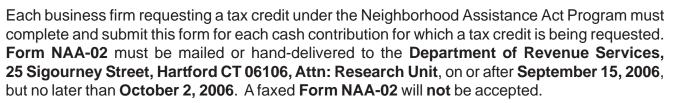
Form NAA-02 2006 Connecticut Neighborhood Assistance Act Business Application



Subchapter S Corporations, Limited Liability Companies, Limited Liability Partnerships, and Limited Partnerships are **not eligible** for the credit. For additional information, contact the Research Unit at 860-297-5687.

PART I: BUSINESS FIRM INFORMATION

siness Firm Name:	
dress:	
deral Employer Identification Number:	
nnecticut Tax Registration Number:	
come Year Ending:	
me of Contact Person:	
e:	
mail Address of Contact Person:	
ephone Number: ()	

PART II: PROGRAM PROPOSAL INFORMATION

Organization/Municipal Agency:			
Program Title:			
Municipality Approving Program:			
Amount of Cash Contribution: \$			
		(\$250 Minimum)	
(NOTE: Credit is 60% of	of amount cor	ntributed for all approved programs)	
Has this contribution been made?	🗖 Yes	🗖 No	
f "Yes," date made: If "No," date to be made:			
(NOTE: The business must make its	contribution	during its 2006 income year.)	
Signature of Authorized Representati	ve	Name and Title of Authorized Representative	
of Business Firm (Do Not Use Black Ink)		of Business Firm (Please Print)	

Date